Health Related Impacts of the Covid-19 Pandemic on District Residents

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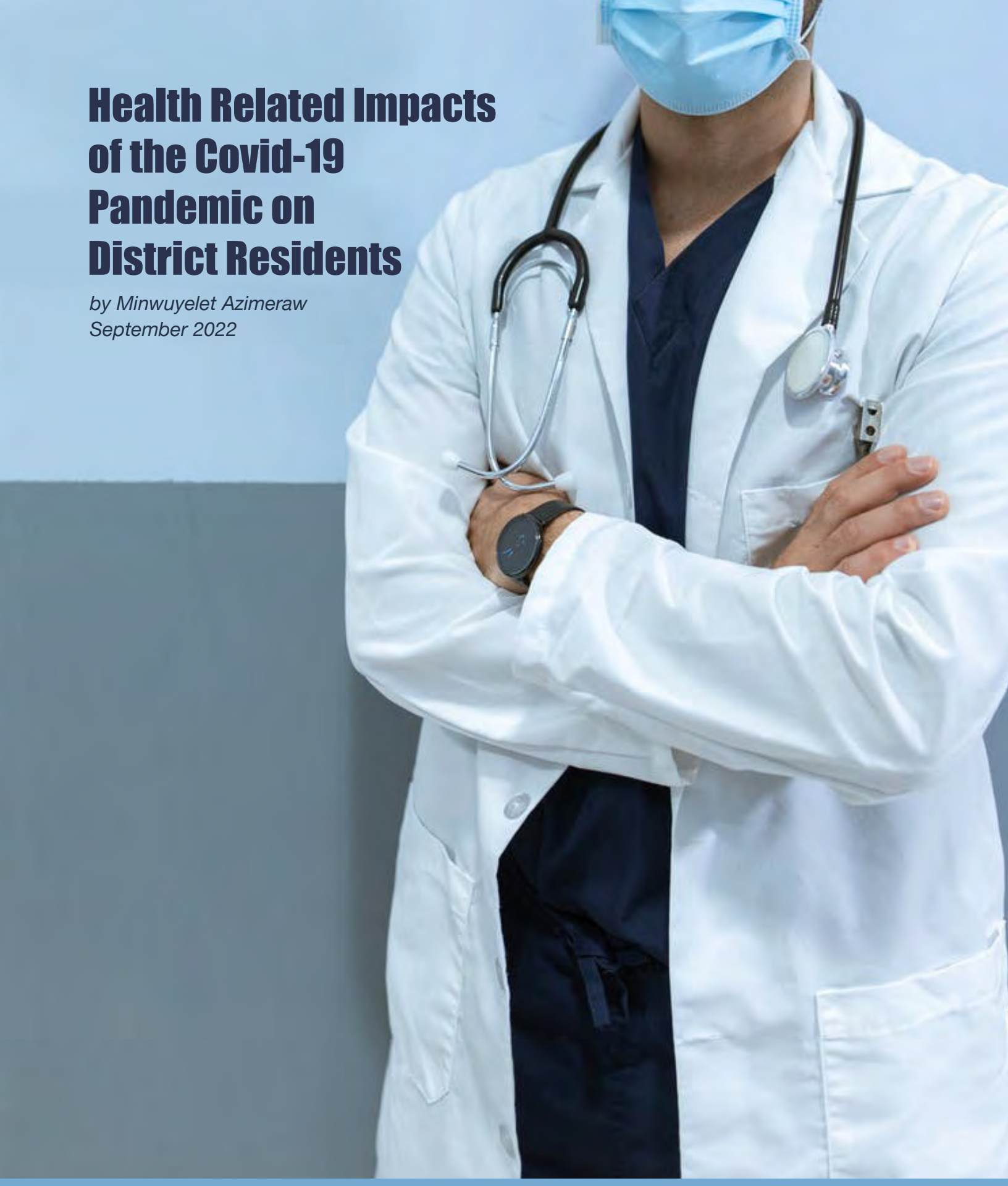


District of Columbia
Office of Planning

INTRODUCTION

The U.S. Census Bureau, in collaboration with multiple federal agencies, created the Household Pulse Survey to collect data on the social and economic effects of the COVID-19 pandemic on American households. The survey asks questions about how the ongoing COVID-19 pandemic has impacted education, employment, food security, health, housing, social security benefits, household spending, consumer spending associated with stimulus payments, and transportation. The ability to understand how individuals are experiencing this period is critical to the governmental and non-governmental response with stay-at-home and safer-at-home orders, business and school closures, changes in consumer patterns and the availability of consumer goods, and other abrupt and significant changes to American life.

The Census Bureau has completed three phases of the Household Pulse Survey for all 50 states, the District of Columbia and the 15 largest metropolitan areas. Data collection for Phase 1 of the Household Pulse Survey was conducted on a weekly basis between April 23 and July 21, 2020. Data collection for Phase 2 of the Household Pulse Survey was conducted on a two-week basis between August 19, 2020 and October 26, 2020. Data collection for Phase 3 of the Household Pulse Survey was conducted on a two-week basis between October 28, 2020 and March 1, 2021. Despite going to a two-week collection period, the Household Pulse Survey continues to call these collection periods "weeks" to maintain continuity.

This report compares the Household Pulse Survey results for week 1 (conducted between April 23 and May 5, 2020) with week 22 (conducted between January 6 and January 18, 2021) focusing on the health-related impacts of the COVID-19 pandemic in the District. The focus areas in this report include health insurance coverage, reduced access to health care as measured by delayed care, and mental health as measured by symptoms of anxiety and depression for the District of Columbia residents aged 18 years and over. All results are available by age groups, gender, education, marital status, race and ethnicity, and household income levels.

Note: Percentages are based on reporting distributions and do not include the population that did not report on specific items.

SUMMARY FINDINGS

Health Insurance Coverage

- The share of respondents with private health insurance coverage increased while the share of public health insurance coverage decreased from week 1 to week 22 but most respondents had private coverage in both periods.
- Men were more likely than women to be uninsured both in week 1 and week 22.
- Among race and ethnic groups, Hispanics/Latinos and non-Hispanic Black alone were more likely to be uninsured both in week 1 and week 22.
- Never married and divorced/separated adults were more likely than married and widowed adults to be uninsured both in week 1 and week 22.

Reduced Access to Health Care

- The share of respondents who delayed medical care decreased from week 1 to week 22.
- More than one-third of all population groups delayed care in week 1 of the survey but the younger population (18-29 years) was the least likely to delay medical care in week 22.
- Women were more likely than men to delay getting medical care both in week 1 and week 22.
- Adults with higher levels of educational attainment were more likely than adults with lower levels of educational attainment to delay getting medical care both in week 1 and week 22.
- In week 1 of the survey, Hispanics/Latinos were more likely to delay medical care than non-Hispanics while non-Hispanic White alone race group were more likely to delay care in week 22.

Mental Health - Symptoms of Anxiety

- Overall, anxiety levels increased slightly for all respondents in all race alone and ethnic groups from week 1 compared to week 22 of the survey. However, the anxiety rate for the oldest age group (80 years and over) almost doubled by week 22.
- Women were more likely than men to report experiencing symptoms of anxiety both in week 1 and week 22.

- Among race and ethnic groups, non-Hispanic Asian alone had the highest rates of anxiety in both week 1 and week 22.
- Respondents at the highest educational level, bachelor's degree or higher, were more anxious about the pandemic than respondents at lower educational levels for both week 1 and week 22.

Mental Health - Symptoms of Depression

- Compared with week 1 of the survey, rates of symptoms of depression declined in week 22, especially for the 80 years and older population.
- Women were more likely than men to report experiencing symptoms of depression for both week 1 and week 22.
- Symptoms of depression decreased for every race and ethnic group from week 1 to week 22.

HEALTH INSURANCE COVERAGE AND TYPE

The Household Pulse Survey included the same health insurance questions as used in the American Community Survey to obtain information on health insurance coverage and type.

Survey Question:

- *Are you covered by any of the following types of health insurance or health coverage plans?*

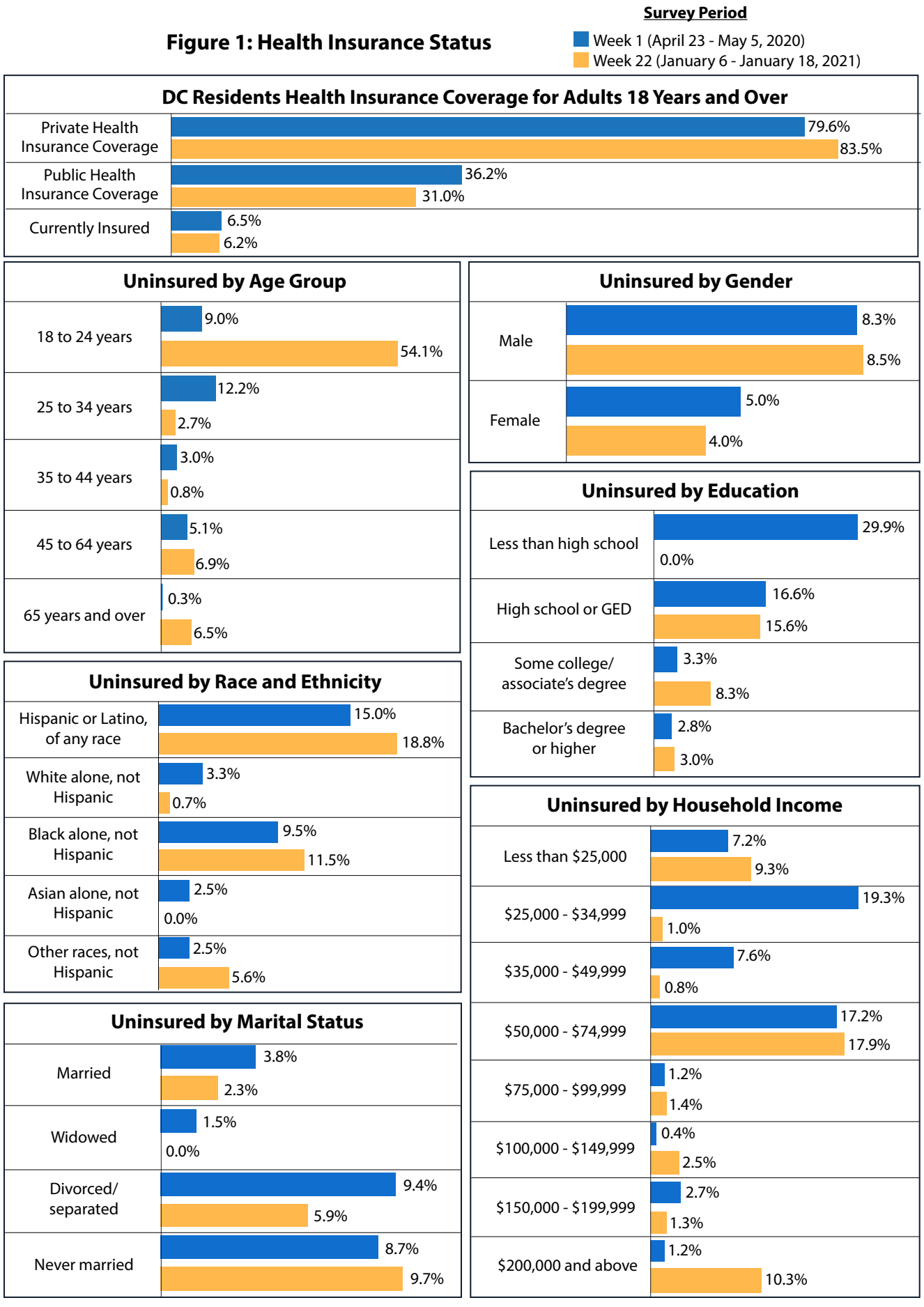
- Insurance through a current or former employer or union (though yourself or another family member)
- Insurance purchased directly from an insurance company, including marketplace coverage (through yourself or another family member)
- TRICARE or other military health care
- Medicare, for people 65 and older, or people with certain disabilities
- Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- VA (including those who have ever used or enrolled for VA health care)
- Indian Health Service
- Other

Adults were classified as uninsured in the survey if they did not report any private or public health insurance coverage or had only Indian Health Service coverage at the time of the interview.

Figure 1 presents week 1 (April 23 – May 5, 2020) and week 22 (January 6 – January 18, 2021) health insurance coverage data of the Household Pulse Survey for the District of Columbia residents aged 18 years and over by selected characteristics.

- Private health insurance coverage increased from week 1 to week 22 of the survey. In week 1, 79.6 percent of the District residents had private health insurance coverage compared to 83.5 percent in week 22.
- Men were more likely than women to be uninsured in both periods. In week 1, 8.3 percent of men reported being uninsured, compared with 5 percent of women. The uninsured rate for men slightly increased to 8.5 percent in week 22, while the uninsured rate for women declined to 4 percent.
- The age group with the highest uninsured rate varied from week 1 to week 22. Among age groups, adults aged 25 to 34 years reported the highest uninsured rate in week 1 (12.2 percent). In week 22, adults age 18 to 24 reported the highest uninsured rate (54.1 percent).
- Hispanics were more likely than other race and ethnic groups to be uninsured. In week 1, 15 percent of Hispanics were uninsured, this increased to 18.8 percent in week 22.
- Highest uninsured rates were not consistent among educational attainment groups. Adults with less than a high school diploma were more likely to be uninsured in week 1 (29.9 percent), while adults with a high school diploma or GED were more likely to be uninsured in week 22 (15.6 percent).
- Divorced/separated and never married respondents were more likely to be uninsured in week 1 and week 22. Uninsured rates in week 1 were 9.4 percent for divorced/separated adults and 8.7 percent for never married adults. In week 22, never married adults were the highest uninsured group with uninsured rate at 9.7 percent.
- Uninsured rates by household income levels were not consistent in both periods. In week 1, adults in households with income range $25,000 to $34,999 (19.3 percent) reported the highest uninsured rate. In week 22, adults in households with income range $50,000 to $74,999 (17.9 percent) reported the highest uninsured rate.

Figure 1: Health Insurance Status



REDUCED ACCESS TO HEALTH CARE

As reported by Dulce Gonzales et al. in Urban Institute (2021) brief on delayed and foregone health care, and other entities, and confirmed by the Household Pulse Survey, the COVID-19 pandemic has disrupted health care in an unprecedented way, leading some patients to postpone or forgo care. Data collected on visits to primary care physicians, emergency rooms, and other health care providers show visits fell significantly as providers scaled back their operations and patients decided to delay non-emergency care. As the pandemic progressed, many health care providers implemented new safety protocols and have since seen visits rebound. However, one year out from the start of the pandemic, significant numbers of patients continue to avoid care because they fear exposure to the coronavirus.

The Household Pulse Survey included the following question to collect information on delayed medical care as a result of the COVID-19 pandemic.

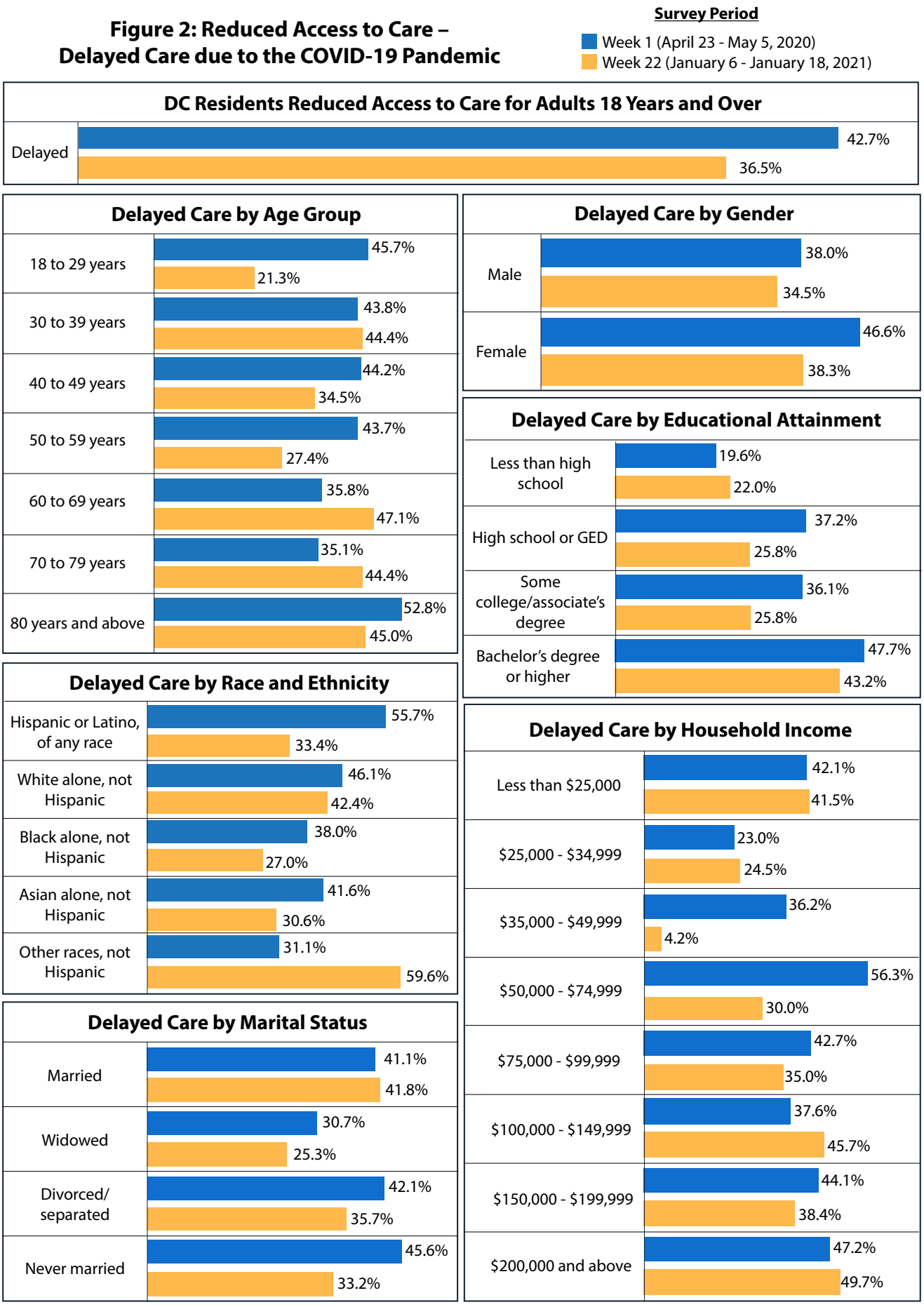
Survey Question:

- *At any time in the last **4 weeks**, did you DELAY getting medical care because of the coronavirus pandemic?*

Figure 2 presents week 1 (April 23 – May 5, 2020) and week 22 (January 6 – January 18, 2021) access to medical care data of the Household Pulse Survey for the District of Columbia residents aged 18 years by selected characteristics.

- Less people delayed medical care as the pandemic continued. In week 1, about 42.7 percent of the District residents reported delaying getting medical care because of the COVID-19 pandemic, this number dropped to 36.5 percent in week 22.
- Women were more likely than men to delay getting medical care in both week 1 and week 22. In week 1, about 46.6 percent of women reported delaying getting medical care, compared with 38 percent of men. Although the percentage for women declined in week 22 (38.3 percent), it was still higher than the rate for men (34.5 percent).
- Respondents that were 80 years and older were more likely to delay care in both week 1 (52.8 percent) and week 22 (45 percent) of the survey.
- Race alone and ethnicity patterns varied for delayed care in week 1 compared to week 22. Hispanics/Latinos were more likely to delay getting medical care in week 1 (55.7 percent) while in week 22, non-Hispanic White alone had the highest percentage of delayed care among race alone groups (42.4 percent). However, all race alone and ethnic groups, except the non-Hispanic other group, reported less delays in getting medical care over the course of the pandemic.
- Adults with a bachelor's degree or higher levels of educational attainment were more likely than adults with lower levels of educational attainment to delay getting medical care in both periods. In week 1, 47.7 percent of adults with a bachelor's degree or higher reported delaying getting medical care because of the COVID-19 pandemic, this number dropped to 43.2 percent in week 22.
- Delaying medical care was not consistent based on marital status from week 1 to week 22. In week 1, never married respondents were more likely to delay medical care (45.6 percent). In week 22, however, married respondents had the highest rate of delayed medical care at 41.8 percent.
- Week 1 compared to week 22 showed varying patterns for delayed care by income group. Middle income households ($50,000-$74,999) were more likely to delay medical care in week 1 (56.3 percent). In week 22, households at the highest income level ($200,000 and above) were more likely to delay medical care (49.7 percent).

Figure 2: Reduced Access to Care – Delayed Care due to the COVID-19 Pandemic



MENTAL HEALTH - SYMPTOMS OF ANXIETY

According to the Centers for Disease Control and Prevention (CDCP) (2021), many people are facing challenges that can be stressful, overwhelming, and cause strong emotions in adults and children. Public health actions, such as social distancing, are necessary to reduce the spread of COVID-19, but they can make one feel isolated and lonely and can increase stress and anxiety.

The Household Pulse Survey included the following two questions to obtain information on the frequency of the symptoms of anxiety:

Survey Questions:

- *Over the **last 7 days**, how often have you been bothered by the following problems … Feeling nervous, anxious, or on edge? Would you say not at all, several days, more than half the days, or nearly every day?* Select only one answer.

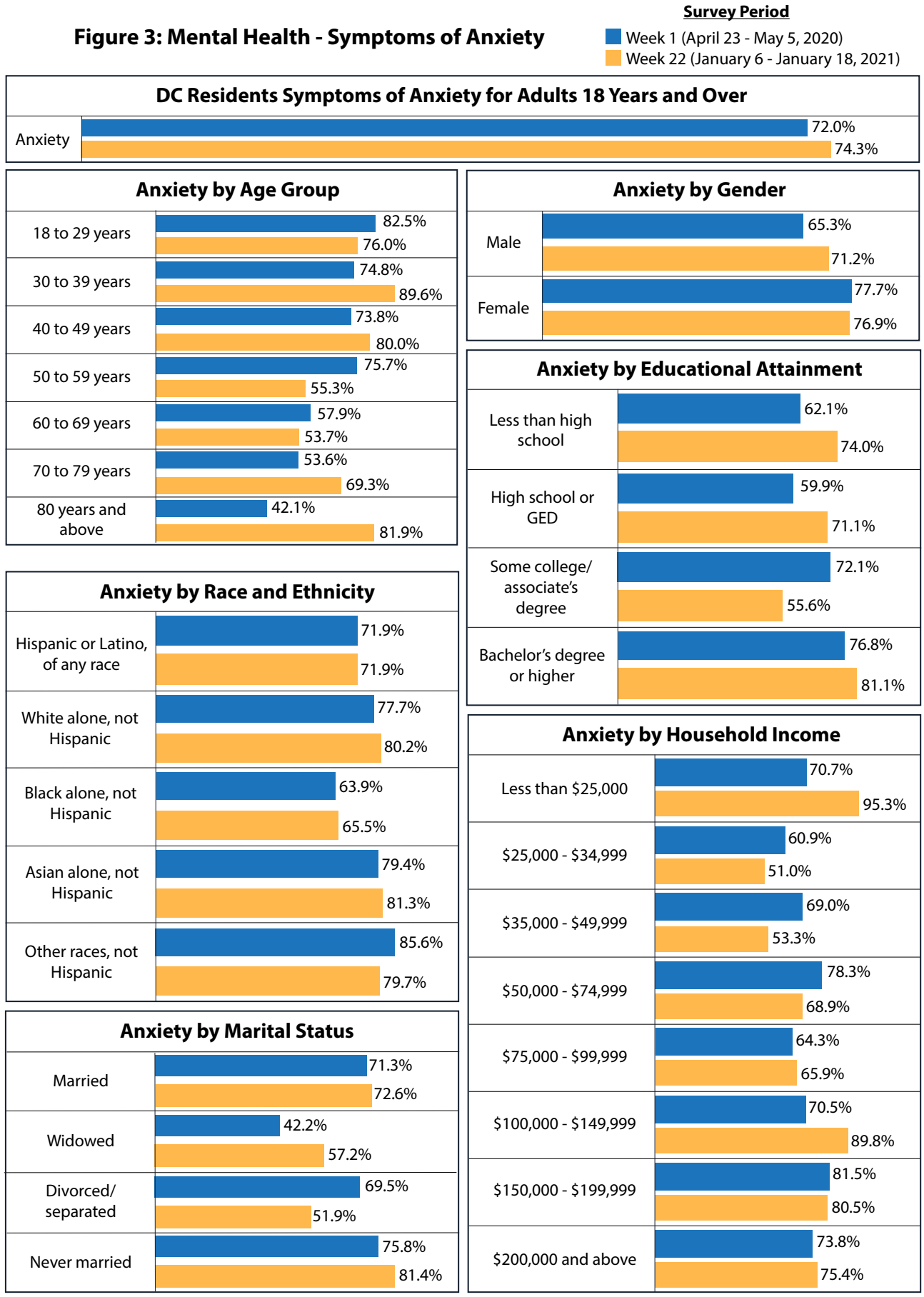
- *Over the **last 7 days**, how often have you been bothered by the following problems … Not being able to stop or control worrying? Would you say not at all, several days, more than half the days, or nearly every day?* Select only one answer.

Respondents who answered, "several days", "more than half the days", or "nearly every day" in the survey are considered as experiencing symptoms of anxiety.

Figure 3 presents week 1 (April 23 - May 5, 2020) and week 22 (January 6 – January 18, 2021) mental health – Symptoms of Anxiety – data of the Household Pulse Survey for the District of Columbia residents aged 18 years and over by selected characteristics.

- There was a slight increase in the percentage of respondents experiencing symptoms of anxiety from week 1 to week 22. In week 1, about 72 percent of the District residents reported experiencing symptoms of anxiety while in week 22 this proportion increased to 74.3 percent.
- Women were more likely than men to report experiencing symptoms of anxiety in both periods. About 77.7 percent of women and 65.3 percent of men reported experiencing symptoms of anxiety in week 1. In week 22, symptoms of anxiety declined to 76.9 percent for women but still higher than the 71.2 percent recorded for men.
- Younger adults ages 18-29 years and 30-39 years were more likely than older adults to report symptoms of anxiety in week 1 and week 22, respectively. In week 1, about 82.5 percent of adults aged 18 to 29 years reported experiencing symptoms of anxiety. However, in week 22, 89.6 percent of adults 30-39 years showed the highest rates of symptoms of anxiety followed by 81.9 percent for adults aged 80 years and over. The anxiety rate for the 80 years and over population almost doubled from week 1 to week 22.
- Among race and ethnic groups, non-Hispanic Asian alone were more likely to report experiencing symptoms of anxiety both in week 1 and week 22. In week 1, about 79.4 percent of non-Hispanic Asian alone reported experiencing symptoms of anxiety compared to week 22 with a slight increase to 81.3 percent. However, anxiety increased for all race and ethnic groups for week 22 compared to week of the survey.
- Adults with higher levels of educational attainment were more likely than adults with lower levels of educational attainment to report experiencing symptoms of anxiety in week 1 and week 22. In week 1, about 76.8 percent of adults with a bachelor's degree or higher reported experiencing symptoms of anxiety compared to 81.4 percent in week 22.
- Never married adults were more likely to experience symptoms of anxiety in week 1 and week 22. In week 1, 75.8 percent of never married adults reported experiencing symptoms of anxiety compared to 81.4 percent in week 22.
- Income levels with the highest symptoms of anxiety rates varied from week 1 to week 22. In week 1, respondents making between $150,000 - $199,999 showed the highest anxiety rates at 81.5 percent. However, in week 22, respondents in the lowest income bracket of less than $25,000 showed the highest rate of anxiety at 95.3 percent.

Figure 3: Mental Health - Symptoms of Anxiety



MENTAL HEALTH - SYMPTOMS OF DEPRESSION

Prior to COVID-19, rates of depression in the United States were high and among the most common mental health conditions (Elizabeth Reichert, 2021). The COVID-19 pandemic has brought many significant changes to how individuals live each day; routines have been disrupted, jobs lost, financial stressors incurred, schools and businesses closed, and widespread social distancing efforts implemented to prevent spread and "flatten the curve." In a matter of days, lives were changed dramatically, contributing to a pervasive sense of uncertainty, loss, and isolation for many. These factors combined increased risk for depression.

The Household Pulse Survey included the following two questions to obtain information on the frequency of depression symptoms:

Survey Questions:

- *Over the **last 7 days**, how often have you been bothered by … having little interest or pleasure in doing things? Would you say not at all, several days, more than half the days, or nearly every day?* Select only one answer.

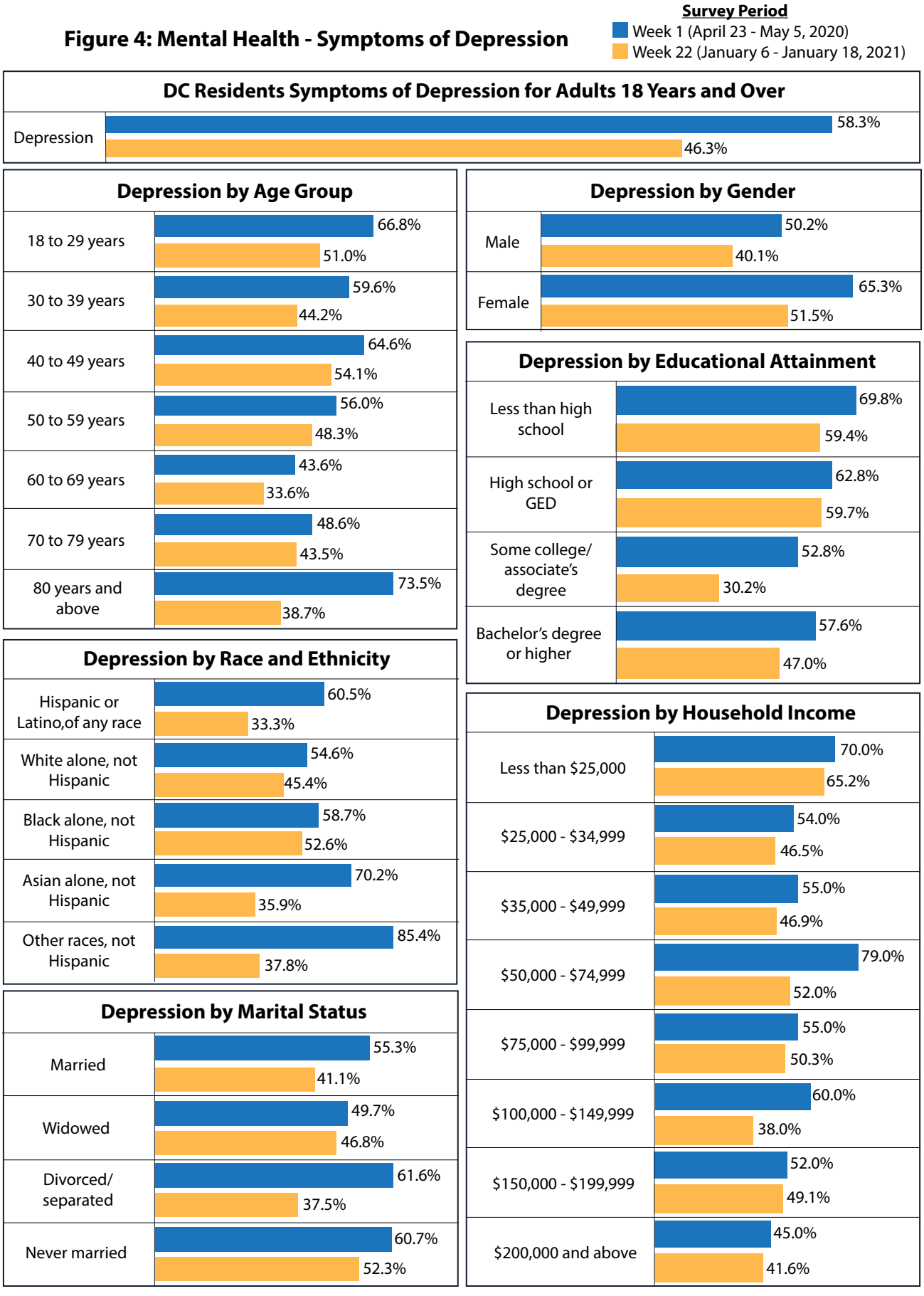
- *Over the **last 7 days**, how often have you been bothered by … feeling down, depressed, or hopeless? Would you say not at all, several days, more than half the days, or nearly every day?* Select only one answer.

Respondents who answered, "several days", "more than half the days", or "nearly every day" in the survey are considered as experiencing symptoms of depression.

Figure 4 presents week 1 (April 23 – May 5, 2020) and week 2 (January 6 – January 18, 2021) mental health – Symptoms of Depression – data of the Household Pulse Survey for the District of Columbia residents aged 18 years and over by selected characteristics.

- Symptoms of depression declined from week 1 to week 22. About 46.3 percent of the District residents reported experiencing symptoms of depression in week 22, down from 58.3 percent in week 1.
- Women were more likely than men to report experiencing symptoms of depression in both week 1 and week 22. In week 1, 65.3 percent of women reported experiencing symptoms of depression, compared to 51.5 percent in week 22.
- The highest prevalence of depression varied by age group from week 1 to week 22. In week 1, adults aged 80 years and over (73.5 percent) were more likely than other age groups to report experiencing symptoms of depression. In week 22, adults aged 40-49 (54.1 percent) had the highest percent.
- Among races alone and ethnic groups, non-Hispanic Asian alone and non-Hispanic Black alone experienced higher levels of depression in week 1 and week 22, respectively. Non-Hispanic Asian alone had a 70.2 percent symptoms of depression rate in week 1. In week 22, non-Hispanic Black alone reported experiencing symptoms of depression at a rate of 52.6 percent.
- Adults with lower levels of education were more likely to experience symptoms of depression in week 1 and week 22. In week 1, adults with less than high school diploma had the highest reported symptoms of depression (69.8 percent). In week 22, adults with a high school diploma or GED had the highest reported rate of symptoms of depression (59.7 percent).
- Symptoms of depression varied by marital status in week 1 and week 22. Divorced/separated respondents had the highest symptoms of depression rate in week 1 (61.6 percent). In week 22, never married respondents had the highest symptoms of depression rate (52.3 percent).
- The highest rate of symptoms of depression varied by household income in week 1 compared to week 22. Adults in households with income range $50,000 to $74,999 (79 percent) reported the highest rate of symptoms of depression in week 1. In week 22, adults in households with income range of less than 25,000 (65.2 percent) reported the highest rate of symptoms of depression.

Figure 4: Mental Health - Symptoms of Depression



LIMITATIONS OF THE SURVEY

Some degree of nonresponse bias and variance are normal features of almost all statistical surveys. The Household Pulse Survey produces pandemic impact estimates using the answers from responding persons. These estimates may be biased if answers from respondents differ from the potential answers of non-respondents. The magnitude of nonresponse bias is a function of the response rate and differences between respondents and non-respondents. Despite the measures taken to reduce nonresponse bias, there is likely some amount of nonresponse bias that cannot be corrected without knowing the pandemic impacts of the non-respondents (Peterson et al. (2021). Additionally, the survey design limits the Census Bureau's ability to measure nonresponse bias. More specifically, the wide fluctuations found in some of the data from one week to another may be due to nonresponse bias. For instance, in Figure 1, there are wide fluctuations from week 1 to week 22 for the uninsured by education and the uninsured by household income for some groups. As noted earlier, percentages shown are based on reporting distributions and do not include the population that did not report on specific items.

CONCLUSION

The household Pulse Survey appears to have provided some valuable information. There is general agreement that the impacts and resultant economic fallout of the pandemic have been widespread and have affected District residents to varying degrees in respect to age, gender, race, ethnicity, education, household income, and marital status. These disproportionate impacts reflect, in some instances, inequities in housing, education, employment, and health care that are being exacerbated by the current crisis. These inequities are expressed further in the Health Equity Report (HER) of the District of Columbia 2018 and in the Community Services and Facilities Element of the Comprehensive Plan of the District of Columbia (2021). The survey results suggest that local jurisdictions must conduct additional research to increase understanding, appropriately assess needs, and successfully target impacts of the pandemic specific to communities or populations identified.

The Household Pulse Survey data collected in week 1 and week 22 showed that the COVID-19 pandemic has negatively affected the medical health choices and mental health of the District of Columbia's residents. District residents continue to delay care and experience symptoms of anxiety and depression. Women in the District were shown to be more likely to delay care, experience greater rates of anxiety and depression in both week 1 and week 22 of the survey compared to men. Adults with higher levels of educational attainment were more likely than adults with lower levels of educational attainment to delay getting medical care and showed higher rates of anxiety both in week 1 and week 22.

Impacts of the pandemic on a specific racial or ethnic group were not consistent from week 1 to week 22 or from one symptom to another. For instance, Hispanics/Latinos were more likely to delay care in week 1, while non-Hispanic White alone were more likely to delay care in week 22. Similarly, while non-Hispanic Asian alone showed a higher rate of depression for week 1 of the survey, week 22 showed non-Hispanic Black alone with the highest rate of depression. One bright spot from the survey results showed that symptoms of depression decreased for every race and ethnic group from week 1 to week 22. Hence, addressing and eventually eliminating the COVID-19 pandemic health-related and socio-economic impacts will depend on whether the various forms of relief are targeted to reach specific racial and ethnic groups and/or the population with specific characteristics that are most at risk.

The fluctuating results highlighted in the report in general and in the limitations of the survey could be an opportunity for further exploration. Similar indicators as used in the Household Pulse Survey can be analyzed at the neighborhood level and cross-analyzed with the nine key drivers/ social determinants of health as outlined in HER. Ultimately, these analyses could help guide further research on health outcomes using both demographic and spatial data.

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