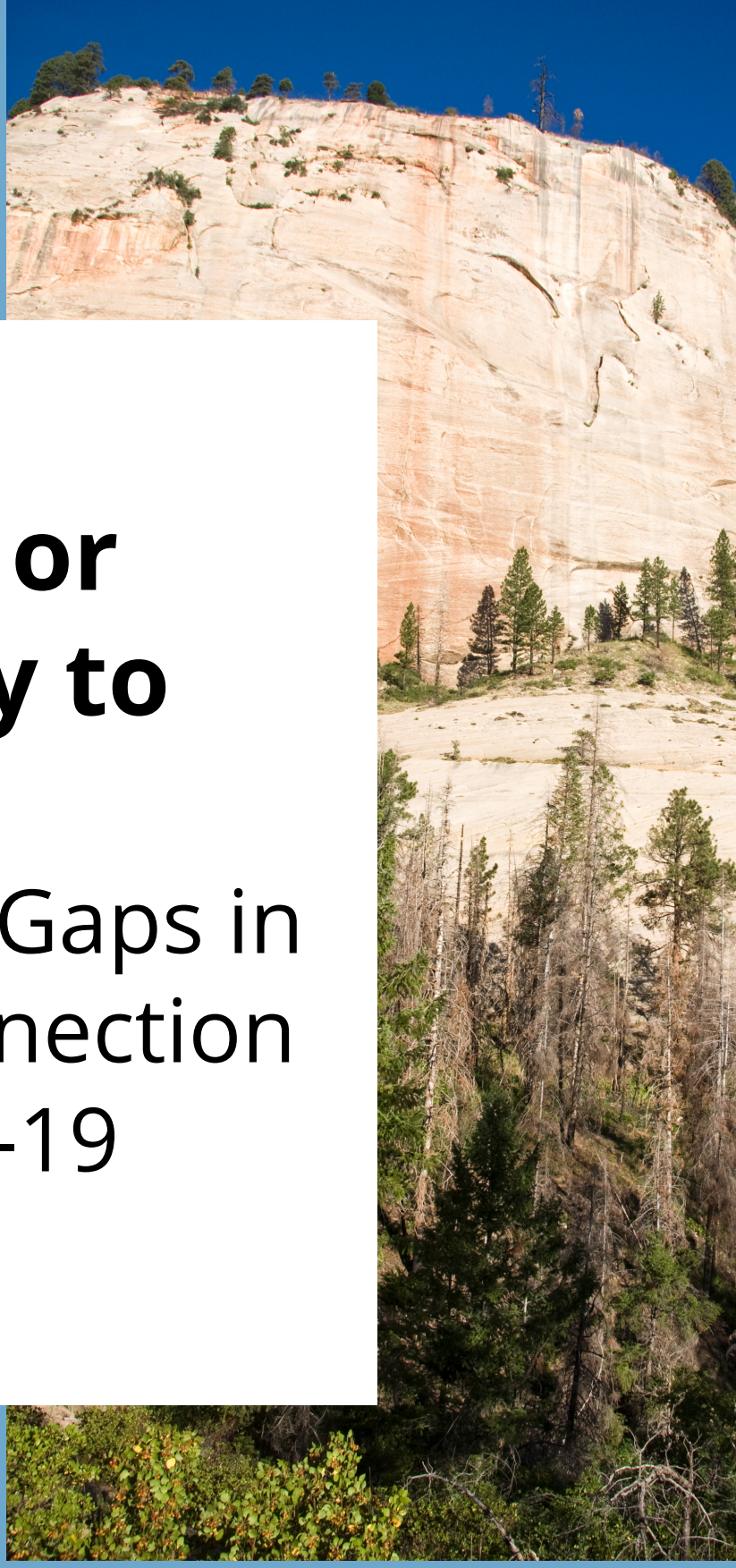

Lack of Availability or Accessibility to Resources

Analyzing the Gaps in Resource Connection During COVID-19

July 2021

UTAH DEPARTMENT OF HEALTH
Office of Health Disparities

This brief provides an analysis and explanation of the gaps in resource connection experienced by individuals served in Utah during the COVID-19 pandemic through the COVID Community Partnership (CCP) project. It provides an initial analysis of CCP resource referral connection from May 2020–April 2021. Further analysis explores reasoning for gaps in the areas of availability and accessibility.

INTRODUCTION

The COVID-19 pandemic highlighted health inequities across the nation and within Utah, disproportionately impacting underrepresented and underserved communities.[1] Vulnerable populations experienced increased risk of COVID-19 infection, hospitalization, and death with exacerbated effects from additional factors related to health disparities, including lack of healthcare access, employment in essential settings, education and wealth gaps, as well as crowded living conditions.[2,3] Connection to resources was in high demand as mass unemployment and loss of income resulted in difficulty paying for household expenses and medical care.[4] Throughout the pandemic, 2-1-1 helplines received increased requests for food, rent assistance, employment, and mental health services.[5] Utah's COVID Community Partnership (CCP) project provided this crucial resource referral activity, along with ongoing resource connection monitoring to identify gaps. This brief takes a deeper look at resource referral processes and provides context for gaps in connection to resources.

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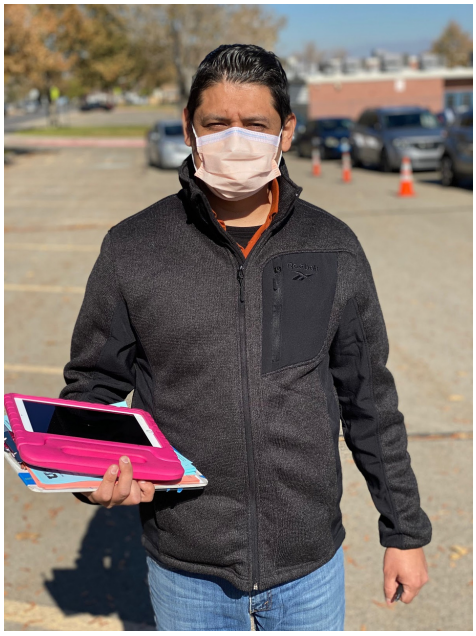
BACKGROUND



The Utah Department of Health (UDOH) Office of Health Disparities (OHD) recognized community health workers (CHWs) as trusted frontline public health professionals who work closely with vulnerable communities. The OHD developed the COVID Community Partnership (CCP) project in 2020, a trust-based partnership to enable CHWs to act as a bridge to link individuals to community resources. Connection to resources was essential to help support individuals adhere to quarantine and isolation protocols to mitigate the spread of COVID-19 and reduce COVID-19 disparities among vulnerable populations.

Through the CCP project, CHWs conducted social determinants of health (SDOH) screenings with individuals identified through COVID-19 testing and contract tracing to understand social needs and refer to resources as needed. Twelve different areas were screened for SDOH needs, including: food, housing, utilities, employment, transportation, healthcare, prescriptions, mental health, technology, legal help, feeling safe at home, and substance use. Since individuals required other resources for unique needs during the pandemic, CHWs also screened for "other" needs. CHWs worked with individuals for a three-week period to track referrals to resources on a consistent basis to determine if resource connection was successful. CHWs then reported outcomes to CCP project staff. This three-week time period was designed to follow public health protocol timelines for the COVID-19 emergency of Quarantine and Isolation (Q&I). It was important for resources to be made accessible during Q&I to enable and promote individuals to safely follow public health protocols and prevent the spread of COVID-19 infection.

Resource and Referral Connection Data

Between May 2020 and April 2021, community health workers (CHWs) with the COVID Community Partnership (CCP) project provided 1,571 resource referrals. The top three referrals were for housing (484), food (352), and utilities (254). After that, "other" needs were most common. Within "other" needs, from May–December 2020 COVID testing information was the most common resource needed, and from January–April 2021 assistance with COVID vaccine appointment registration was the most common.

Between May 2020 and April 2021, 47% of individuals were successfully connected to referred resources. Services for "other needs" (71%), food (66%), and legal help (i.e., immigration, housing navigation, etc.) (61%) were more frequently successfully connected. Additionally, successful connection to resources for housing, utilities, mental health, and other needs improved in 2021 compared to resource connection in 2020.

From May 2020 to April 2021, more than half of the total resource referrals (53%) were ***not*** successfully connected. When referrals were not successfully connected, CHWs reported reasons why.

This ongoing resource gap monitoring was a crucial component of the CCP project, as availability and accessibility to resources were imperative in supporting individuals to enable them to safely follow Quarantine and Isolation (Q&I) protocol. To improve the tracking resource connection process, the CCP project staff adapted tracking processes for CHWs at the beginning of 2021. One important change involved the process for reporting unsuccessful connections. Changing from an open-ended response to selecting from a predetermined list of reasons allowed for more accurate analysis.

CCP project staff grouped CHW reported reasons into ten main reasons through qualitative thematic analysis. Further explanation of the ten main reasons is included in the results section.

1. ***Individual was not eligible for the resource.***
2. ***CHW could not find a resource for this need before the time of reporting.***
3. ***The individual decided not to access the resource services at that time.***
4. ***The resource application was not completed before the time of reporting.***
5. ***The resource application could not be completed or resource services could not be accepted before the time of reporting.***
6. ***The resource application was completed and submitted, but still processing at the time of reporting.***
7. ***Resource provider organization did not respond to the individual to answer questions or confirm connection to resource services before the time of reporting.***
8. ***Resource connection was unable to be confirmed before the time of reporting.***
9. ***The tracking spreadsheet was not complete or clearly filled out.***
10. ***Follow up was not conducted during the reporting period to confirm if resource services were connected.***

METHODS

Further analysis was conducted in the COVID Community Partnership (CCP) project into the reasons for unsuccessful connections reported by CHWS between May 2020 and April 2021 to better understand gaps in resource connection.

Two resource gap areas were identified in the unsuccessful connection to resources process: lack of availability and lack of accessibility. The ten main reasons reported by CHWs for unsuccessful resource connection were then analyzed to determine if they resulted from one of the two resource gaps based on the definitions below.

Gap Area 1: ***Lack of Availability*** was defined as resources that were not connected due to the unavailability of resources for certain needs.

Gap Area 2: ***Lack of Accessibility*** was defined as resources that were difficult to connect to due to access barriers within the process of referral and navigation.

The frequency of the reasons reported by a CHW were provided in the analysis of the resource gap areas, to show prevalence. Explanations were included to provide context on the barriers that contributed to unsuccessful resource connection.

As reasons for unsuccessful resource connection were categorized into one of these two gap areas, if it could not be determined that a reason resulted from a lack of availability or accessibility, it was screened out of further analysis. Frequency of screened out reasons is reported as well as explanations on why the reasons were screened out as not contributing to resource gaps.

RESULTS

Seven of the 10 reasons reported by CHWs for unsuccessful connection were identified as resulting in a resource gap attributed to a lack of availability or accessibility. This means half or 53.9% (451/837) of unsuccessful resource connections were attributed to one of the two resource gap areas. The other three reasons reported by CHWs were screened out as not contributing to gaps in resource connection (386/837).

Gap Area 1: Lack of Availability

Analysis found **6.8%** (57/837) of the reasons reported by CHWs for unsuccessful connection to resources were categorized into this gap area. Lack of availability made up 12.6% (57/451) of gaps in resources.

Two reasons indicated gaps in availability of resources:

1. ***Individual was not eligible for the resource.*** (n=32) 56.1%
   A lack of eligibility was identified in several types of situations—including proof of citizenship, proof of address (i.e., residing at a family or friend's house, utility bills in their name), geographic restrictions, income restrictions—limits to when and how often the resource could be accessed.
2. ***CHW could not find a resource for this need before the time of reporting.*** (n=25) 43.9%
   CHWs identified the gap in resources being unavailable when services were not found for a specific need, the individual lived in an area with less access to services, or funding ran out for a resource previously available.

Gap Area 2: Lack of Accessibility

Analysis found **47.1%** (394/837) of the reasons reported by CHWs for unsuccessful connection to resources were categorized into this gap area. This made up the majority or 87.4% (394/451) of gaps in resources.

Five reasons indicated gaps in accessibility of resources:

1. ***The resource application was not completed before the time of reporting.*** (n=152) 38.6%
   Barriers in accessing resources were created when an individual had to go back to work, felt too sick to reach out, experienced language barriers, or were stuck waiting for required documents to complete the application. Many individuals needed to wait for their landlord to provide the required documentation to qualify for rental assistance. In addition, individuals may have not had an urgent need or not enough time to finish a resource application in their case time period.

2. ***The resource application was completed and submitted, but still processing at the time of reporting.*** (n=115) 29.2%
   This gap in accessibility was reported when resources were not accessed in a timely manner, particularly for urgent needs. Individuals were not able to complete and gather documentation for extensive applications, particularly those with language barriers or lack of access to technology, causing delayed processing time.

3. ***The individual decided not to access the resource services at that time.*** (n=86) 21.8%
   There were different barriers reported contributing to an individual choosing to no longer access resource services, including not having time to reach out, going back to work, no longer identifying the need, or deciding an application is too complicated or that the application takes too long. Conversely, some individuals were able to find support for their needs from family, employer, or their community, more quickly than a resource organization would have been able to provide.

4. ***Resource provider organization did not respond to the individual to answer questions or confirm connection to resource services before the time of reporting.*** (n=28) 7.1%
   It was reported that some resource organizations did not respond to individuals requesting their services for a variety of reasons unknown to CHWs or individuals, preventing access. CHWs also reported this reason resulting in unsuccessful resource connection when an individual reported the resource provider was unable to provide language or other navigation assistance in the application process.

5. ***The resource application could not be completed or resource services could not be accepted before the time of reporting.*** (n=13) 3.3%
   There were situations with individuals who were eligible for services and attempted to complete their resource application in a timely manner, but were unable to due to outside barriers. These included missing required documentation (i.e., copy of a contract/lease, bills in their name, or birth certificates) or not having access to technology. Other individuals were not able to accept resource services after submission of application due to other access barriers, including individuals who did not have transportation to reach their services (i.e., picking up food).

Reasons Screened Out of Resulting in Gaps

Analysis found 46.1% (386/837) of the reasons reported for unsuccessful connection to resources were screened out as not resulting in a resource gap of lack of availability or lack of accessibility.

Three reasons were screened out and not included in the analysis as it could not be determined that the reasons resulted from a lack of availability or accessibility:

1. ***Resource connection was unable to be confirmed before the time of reporting.*** (n=183) 47.4%
   CHWs were unable to determine if there was a gap in resource connection with the individual or the resource provider organization.

2. ***The tracking spreadsheet was not complete or clearly filled out.*** (n=138) 35.8%
   Some tracking spreadsheets were incomplete or unclear, making it difficult to accurately measure each resource gap.

3. ***Follow up was not conducted during the reporting period to confirm if resource services were connected.*** (n=65) 16.8%
   This limitation in reporting also resulted in an inability to accurately measure gaps in resource connection.

DISCUSSION

During the COVID-19 pandemic, individuals are instructed to remain in the Quarantine and Isolation (Q&I) period for a specific period of time. When resources are unavailable or inaccessible to respond to urgent needs during Q&I, it can be more difficult to follow public health protocol, resulting in a potential increased spread of infection. This risk may be exacerbated for vulnerable populations who may be considered essential employees in workplaces with less flexibility to take time off work and increased exposure to COVID-19. Unavailable and inaccessible resources compound the barriers vulnerable populations already face. When those who are most vulnerable are unable to receive support for their urgent needs during Q&I, COVID-19 health disparities result and persist.

Tracking resource referral and connection was a crucial component of the COVID Community Partnership (CCP) project. Following up on referred resources created a closed loop referral in order to ensure referrals were connected; it should not be assumed individuals can access resource services simply because a referral was made. This follow up process and referral tracking supports individuals who are connecting to resources for their needs. Tracking connection to resources enabled the CCP project to identify the gap areas of unsuccessful resource connection, and further analysis allowed for deeper understanding of the reasons resulting in resource gaps.

The two gap areas of lack of availability and lack of accessibility have many different layers with barriers preventing individuals from successfully accessing resources.

Resource availability is the foundation of successful resource connection. Lack of available resources presents a key gap when individuals are limited from finding services to support their identified needs. If resources are not available for certain needs or areas, these gaps for unaddressed needs grow uncontested.

The gap area of availability accounted for 12.6% of reported reasons for unsuccessful resource connection, and the gap area of lack of accessibility comprised the majority of reported reasons (86.4%). This shows providing resource availability is only the first step in resource connection. Resource accessibility needs to be a primary area of focus to improve successful connection to resources.

Inaccessibility of resources presents a gap in successful connection when a resource is already available, yet processes prevent access to the resource. It is important to consider the burden resource processes may have on vulnerable communities, particularly during a pandemic when needs may be more urgent.

In the face of an emergency or public health crisis, resources need to be made more readily available and accessible with streamlined processes. An individual may choose not to access resource services because an application's requirements are overwhelming, or an individual may not be able to complete a resource application in a timely manner, or at all, when requirements are extremely extensive.

To improve the timeliness of resource connection, resource provider organizations need adequate infrastructure and staff available to process applications and provide needed support to communities. Additionally, while resource organizations do need to gather information on their applications to justify funding and resource provision, there should be a balance of both accountability and accessibility. Required processes need to be explored for flexibility of making these essential resources more easily accessible in an emergency. This includes expanding eligibility so resources are available to all vulnerable communities with urgent needs.

Many resources can be publicly available, but still widely inaccessible—resulting in the same outcome of individuals in need not being reached. In the face of an emergency, social needs can become more urgent for vulnerable communities, and it is not enough to make resources just "available." Resource providers need to examine existing barriers to understand how to make already ***available*** resources more ***accessible***.

LIMITATIONS

There were several limitations presented in this resource gap brief analysis.

There were limitations in determining the accuracy of analyzed results regarding the data source. Limitations include missing data due to loss to follow-up with individuals, data entry quality, and inadequate protocol adherence—the three screened out reasons, as mentioned above. Data was self-reported by CHWs. Referral and connection to resources was based on what CHWs knew was available, and not necessarily based on what resources were actually available.

There were also limitations presented in the data analysis process. One limitation included the overlap of availability and accessibility attributing to a resource gap, where distinctions could not be addressed. With the process of grouping reasons together under each of the two resource gap areas, categorization confounded the nuances of each reason and the unique barriers faced by each individual. Another limitation in the data analysis process was many individuals were referred to more than one resource (398/783 or 50.8%). This data examined and grouped the total number of referrals, not individuals. If CHWs could not reach individuals who were referred to multiple resources, this could have inflated the unsuccessful connections total.

CONCLUSION

In an emergency, resources need to be both available and accessible. This is especially important for vulnerable populations who may identify more urgent needs exacerbated by other barriers experienced during COVID-19. Timely successful connection to resources is necessary to not only reduce the risk of increased spread of infection, but to also address health disparities. Ongoing monitoring of referral to resources helped the COVID Community Partnership (CCP) project identify and understand gaps in connection, particularly in the areas of lack of availability and lack of accessibility. When gaps in unsuccessful resource connection are identified, strategic interventions can be developed to reduce gaps and promote successful resource connection in future emergency situations.

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