

Mat-Su COVID-19 Related Behavioral Health Needs Report EXECUTIVE SUMMARY

May 2021



MAT-SU HEALTH
FOUNDATION



Actionable Data Consulting

Executive Summary

Background

The Mat-Su Health Foundation commissioned this report with the goals of understanding the behavioral health effects of COVID-19 on the Mat-Su frontline workforce and developing recommendations to address the identified needs. Over 400 Mat-Su frontline workers (FLWs) provided information and told their stories for this report. Three hundred and fifty-eight workers completed an online survey, and 32 managers and directors participated in interviews. Four group interviews took place at community meetings.

The pandemic has affected Mat-Su and the work of the frontline staff in many ways. While the spread of the virus covered the whole borough, affecting 10,603 people as of April 13, 2021, the core area was most affected. One hundred and thirty-two residents were hospitalized due to the virus, and 37 died. Fifteen percent of FLWs surveyed (55 people) reported having tested positive for the virus.

The media and research literature has primarily focused on the frontline healthcare workforce; however, this report also includes workers from the following sectors who delivered essential services during the pandemic:

- Behavioral Health
- Child Welfare/Domestic Violence/Sexual Assault (CW/DV/SA)
- Early Learning/Childcare
- Emergency Services
- Physical Health
- Social Supports
- Youth Resilience Programs
- Education

Gratitude for Frontline Workers

Responding to the pandemic required immediate, creative, and sometimes enormous changes in Mat-Su organizations and agencies. Under normal circumstances, this type of change would take months

to years of planning, along with strong leadership and extensive staff and client training. In March of last year, as Americans were told to “hunker down” in their homes, Mat-Su frontline organizations moved quickly to figure out how to deliver services safely while protecting their workers. One of the most impressive findings from this study was what did not happen – no organization abandoned the people they served. Instead, directors and workers figured out new ways to do things. Their hearts went out to the people they serve who were struggling, and they provided services regardless of the stresses they faced at home.

Service Delivery

At the start of the pandemic, executive and program directors scrambled to figure out how to change service delivery to offer protection to their workers. The programs that could shut down and go virtual did so. The programs that needed to stay open, such as inpatient/residential programs, shelters, and transitional housing, changed their service delivery protocols and, in many cases, cut down on the number of services they offered and the number of available beds.

New delivery methods worked great for some clients/patients and not well for others. Virtual provision of services did not work well for substance-use-disorder treatment groups, youth groups, and those who could not afford phone minutes or could not afford or did not have access to high-speed internet. Children had less interaction with mandated reporters of child maltreatment, and some shelters and transitional housing programs had to decrease the number of beds to achieve physical distancing.

Program directors, managers, and staff stated that they saw a different pattern in the number of clients/patients/students/families served and their level of need during the pandemic. The following is a description of the patterns for different types of services.

1. Physical health organizations saw a decrease in patients early on when the hospital stopped providing elective surgical services. As the pandemic continued, outpatient and inpatient physical health care volume increased.
2. Child welfare workers said that it was “eerily quiet” at the beginning of the pandemic. As the pandemic continued, they saw an uptick in the number of severe cases. Additionally, domestic violence workers reported an increase in people needing their services.
3. Overwhelmingly, social service organizations reported that the need for their services (food, housing, referrals, case management) had increased, and they were seeing clients they had never seen before, including those who did not need their services before the pandemic.
4. Senior service providers reported that older residents experienced an increase in isolation and therefore had an added need for connection, on top of their needs for food and other assistance.
5. Many frontline organizations reported serving people with more complex cases.
6. Behavioral health agencies reported an increase in clients, including those with substance use disorders who had relapsed.

Overwhelmingly, the most pronounced effect on clients, patients, and students, an effect that spanned all sectors, was that of isolation and emotional disconnect from workers, family, and friends. Some of the precautions that all workplaces took (wearing masks and other protective equipment) blocked the view of the full face and facial expressions. The ability to see full facial expressions is important when relating to people, especially young children. Inpatient and residential facilities had no visitors, and home visits for disabled individuals and families were largely eliminated and are only now slowly coming back. Seniors have been painfully isolated.

Unequal Effects of the Pandemic on Organizations

The effects of the pandemic weighed differently on organizations depending on their pre-pandemic financial stability and capacity. Small, less financially stable organizations that offer lower wages, few benefits, and less PTO to their workers were more susceptible to crises. Their workers had higher levels of financial stress, and some employees quit because they could earn more money collecting unemployment. Some of these organizations had less robust technological infrastructure, making a move to online services more difficult. Some organizations had less-than-adequate physical space or infrastructure for infection-control practices. For example, organizations without a working bathroom with running water had difficulties implementing the required procedures.

Silver Linings

Frontline directors and managers identified pandemic “silver linings.” These included: new ways to deliver services, improved infection-control practices, more time for reflection and planning, more access to training and conferences through virtual platforms, and the realization that staff could successfully work from home. Additionally, COVID-19 related funding was invaluable to these organizations and enabled their continued provision of services. The primary silver lining for clients was the virtual delivery of services, which helped improved access to care for people without reliable transportation. Other silver linings were mentioned. These were:

- Better infection-control practices
- Greater access to virtual training and conferences
- Increased efficiency
- Increased teamwork
- Less micromanaging of staff
- More recognition of the importance of public health
- More time to step back and plan
- Obtaining COVID-19 funding
- Recognition of different work styles/schedules
- Smaller class sizes
- Virtual delivery of services eliminating the transportation barrier

The Stress and Behavioral Health of Frontline Workers

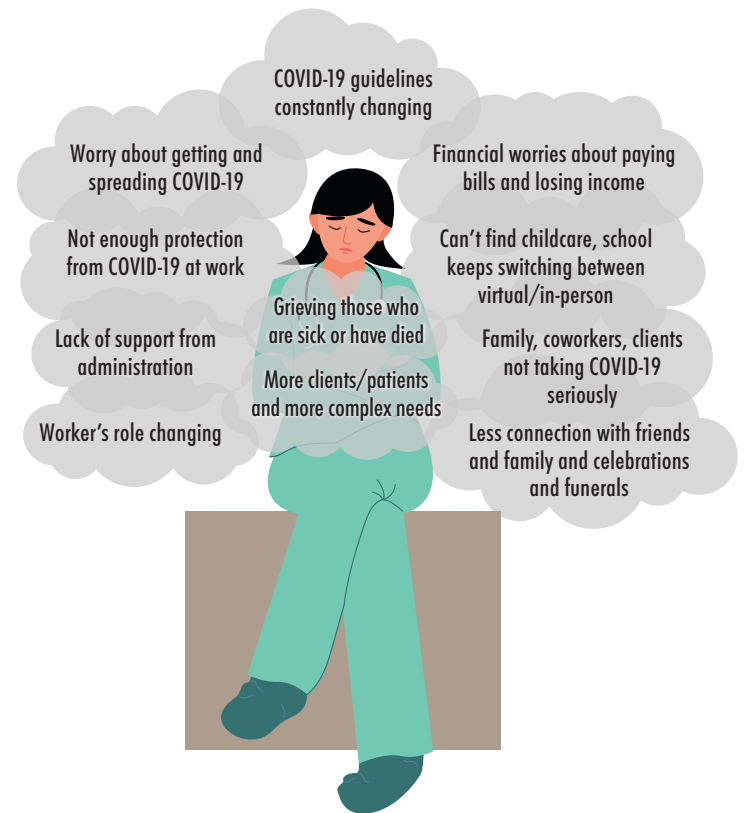
Several factors affected the behavioral health of frontline workers during the pandemic.¹ These included all types of stress and the inability to utilize the usual self-care/protective practices that mitigate stress. During the pandemic, the support practices of connecting with family and friends and gathering for celebrations, rituals of grieving, and other cultural practices were severely limited.

The Unequal Effects of the Pandemic on Workers

This study shows that many frontline workers were stressed by not feeling financially secure and worried about making ends meet. Two subpopulations of frontline workers in Mat-Su were examined: non-White workers and workers from households that earn less than \$50,000 (\$50K) per year. These subpopulations were chosen because research has shown that non-White and low-income individuals have poorer health outcomes than their comparison groups. Adults with income below the poverty level are five times more likely to report poor or fair health than those with incomes at least 400% of the federal poverty level. Low-income workers are more likely to struggle with mental and emotional health and concerns over jobs, income stability, and health care coverage.

Additionally, low-income individuals have higher rates of chronic illness, such as heart disease, diabetes, and stroke. A person's race is also a predictor of their health status. Black, Hispanic, and American Indian people in the United States have shorter life expectancies and higher rates of chronic health conditions than White people. The effects of income and race intersect because people of color tend to have lower income than White Americans (Khullar et al., 2018). There is a relationship between race and pay levels in the United States. According to a research study by the Economic Policy Institute, when controlling for age, gender, education, and region, Black workers are paid 15% less than White workers (Gould, 2020). It is important to note

FIGURE 1
TYPES OF STRESS EXPERIENCED
BY FRONTLINE WORKERS



this because, before the pandemic, these groups experienced lower income levels and poorer health outcomes; thus, the effects of the pandemic occurred on top of that baseline. The data collected for this study are not extensive enough to ascertain all the factors contributing to the higher financial stress experienced by non-White workers compared to White workers. However, the observed disparity highlights the need for further research to ensure that programs developed to support workers will effectively meet the needs of all workers, including these subpopulations.

This study shows that FLWs experienced high stress levels due to the pandemic. The areas where non-White workers and workers from lower-income households differed the most from their comparison groups related to finances (see Figure 2). Twenty-four percent of FLWs experienced moderate/extreme

¹ Behavioral health is defined here as the promotion of mental health, resilience, and well-being, the treatment of mental and substance use disorders, and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

stress about not having enough food, and almost 37% worried about not paying rent/mortgage. When looking at the non-White subpopulation, these percentages rose to 35%/50%, and, for lower-income workers, they rose to 51%/63%. Workers in the CW/DV/SA and Early Learning/Childcare sectors reported the most financial stress. The FLWs in these sectors typically have lower wages than other sectors surveyed in this report. Almost half of all FLWs (43%), and higher percentages of non-White (63%) and lower-income workers (64%), were stressed by losses in wages or paid time off (PTO) resulting from quarantine requirements. The nature of the work of FLWs makes possible exposures to COVID-19 inevitable, and they are the ones bearing the brunt of the financial implications of that exposure. Over half of all non-White and lower-income workers experienced moderate/extreme stress caused by fear of one or more of the following events: someone in their household losing their job, being unable to pay the rent/mortgage, losing money or PTO due to required quarantine(s), difficulties finding childcare during school closings.

Other Stressors for Frontline Workers

In addition to financial worries, frontline workers were stressed by many of the same issues that have been reported in national studies. These additional stressors included: the fear of becoming infected, the fear of infecting others, the stress related to personal protective equipment (PPE) shortages, and stress related to taking on new roles. Additional issues mentioned by Mat-Su FLWs that caused considerable stress included disagreement with others over the risks of COVID-19, pandemic guidelines constantly changing, and not being able to see family and friends (Figure 3). A worker's race and income level did not affect these areas of stress.

Additionally, FLWs were asked if they had trouble accessing behavioral health care during the pandemic. Seventeen percent of FLWs stated that they needed behavioral health care and were not receiving it (30% for lower-income FLWs and 20% for non-White workers). Just over half of FLWs who were surveyed reported that they had not needed behavioral health care during the pandemic.

FIGURE 2
PERCENTAGE OF WORKERS WHO REPORT MODERATE/EXTREME STRESS DUE TO CHILDCARE AND FINANCIAL WORRIES

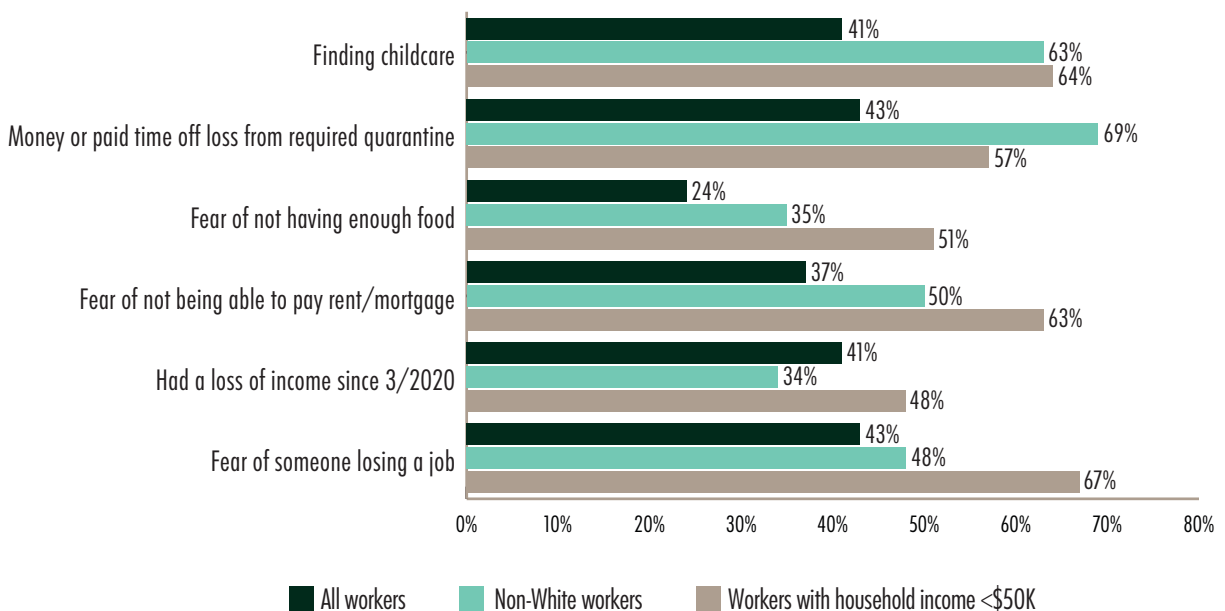
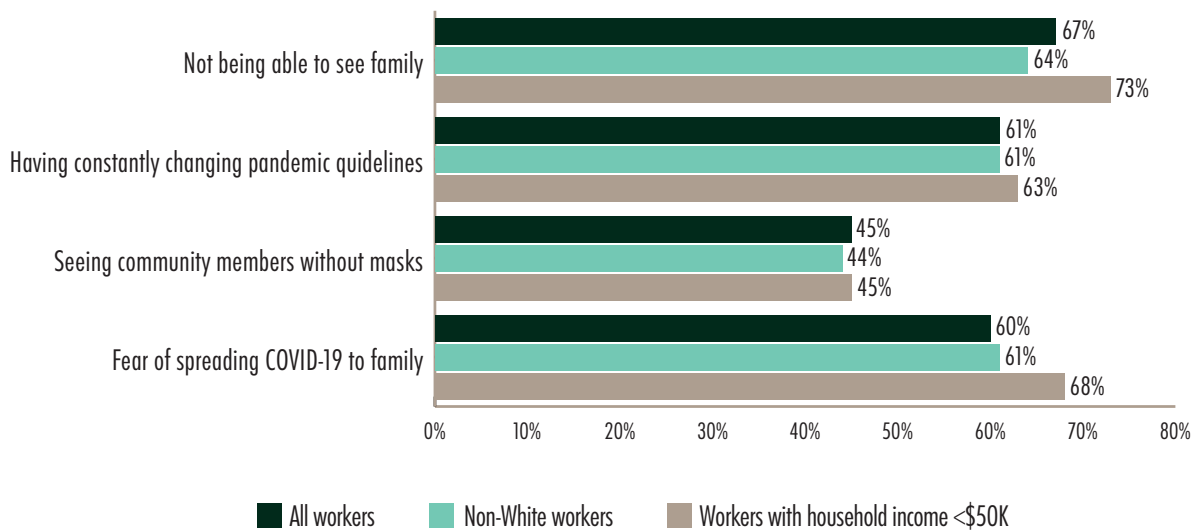


FIGURE 3
PERCENTAGE OF WORKERS WITH MODERATE/EXTREME STRESS DUE TO COVID-19 RESTRICTIONS



Worker Support

Frontline organizations supported each other by sharing information and PPE, and by collaborating in service delivery. Information sharing and collaboration were often done by coming together for regularly scheduled meetings. Directors supported staff by allowing them to work from home, by providing opportunities for self-care or celebratory activities (i.e., massage chair, special meals), by increasing staffing levels, and by holding one-on-one meetings. A small percentage of organizations provided bonuses and extra time off. The supports most requested by the FLWs surveyed were the opportunity to work from home, monetary bonuses, and additional paid time off. When directors were asked what they would do if they had unlimited funding, they listed: providing self-care opportunities to their staff, offering health insurance and Employee Assistance Plans (EAPs), and increasing access to behavioral health support. They also wanted to pay their workers more, improve the infrastructure of their places of employment, and retain some of the practices made possible by COVID-19 funding, such as putting up homeless clients in hotels.

Summary of Recommendations

These recommendations can be viewed from multiple perspectives: during the pandemic, in the “aftermath” of the pandemic, and before the next pandemic or other public health crisis. The recommendations below address all three perspectives.

Community/Statewide Infrastructure Recommendations

1. Assist in the creation of local and state public health data, strategy, and management plans to address future public health crises:
 - a. In collaboration with Matanuska-Susitna Borough, fund the cost-benefit analysis of the borough adopting public health powers.
 - b. Continue to advocate for sufficient funding to support a robust public health infrastructure in Alaska. This includes the support of public health funding in the State budget, the staffing of public health offices, and support of local public health efforts.
 - c. Advocate for the necessary state and federal policy and regulatory changes that allow for virtual delivery of primary care, medication management, and behavioral health.

2. Promote health equity, especially racial equity, through ongoing health-equity assessment and work internal to the Foundation. With Foundation funding and backing, convene a community-wide advisory group to begin the process of discussing and promoting health equity in Mat-Su.

Organization-Level Recommendations

3. Proactively provide funding to bring frontline organizations up to a minimum standard of operations, including paying workers a living wage and providing access to health insurance and employee assistance plans.

Worker-Level Recommendations

4. Assist organizations with funding to continue to pay furloughed workers, workers who must quarantine, or whose hours have been cut. Support organizations in providing severance packages to help workers being laid off.
5. Provide discretionary grants to organizations to be used for self-care, healing, and cultural activities.
6. Create a system that ensures that frontline workers have access to behavioral health support.
 - a. The Foundation should identify and help fund sources of behavioral health support available to all frontline organizations for their workers. Ideas for support include:

- i. Virtual access to life coaches
 - ii. Virtual access to behavioral health counseling and medication management
 - iii. The creation of a “Code Lavender” program that offers rapid response emotional support to frontline workers from trained practitioners (Stone, 2018).
 - iv. Make training/webinars available to directors and staff to help workers cope with the effects of the pandemic (American Hospital Association, 2020).
 - v. Provide all frontline workers with access to a “warm line.” A warm line is a free, confidential line that workers can call for support and to talk with trained staff. This type of line is used when a worker’s situation does not require a crisis line, but they still need help and someone to listen (Mental Health American 2021).
 - b. Provide organizations the resources needed to prevent and identify worker burnout, compassion fatigue, and vicarious trauma.
7. Celebrate and appreciate the entire frontline workforce.



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