NEDHSA COVID-19 Social Health Impact Assessment – AGENCY CLIENTS

Data Analyses Results Report

Dr. Monteic A. Sizer

Dr. Jeanie McGee

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OUR MISSION

NEDHSA serves as a catalyst for individuals with mental health, developmental disabilities, and addictive disorders to help realize their full human potential by offering quality, excellent care, with greater accessibility.

THREE TENETS GUIDING OUR ACTIONS

1. Greater access to services
2. Excellent customer service
3. Quality competent care

OUR VISION

NEDHSA's vision is to build a unified Northeast Louisiana where individuals are thriving and reaching their full human potential.

Message from the Executive Director

Dr. Monteic A. Sizer

At Northeast Delta Human Services Authority (NEDHSA), we are guided by our vision, mission, and tenets. With these pillars in mind, we strive to innovate and find new ways to meet and exceed the challenges of those living in Northeast Louisiana.

Daily, we work with citizens from across our twelve-parish region who struggle with mental illness, addiction, and developmental disabilities. These are not the only challenges faced by those we serve in our region. Many people in our region, including our clients, have the added burden of complex trauma, and must struggle to overcome a variety of negative social determinants of health. For example, and for too many, issues related to income, housing, transportation, nutrition, access to primary care, and education are common, everyday struggles.

At NEDHSA, we don't just talk about what we're going to do; we put our words into action through our integrated healthcare model. Our model recognizes that behavioral health is only one piece of an integrated whole. We also understand that we must support the entire person, not an isolated part of a person. We acknowledge a person is mind, body, and spirit.

Our work has a measurable impact, and we gladly share the results of this assessment with our region, state, and nation. We seek to demonstrate what is possible when the right methods are paired with available resources. Thus, this social health impact assessment was done to determine how COVID-19 might have contributed to increased behavioral, physical, and social health needs in our area. We not only assessed agency clients, we also surveyed the general population living in our region and beyond. However, and for this specific report, we only focused on agency client-level data. Future reports will detail general population data trends and results.

Of note, 30 percent of respondents were concerned with having a loved one or household member get COVID-19, and more than 18 percent were worried about unknowingly giving someone the disease while they showed no symptoms. Additionally, while focused on their impact on others, participants expressed other concerns. Some included actually contracting COVID-19, having the ability to pay household bills, and being unable to visit relatives and friends. More than 21 percent reported increased loneliness, sadness, depression, frustration, irritability, and anger. Clients of all ages reported feeling an overall decline in mental health, with 31 percent of the 18 to 25 age group reporting a mental health status decline.

The data contained within these pages speak volumes about our data-driven approach and the value we place on programmatic efficiencies and outcomes. Our collective data focus sharpens the commitment and resolve we have to help positively transform the lives of those we serve.

Dr. Monteic A. Sizer
NEDHSA Executive Director

Executive Summary

The Northeast Delta Human Services Authority (NEDHSA) COVID-19 Social Health Impact Assessment was designed to collect data related to the COVID-19 pandemic and its effects on the social health of our agency clients, as well as citizens residing in our 12-parish service area and beyond. This report contains data analyses results from the assessments collected from NEDHSA agency clients from April 24, 2020 to June 5, 2020. Louisiana Governor Edwards issued a mandatory stay-at-home order from March 22, 2020 to May 15, 2020. Thus, most of the assessments were collected while mandated quarantine was in place. All assessments were completed either over the telephone or online through a Google Document. Completion of this assessment was voluntary. For clients under the age of 18, as well as clients deemed unable to self-report based on cognitive ability regardless of age, an authorized parent or legal guardian provided the assessment information. Areas of assessment included: demographics; personal relationships and living situation; employment; resource concerns, including household finances, food security, healthcare, and social and relationships; personal well-being; mental and behavioral health status; and general media access and pandemic practices.

Sample Summary

A total of 530 agency clients were given the opportunity to complete the voluntary assessment. Of these, 63 (11.9%) clients declined completion, resulting in 467 (88.1%) of contacted clients completing the assessment. Mean age of the agency client sample was 46.7 years (*n*=467; SD=15.7; range=82; minimum age=3; maximum age=85). Slightly over 50% of responding agency clients (*n*=467) were female (54%; *n*=252), 45.6% were male (*n*=213), and 0.4% (*n*=2) were transgender. African Americans accounted for 58.7% (*n*=274) of the responding client sample, while Caucasians accounted for 40.0% (*n*=187). One (0.2%) client reported a race of Asian, and 5 clients (1.1%) reported a race of "Other". Over 87% (87.9%; *n*=398) of clients reported no changes in their employment due to COVID-19.

Primary Concerns during COVID-19 Pandemic

Analyses of the 15-item resource concerns revealed that the top five concerns identified by our agency clients included (1) *"having a loved one or household member get COVID-19*" (30%); (2) *"getting COVID-19"* (25.2%); (3) *"having enough income/money to pay household bills"* (18.9%), (4) *"unknowingly giving someone COVID-19 because I have no symptoms"* (18.1%); and (5) *"being unable to visit my relatives and friend's homes for social interaction"* (15.5%). Of these, three of the top five were items presented in the "Health and Healthcare Concerns" section, one was in the "Household Maintenance Concerns" section, and one in the "Social and Relationship Concerns" section. This indicates that, as a whole, although clients were faced with employment changes and financial worries, primary concerns focused on the health of their loved ones first, followed by their own health. Least concerning issues included having to assist children with schoolwork while school is out, experiencing stressed or strained relationships while having to stay home, and finding a location to be tested for COVID-19 (6.3%, 6.9%, and 8%, respectively).

Mental and Behavioral Health Status Summary

Overall, analyses revealed that NEDHSA agency clients have been negatively affected by the COVID-19 pandemic in various ways. Over 32% of clients reported experiencing more nervousness or anxiety since the pandemic began; 23.6% reported increased loneliness, sadness, or depression; and 21.4% reported increased frustration, irritability, or anger. Around 15% of clients reported

feeling that their mental health status has declined since COVID-19 began; around 14% reported struggling more with their problems; and 10% reported feeling a sense of doom and that things will get worse. Clients aged 18 to 25 years reported the most negative mental and behavioral impacts, and clients aged 61 and up reported the least. However, our youngest clients (aged 0 to 17 years) reported more feelings of doom and that things would get worse than any other age group. Clients who reported experiencing stressed or strained relationships while having to stay home during quarantine also reported feeling that their mental health status had declined since the pandemic began; struggling more with their problems; and feeling a sense of doom and like things will only get worse.

The strongest correlations were noted between client reported feelings of personal well-being and their mental and behavioral health status. Client reports of experiencing more nervousness or anxiety; loneliness, sadness, or depression; and frustration, irritability, or anger were positively correlated with self-reported mental health status decline (r_s=.635; p=0.000; r_s=.655; p=0.000; and r_s=.591; p=0.000, respectively), showing that as these negative feelings increased so did feelings of mental health status decline. Positive correlations were also found between client reports of these negative feelings and reports of struggling more with problems since COVID-19 began (r_s=.575; p=0.000; r_s=.621; p=0.000; and r_s=.573; p=0.000, respectively) and feeling a sense of doom and like things will only get worse (r_s=.432; p=0.000; r_s=.463; p=0.000; and r_s=.500; p=0.000, respectively).

Clients at the Monroe Outpatient Clinic reported feelings of mental health status decline most often (22.4%), while clients from the Ruston Outpatient Clinic reported this least (4.5%). Clients from the Tallulah Outpatient Clinic reported feeling like they were struggling more with their problems since the pandemic began (20%), followed by clients in the NEDHSA Developmental Disabilities Department (19%). Further, the clients seen in our Developmental Disabilities Department reported the most feelings of “a sense of doom and like things will only get worse” (23.8%), while clients at the Winnsboro Outpatient Clinic reported this the least (0%).

Resource Concerns

Resource concerns, such as having enough money to pay household bills and secure ample food contributed to reported declines in mental health status, struggling more with problems, stressed or strained relationships at home, and increased negative feelings, including nervousness or anxiety; loneliness, sadness, or depression; and frustration, irritability, or anger. Client concerns about health or healthcare issues had similar effects on some areas of personal well-being and mental and behavioral health status, but not all. Increases in these negative feelings were also related to client concerns of getting COVID-19, having a loved one or household member get COVID-19, and unknowingly giving someone COVID-19 due to being asymptomatic. Clients seen at the NEDHSA Tallulah Outpatient Clinic reported more financial, food security, and healthcare concerns than clients at other clinic locations.

Effects of Employment

Clients who experienced employment changes during the pandemic reported significantly more financial, food security, and healthcare concerns. Clients who were working outside of the home expressed greater concerns about unknowingly giving COVID-19 to someone than clients who were working from home. Clients who reported being unemployed and not looking for work reported the least concern for all resource areas, as well as social and relationship concerns. Over 46% of unemployed clients who were

looking for work reported increased frustration, irritability, or anger compared to only 15.1% of unemployed clients who were not actively looking for work.

Age and Household Composition

Client age had a significant impact on many areas of the assessment. Overall, as client age increased, financial, health, and social and relationship concerns decreased. Clients under the age of 18 reported experiencing stressed or strained relationships while having to stay home more than any other age group (43.8%), and these reports decreased as client age increased. Clients aged 18 to 25 years reported the greatest increases in nervousness or anxiety (51.7%). Clients aged 61 years and up reported the least frustration, irritability, or anger than any other age group, and reports of these feelings increased as client age decreased. Additionally, reported feelings of nervousness or anxiety and loneliness, sadness, or depression also decreased as client age increased, indicating the younger the client, the more frequently these negative feelings were reported. Client age group was also negatively correlated with assessment items of mental and behavioral health. As client age decreased, feelings of mental status decline increased (r_s=-.149; p=0.001); struggling more with problems increased (r_s=-.153; p=0.001); and feeling a sense of doom and like things will only get worse increased (r_s=-.114; p=0.015). Although the correlations are weak to mild, it is important to note that younger clients appeared to struggle more with their mental and behavioral health during the COVID-19 pandemic. Clients (regardless of their marital status) with children had more concerns about food security than clients without children, and single clients with children expressed the most concern about having a loved one or household member get COVID-19 compared to any other household group.

Addiction

Client reports of mental and behavioral health status were moderately to strongly correlated with reports of having a harder time handling addiction since COVID-19 began. These significant correlations were noted between handling addiction and reported mental health status decline (r_s=.411; p=0.000); struggling more with problems (r_s=.467; p=0.000), and feeling a sense of doom and like things will only get worse (r_s=.351; p=0.000). Of most importance, a moderate correlation between having more difficulty handling addiction and having thoughts of hurting themselves or wishing they were not around was found (r_s=.400; p=0.000). Moderate positive correlations were noted between clients' difficulty in handling their addiction during the pandemic and experiencing more nervousness or anxiety; experiencing more loneliness, sadness, or depression; and experiencing more frustration, irritability, or anger (r_s=.326; p=0.000; r_s=.354; p=0.000; and r_s=.384; p=0.000, respectively).

Thoughts of Self-Harm

Client reports of mental and behavioral health status were moderately correlated with client reports of having thoughts about hurting themselves or sometimes wishing they were not around. These significant correlations were noted between client thoughts of self-harm and feeling their mental health status had declined (r_s=.388; p=0.000); struggling more with problems (r_s=.402; p=0.000), and feeling a sense of doom and like things will only get worse (r_s=.422; p=0.000). While not statistically significant, there was an inverse correlation between client age group and thoughts of self-harm, indicating that as client age decreased, these feelings increased.

Use of Mandated Time at Home
Over 40% of clients reported using the mandated time at home spending more time on self-care; 40.1% using the time to enjoy nature and the world around them; and 34% using their time at home to build stronger personal relationships. As the number of individuals in the clients' household increased, so did the likelihood that mandated time at home was used to build stronger personal relationships.

Access To and Use of Media
Around 68% of clients reported having internet access in their household, and 94.8% reported having access to local television channels. Clients with internet access reported more increases in nervousness and anxiety; more frustration, irritability, or anger; more loneliness, sadness, or depression than clients without internet access. Clients with internet access also reported more issues concerning mental and behavioral health status changes, including feeling their mental health status had declined and struggling more with their problems during the pandemic, while clients without internet access reported these changes less frequently. These findings were the opposite of the associations shown for clients who had access to local TV channels versus those who did not. Clients who had access to local TV channels reported personal well-being and mental health status changes less frequently than clients who did not have local TV channel access. These media access findings may suggest that our clients fare better psychologically when they have access to local television channels and do not fare as well when there is internet access in their household.

A total of 77.8% of clients indicated watching or reading the news to stay informed about COVID-19 issues. Statistically significant differences were noted across client race, with African-American clients reporting doing so more often than Caucasian clients (83.6% versus 69.0%; z=-2.908; p=0.022). Overall, client reports of staying informed by watching or reading the news gradually increased by age, with the exception of clients in the age 26 to 35 years group who reported less than the clients in the 18 to 25 years group (68.8% versus 72.4%, respectively). Further, client reports of keeping themselves informed about COVID-19 issues by watching or reading the news was negatively correlated with experiencing more nervousness or anxiety; experiencing more loneliness, sadness, or depression; and experiencing more frustration, irritability, or anger (r_s=-.192; p=0.000; r_s=-.201; p=0.000; and r_s=-.249; p=0.000, respectively). This finding indicates that staying informed about COVID-19 issues may decrease client negative feelings of personal well-being.

Social Distancing
Nearly 88% of agency clients reported that they practice and encourage social distancing to the best of their ability. All clients (100%) who reported working in the industries of healthcare, transportation/utilities, non-food retail, and manufacturing each reported social distancing. Clients working in the public service sector reported the least frequently (60%), and 88.9% of clients working in food service reported practicing and encouraging social distancing to the best of their ability. Client reports of practicing and encouraging social distancing to the best of their ability was negatively correlated with experiencing more nervousness or anxiety; experiencing more loneliness, sadness, or depression; and experiencing more frustration, irritability, or anger (r_s=-.145; p=0.002; r_s=-.198;

p=0.000; and r_s=-.150; p=0.001, respectively). These inverse relationships indicate that as client reports of practicing and encouraging social distancing increases, these negative feelings of personal well-being decrease.

Summary

The COVID-19 pandemic has had significant effects on our agency clients in terms of personal well-being and mental and behavioral health, and will continue to do so until their lives are back to normal. In summary, COVID-19 related concerns and the resulting negative effects on our agency clients' personal well-being and mental and behavioral health status decreased with client age. The younger clients in our agency (age groups: 0 to 17 years and 18 to 25 years) most frequently reported experiencing negative feelings and emotions since the pandemic began and also reported struggling with their problems, experiencing strained personal relationships, and feeling that their mental health had declined more than any other age group. All of these effects lessened as client age increased, with our oldest client age group (age 61 and up) reporting negative effects of COVID-19 less than any other age group.

Clients who kept themselves informed about COVID-19 reported fewer negative effects than clients who did not stay informed. However, the source of information may be important as clients with internet access reported significantly more negative feelings and mental health impacts than clients without internet access. Clients who had local television channel access in their household reported fewer negative effects than clients with or without internet access as well as clients without access to local television channels.

NEDHSA clients have existing challenges in living with mental and/or behavioral disorders, addiction disorders, or developmental disabilities. The COVID-19 pandemic has brought forth new and additional challenges for most individuals, but perhaps even greater for those who already struggle to navigate their lives on a daily basis. Identifying these pandemic-related areas of concern for these specific populations will allow our agency to better serve our clients during these uncertain times and to better prepare for future uncertainties.

About the Northeast Delta Human Services Authority (NEDHSA) COVID-19 Social Health Impact Assessment

The NEDHSA COVID-19 Social Health Impact Assessment was developed by Northeast Delta Human Services Authority in April 2020 to collect and analyze data related to the COVID-19 pandemic and its effects on the social health of our agency clients. Data was collected from April 24, 2020 to June 5, 2020. Assessment methodology is outlined below, and this report describes the findings.

Purpose: The purpose of the NEDHSA COVID-19 Social Health Impact Assessment was to determine how the COVID-19 pandemic is affecting our agency clients.

Areas of Assessment: The NEDHSA COVID-19 Social Health Impact Assessment was designed to collect and assess information in the following areas:

- Demographics, including age, gender, and race
- Personal Relationship Status and Current Living Situation
- Household Composition and Changes due to COVID-19
- Employment Status and Changes due to COVID-19
- COVID-19-Related Resource Concerns
    - Household Financial Maintenance Concerns
    - Food Security Concerns
    - Health and Healthcare Concerns
    - Social and Relationship Concerns
- COVID-19-Related Personal Well-Being
- COVID-19-Related Mental and Behavioral Health Status
- COVID-19-Related General Information Access and Practices

Assessment Population: Using the NEDHSA COVID-19 Social Health Impact Assessment, agency clients receiving services through the Clinical Services Department and Developmental Disabilities Department were interviewed. For clients under the age of 18, an authorized parent or legal guardian provided the assessment information. Additionally, a legal guardian provided information for any client, regardless of age, deemed unable to self-report based on cognitive ability, where appropriate and documented in the client's agency health record.

Assessment Methods: NEDHSA COVID-19 Social Health Impact Assessments were collected over the telephone and via internet using Google Documents due to the stay-at-home order issued by the Governor of Louisiana at the time that the internal client assessment was initiated.

- Clients were offered the opportunity to complete the NEDHSA COVID-19 Social Health Impact Assessment after first being informed that completing the assessment and providing answers to any of the included questions was completely voluntary and that declining to participate would not affect their ongoing care, receipt of services, or relationship with our agency

- Current, active agency clients were assessed, including but not limited to, any agency client seen for a visit or who received services within the past 12 months
- Assessment data was collected during regular, scheduled clinic or service visits while the client was readily available by phone (or)
- Agency staff with scheduled client visits incorporated the COVID-19 Social Health Impact Assessment into their regular client visit
- Some clients were contacted for specific assessment data collection only, and were also informed that the assessment was voluntary
- Any client who reported a “neutral”, “agree”, or “strongly agree” response to the assessment item “I have thoughts of hurting myself or sometimes wish I wasn’t around” was immediately transferred to a mental health professional if not already connected, and follow-up was provided to these clients as well.

Analyses Methodology: Demographic characteristics were descriptively summarized. Kruskal-Wallis H rank-based, nonparametric tests were used to determine if there were any statistically significant differences between two or more groups on the ordinal survey data. Post-hoc pairwise comparisons were performed on Kruskal-Wallis H tests of statistical significance, and the adjusted Bonferroni correction for multiple tests significance values were reported in conservation to reduce Type I errors. Spearman rank-order correlation coefficient analyses were used to measure the relationships between ordinal scale data, and Chi-square tests of independence were used to determine the association between categorical variables. Mann-Whitney U tests were conducted to compare differences between ordinal assessment items between categorical independent variables. Significance levels were set at $p<0.05$ for all statistical analyses. All data were analyzed using SPSS software version 26 (IBM SPSS Statistics for Windows, version 26, IBM Corp., Armonk, NY, USA).

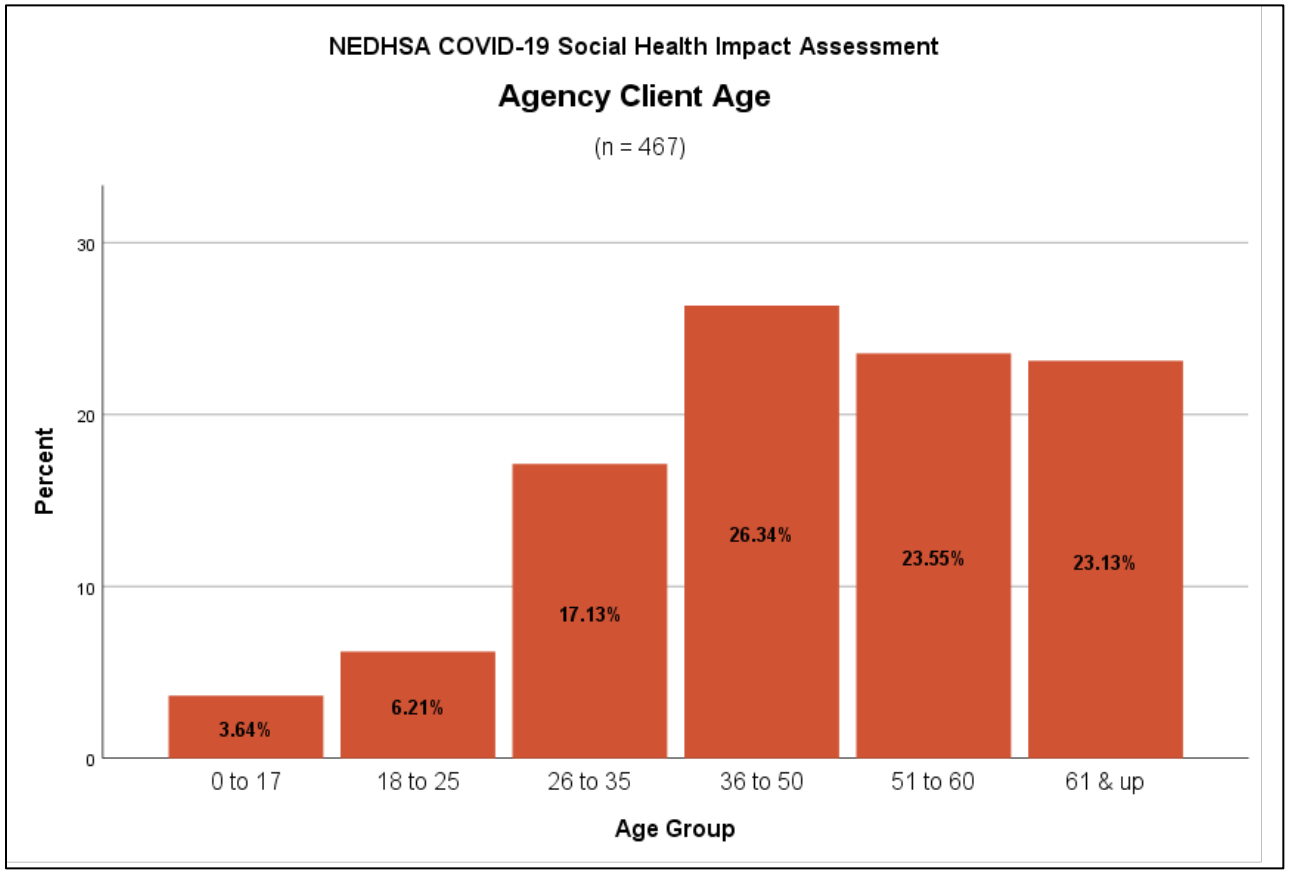
NEDHSA AGENCY CLIENT SAMPLE

NEDHSA COVID-19 Social Health Impact Assessment data was collected from April 24, 2020 to June 5, 2020. A total of 530 agency clients were given the opportunity to complete the voluntary assessment. Of these, 63 (11.9%) clients declined participation, resulting in 467 (88.1%) of contacted clients completing the assessment.

AGENCY CLIENT SAMPLE DEMOGRAPHICS

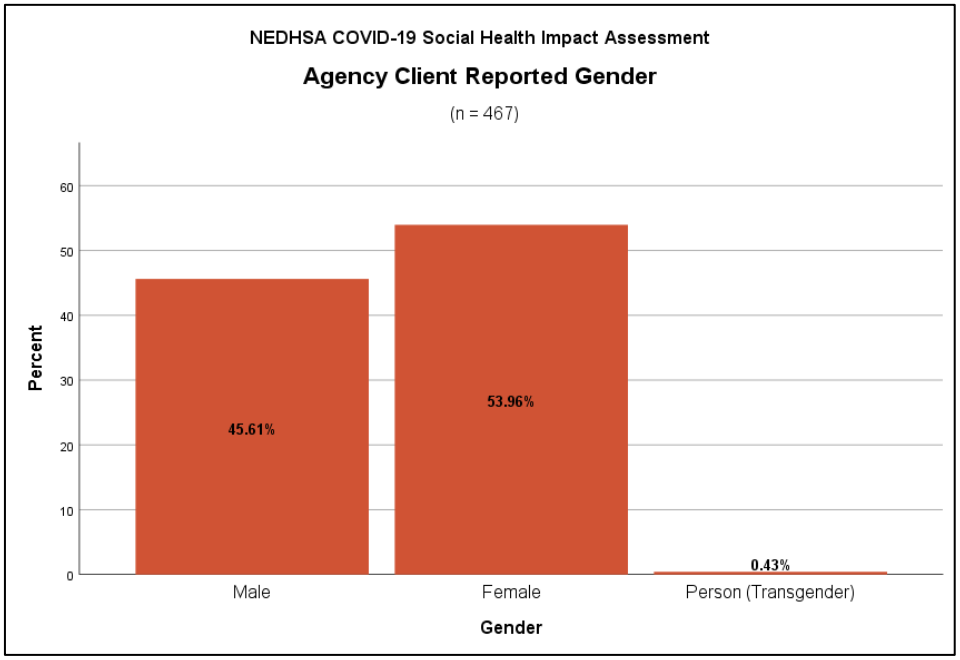
Mean age of the agency client sample was 46.7 years (*n*=467; SD=15.7; range=82; minimum age=3; maximum age=85). Client ages were grouped into six categories consistent with agency state reporting requirements. Age group distribution is shown in the table and graph below.

Client Age Group				
Age (Years)	**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
0 to 17	17	3.6	3.6	3.6
18 to 25	29	6.2	6.2	9.9
26 to 35	80	17.1	17.1	27.0
36 to 50	123	26.3	26.3	53.3
51 to 60	110	23.6	23.6	76.9
61 & Up	108	23.1	23.1	100.0
Total	**467**	**100.0**	**100.0**	


NEDHSA COVID-19 Social Health Impact Assessment
Agency Client Age
(n = 467)
Percent
30
20
10
0
3.64%
6.21%
17.13%
26.34%
23.55%
23.13%
0 to 17
18 to 25
26 to 35
36 to 50
51 to 60
61 & up
Age Group

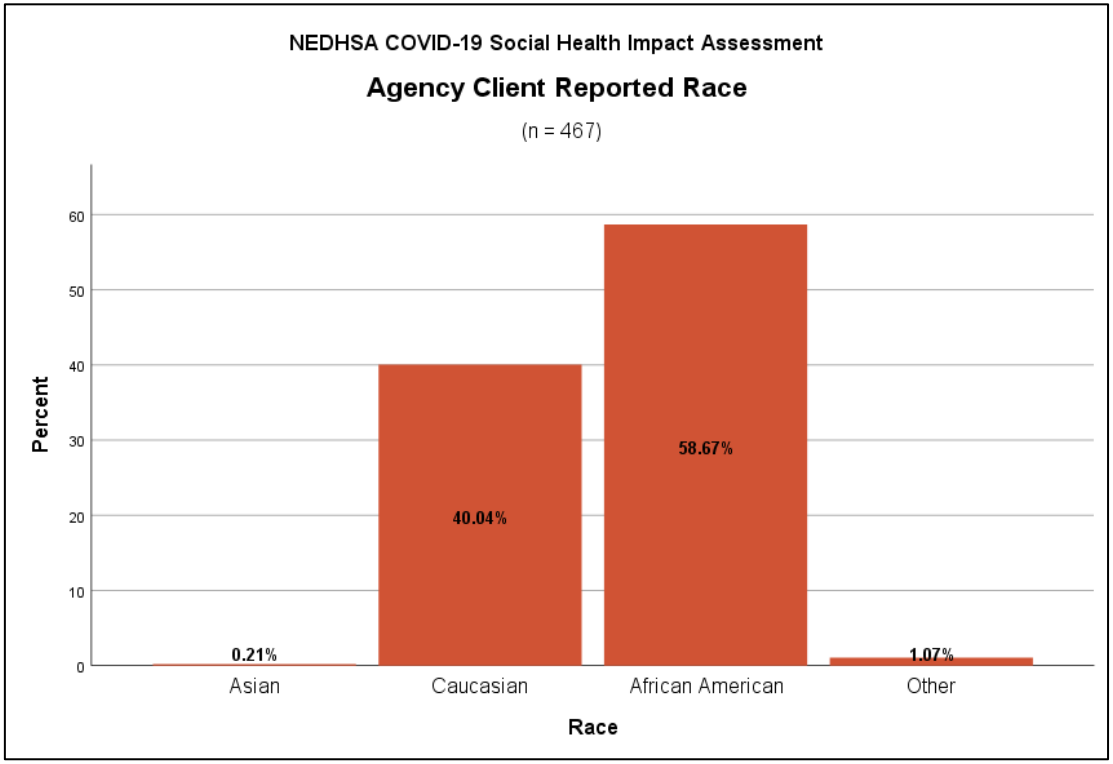
Slightly over 50% of responding agency clients (*n*=467) were female (54%; *n*=252), 45.6% were male (*n*=213), and 0.4% (*n*=2) were transgender. A Chi-square test of independence showed a significant association between client gender and age group, where clients aged 26 to 35 years were more likely to be male, and clients aged 51 and up (52 to 60 and 61 & up age groups) were more likely to be female ($X^2(5,N=465)=15.434$; $p=0.009$).

Client Gender				
Reported Gender	**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Male	213	45.6	45.6	45.6
Female	252	54.0	54.0	99.6
Person (Transgender)	2	0.4	0.4	100.0
Total	**467**	**100.0**	**100.0**	



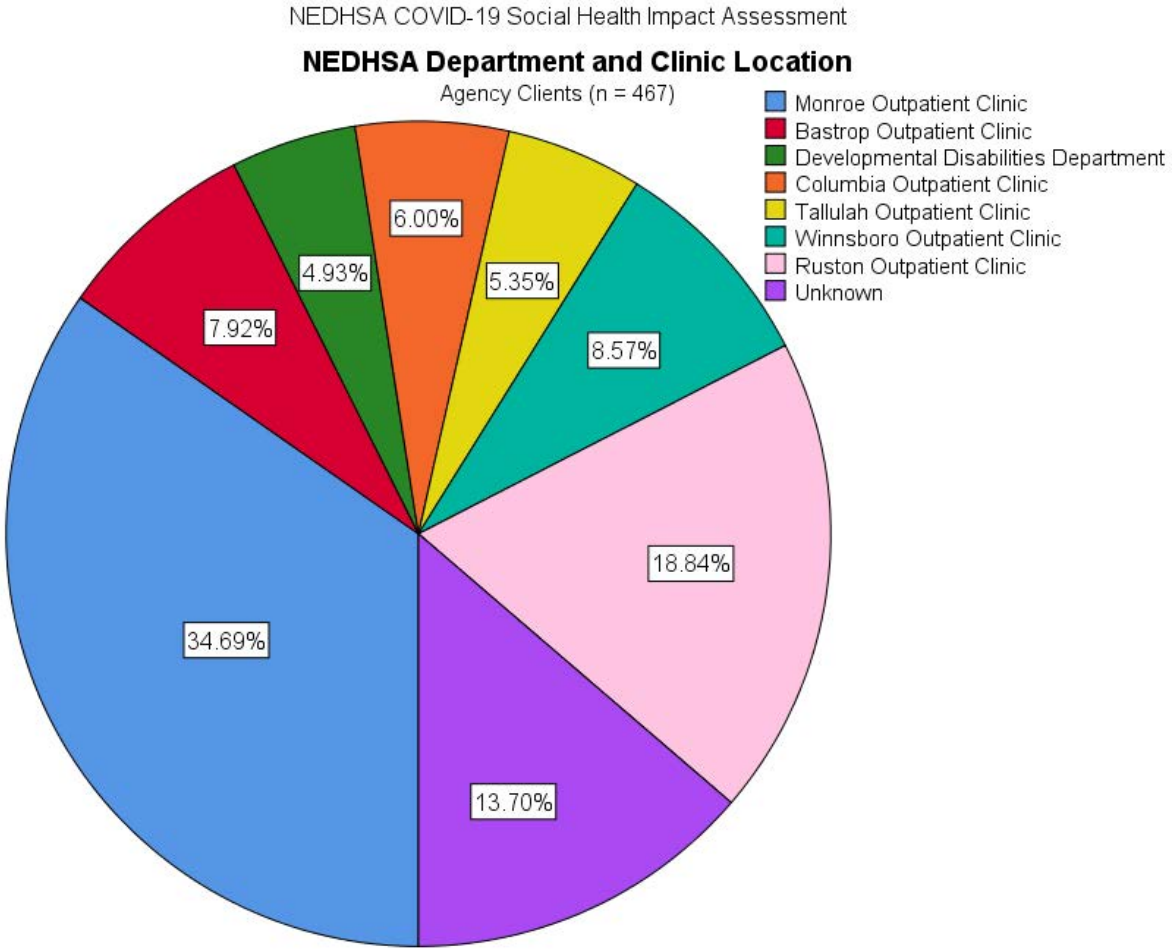
African Americans accounted for 58.7% (*n*=274) of the responding client sample, while Caucasians accounted for 40.0% (*n*=187). One (0.2%) client reported a race of Asian, and 5 clients (1.1%) reported a race of "Other".

Client Race				
Reported Race	**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Asian	1	0.2	0.2	0.2
Caucasian	187	40.0	40.0	40.3
African American	274	58.7	58.7	98.9
Other	5	1.1	1.1	100.0
Total	**467**	**100.0**	**100.0**	



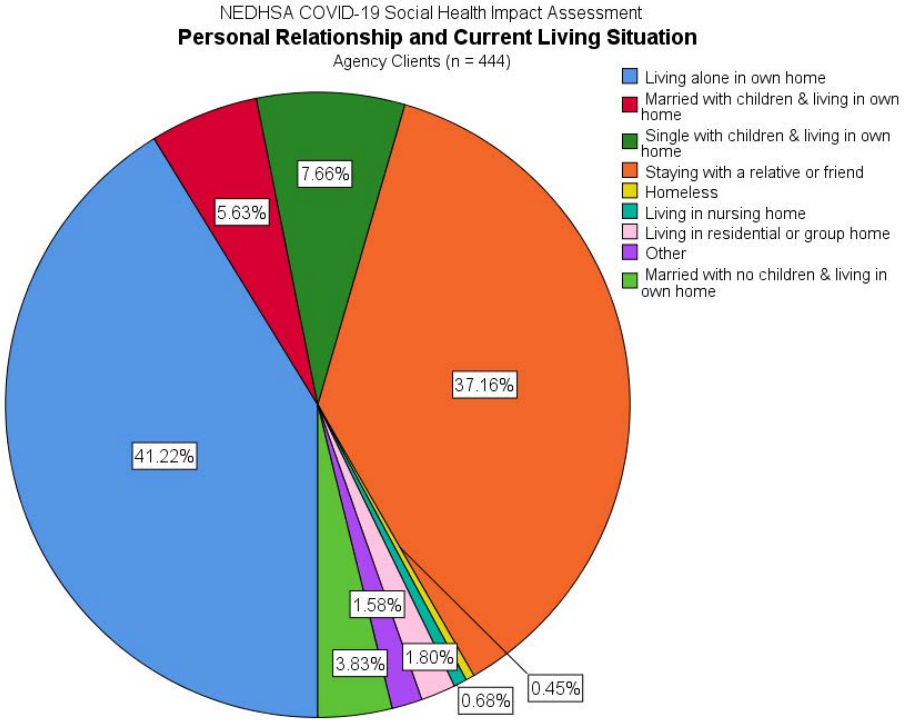
NEDHSA department and clinic location was recorded for each assessment completed. NEDHSA outpatient clinics collected 95% of respondent data (*n*=444), and the NEDHSA Developmental Disabilities Department collected 5% of the completed assessments (*n*=23). There were 64 (13.7%) completed assessments with no indicated department of collection. A Chi-square test of independence showed a significant association between client race and NEDHSA clinic location, where clients at the Columbia Outpatient Clinic were more likely to be Caucasian than African American ($X^2(7,N=461)=19.370$, $p=0.007$). Additionally, there was a significant association between client gender and NEDHSA clinic location, where males were more likely than females to attend the Ruston Outpatient Clinic, and females were more likely than males to attend the Monroe Outpatient Clinic ($X^2(7,N=465)=28.675$, $p=0.000$).

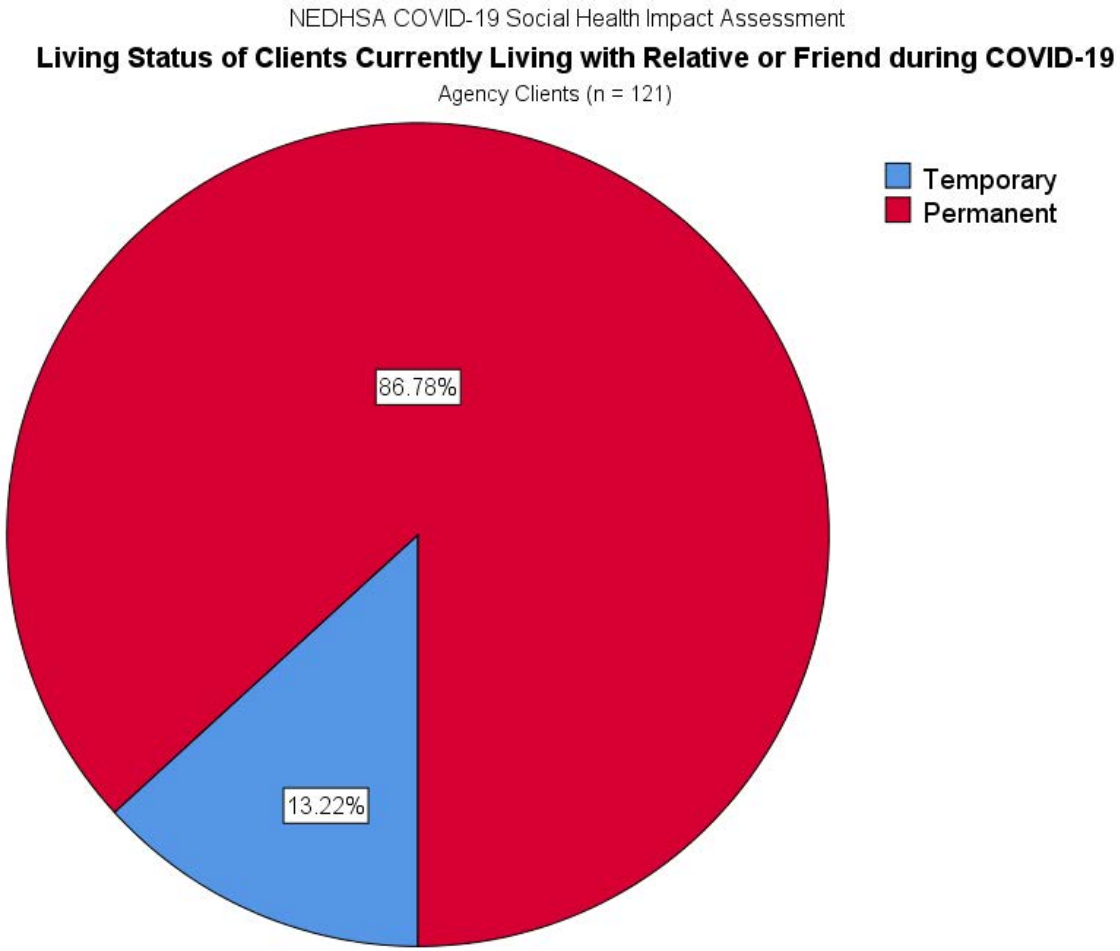
NEDHSA Department and Clinic Location				
Location Collecting Assessment Data	**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Monroe Outpatient Clinic	162	34.7	34.7	34.7
Bastrop Outpatient Clinic	37	7.9	7.9	42.6
Developmental Disabilities Department	23	4.9	4.9	47.5
Columbia Outpatient Clinic	28	6.0	6.0	53.5
Tallulah Outpatient Clinic	25	5.4	5.4	58.9
Winnsboro Outpatient Clinic	40	8.6	8.6	67.5
Ruston Outpatient Clinic	88	18.8	18.8	86.3
Unknown	64	13.7	13.7	100.0
Total	**467**	**100.0**	**100.0**	


NEDHSA COVID-19 Social Health Impact Assessment
NEDHSA Department and Clinic Location
Agency Clients (n = 467)
Monroe Outpatient Clinic
Bastrop Outpatient Clinic
Developmental Disabilities Department
Columbia Outpatient Clinic
Tallulah Outpatient Clinic
Winnsboro Outpatient Clinic
Ruston Outpatient Clinic
Unknown
34.69%
7.92%
4.93%
6.00%
5.35%
8.57%
18.84%
13.70%

AGENCY CLIENT SAMPLE HOUSEHOLD INFORMATION

Over half (58.3%; *n*=259) of the agency client respondents (*n*=444) reported living in their own home, with 41.2% (*n*=183) living alone, 5.6% (*n*=25) married with children; 7.7% (*n*=34) single with children, and 3.8% (*n*=17) married without children in their own home. Eight clients (1.8%) reported living in a residential or group home, 0.7% (*n*=3) were living in a nursing home, and 2 agency clients (0.5%) reported being homeless at the time of the assessment. Over 35% (37.2%; *n*=165) of respondent clients reported staying with a relative or friend. Of these, 86.78% (*n*=105) indicated this living situation was permanent, while 13.2% (*n*=16) reported the living arrangement as temporary. The remaining 44 clients living with a relative or friend did not provide information concerning the nature of the living situation. A Chi-square test of independence showed a significant association between client gender and living situation during COVID-19, where male clients were more likely to be staying with a relative or friend than female clients, and female clients were more likely than male clients to be single with children living at home ($X^2(8,N=442)=16.707$; $p=0.033$). There was also a significant association between client current living situation and NEDHSA clinic location, indicating that clients from the Monroe Outpatient Clinic were more likely to be living alone in their home than clients at other clinics ($X^2(56,N=444)=104.169$; $p=0.000$).



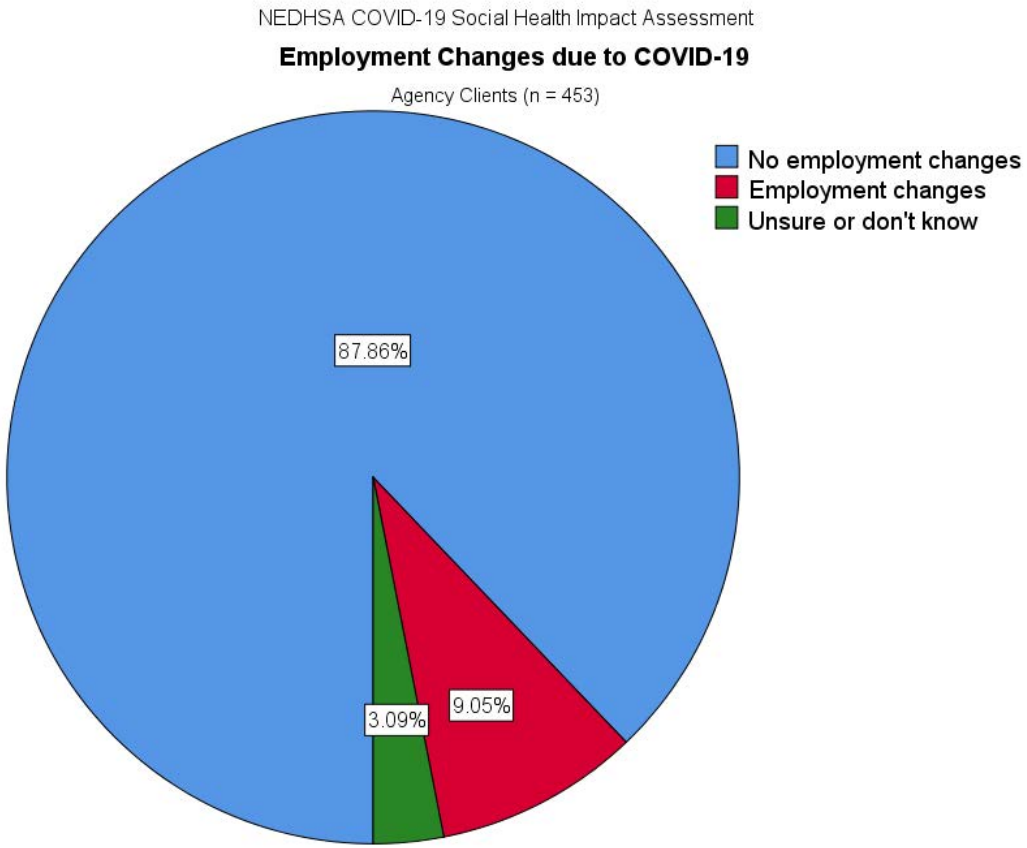


Information concerning our clients' household size was collected. Respondent clients were asked the number of individuals who were living in their household prior to the COVID-19 pandemic, as well as the number of individuals who were currently living in their household during the COVID-19 pandemic. There were no significant differences noted in these two numbers, with the mean number of household members prior to COVID-19 being 2.45 (*n*=451; SD=1.63; range=10; minimum=1; maximum=11), and the mean number of household members during COVID-19 being 2.47 (*n*=458; SD=1.61; range=10; minimum=1; maximum=11). The majority (66.2%; *n*=303) of clients reported a household size of 1 or 2 individuals (30.6% and 35.6%, respectively), and 22.9% (*n*=105) of

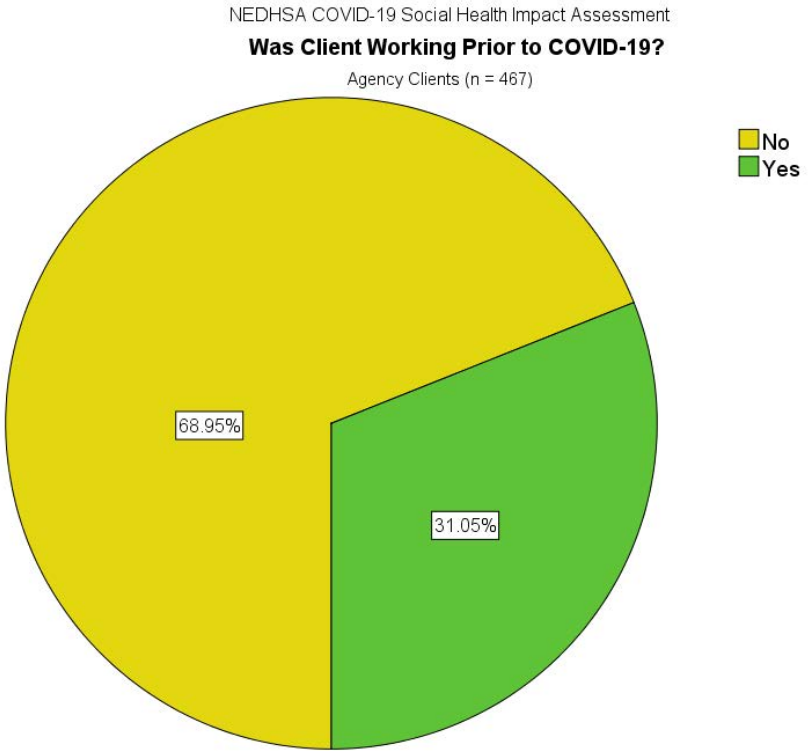
clients reported 3 to 4 household members (14.0% and 9%, respectively). Over 10% (10.9%; *n*=50) reported having five or more individuals living in their household.

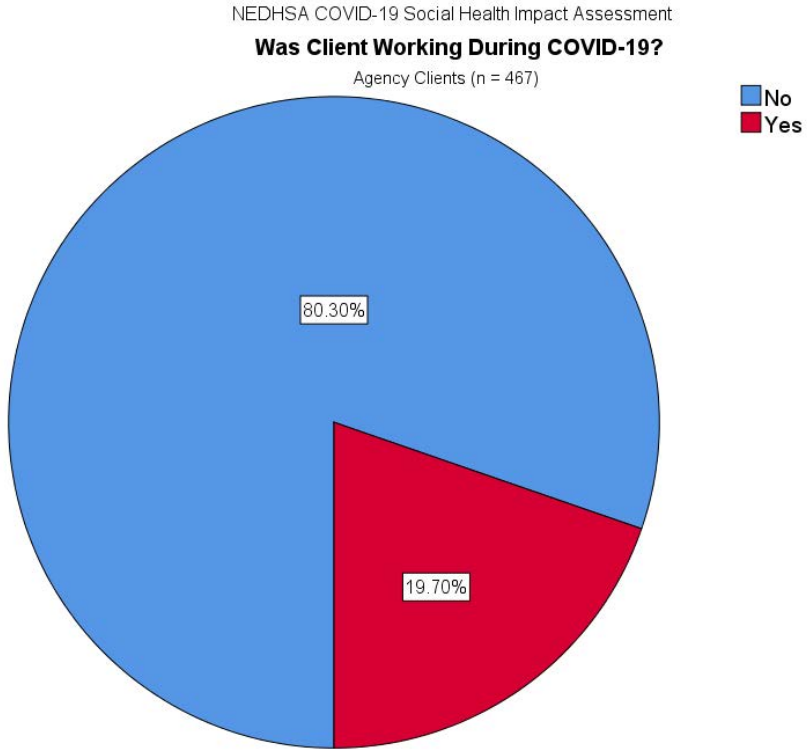
AGENCY CLIENT SAMPLE EMPLOYMENT INFORMATION

COVID-19 Social Health Impact Assessment client respondents were asked if they had experienced any employment changes since the pandemic began. Over 87% (87.9%; *n*=398) of respondents reported no changes in their employment, 9.1% (*n*=41) reported that they had experienced employment changes, and 3.1% (*n*=14) were unsure or did not know if their employment had changed. There were 14 respondents who did not provide a response.

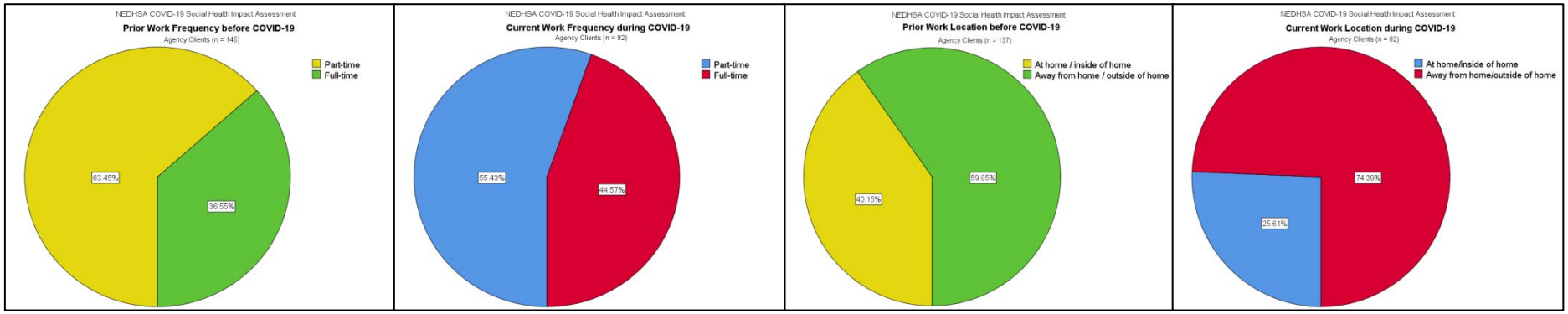


According to client responses, prior to COVID-19, 145 (31.05%) of our agency client respondents were actively working and 322 (68.95%) were not working. During the COVID-19 pandemic, only 92 (19.7%) of our client respondents were actively working and 80.3% (n=375) were not working. A Chi-square test of independence showed a significant association between client gender and working status during COVID-19, where male clients were more likely than female clients to be working during the pandemic ($X^2(1,N=465)=6.436$; $p=0.011$). While only 41 (9.1%) of our clients reported a change in employment when specifically asked, this reflects a working status change in 53 (11.35%) of our clients, a difference of 12 clients, who may have been represented in the 14 who indicated they were unsure if their employment had changed. This information indicates a 16.5% increase in unemployment during COVID-19 for our client respondents. A Chi-square test of independence showed a significant association between client race and employment changes due to COVID-19 ($X^2(2,N=447)=9.085$; $p=0.011$), where Caucasian clients were more likely to experience employment changes than African American clients. There was no association between client gender and employment changes due to the pandemic ($X^2(2,N=451)=0.105$; $p=0.949$).





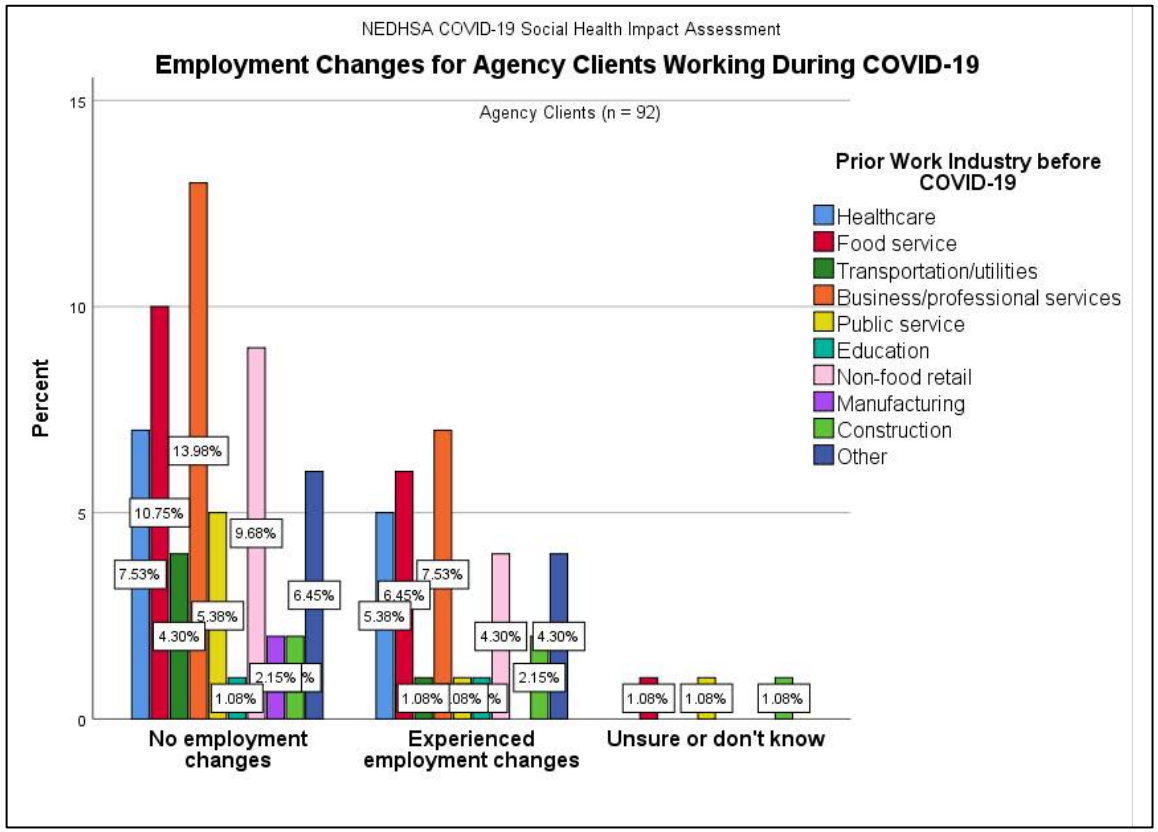
Of the clients reporting an active working status prior to COVID-19, 63.45% reported working part-time and 36.55% reported working full-time. There was a significant association between client gender and work frequency prior to the pandemic, with male clients being more likely to work full-time and females being more likely to work part-time ($X^2(1),N=144)=10.469$; $p=0.001$). Additionally, over half (59.85%) were working outside of the home, while 40.15% were working at home. During the COVID-19 pandemic, 44.57% client respondents reported working full-time, and 55.43% reported working part-time. However, during the pandemic, 74.39% reported working outside of the home, while only 25.61% reported working from home. There were no gender differences noted in work frequency during the pandemic. Based on the information provided by our client respondents who continued employment during COVID-19 ($n=92$), more were working full-time and away from home. A Chi-square test of independence showed a significant association between client current living situation during COVID-19 and their prior employment status ($X^2(8,N=444)=23.710$; $p=0.003$). Clients who were not working prior to the pandemic were more likely to be staying with a relative or friend. This association was not seen between client living situation and clients who were unemployed during the pandemic.



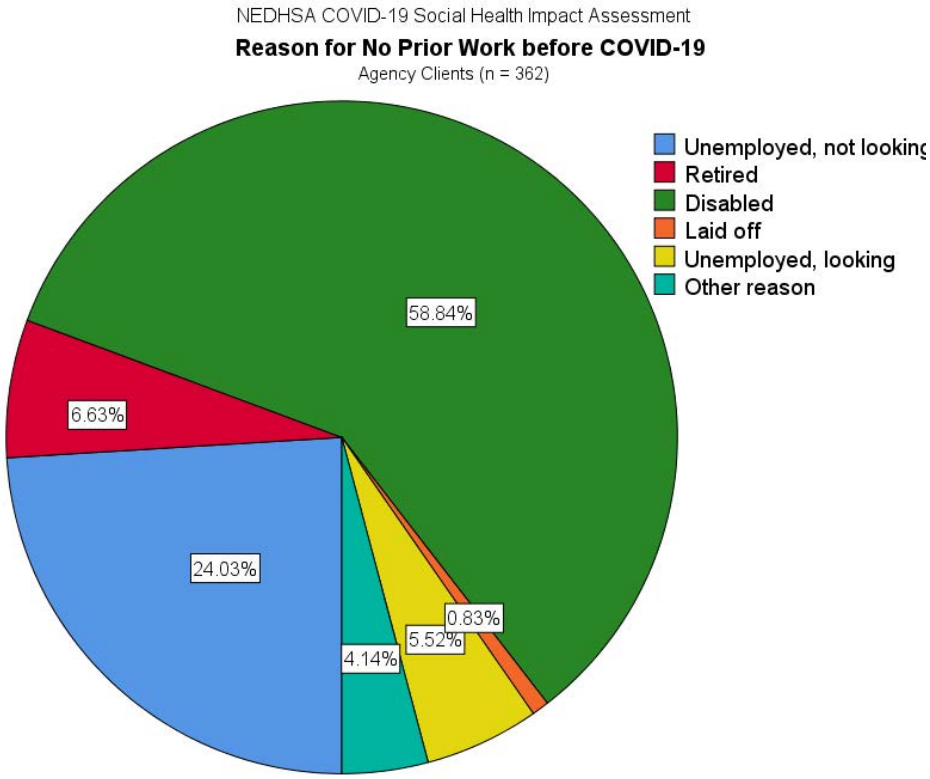
AGENCY CLIENTS - EMPLOYMENT CHANGES (%)			
NEHDSA COVID-19 Social Health Impact Assessment	**Prior to COVID-19**	**During COVID-19**	**% Change**
WORK FREQUENCY			
Full-Time	36.55	44.57	21.9
Part-Time	63.45	55.43	-12.6
WORK LOCATION			
Away From Home	59.85	74.39	24.3
At Home	40.15	25.61	-36.2

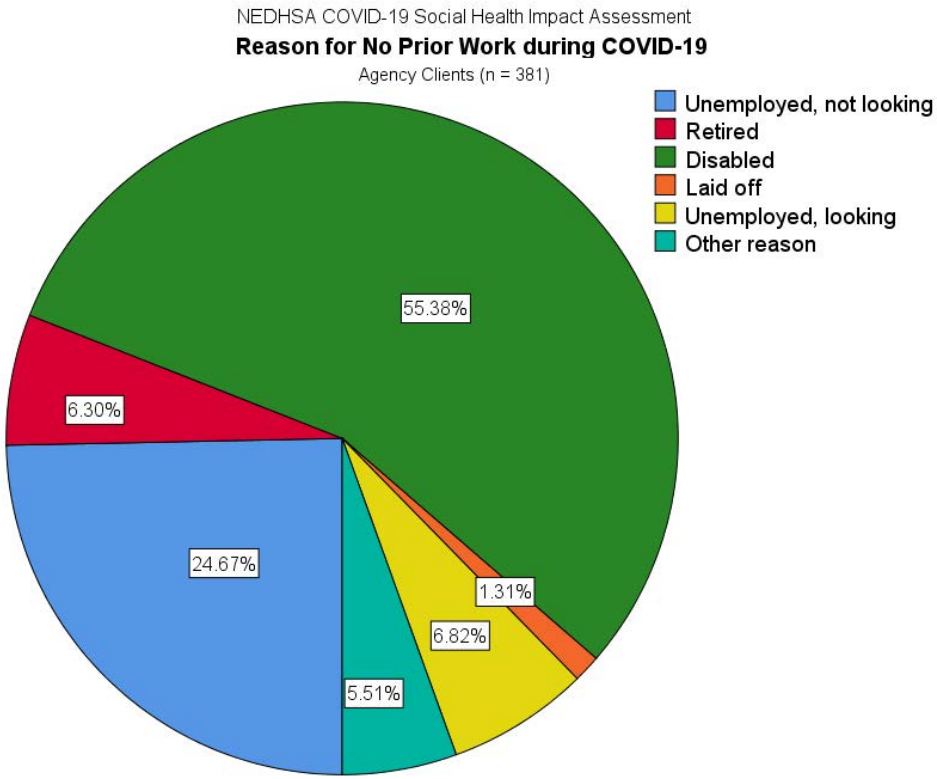
According to our client assessment, the three work industries experiencing the most employment changes during COVID-19 were business/professional services (7.53%), food service (6.45%), and the healthcare industry (5.38%). Client respondents working in the areas of transportation/utilities, public service, and education reported the fewest employment changes during the pandemic. Clients working in the healthcare, food service, and business/professional services experienced work frequency changes with part-time work decreasing and full-time work increasing during the pandemic. Clients working in business and professional services experienced the most changes in work location, moving from working away from home to working at home.

A Chi-square test of independence showed a significant association between client race and current work industry ($X^2(8,N=73)=20.058$; $p=0.010$). African American clients were more likely to be working in the healthcare field, and Caucasian clients were more likely to be working in business and professional services during the pandemic.



Clients who reported not working prior to and/or during COVID-19 were asked the reason they were not actively working. Of the 362 responses for not working prior, 58.84% reported being disabled, 6.63% were retired, 24.03% were unemployed and not looking for work, 5.52% were unemployed, but looking for work, 0.83% were laid off, and 4.14% indicated "other" as the reason. A Chi-square test of independence showed a significant association between client race and their reported reason for not working prior to COVID-19 with African American clients being more likely to be unemployed prior to the pandemic due to being disabled than Caucasian clients ($X^2(5,N=359)=12.759$; $p=0.026$). Clients providing reasons for not working during COVID-19 ($n=381$) indicated being disabled (55.38%); retired (6.3%); unemployed, but not looking for work (24.67%); unemployed and looking for work (6.82%); laid off (1.31%); and "other reason" (5.51%). These results indicate a slight increase in the number of clients who were unemployed, but not looking for work, laid off, unemployed and looking for work, and not working for other reasons; however, these differences were not statistically significant. Again, African American clients were significantly more likely to be unemployed during the pandemic due to being disabled than Caucasian clients ($X^2(5,N=376)=12.809$; $p=0.025$). Further, male clients were more likely than females to be unemployed during the pandemic due to disability ($X^2(5,N=379)=11.625$; $p=0.040$).





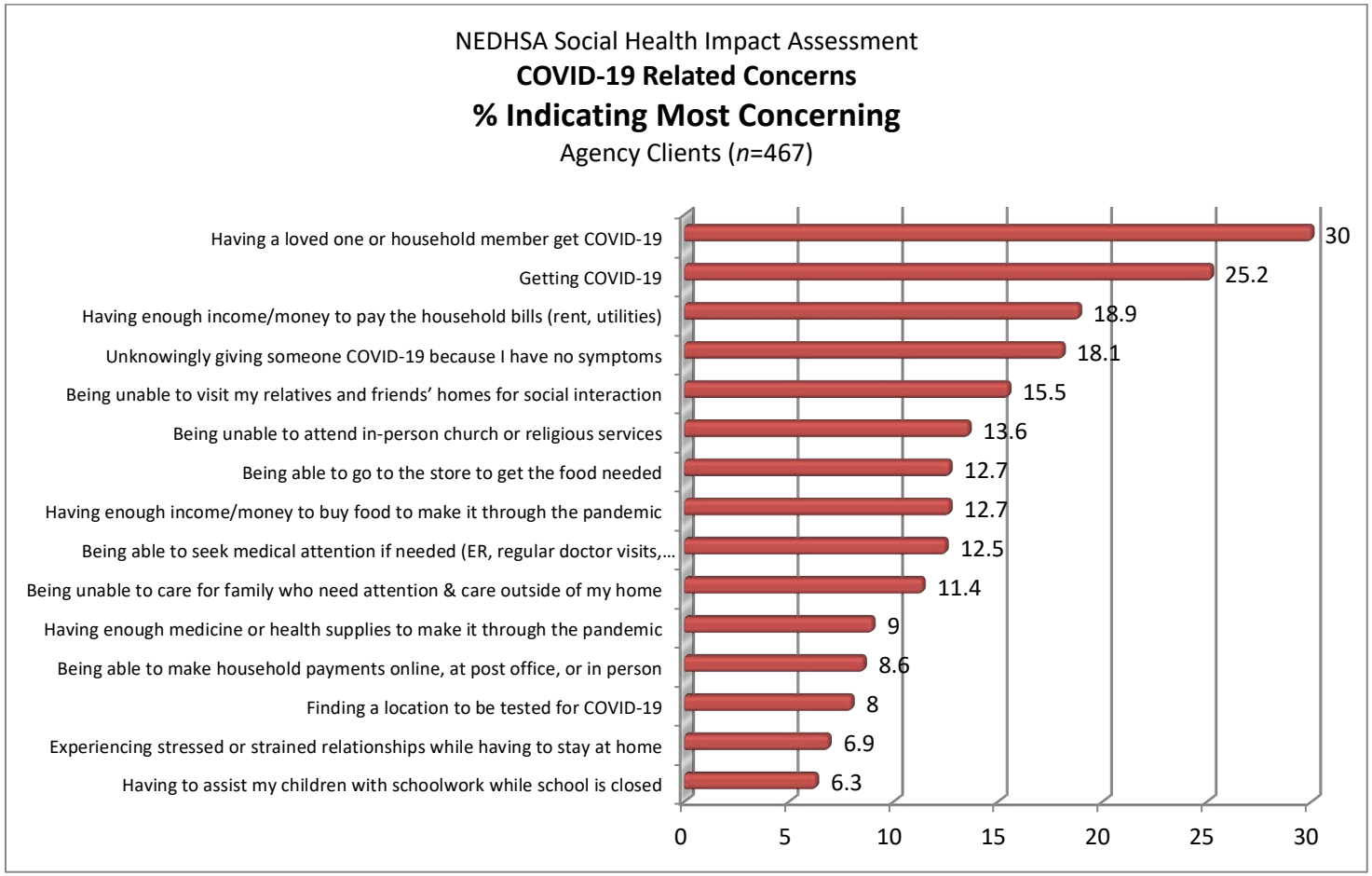
COVID-19 SOCIAL HEALTH IMPACT ASSESSMENT ITEMS

Following the collection of client demographic data, a 30-item social health assessment was administered to agency client respondents. The assessment was divided into four major sections: COVID-19 Related Resource Concerns, COVID-19 Related Personal Well-Being, COVID-19 Related Mental and Behavioral Health Status, and COVID-19 Related General Items.

The first section, COVID-19 Related Resource Concerns, contained 15 items and covered the topics of (1) household maintenance concerns; (2) food security concerns; (3) health and healthcare concerns; and (4) social and relationship concerns. All items were read to the client respondent, and the client was asked to rate the item from 1 to 5, with 1 being the least concerning to them during the pandemic and 5 being the most concerning to them during the pandemic. The results of this resource section of the assessment are outlined below.

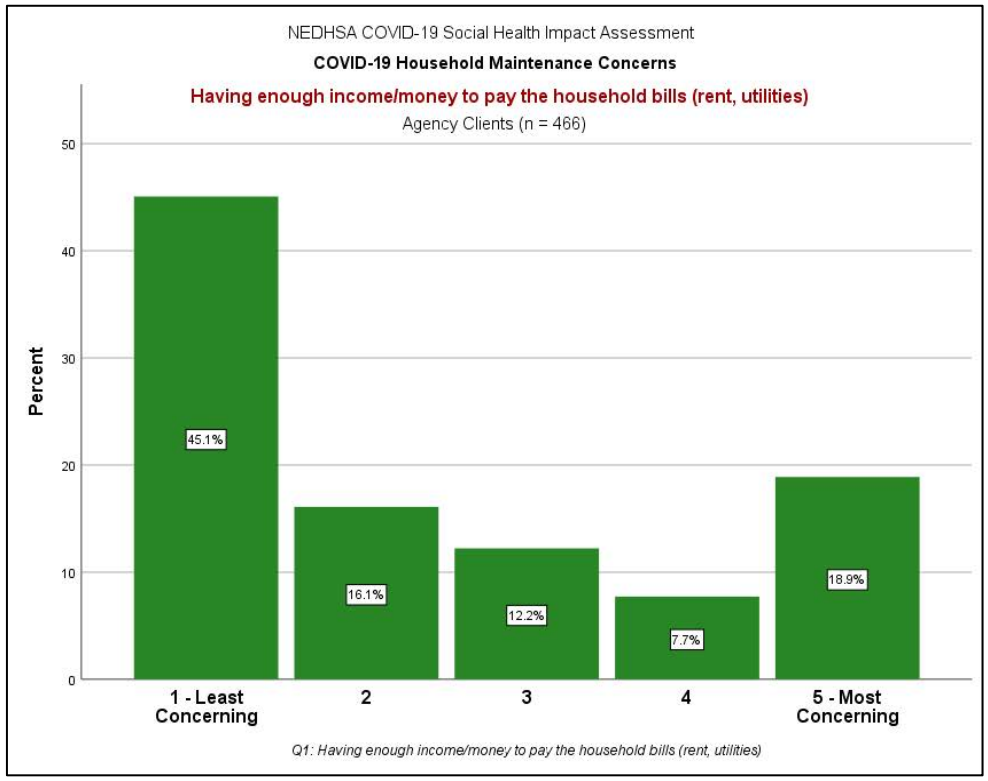
COVID-19 RELATED RESOURCE CONCERNS

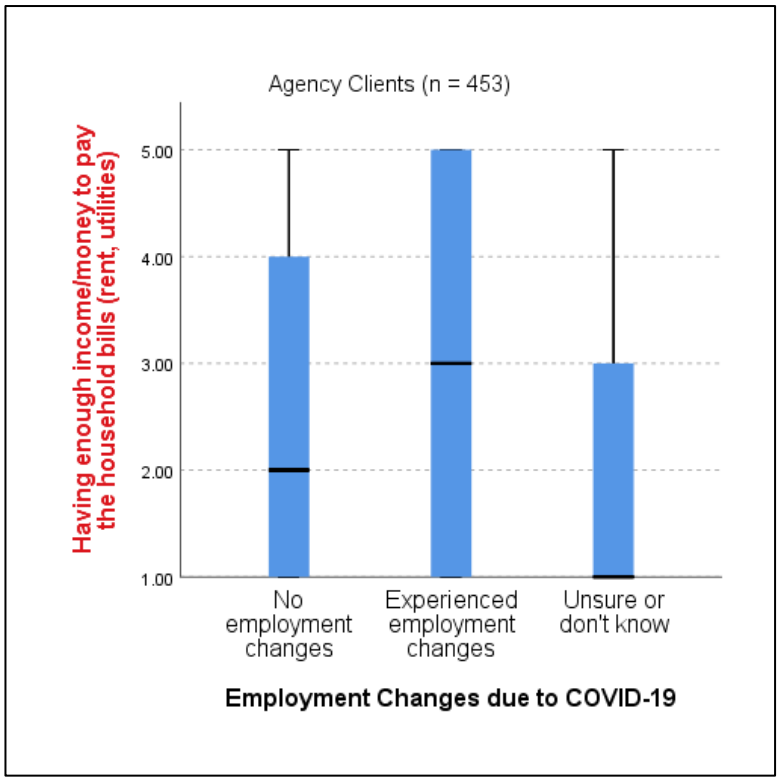
Analyses of the 15-item resource concerns revealed that the top five concerns identified by our agency client respondents included (1) “having a loved one or household member get COVID-19 (30%); (2) “getting COVID-19” (25.2%); (3) “having enough income/money to pay household bills” (18.9%), (4) “unknowingly giving someone COVID-19 because I have no symptoms” (18.1%); and (5) “being unable to visit my relatives and friend’s homes for social interaction” (15.5%). Of these, three of the top five were items presented in the “Health and Healthcare Concerns” section, one was in the “Household Maintenance Concerns” section, and one in the “Social and Relationship Concerns” section. This indicates that, as a whole, although client respondents were faced with employment changes and financial worries, the priority remained the health of their loved ones first, followed by their own health. Things ranked as the least concerning included having to assist children with schoolwork while school is out, experiencing stressed or strained relationships while having to stay home, and finding a location to be tested for COVID-19 (6.3%, 6.9%, and 8%, respectively).


NEDHSA Social Health Impact Assessment
COVID-19 Related Concerns
% Indicating Most Concerning
Agency Clients (n=467)
Having a loved one or household member get COVID-19
30
Getting COVID-19
25.2
Having enough income/money to pay the household bills (rent, utilities)
18.9
Unknowingly giving someone COVID-19 because I have no symptoms
18.1
Being unable to visit my relatives and friends' homes for social interaction
15.5
Being unable to attend in-person church or religious services
13.6
Being able to go to the store to get the food needed
12.7
Having enough income/money to buy food to make it through the pandemic
12.7
Being able to seek medical attention if needed (ER, regular doctor visits,...
12.5
Being unable to care for family who need attention & care outside of my home
11.4
Having enough medicine or health supplies to make it through the pandemic
9
Being able to make household payments online, at post office, or in person
8.6
Finding a location to be tested for COVID-19
8
Experiencing stressed or strained relationships while having to stay at home
6.9
Having to assist my children with schoolwork while school is closed
6.3
0
5
10
15
20
25
30

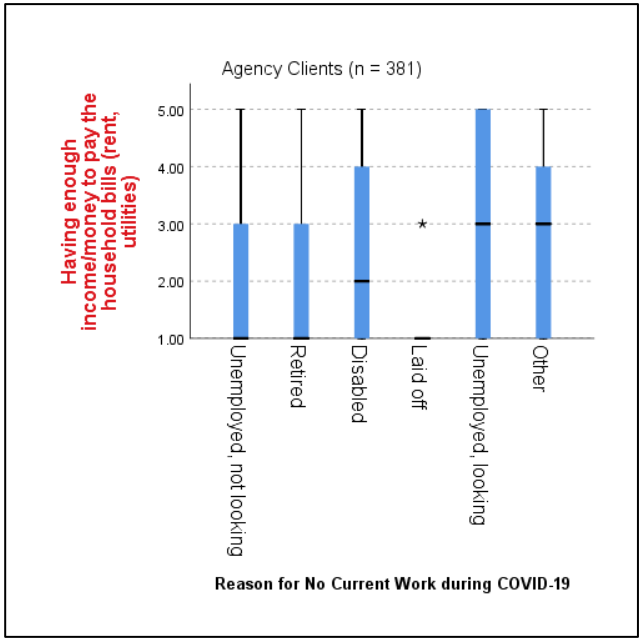
Household Maintenance Concerns (Q1, Q2)

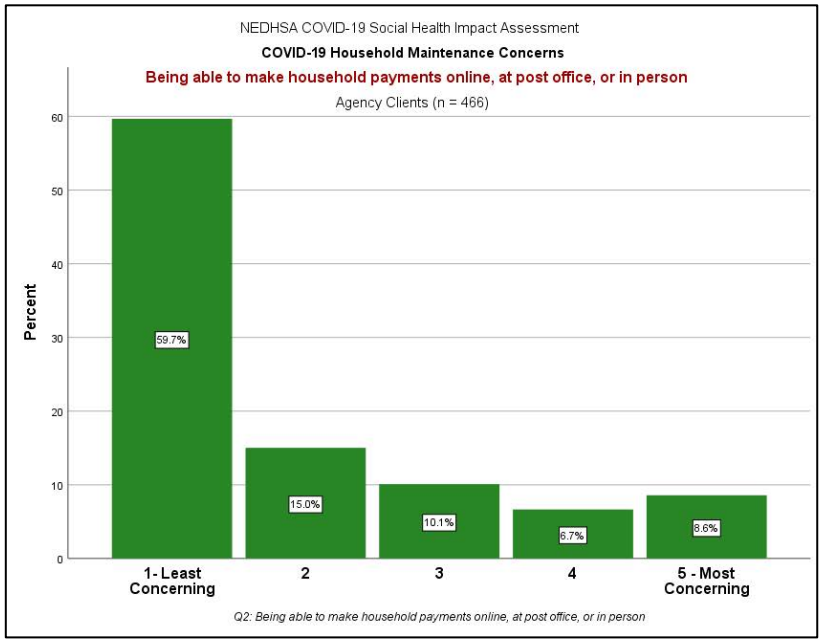
Clients were asked to rate their level of concern regarding having enough income or money to pay household bills [Q1]. Over 45% indicated this was among their least concerns during the pandemic, while only 18.9% rated it as most concerning. A Kruskal-Wallis nonparametric test was used to determine statistically significant differences. A significant difference was noted between level of concern and employment changes ($H(2)=11.024$; $p=0.004$). Post-hoc pairwise comparisons revealed a significant difference between clients reporting no employment changes and those reporting changes ($p=0.014$), as well as between clients reporting employment changes and those who were unsure or did not know ($p=0.011$). This indicates that clients who experienced employment changes during the pandemic were significantly more concerned about having enough money to pay household bills.





Further, a statistically significant difference was noted between a client's level of concern about having enough money to pay household bills and the client's reported reason for not currently working ($H(5)=16.310$; $p=0.006$). Post-hoc pairwise comparisons revealed the significant difference lied between clients who are unemployed and looking for work and those unemployed, but not looking for work ($p=0.015$), with clients who were unemployed, but looking for work being more concerned than unemployed clients who were not actively looking for work.





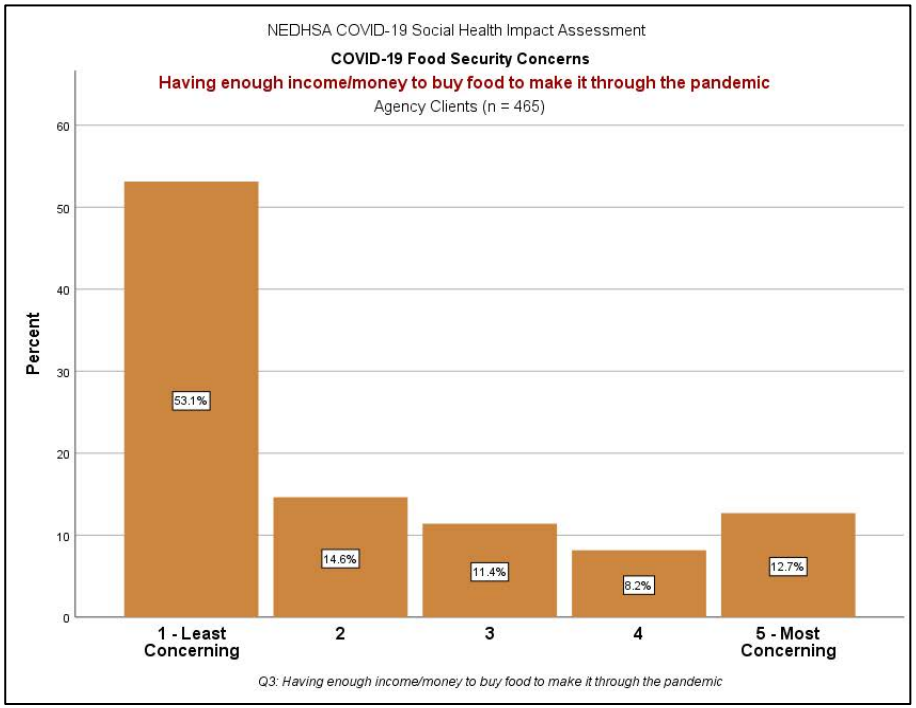
Clients were asked to rate their level of concern about being able to make household payments online, at post office, or in person [Q2]. This was not of real concern to the majority of our clients; however, there was a statistically significant difference among clients of different races ($H(3)=9.589$; $p=0.022$), specifically between Caucasian clients and African American clients, where African Americans reported greater concern ($p=0.017$). Further, significant differences were present among clinic locations, with clients belonging to our Tallulah Outpatient Clinic reporting the most concern, followed by our Bastrop Outpatient Clinic. Clients in these more rural areas expressed greater concern with having the ability to make household bill payments online, at the post office, or in person during the pandemic. Additionally, male clients reported less concern with this than female clients.

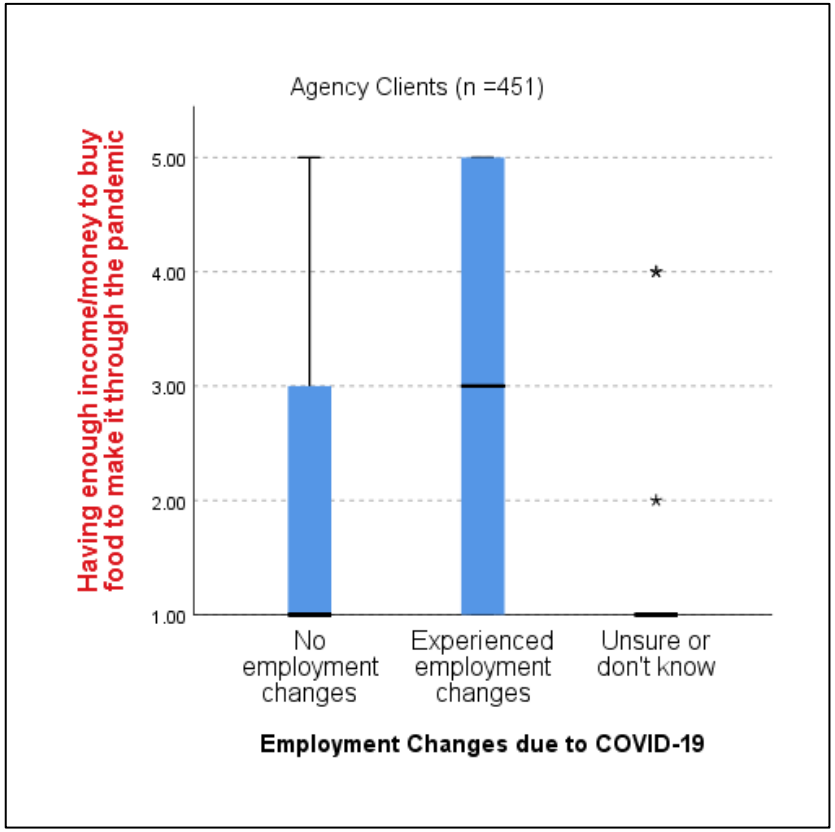
There was a statistically significant moderate positive correlation between clients reporting they had concerns about being able to make household payments online, at the post office, or in person and their concerns with having enough money or income to pay their household bills ($r_s=.574$; $p=0.000$).

Food Security Concerns (Q3, Q4)

Agency clients were asked to rate their level of concern about having enough income or money to buy food to make it through the pandemic [Q3] and being able to go to the store to get the food needed [Q4]. Over 50% of clients rated having enough money to buy food as least concerning (53.1%). Again, those clients who had experienced employment changes rated this item significantly different ($H(2)=9.621$; $p=0.008$) that those who did not. Clients with employment changes collectively ranked this item from 1 to 5, with a median of 3, while clients not experiencing employment changes also collectively ranked the item 1 to 5, but the median was 1, indicating that the majority felt having enough money to buy food was of least concern. Again, clients seen at our Tallulah Outpatient Clinic expressed the most concern with this food security item ($Mdn=3$). Clients from our Monroe and Ruston Outpatient Clinics were least concerned. These differences were statistically significant ($H(7)=38.634$; $p=0.000$).

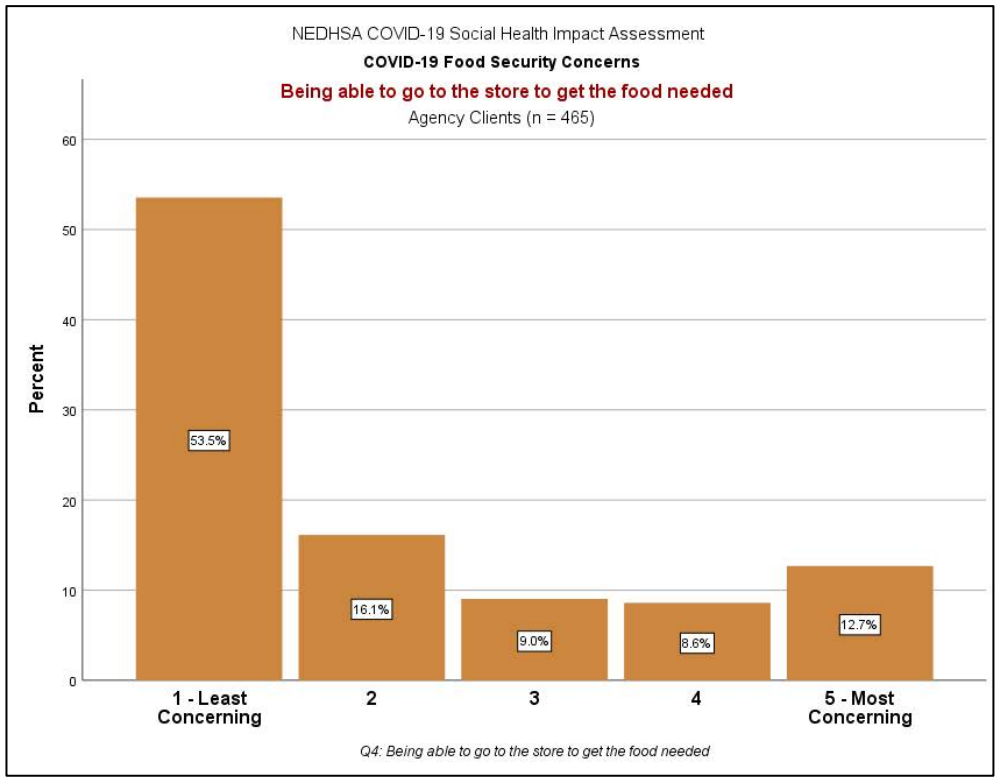
A Chi-square test of independence showed an association between having enough money to buy food and client current living situation ($X^2(32, N=443)=46.689$; $p=0.045$). Clients with children rated this as '5-Most Concerning' more often than clients in other living situations, regardless of marital status, with 26.5% of single clients with children and 20.0% of married clients with children doing so. Thus, clients with children were more likely to be concerned about having enough money to buy enough food to make it through the pandemic than clients without children. There were no significant differences in client gender or client race.

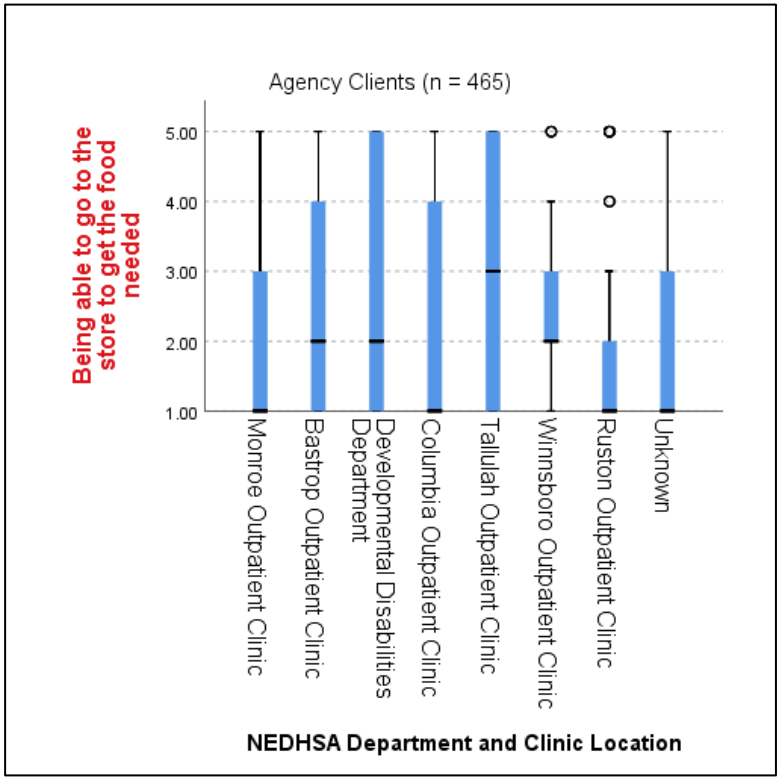




Similar results were found with Q4: "being able to go to the store to get the food needed." Over 50% of clients (53.5%) rated this as least concerning, but clients who experienced changes in employment were significantly more concerned than those clients who did not experience employment changes ($H(2)=9.701$; $p=0.008$). Client concerns with having enough money to buy food to make it through the pandemic was strongly positively correlated with having enough money to pay household bills ($r_s=.644$; $p=0.000$) and being able to go to the store to get food as needed ($r_s=.672$; $p=0.000$).

Statistically significant differences were noted among agency locations as well ($H(7)=30.831$; $p=0.000$), with clients seen at our Tallulah Outpatient Clinic reporting the most concern with this food security question, and clients from Monroe, Ruston, and Columbia Outpatient Clinics reporting the least concern.



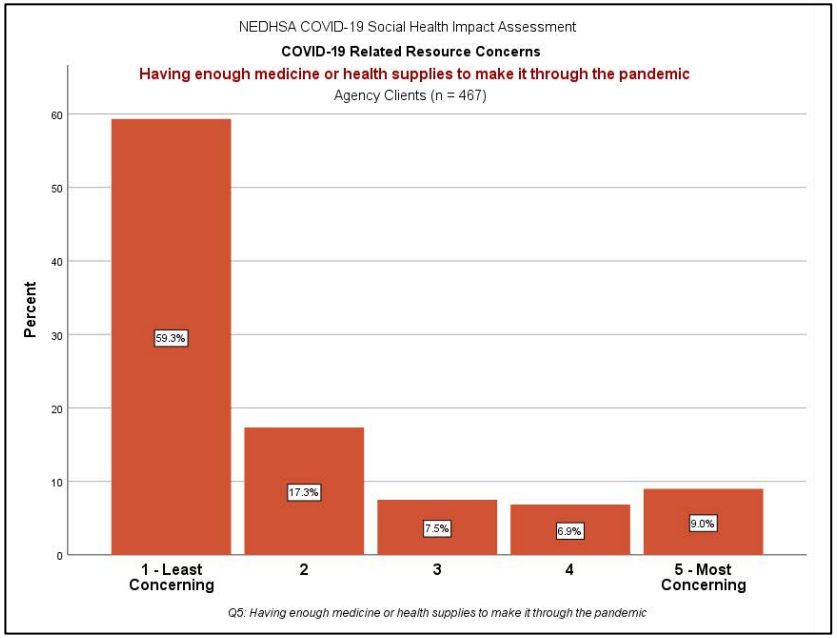


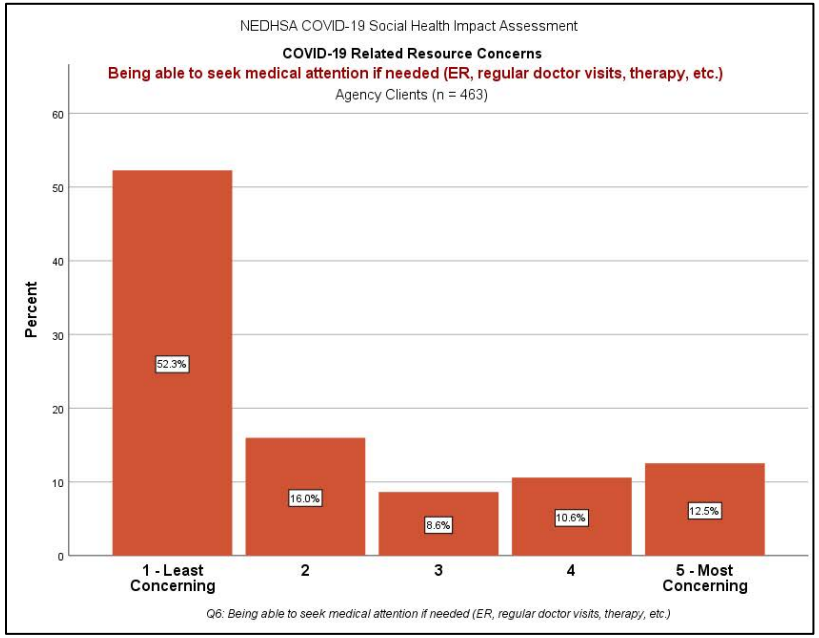
Health and Healthcare Concerns (Q5 – Q10)

There were 6 items included in the assessment that addressed specific health and healthcare concerns. First, agency client respondents were asked to rate their level of concern about having enough medicine or health supplies to make it through the pandemic. Nearly 60% (59.3%, *n*=277) of respondents stated that this was of little concern, while only 9% (*n*=42) rated it as most concerning.

Statistically significant differences were noted between clients reporting no employment changes versus those reporting these changes ($H(2)=7.875$; $p=0.019$), with clients experiencing employment changes expressing more concern. There were also significant differences among NEDHSA clinic locations ($H(7)=34.896$; $p=0.00$). Clients who reported more concern with having

enough medicine or health supplies to make it through the pandemic were those seen at the Tallulah, Bastrop, and Winnsboro Outpatient Clinics, with Tallulah clients having the most concern. These differences reached statistical significance for the Tallulah and Bastrop Outpatient Clinics.



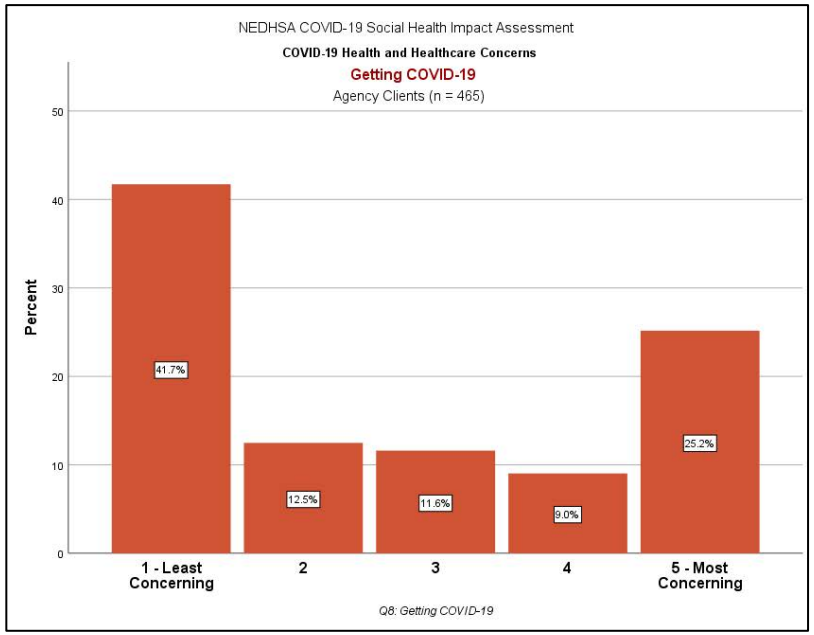


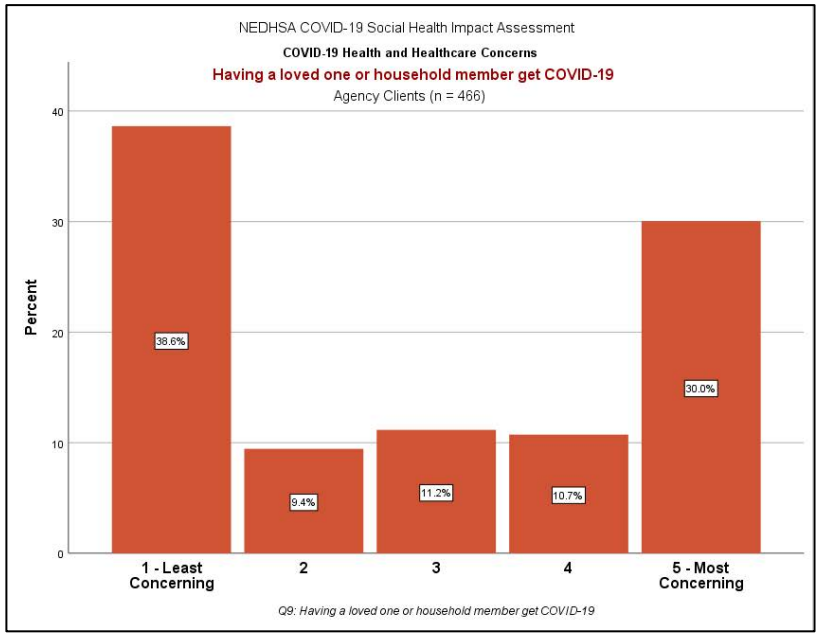
More concern was expressed in regard to clients' being able to seek medical attention if needed during the pandemic. Over 12% (12.5%; *n*=58) of client respondents felt this was most concerning, while a little over half (52.3%; *n*=242) rated it as least concerning. Again, clients reporting employment changes were significantly more concerned than those experiencing no employment changes ($H(2)=7.875; p=0.019$). Greater variance was noted within NEDHSA Outpatient Clinics, as ratings ranged from 1 to 5 for all clinics. However, as previously noted, the clinics with significant differences were Bastrop, Tallulah, and Winnsboro, and clients from the Tallulah Outpatient Clinic expressed the most concern in being able to seek medical attention if needed during COVID-19 (*Mdn*=3). Differences were noted among age groups, as well, with clients in the 36-50yr Age Group being most concerned and clients aged 0 to 17 years being least concerned; however, these differences did not reach statistical significance.

When asked if they were concerned with finding a location to be tested for COVID-19, over half (60%) of the responding clients indicating least concern. Only 8% (*n*=37) rated this item as most concerning. There was a statistically significant difference among NEDHSA Outpatient Clinics ($H(7)=59.906$; $p=0.000$) as there was great variance in client responses. However, only the Ruston

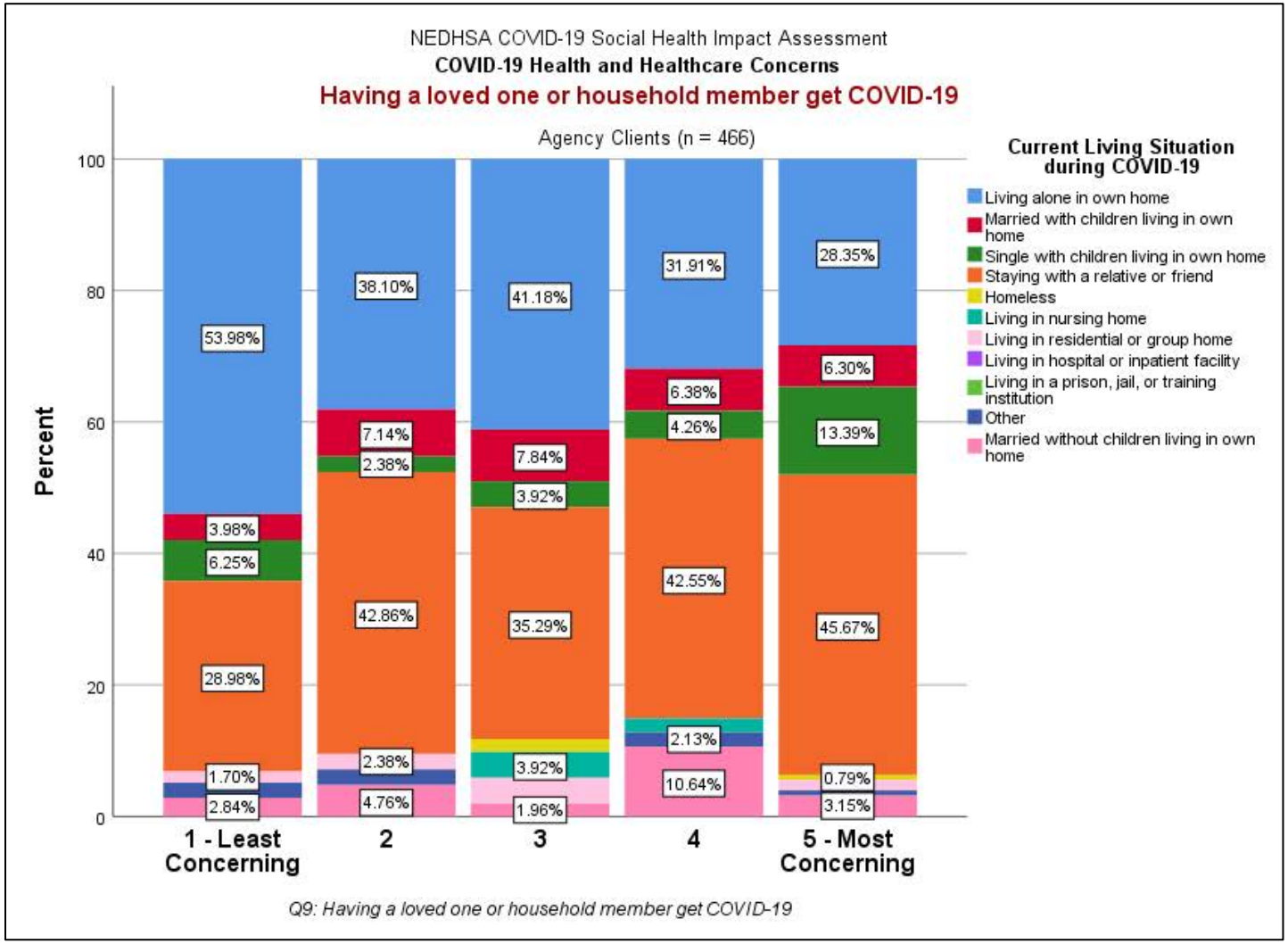
Outpatient Clinic showed statistically significant differences from other clinics with a median of 1 (p=0.000), indicating less concern than clients at other clinics.

As noted at the beginning of this report, client respondents ranked “getting COVID-19” and “having a loved one or household member get COVID-19” among the top 5 concerns during the pandemic.





Over 25% (25.2%; n=117) reported getting COVID-19 as most concerning, and 30% (n= 140) reported having a loved one or household member get COVID-19 as most concerning. A Kruskal-Wallis test showed a statistically significant difference among clients based on their current living situation in concern with getting COVID-19 (H(8)=17.118; p=0.029). Post hoc pairwise comparisons revealed that those clients living alone in their own home were significantly less concerned than those staying with a relative or friend (p=0.001). There was also a statistically significant difference among clients with varying living situations related to their concern for having a loved one or household member get COVID-19 (H(8)=25.718; p=0.001). For this item, post hoc pairwise analysis revealed statistically significant differences between clients living alone versus those staying with a relative or friend (p=0.001), as well as between clients living alone (Mdn=1) and clients who reported being single with children in their home (Mdn=5) (p=0.050), with the latter group being more concerned.



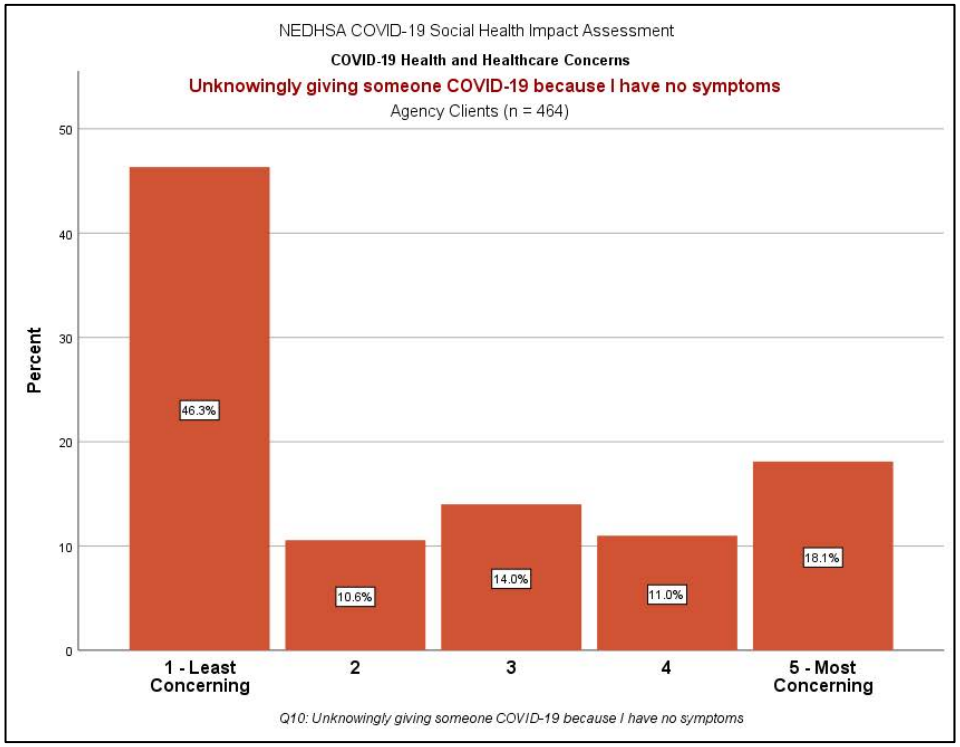
Q9: Having a loved one or household member get COVID-19

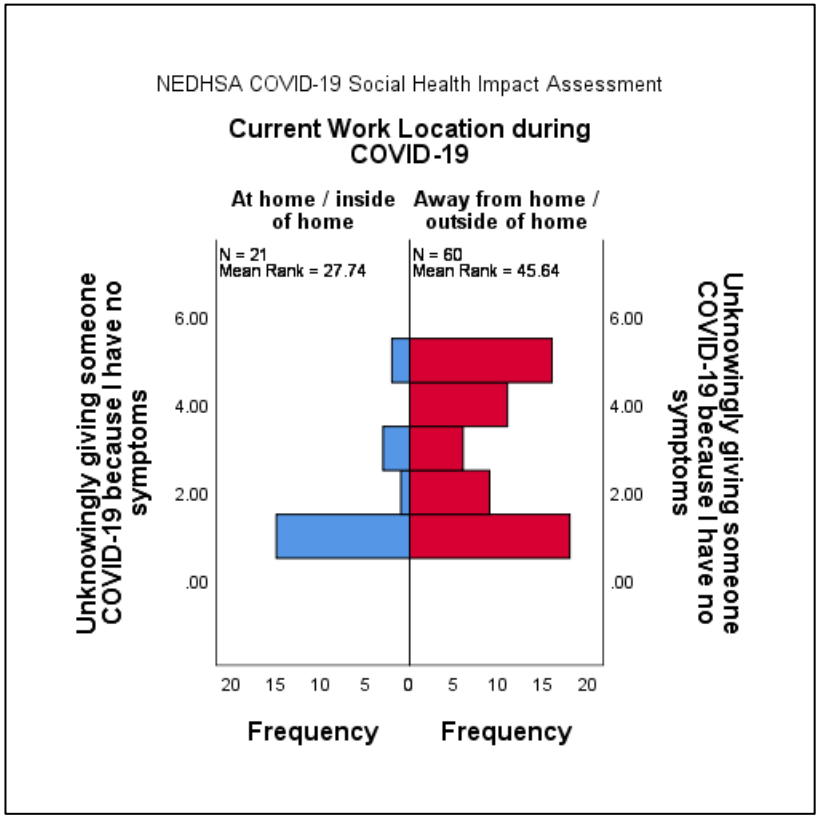
Clients seen at the Monroe Outpatient Clinic reported the least concern with getting COVID-19 (*Mdn*=1) and having a loved one or household member get COVID-19 (*Mdn*=1). The Winnsboro Outpatient Clinic reported the most concern with both (*Mdn*=5 for both). Differences across clinic locations were statistically significant for both items ($H(7)=64.496$; $p=0.000$; $H(7)=68.118$; $p=0.000$, respectively).

Another of the top 5 concerns reported in the COVID-19 Social Health Impact Assessment was the clients' concern with unknowingly giving someone COVID-19 due to being asymptomatic. While only around 18% of client respondents rated this as most concerning, client age group had a significant impact on how this item was rated ($H(5)=18.470$, $p=0.002$). Post hoc analysis revealed statistically significant differences between the 26 to 35 years (*Mdn*=3) and the 61 & up years (*Mdn*=1) age group ($p=0.020$), indicating that the younger group was more concerned. For this item, again, there were statistically significant differences among living situations and level of concern for unknowingly giving someone COVID-19 due to being asymptomatic ($H(8)=19.886$; $p=0.011$). Specifically, clients living alone in their own home were significantly less concerned with this. Additionally, differences in clients' reported reason for not currently working significantly impacted item response ($H(5)=25.578$; $p=0.000$). Pairwise comparisons showed significant differences between clients who were unemployed, not looking and those who were disabled ($p=0.028$), between clients who were unemployed, not looking and clients who were unemployed, but looking ($p=0.000$), and between clients who were unemployed, but looking and disabled ($p=0.025$). Medians for level of concern about unknowingly giving someone COVID-19 due to being asymptomatic by the clients' reported reason for not current working were: unemployed, not looking (*Mdn*=1); disabled (*Mdn*=2); and unemployed, looking (*Mdn*=3).

As with other previous assessment items, statistically significant differences were also noted across NEDHSA Outpatient Clinics ($H(7)=60.856$; $p=0.000$). Post hoc pairwise comparisons revealed these differences when either the Columbia (*Mdn*=4) or Winnsboro (*Mdn*=4) clinics were paired with Monroe (*Mdn*=1) or Ruston (*Mdn*=1) clinics, as clients at the Columbia and Winnsboro clinics were significantly more concerned with unknowingly giving someone COVID-19 than clients at the Monroe and Ruston clinics ($p=0.000$ for all pairwise).

Further, a Mann-Whitney U test determined that clients who reported working outside of the home during the pandemic reported significantly greater concern in unknowingly giving some COVID-19 that clients working at home ($z=3.136$; $p=0.002$).


NEDHSA COVID-19 Social Health Impact Assessment
COVID-19 Health and Healthcare Concerns
Unknowingly giving someone COVID-19 because I have no symptoms
Agency Clients (n = 464)
Percent
50
40
30
20
10
0
46.3%
10.6%
14.0%
11.0%
18.1%
1 - Least Concerning
2
3
4
5 - Most Concerning
Q10: Unknowingly giving someone COVID-19 because I have no symptoms


NEDHSA COVID-19 Social Health Impact Assessment
Current Work Location during COVID-19
At home / inside of home
Away from home / outside of home
N = 21
Mean Rank = 27.74
N = 60
Mean Rank = 45.64
Unknowingly giving someone COVID-19 because I have no symptoms
Unknowingly giving someone COVID-19 because I have no symptoms
6.00
4.00
2.00
.00
20 15 10 5 0 5 10 15 20
Frequency
Frequency

Financial, Household, and Food Security Concerns and Effects on Health and Healthcare Concerns

Spearman rank-order correlation coefficient analyses determined a moderate positive correlation between client concerns of being able to seek medical attention if needed and having enough money or income to pay household bills (r_s=.404; p=0.000) and having enough money to buy food (r_s=.451; p=0.000). Also, the same trend of correlation was seen between client concerns of having enough medicine or health supplies to make it through the pandemic and having enough money to pay household bills (r_s=.397; p=0.000) and having enough money to buy food for their household (r_s=.476; p=0.000).

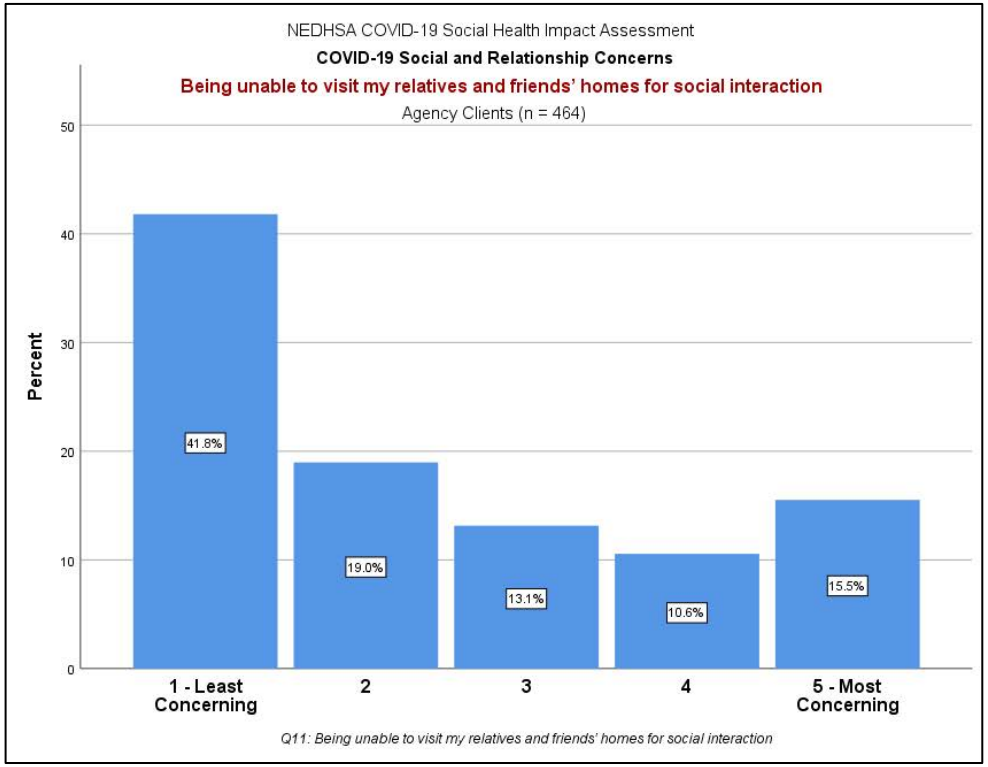
Moderate positive correlations were also noted between client concerns of having enough medicine or health supplies and concerns about being able to go to the store to get food for the household (r_s=.500; p=0.000), as well as being able to seek medical attention and the same concern of being able to go to the store for food (r_s=.547; p=0.000).

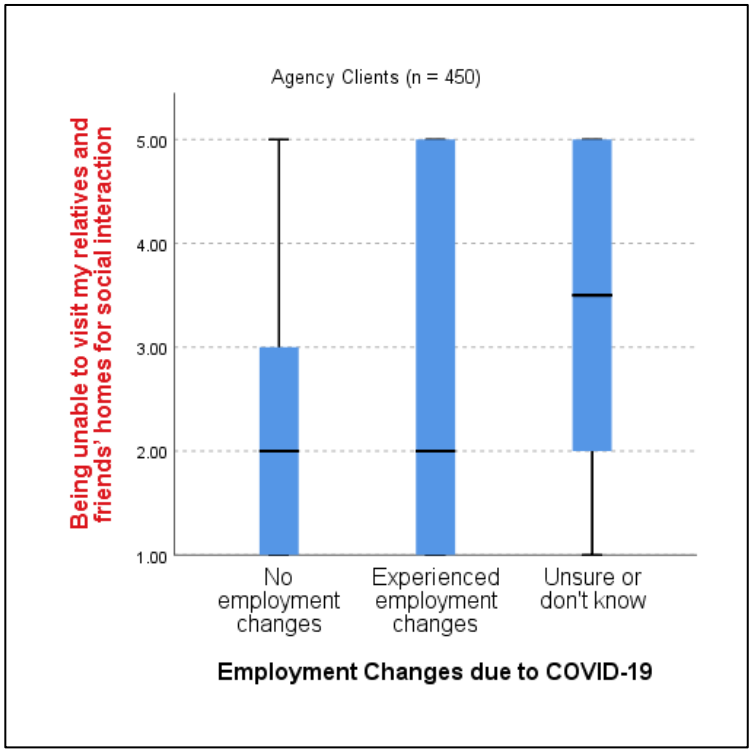
While not all results were statistically significant, there was a negative correlation between client age group and all assessment items of household resource and healthcare concerns. This indicates that as client age increased, concerns decreased. This inverse relationship was statistically significant, although weak, between client age group and concerns about getting COVID-19 and having a loved one or household member get COVID-19 (r_s=-.125; p=0.007 and r_s=-.103; p=0.026).

Social and Relationship Concerns (Q11 – Q15)

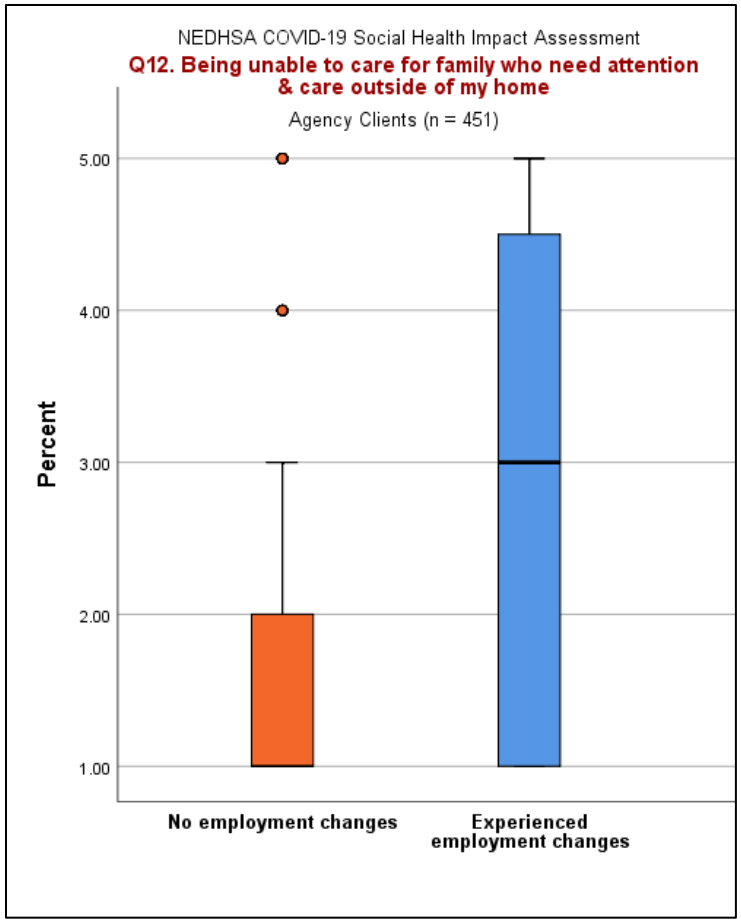
In the final section of the COVID-19 Related Resource Concerns section of the assessment, clients were asked to rate their level of concern with five items related to social and relationship concerns.

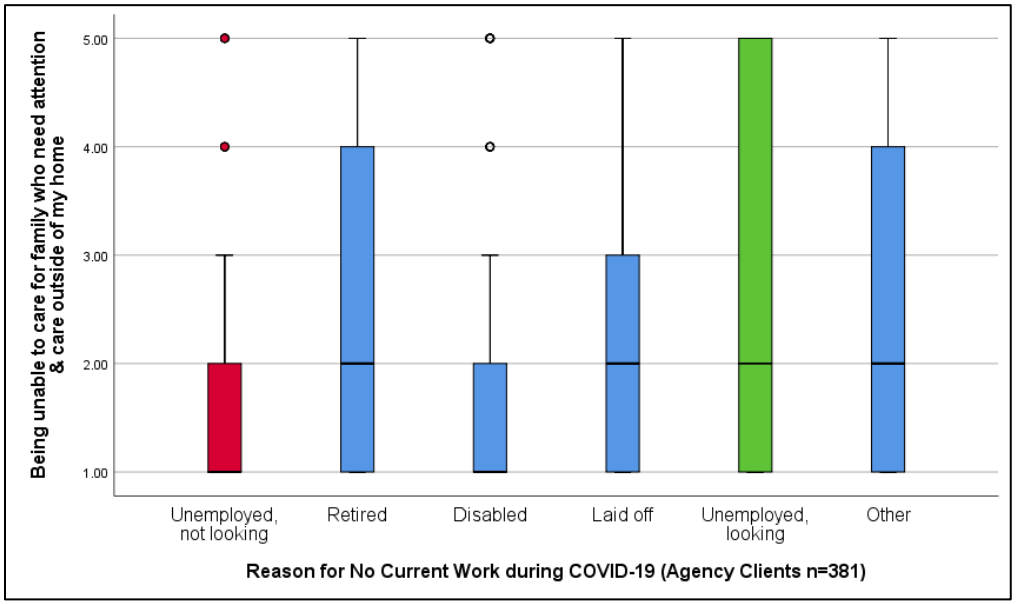
First, clients (n=464) rated their concerns about being unable to visit relatives and friends for social interaction during the pandemic [Q11]. Only around 15% (15.5%; n=72) of clients rated this as most concerning, with 41.8% (n=194) rating it as least concerning. A Kruskal-Wallis nonparametric test showed that there was a statistically significant difference in concern across clients experiencing employment changes as a result of COVID-19 (H(2)=10.002; p=0.007). Clients experiencing employment changes had a greater distribution of concern in their responses. While the median for this group (Mdn=2) is the same as the median for the clients reporting no employment changes (Mdn=2), client responses had more variation in the group experiencing employment changes, with more clients expressing concerns related to visiting others for social interaction. The limited distribution of responses from clients not experiencing employment changes was significantly different from the other two client groups (p=0.044 and p=0.011, respectively), as overall, clients not experiencing employment changes reported less concerns about being unable to visit others for social interaction during the pandemic. Additionally, clients who were unemployed and not looking for work reported significantly less concern with this assessment item (H(5)=16.925; p=0.005).


NEDHSA COVID-19 Social Health Impact Assessment
COVID-19 Social and Relationship Concerns
Being unable to visit my relatives and friends' homes for social interaction
Agency Clients (n = 464)
Percent
50
40
30
20
10
0
41.8%
19.0%
13.1%
10.6%
15.5%
1 - Least Concerning
2
3
4
5 - Most Concerning
Q11: Being unable to visit my relatives and friends' homes for social interaction


Agency Clients (n = 450)
Being unable to visit my relatives and friends' homes for social interaction
5.00
4.00
3.00
2.00
1.00
No employment changes
Experienced employment changes
Unsure or don't know
Employment Changes due to COVID-19

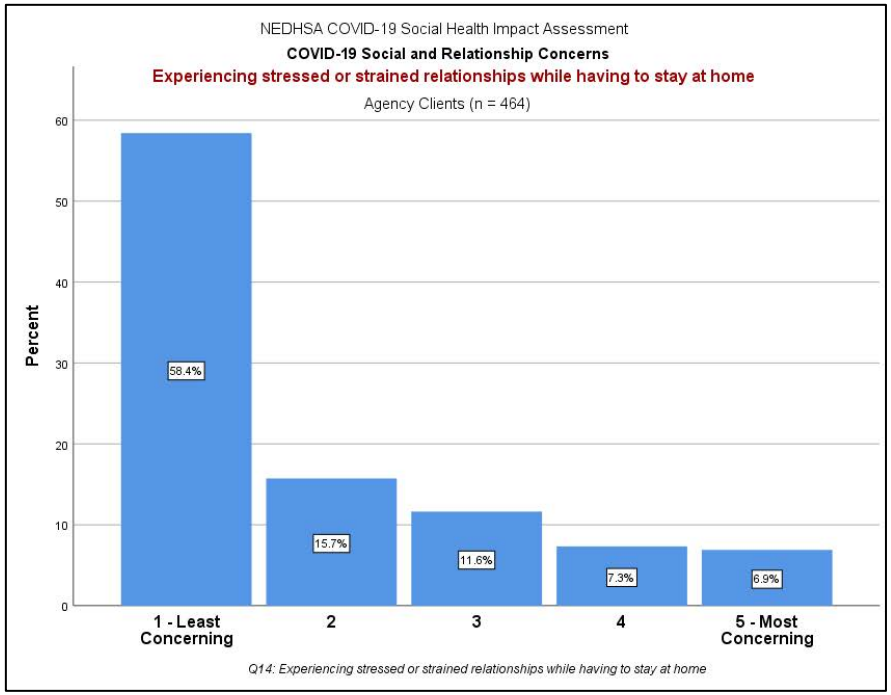
As with the prior assessment item, statistically significant differences were noted in relation to clients' work when asked to rate their level of concern about being able to care for family who need attention and care outside of their home. Client-reported employment changes, reason for not currently working, and current work location each had a significant impact on client responses. Clients experiencing employment changes were significantly more concerned than clients reporting no employment (z=-3.531; p=0.000). Clients who were unemployed and looking for work showed significantly more concern than those who were unemployed and not looking (p=0.015).

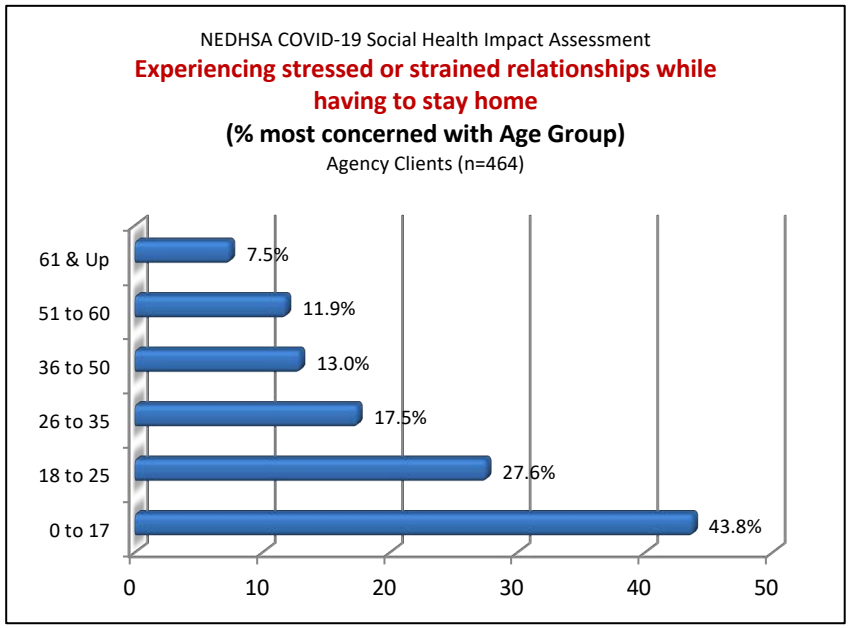




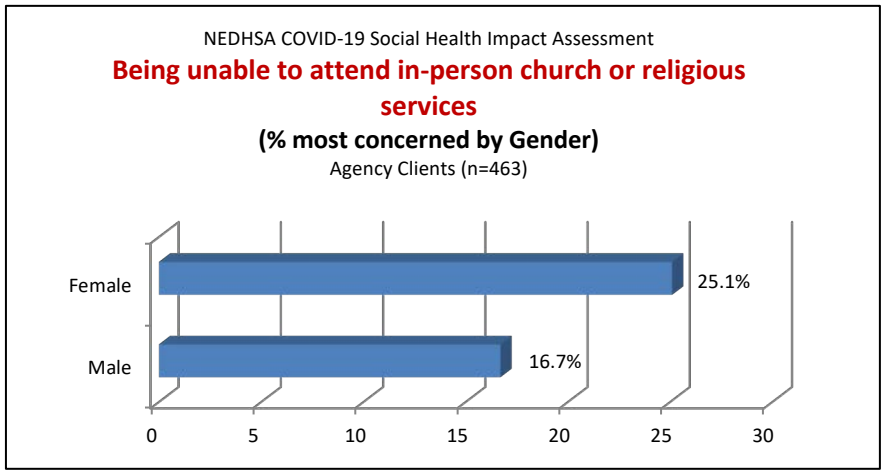
Only 6.3% of client respondents reported having to assist their children with schoolwork while school was closed during the pandemic as most concerning. Client age group and current living situation were significant factors in the rating of this item, as well as NEDHSA department or clinic location. Parents/guardians of clients who were aged 0 to 17 years reported the most concern about helping children with schoolwork, followed by clients in the 26-35yr age group. Clients who were single with children reported significantly more concern than clients in any other living situation.

When clients were asked about their concerns with experiencing stressed or strained relationships while having to stay home, over half (58.4%) expressed little concern. However, a Kruskal-Wallis test revealed statistically significant differences across age groups ($H(5)=23.654$; $p=0.000$), with parents/guardians reporting most concern in the under 18 age group and the amount of concern reducing as age increased. There was also a mild positive correlation between number of household members during the pandemic and client reports of experiencing stressed or strained relationships while having to stay home, indicating that as the number of household members increased so did the frequency of experiencing strained or stressed relationships at home [Q14] ($r_s=.157$; $p=0.001$).





Although there was a positive correlation between client age group and concerns about having the ability to attend in-person church services, indicating that older clients had more concerns, this was not significant. However, gender differences did reach statistical significance ($H(2)=8.184$; $p=0.017$). Post hoc pairwise comparisons revealed a statistically significant difference between males and females, with female clients expressing more concern than male clients.



Spearman rank-order correlation coefficient analyses determined a moderate positive correlation between experiencing stressed or strained relationships while having to stay home and client concerns of being able to care for family who need attention ($r_s=.420$; $p=0.000$), being unable to visit relatives and friends' homes for social interaction ($r_s=.462$; $p=0.000$), and being unable to attend in-person church or religious services ($r_s=.403$; $p=0.000$). Parents of school-aged children who reported having to assist their children with schoolwork while school was closed also reported experiencing stressed or strained relationships while having to stay home ($r_s=.288$; $p=0.000$).

Moderate to strong positive correlations were noted between client concerns of being unable to visit relatives and friends in their homes for social interaction and being unable to care for family who need attention and care outside of the client's home ($r_s=.586$; $p=0.000$) and being unable to attend in-person church or religious services ($r_s=.388$; $p=0.000$)

Financial, Household, and Food Security Concerns and Effects on Social and Relationships Concerns

A moderate positive correlation was found between client concerns of having enough money to buy food and client concerns about being unable to care for family who need attention and care outside their home ($r_s=.323$; $p=0.000$). Also, this moderate correlation

was seen between client concerns of being able to go to the store for food and being unable to care for family who need attention and care outside of their home (r_s=.295; p=0.000).

Health and Healthcare Concerns and Effects on Social and Relationships Concerns

Statistically significant positive correlations were noted between client reports of being able to seek medical attention and being unable to care for family who need attention and care outside of their home (r_s=.297; p=0.000). Among the significant correlations with greatest strength were the relationships between having a loved one or household member get COVID-19 and being unable to care for family outside of the home (r_s=.408; p=0.000); client concerns about getting COVID-19 and unknowingly giving someone COVID-19 due to being asymptomatic (r_s=.634; p=0.000); unknowingly giving someone COVID-19 due to being asymptomatic and having a loved ones or household member get COVID-19 (r_s=.685; p=0.000); and getting COVID-19 and having a loved one or household member get COVID-19 (r_s=.764; p=0.000).

Clients reporting more concern with getting COVID-19 reported experiencing stressed or strained relationships at home more often (r_s=.259; p=0.000), as well as concerns about being unable to attend in-person church services (r_s=.267; p=0.000). Clients concerned about a loved one or household member getting COVID-19 reported these same social and relationship concerns (r_s=.312; p=0.000 and r_s=.274; p=0.000, respectively). Finally, there were statistically significant positive correlations between client concerns about unknowingly giving some COVID-19 due to being asymptomatic and experiencing stressed or strained relationships while having to stay home and being unable to attend in-person church services (r_s=.314; p=0.000 and r_s=.200; p=0.000, respectively).

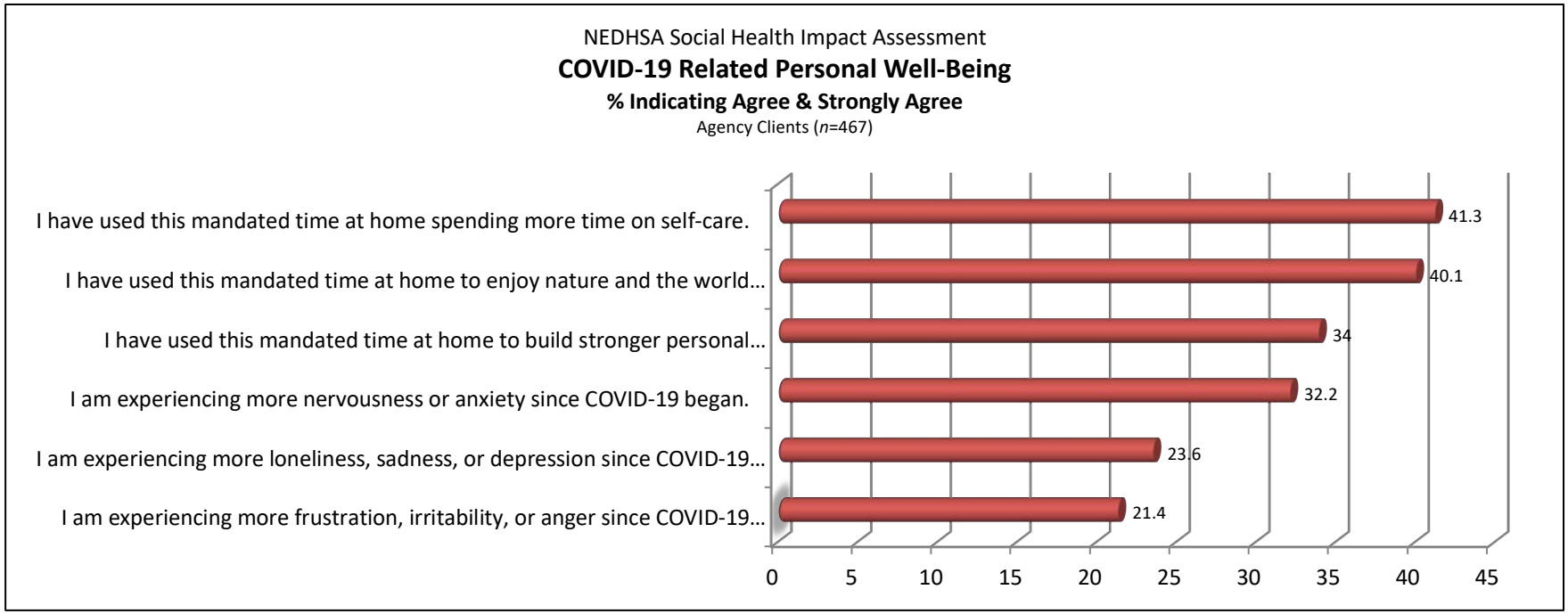
Additional significant positive mild correlations were noted between client concerns about being unable to attend in-person church services and being able to seek medical attention if needed (r_s=.308; p=0.000); finding a location to be tested for COVID-19 (r_s=.194; p=0.000); and having enough medicine or health supplies to make it through the pandemic (r_s=.197; p=0.000).

While not all results were statistically significant, there was a negative correlation between client age group and nearly all assessment items of social and relationship concerns, except for being unable to attend in-person church or religious services. This indicates that as client age increased, most social and relationship concerns decreased. This inverse relationship was statistically significant, although weak, between client age group and experiencing stressed or strained relationships while having to stay at home (r_s=-.158; p=0.001). Clients in older age groups reported experiencing these problems less frequently.

COVID-19 RELATED PERSONAL WELL-BEING (Q16 – Q21)

Client personal well-being was assessed using six items presented as “I” statements, to which the client was asked to rate according to the following Likert scale: 1-Strongly Disagree; 2-Disagree; 3-Neutral; 4-Agree; 5-Strongly Agree.

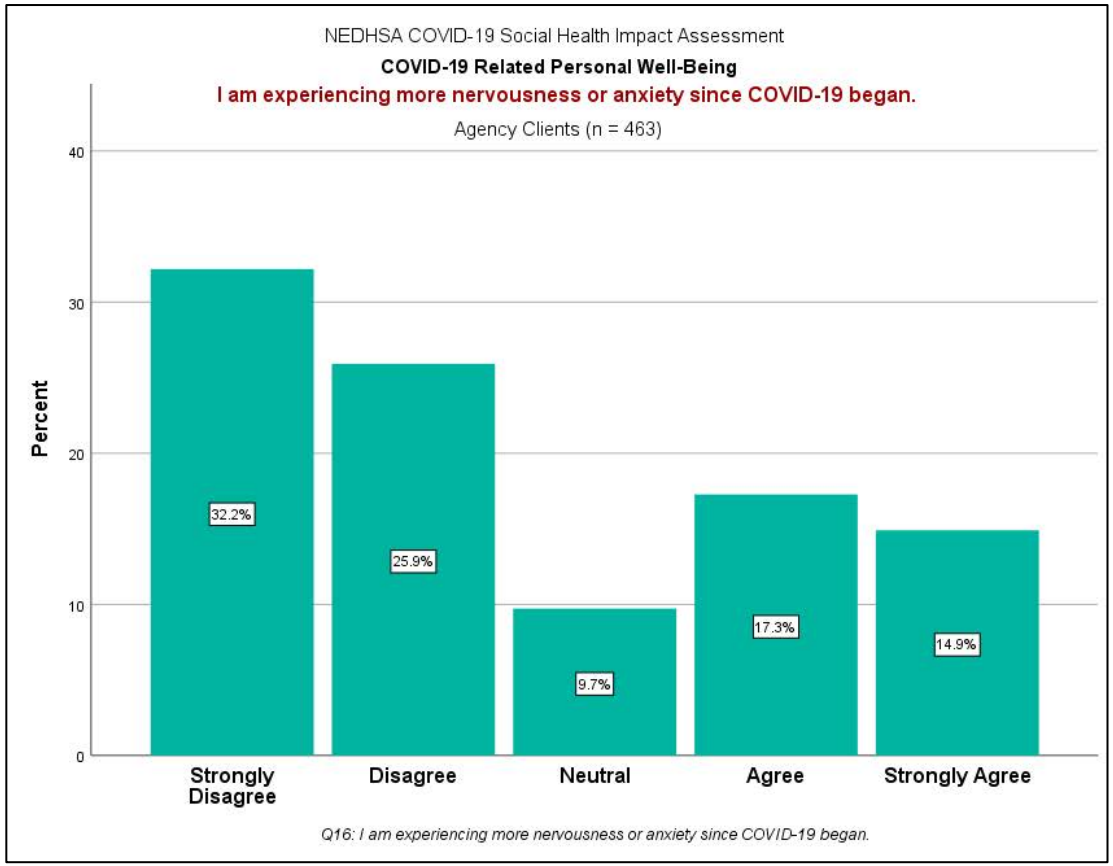
Analyses revealed that NEDHSA agency clients have tried to make the best use of their mandated time at home, despite feelings of nervousness, loneliness, irritability, and other negative feelings. Over 40% (41.3%; *n*=190: 15.9% Strongly Agree and 25.4% Agree) of client respondents reported using the mandated time at home spending more time on self-care. The same is true for using the time to enjoy nature and the world around them (40.1%; *n*=185; 15.8% Strongly Agree and 24.3% Agree). Further, 34% (*n*=157; 14.3% Strongly Agree and 19.7% Agree) used their time at home to build stronger personal relationships. Over 30% of client respondents reported experiencing more nervousness or anxiety since the COVID-19 pandemic began (32.2%; *n*=149; 14.9% Strongly Agree and 17.3% Agree). Increased loneliness, sadness, or depression was reported by 23.6% of clients (*n*=109; 10.2 Strongly Agree and 13.4% Agree); and, increased frustration, irritability, or anger was reported by 21.4% of clients (*n*=99; 10.6% Strongly Agree and 10.8% Agree).

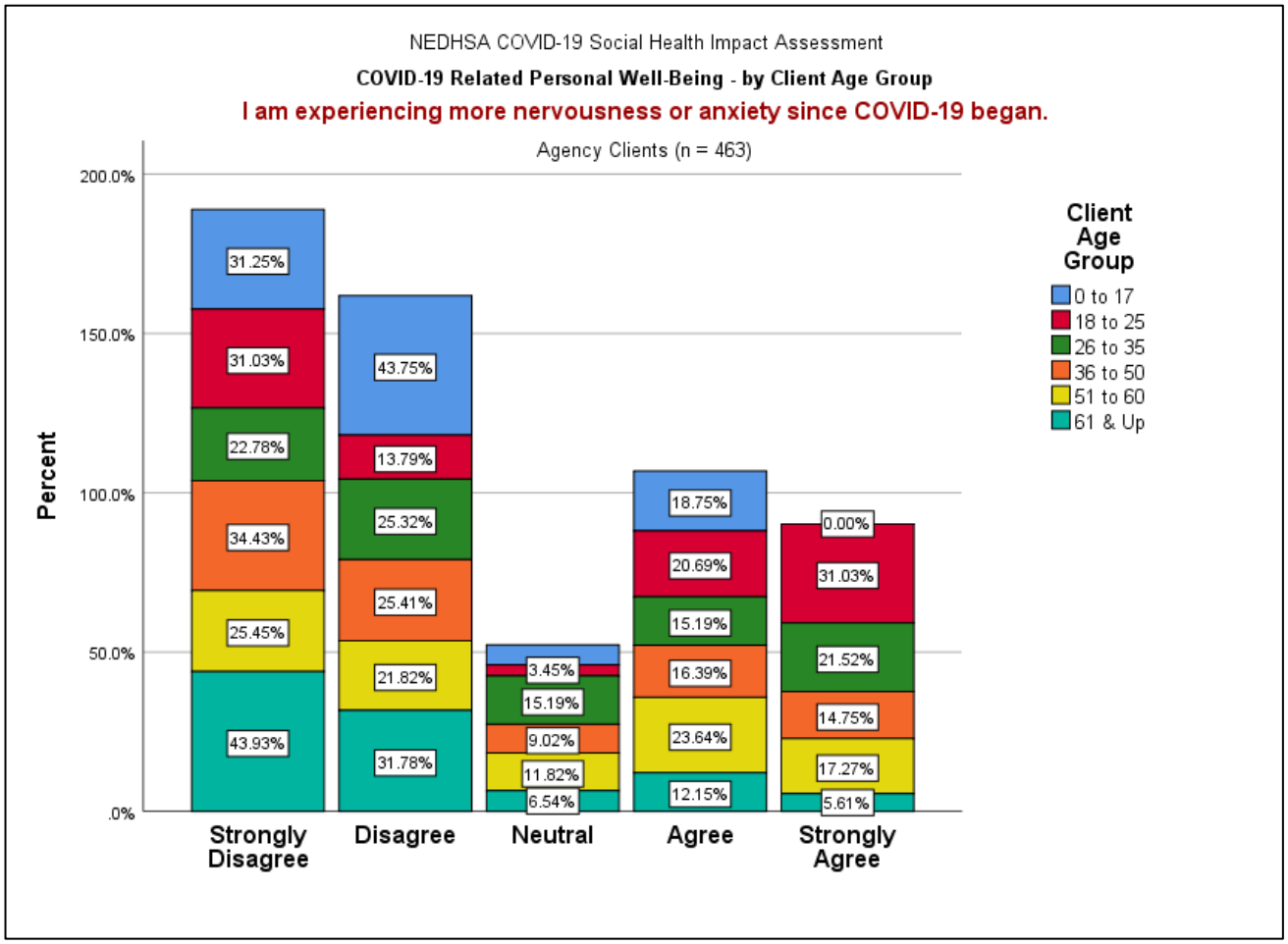


For all six personal well-being assessment items, clients' reported reason for not currently working had a significant effect on responses. Additionally, clients' working status prior to the pandemic significantly affected responses for all six personal well-being assessment items; however, working status during the pandemic did not.

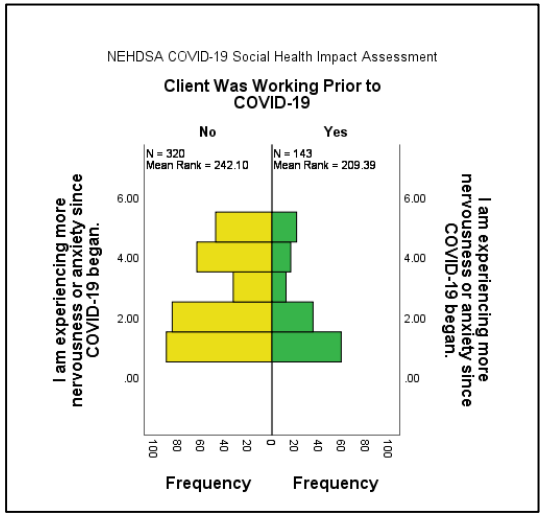
Nervousness and Anxiety (Q16)

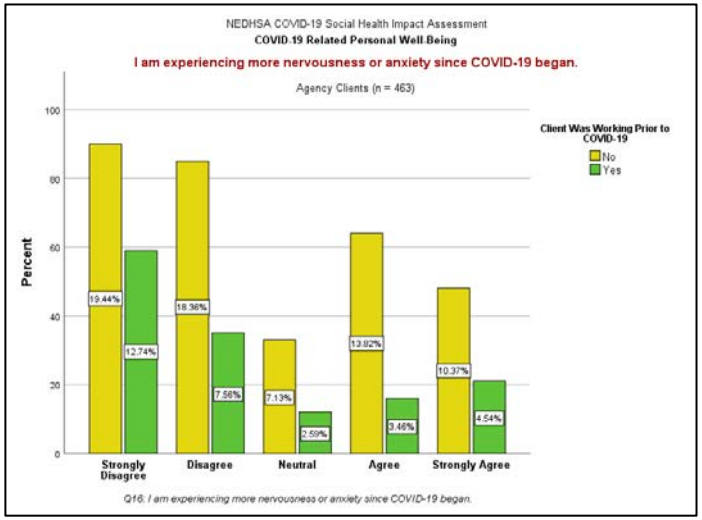
While 32.2% of our clients reported increased nervousness or anxiety during the COVID-19 pandemic, 58.1% did not (*n*=269; 32.2% Strongly Disagree and 25.9% Disagree). Statistically significant differences were noted across age groups, with clients aged 18 to 25 years (51.7%; *n*=29) reporting the greatest increases in nervousness or anxiety (*H*(5)=25.117; *p*=0.000).

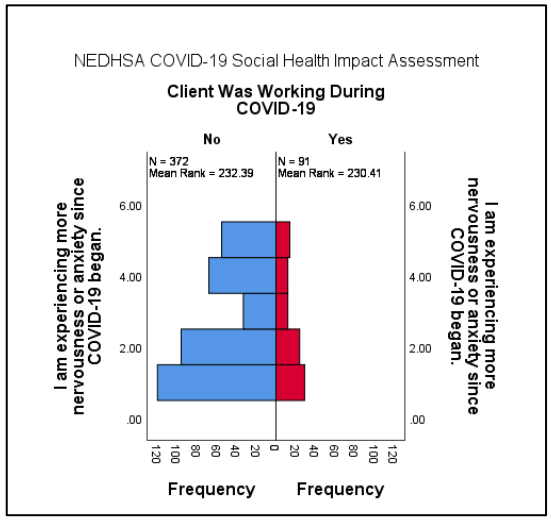


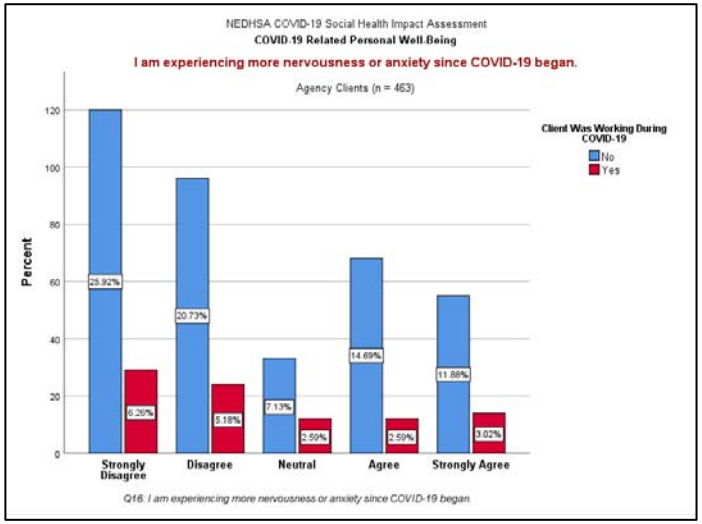


Results of a Mann-Whitney U test showed that clients who were not working prior to the pandemic reported more increased nervousness or anxiety (*Mean Rank*=242.10) than clients who reported they had been working prior to the start of the pandemic (*Mean Rank*=209.39). This difference was statistically significant (z=-2.507; p=0.012). While clients who were not working during the pandemic also reported more increased nervousness or anxiety, these differences were not statistically significant compared to clients who were working during the pandemic (z=-0.131; p=0.896; *Mean Ranks*=232.39 and 230.41, respectively).









Clients who were unemployed and looking for work during COVID-19 reported experiencing more nervousness or anxiety (*Mdn*=4) than unemployed clients who were not looking for work during the pandemic (*Mdn*=1). This difference was statistically significant, as well ($H(5)=19.548$; $p=0.002$).

While the number of clients reporting that they did not have access to local television channels in their household was low (*n*=24) compared to those who did (*n*=436), a Mann-Whitney U test determined a statistically significant difference in reported nervousness and anxiety between the two groups, where 50% of clients without local channel access reported nervousness or anxiety and 31.4% of clients with access to local television channels reported nervousness or anxiety (*z*=-2.631; *p*=0.009). Interestingly, differences in reported nervousness and anxiety between client groups reporting to have internet access in their household were not significantly different (*z*=-1.844; *p*= 0.065). However, only 21.2% of clients without internet access reported experiencing nervousness or anxiety compared to 37.3% with internet access. Only 4 of our clients reported having neither internet access nor local television channels.

I am experiencing more nervousness or anxiety since COVID-19 began.		
% of clients 'Strongly Agreeing' and 'Agreeing' with statement		
Internet Access in Household	**YES** (*n*=315)	37.3%
	NO (*n*=147)	21.2%
Local TV Channels in Household	**YES** (*n*=436)	31.4%
	NO (*n*=24)	50.0%

Loneliness, Sadness, and Depression (Q17)

A total of 23.6% of client respondents reported experiencing more loneliness, sadness, or depression during the COVID-19 pandemic (*n*=109). There were no statistically significant differences across gender, age group, or race. However, there were significant differences across reported reasons for clients not currently working (*H*(5)=22.805; *p*=0.000). Clients reporting being laid off during COVID-19 reported the highest median of reported loneliness, sadness, or depression (*Mdn*=4), while both clients who were retired and clients who were unemployed and not looking reported the lowest (*Mdn*=1).

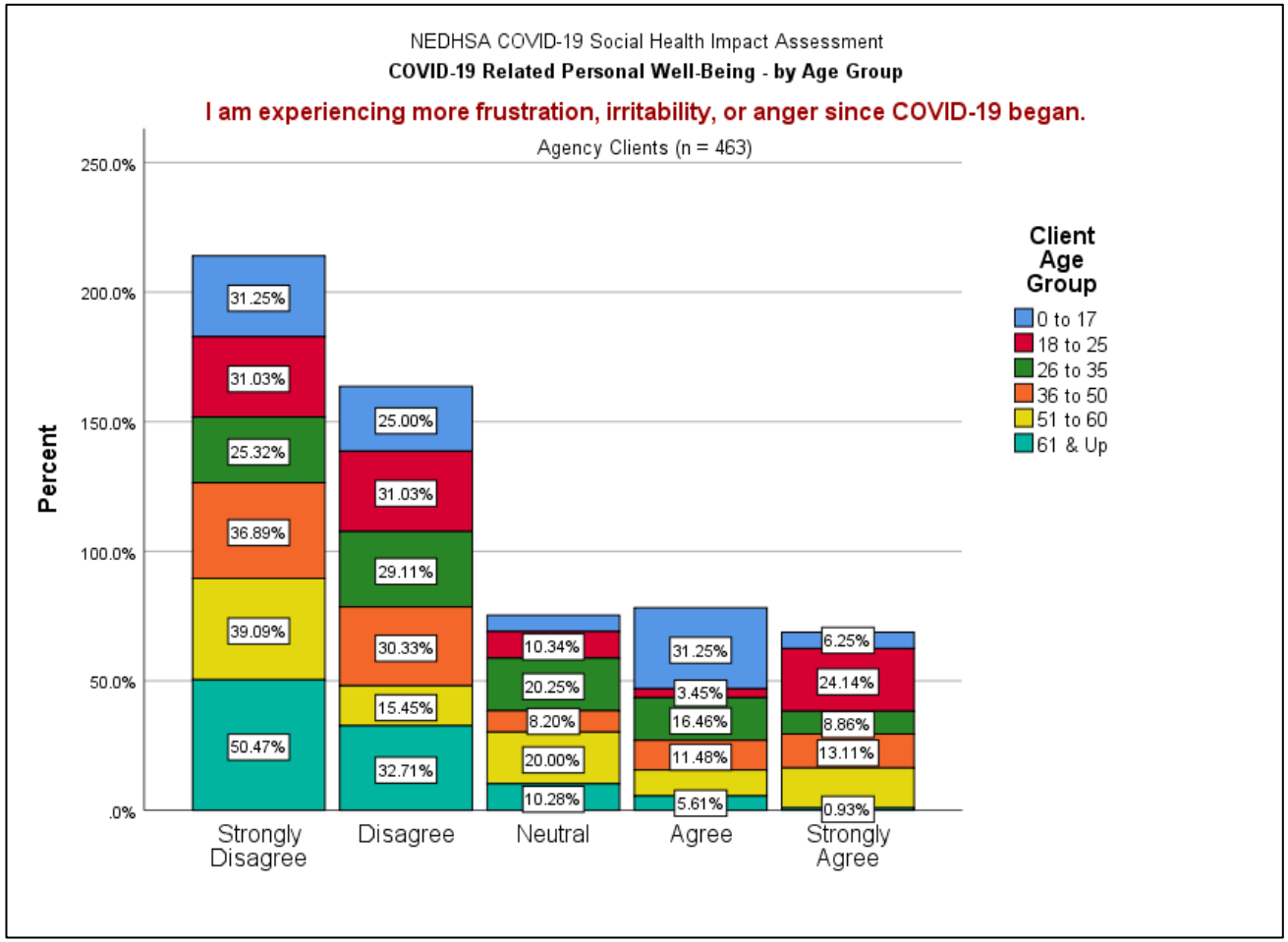
Again, and as with nervousness or anxiety, clients who reported not working prior to the pandemic reported experiencing more loneliness, sadness, and depression since the pandemic began, and the difference was statistically significant (*z*=-3.169; *p*=0.002; Mean Ranks=244.08 and 203.14, respectively). However, once again, client work status during the pandemic did not have a significant effect on client responses concerning loneliness, sadness, and depression.

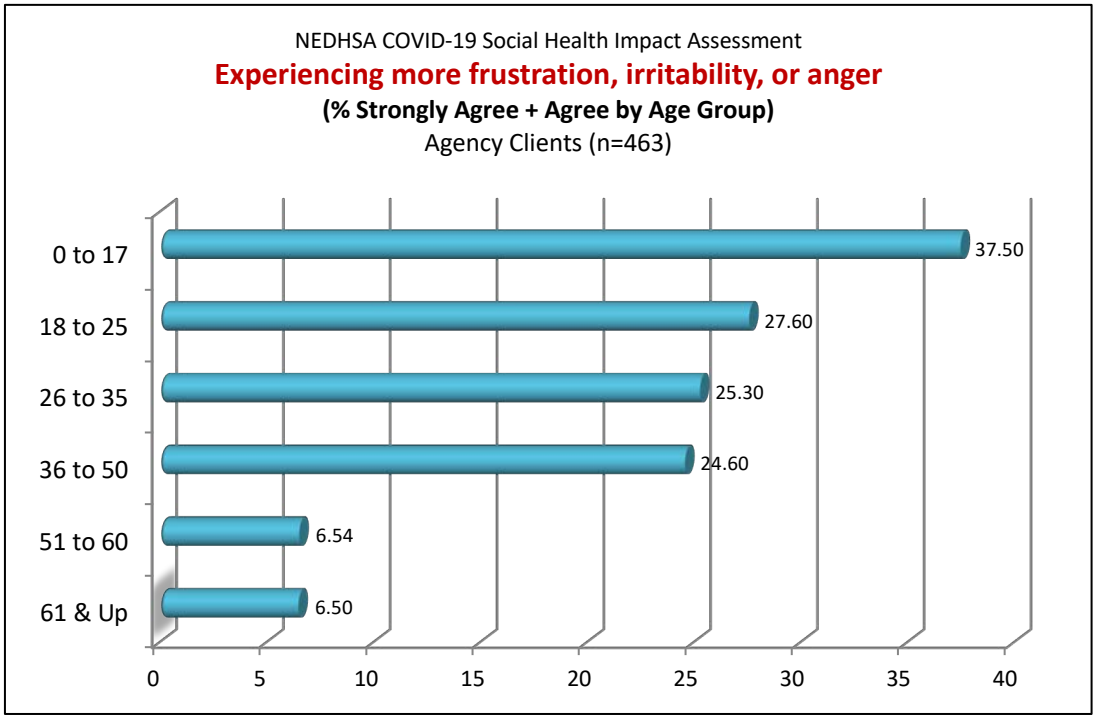
Frustration, Irritability, and Anger (Q18)

Around 21% of clients reported experiencing more frustration, irritability, or anger since the pandemic began, and responses differed significantly across client age group (*H*(5)=22.781; *p*=0.000). Clients who were age 61 and up reported experiencing significantly less, and this difference was statistically significant in comparison to all other age groups: 0 to 17 (*p*=0.031); 18 to 25 years (*p*=0.007); 26 to 35 years (*p*=0.000); 36 to 50 years (*p*=0.036); and 51 to 60 years (*p*=0.006). Reports of increased frustration, irritability, and anger decreased as client age increased. The clients' reported living situation also had a significant effect on

responses ($H(8)=20.953$; $p=0.007$), where 42% of single clients living with children reported experiencing more frustration, irritability, or anger compared to only 13% of single clients living alone. There was also a weak positive correlation between number of household members during the pandemic and client reports of experiencing more frustration, irritably, or anger since COVID-19 began [Q18] ($r_s=.120$; $p=0.010$).

Further, only 15.1% of clients who were unemployed and not looking for work reported experiencing more frustration, irritability, or anger, while 46.2% of clients who were unemployed and currently looking for work reported the same ($z=-3.1378$; $p=0.026$).

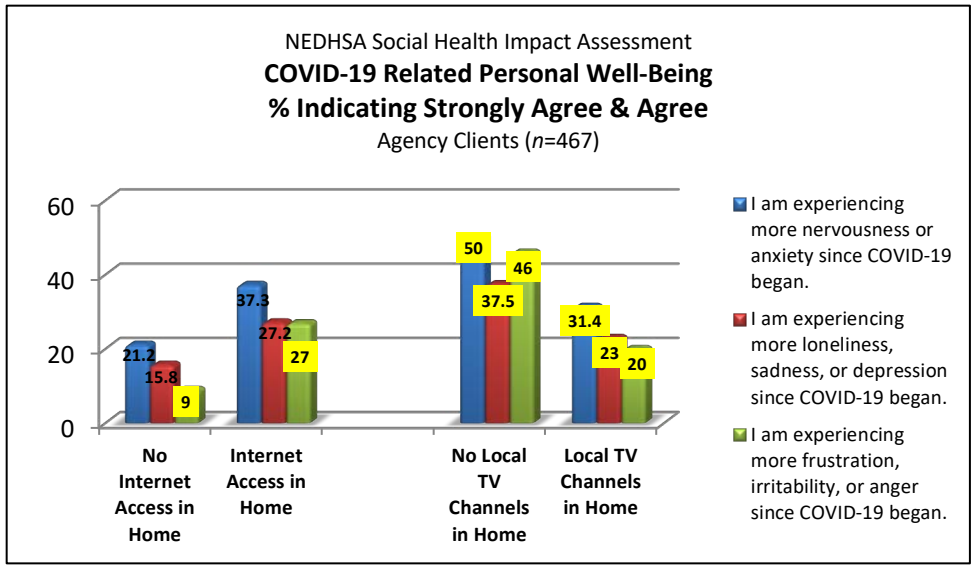


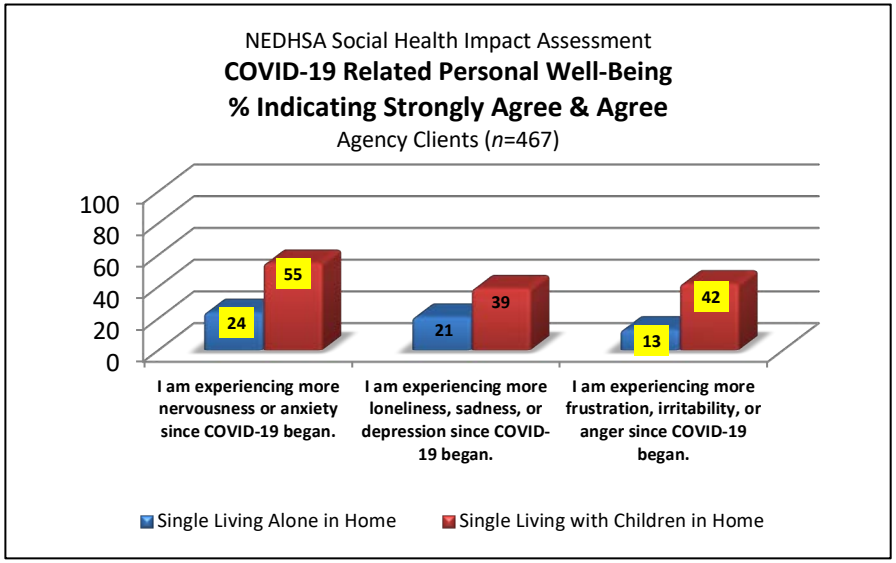


A Mann-Whitney U test determined that clients who have internet access in their home reported experiencing more frustration, irritability (27%), or anger than clients without internet access (9%) (z=-4.083; p=0.000). However, the opposite was true for clients having access to local TV channels in their home. Here, only 20% of clients with access to local TV channels reported experiencing more frustration, irritability, or anger during the pandemic compared to 46% of clients who did not have access to local channels (z=-2.779; p=0.005).

Client reports of experiencing more negative feelings during the COVID-19 pandemic significantly differed based on numerous variables. Clients who reported not having access to local television channels in their home reported more negative feelings than clients who did have access to local channels. These differences were statistically significant for all three personal well-being assessment items concerning these feelings (nervousness/anxiety: z=-2.631; p=0.009; loneliness/sadness/depression: z=-2.220; p=0.026; frustration/irritability/anger: z=-2.779; p=0.005 [as noted above]). For clients having internet access at home, the only assessment item showing a statistically significant difference was related to feelings of frustration, irritability, or anger, where clients

with internet access reported more of these negative feelings than clients who did not have internet access in their home (*z*=-4.083; *p*=0.000). Clients with internet access in their home also reported more feelings of nervousness or anxiety (*z*=-1.844; *p*=0.065), as well as feelings of loneliness, sadness, or depression (*z*=-1.927; *p*=0.054); however, these differences were not statistically significant.



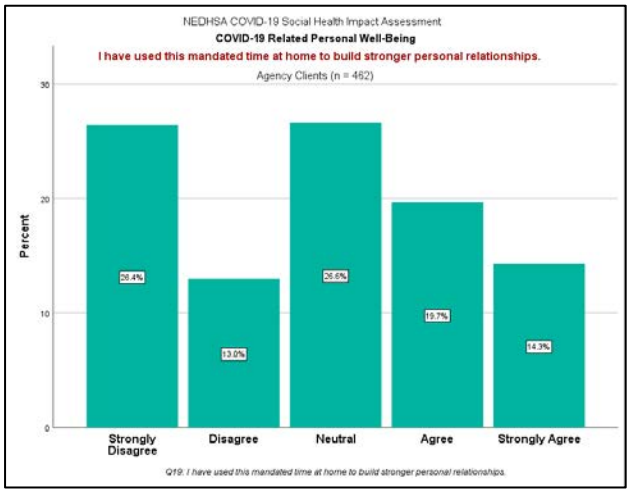


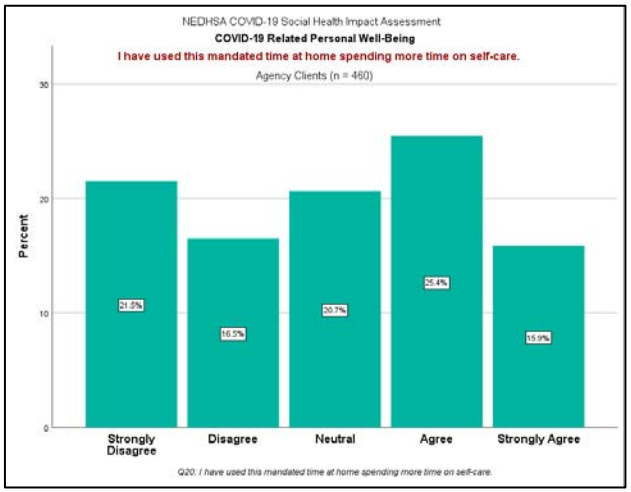
Client reports of assessed negative feelings were significantly different based on the clients' current living situation when single clients living alone in their own home were compared to single clients living with children in the home for nervousness/anxiety (*H*(8)=15.630; *p*=0.048) and frustration/irritability/anger (*H*(8)=20.953; *p*=0.000), where single clients with children reported more of each category. They also reported more loneliness, sadness, or depression than single clients without children, but the difference was not statistically significant (*H*(8)=9.128; *p*=0.332).

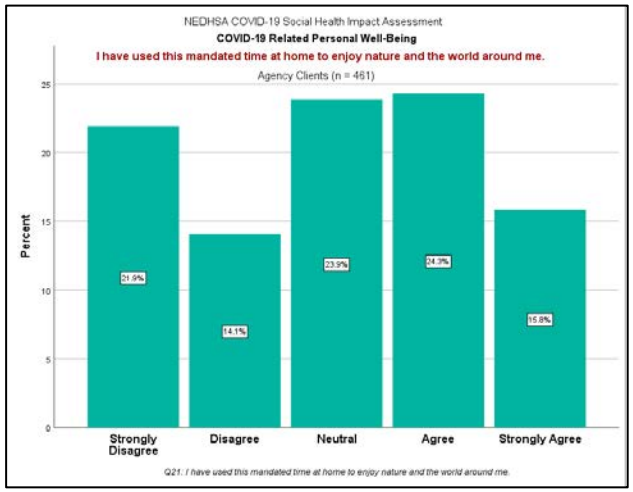
Although weak to mild, there was a negative correlation between client age group and assessments of these negative feelings. This indicates that as client age increased, experiencing these feelings decreased. Results reached statistical significance between client age group and experiencing more nervousness or anxiety [Q16] (r_s=-.139; *p*=0.003); experiencing more loneliness, sadness, or depression [Q17] (r_s=-.112; *p*=0.016); and experiencing more frustration, irritability, or anger [Q18] (r_s=-.185; *p*=0.000) since the pandemic began.

Use of Mandated Time at Home (Q19 – Q21)

The COVID-19 Social Health Impact Assessment included three items to assess clients' use of mandated time at home. While 34% of client respondents reported using the mandated self-quarantine time to build stronger relationships, 39.4% did not. More clients reported using the time on self-care (41.3%) than those not using their time for this (38%), and around 40% of clients used the mandated time at home to enjoy nature and the world around them, while 36% did not.







There were, however, statistically significant differences in client responses to these three assessment items when compared across demographic and other client variables. Clients' current living situation had a significant effect on their use of time to build stronger personal relationships ($H(8)=47.106$; $p=0.00$), as clients who lived alone in their home were less likely to work on building stronger relationships (21%) than clients staying with a relative or friend (37.2%), single clients with children at home (57.6%), and married clients with children at home (64%). Statistically significant differences were noted for responses for using mandated time at home spending more time on self-care as well ($H(8)=28.827$; $p=0.000$). Interestingly, single clients with children in the home reported spending more time on self-care (62.5%) than single clients living alone (32.6%). Additionally, married clients with children living at home and married clients without children at home also reported spending more time on self-care during the pandemic than single clients living alone (36% and 52.9%, respectively), but these differences were not statistically significant. There was a mild positive correlation between number of household members during the pandemic and using the mandated time at home to build stronger personal relationships [Q19] ($r_s=.179$; $p=0.000$). There was also a mild positive correlation between number of household members during the pandemic and client reports of using mandated time at home to build stronger personal relationships [Q19] ($r_s=.219$; $p=0.000$), indicating that as the number of household members increased so did the amount of time spent on building relationships.

Clients' current living situation effected reports of using mandated time at home to enjoy nature and the world. Single clients living alone reported using significantly less time to enjoy nature and the world around them than any other group ($H(8)=21.620$; $p=0.006$). Only 33% of single clients living alone reported using their time for this purpose, while nearly 50% of single clients with children (49%), married clients with children (48%), and married clients without children (47%) reported doing so.

Mann-Whitney U tests determined statistically significant differences in responses regarding client use of mandated time at home based on their working status during the COVID-19 pandemic. Over 46% of clients who were working during the pandemic reported using mandated time at home building stronger personal relationships, which was significantly higher than clients who were not working during the pandemic (30.9%) ($z=1.983$; $p=0.047$). Also, clients who were working during the pandemic reported using mandated time at home spending more time on self-care (51.6%) significantly more than those who were not working (38.8%) ($z=2.099$; $p=0.036$). While not statistically significant, there was also a difference in reports of enjoying nature and the world, where 48.4% of working clients reported using mandated time for this compared to 38.1% of clients who were not working ($z=1.163$, $p=0.245$).

Statistically significant differences in use of mandated time were found when the clients' reason for not working during the pandemic was considered ($H(5)=63.669$; $p=0.000$). Using mandated time at home to build stronger relationships was reported less often by clients who were unemployed and not looking than for any other reason a client was not working during the pandemic. Post hoc pairwise comparisons revealed that only 10.8% of clients who were unemployed and not looking reported using time to build stronger relationships, which was significantly less than clients who were retired (37.5%; $z=-3.946$; $p=0.000$); disabled (30.8%; $z=-5.679$; $p=0.000$); and unemployed, but looking for work (50%; $z=-5.524$; $p=0.000$).

Similar differences were found for using mandated time at home for more self-care ($H(5)=24.880$; $p=0.000$). Here, 27.2% of clients who were unemployed, but not looking for work reported using mandated time at home on more self-care, compared to 45.8% of retired clients ($z=-2.091$; $p=0.037$); 39.6% of disabled clients ($z=-3.900$; $p=0.001$); 34.6% of unemployed clients who were looking for work ($z=-2.821$; $p=0.005$), and 80% of clients who were laid off ($z=-2.963$; $p=0.046$).

Following the same trends, statistically significant differences were also found in client responses concerning using mandated time to enjoy nature and the world ($H(5)=44.620$; $p=0.000$), where 20.7% of clients who were unemployed and not looking for work reported using time for this purpose. Over 45% of clients who were retired reported taking time to enjoy nature during the pandemic (45.8%; $z=-3.462$; $p=0.000$); 41.3% of clients who were disabled ($z=-6.269$; $p=0.000$); 38.5% of clients who were unemployed and looking for work ($z=-3.152$; $p=0.024$); and 80% of clients who were laid off ($z=-3.076$; $p=0.032$) reported the same. All of these differences were statistically significant.

While there were no significant differences across NEDHSA department and clinic locations in personal well-being responses concerning negative feelings, differences were noted in responses about the use of mandated time at home during the pandemic. A Kruskal-Wallis test resulted in statistically significant differences across NEDHSA clinic locations in clients' use of mandated time at

home to build personal relationships ($H(7)=40.898$; $p=0.000$). Post hoc pairwise comparisons determined these statistically significant differences existed between clients at the Tallulah Outpatient Clinic (*Mean Rank*=184.71) and clients at the Columbia Outpatient Clinic (*Mean Rank*=309.68; $p=0.016$); Monroe Outpatient Clinic (*Mean Rank*=191.84) and Winnsboro Outpatient Clinic (*Mean Rank*=289.34; $p=0.001$); and between our Monroe and Columbia Outpatient Clinics (*Mean Ranks*=191.84 and 309.68, respectively; $p=0.000$). Clients at our Columbia Outpatient Clinic reported using time to build relationships most often, and clients at our Tallulah Outpatient Clinic reported this use of time the least often.

Q19: *I have used this mandated time at home to build stronger personal relationships.*				
NEDHSA Clinic Location - Mean Rank Order				
Rank Order	**Clinic Location**	**Mean Rank**	**Statistically Significant Difference with Clinic Location**	***p*=**
1	Tallulah	184.71	Columbia	0.016
2	Monroe	191.84	Winnsboro	0.001
			Columbia	0.000
3	Ruston	233.5		
4	Bastrop	237.43		
5	Winnsboro	289.34	Monroe	0.001
6	Columbia	309.68	Tallulah	0.016
			Monroe	0.000

Statistically significant differences were also noted across clinic locations when clients were asked about their use of mandated time at home on self-care ($H(7)=23.455$; $p=0.001$). Post hoc pairwise comparisons determined these statistically significant differences existed between clients at the Columbia Outpatient Clinic (*Mean Rank*=324.09) and clients at (1) Tallulah Outpatient Clinic (*Mean Rank*=209.06; $p=0.041$); (2) Monroe Outpatient Clinic (*Mean Rank*=207.25; $p=0.000$); and (3) Ruston Outpatient Clinic (*Mean Rank*=223.91; $p=0.011$). The Columbia Outpatient Clinic clients reported using mandated time at home most often for spending time on self-care, and the Monroe Outpatient Clinic clients reported this to be the case less than any other clinic.

Q20: *I have used this mandated time at home spending more time on self-care.*				
NEDHSA Clinic Location - Mean Rank Order				
Rank Order	**Clinic Location**	**Mean Rank**	**Statistically Significant Difference with Clinic Location**	***p*=**
1	Monroe	207.25	Columbia	0.000
2	Tallulah	209.06	Columbia	0.041
3	Ruston	223.91	Columbia	0.011
4	Winnsboro	251.20		
5	Bastrop	253.69		
6	Columbia	324.09	Monroe	0.000
			Tallulah	0.041
			Ruston	0.011

Finally, statistically significant differences were noted across clinic locations when clients were asked about their use of mandated time to enjoy nature and the world around them ($H(7)=58.683$; $p=0.000$). Post hoc pairwise comparison determined these statistically significant differences existed between clients at the Columbia Outpatient Clinic (*Mean Rank*=312.63) and clients at the Tallulah Outpatient Clinic (*Mean Rank*=165.92; $p=0.001$), as well as between Columbia and clients at our Monroe Outpatient Clinic (*Mean Rank*=182.19; $p=0.000$). These significant differences were also noted between clients at the Monroe Outpatient Clinic and our Ruston Outpatient Clinic (*Mean Rank*=288.19; $p=0.000$).

Q21: *I have used this mandated time at home to enjoy nature and the world around me.*				
NEDHSA Clinic Location - Mean Rank Order				
Rank Order	**Clinic Location**	**Mean Rank**	**Statistically Significant Difference with Clinic Location**	***p*=**
1	Tallulah	165.92	Ruston	0.001
			Columbia	0.001
2	Monroe	182.19	Ruston	0.000
			Columbia	0.000
3	Bastrop	240.91		
4	Winnsboro	248.34		
5	Ruston	288.91	Tallulah	0.001
			Monroe	0.000
6	Columbia	312.63	Tallulah	0.001
			Monroe	0.000

Columbia Outpatient Clinic clients reported using mandated time to enjoy nature and the world around them most often. Clients at our Tallulah Outpatient Clinic report doing this the least.

Client reports of how they used their mandated time at home were moderately to strongly inner-correlated, reaching statistical significance for all three measures.

Client Use of Mandated Time at Home During COVID-19 Quarantine						
*Significant Correlations						
	Use of Mandated Time Assessment Item					
Use of Mandated Time Assessment Item	Q19: Building Stronger Personal Relationships		Q20: Spending More Time on Self-Care		Q21: Enjoying Nature and the World	
	Spearman *rho*=	*p*=	Spearman *rho*=	*p*=	Spearman *rho*=	*p*=
Q19: Building Stronger Personal Relationships			.636*	.000	.474*	.000
Q20: Spending More Time on Self-Care	.636*	.000			.538*	.000
Q21: Enjoying Nature and the World	.474*	.000	.538*	.000		

As noted with other assessment items, there was a weak to mild negative correlation between client age group and assessment of the use of mandated time at home in terms of using the time to build stronger personal relationships [Q19] (r_s=-.109; p=0.019) and spending more time on self-care [Q20] (r_s=-.104; p=0.026). This indicates that as client age increased, using mandated time for these things decreased. However, there was a positive correlation between client age group and using mandated time at home to enjoy nature and the world, although this was not statistically significant.

Effects on Client Use of Mandated Time at Home

Financial, Household, and Food Security Concerns and Effects on Client Use of Mandated Time at Home

Mild positive correlations were noted between client financial and food security concerns and their use of mandated time at home. The positive direction of the relationships indicated that, as client concern about money and household income for bills and food increased, so did the use of mandated time at home on building stronger personal relationships, self-care, and enjoying nature and

the world. All resource concerns related to household finances and food security were statistically significantly correlated with client use of mandated time at home, and all indicated a positive relationship. Client concerns about health and healthcare resources did not show the same pattern, and not all correlations with client use of mandated time at home reached statistical significance. Client concerns with having enough medicine or health supplies to make it through the pandemic were not significantly correlated with using mandated time to build stronger personal relationships (r_s=-.021; p=0.650); spending more time on self-care (r_s=.066; p=0.158); or enjoying nature and the world (r_s=-.028; p=0.545). Further, while not significant, the direction of the relationships between being concerned about having enough medicine or health supplies with both using mandated time at home to build stronger relationships and to enjoy nature and world was negative, indicating that as client concerns about this health-related resource increased, client likelihood to use mandated time at home to build stronger relationships and enjoy nature and the world decreased.

Health and Healthcare Concerns and Effects on Client Use of Mandated Time at Home

Client reports of being concerned about getting COVID-19 themselves or having a loved one get the virus were positively correlated with reports of spending mandated time at home to build stronger relationships, to spend more time on self-care, and to enjoy nature and the world. These statistically significant correlations were mild, but notable in this client population with known mental, behavioral, and/or developmental disorders.

COVID-19 Health Concern Effects on Client Use of Mandated Time at Home						
***Significant Correlations**						
	Use of Mandated Time Assessment Item					
Health and Healthcare Concerns Assessment Item	Q19: Building Stronger Personal Relationships		Q20: Spending More Time on Self-Care		Q21: Enjoying Nature and the World	
	Spearman *rho*=	***p*=**	**Spearman *rho*=**	***p*=**	**Spearman *rho*=**	***p*=**
Q8: Getting COVID-19	.202*	.000	.197*	.000	.150*	.001
Q9: Having a Loved One Get COVID-19	.233*	.000	.248*	.000	.221*	.000
Q10: Unknowingly Giving Someone COVID-19 because Asymptomatic	.242*	.000	.295*	.000	.217*	.000

Social and Relationships Concerns Effects on Client Use of Mandated Time at Home

While most of the social and relationship concerns assessment items were positively correlated with client use of mandated time at home, these relationships were mild at most. Clients reporting concerns about being unable to care for family who need attention and care outside of their home reported using mandated time at home more often on self-care (r_s=.287; p=0.000) and spending time to enjoy nature and the world (r_s=.223; p=0.000).

Personal Well-Being Effects on Client Use of Mandated Time at Home

Mild positive correlations were also noted between client reports of personal well-being and their use of mandated time at home. Client reports of experiencing more nervousness or anxiety [Q16]; loneliness, sadness, or depression [Q17]; and frustration, irritability, or anger [Q18] were positively correlated with using mandated time at home to build stronger relationships [Q19] and spending more time on self-care [Q20]. However, client reports of these feelings were not significantly correlated with client use of mandated time to enjoy nature and the world [Q21].

COVID-19 Personal Well-Being Effects on Client Use of Mandated Time at Home						
***Significant Correlations**						
	Use of Mandated Time Assessment Item					
Personal Well-Being Assessment Item	Q19: Building Stronger Personal Relationships		Q20: Spending More Time on Self-Care		Q21: Enjoying Nature and the World	
	Spearman *rho*=	***p*=**	**Spearman *rho*=**	***p*=**	**Spearman *rho*=**	***p*=**
Q16: Experiencing More Nervousness or Anxiety	.224*	.000	.200*	.000	.082	.077
Q17: Experiencing More Loneliness, Sadness, or Depression	.239*	.000	.214*	.000	.082	.080
Q18: Experiencing More Frustration, Irritability, or Anger	.242*	.000	.201*	.000	.096*	.039*

COVID-19 RELATED MENTAL AND BEHAVIORAL HEALTH STATUS (Q22 – Q26)

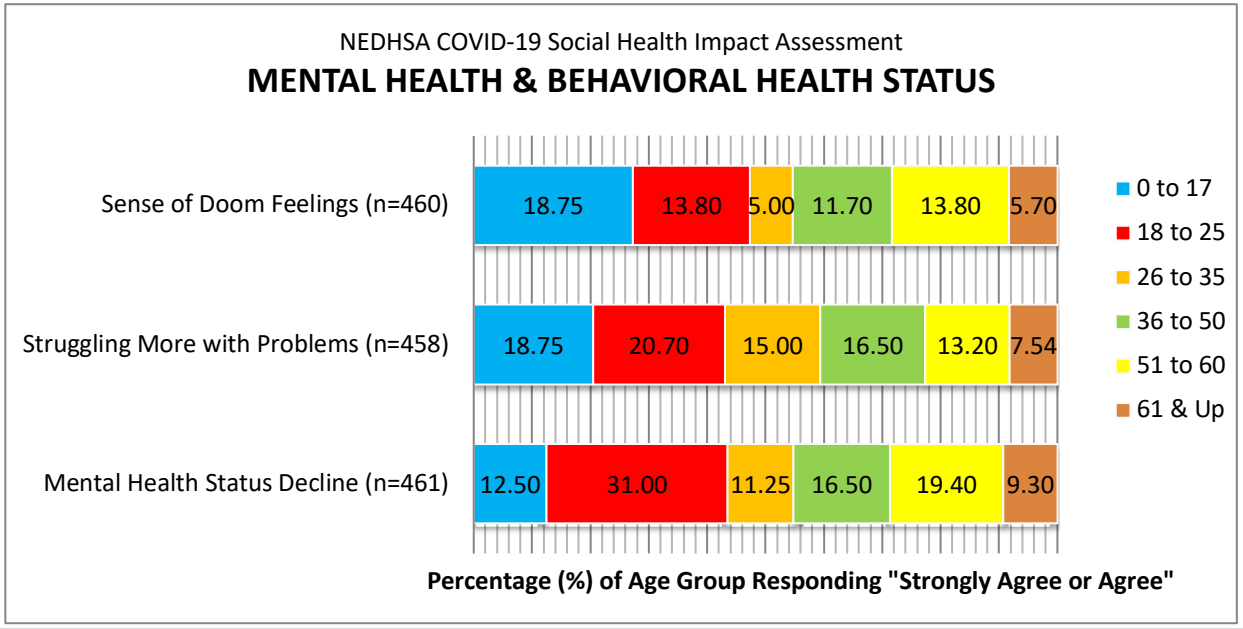
Client COVID-19 related mental and behavioral health status was assessed using six items presented as "I" statements, to which the client was asked to rate according to the following Likert scale: 1-Strongly Disagree; 2-Disagree; 3-Neutral; 4-Agree; 5-Strongly Agree.

Mental Health Status Decline, Struggling with Problems, Sense of Doom

Overall, analyses revealed that NEDHSA agency clients have coped fairly well through the pandemic in terms of their mental health status. Around 15% (15.4%; *n*=461) of client respondents reported they feel their mental health status has declined since COVID-19 began, while 74.2% did not report such a decline. Nearly 14% (13.8%; *n*=458) reported struggling more with their problems during the pandemic than prior, and 10% (*n*=460) reported feeling a sense of doom and that things will get worse.

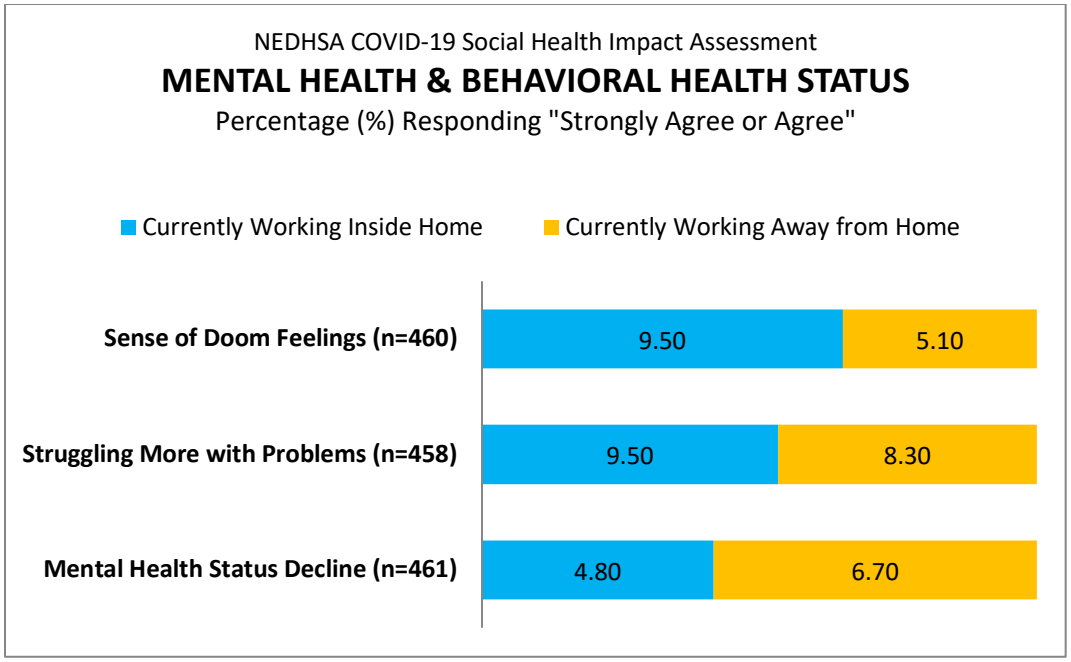
Demographics

Statistically significant differences were noted across age groups ($H(5)=12.001$; $p=0.035$; $H(5)=11.184$; $p=0.048$; and $H(5)=17.157$; $p=0.004$, respectively). Clients aged 18 to 25 years reported the most negative mental and behavioral impacts, and clients aged 61 and up reported the least. However, our youngest clients (aged 0 to 17 years) reported more feelings of doom and that things would get worse than any other age group.



Employment

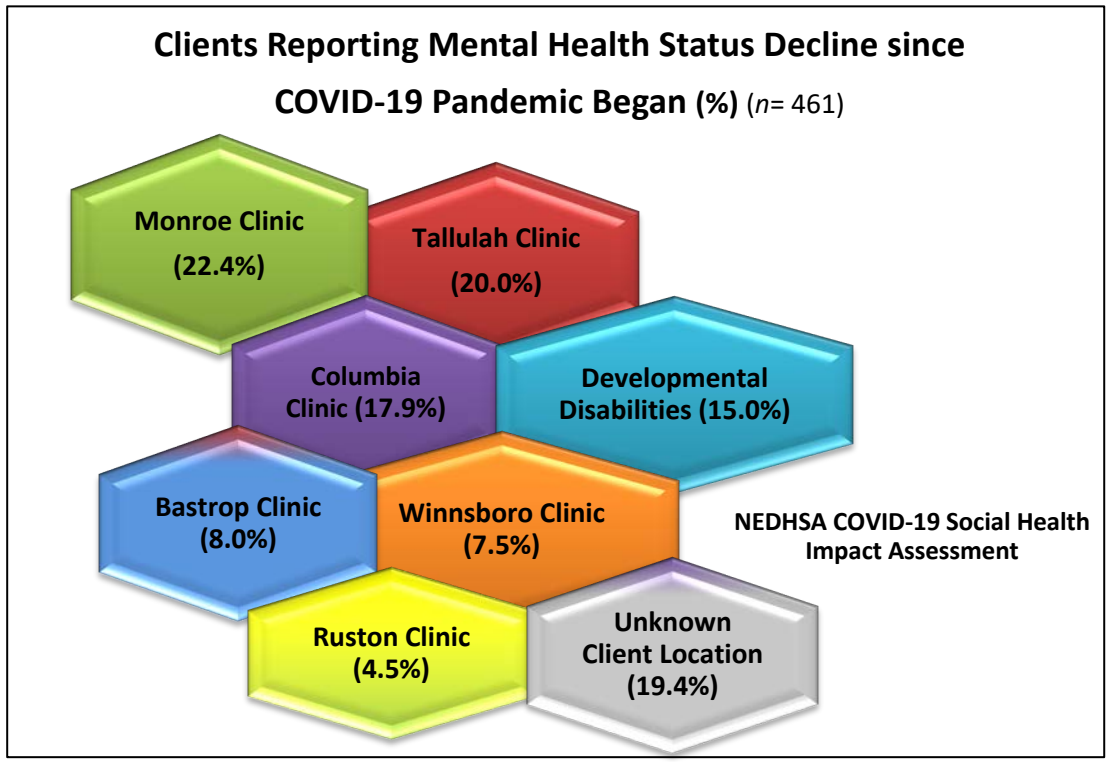
A Mann-Whitney U test determined that a client's working status prior to the COVID-19 pandemic had a significant effect on their reports of mental health decline during the pandemic (z=-2.106; p=0.035). However, these statistically significant differences were not found in reports of struggling more with problems (z=-1.859; p=0.063) or having feelings of doom (z=-1.875; p=0.061). For all three assessment items, clients who reported being actively employed when the pandemic began reported more negative mental and behavioral health changes than clients who were not working prior. There was also a statistically significant difference in client report of mental and behavioral status between clients working inside the home versus working outside of the home, with those working away from home reporting mental health status decline more often (z=3.112; p=0.002), and clients working inside the home struggling more with their problems(z=2.421; p=0.015).



NEDHSA Department or Clinic Location

A Kruskal-Wallis test also determined a statistically significant difference among NEDHSA clinic locations concerning client reports of mental health status decline ($H(7)=15.052$; $p=0.035$). Post hoc pairwise comparisons revealed this difference existed between the Ruston Outpatient Clinic and (1) Bastrop ($z=3.240$; $p=0.001$), (2) Monroe ($z=3.043$; $p=0.002$), and (3) Winnsboro Outpatient Clinics ($z=2.094$; $p=0.036$). Results indicated that clients from the Ruston Outpatient Clinic reported significantly less negative mental and behavioral health status changes than clients in Bastrop, Monroe, and Winnsboro. Clients at the Monroe Outpatient Clinic reported feelings of mental health status decline most often (22.4%), while clients from the Ruston Outpatient Clinic reported this least (4.5%).

Clients from the Tallulah Outpatient Clinic reported feeling like they were struggling more with their problems since the pandemic began (20%), followed by clients in the NEDHSA Developmental Disabilities Department (19%). Further, the clients seen in our Developmental Disabilities Department reported the most feelings of "a sense of doom and like things will only get worse" (23.8%), while clients at the Winnsboro Outpatient Clinic reported this the least (0%). Unlike the assessment of overall mental health status decline [Q22], for the latter two assessment items (Q24: 'struggling more' and Q25: 'sense of doom') differences across NEDHSA locations were not statically significant ($H(7)=10.114$; $p=0182$ and $H(7)=6.964$; $p=0.433$, respectively.)



Clients Feeling They are Struggling More with Problems Now than before COVID-19 (*n*=458)	
NEDHSA Department or Clinic Location	
Client Location	**% Strongly Agree or Agree**
Tallulah Outpatient Clinic	20.0
Developmental Disabilities Department	19.0
Monroe Outpatient Clinic	16.8
Bastrop Outpatient Clinic	16.2
Unknown Client Location	15.9
Columbia Outpatient Clinic	14.3
Winnsboro Outpatient Clinic	5.7
Ruston Outpatient Clinic	5.7

Clients Feeling a Sense of Doom and Like Things Will Only Get Worse (*n*=460)	
NEDHSA Department or Clinic Location	
Client Location	**% Strongly Agree or Agree**
Developmental Disabilities Department	23.8
Tallulah Outpatient Clinic	20
Unknown Client Location	15.9
Bastrop Outpatient Clinic	13.5
Monroe Outpatient Clinic	9.4
Ruston Outpatient Clinic	5.7
Columbia Outpatient Clinic	3.6
Winnsboro Outpatient Clinic	0

Spearman rank-order correlation coefficient analyses revealed strong positive inner-correlations between mental and behavioral health status assessment items. Clients reporting that their mental health status has declined since COVID-19 began [Q22] also reported feeling like they are struggling more with their problems [Q24] (r_s=.745; p=0.000) and feeling a sense of doom and like things will only get worse [Q25] (r_s=.505; p=0.000). There was also a strong positive correlation between client reports of struggling more with their problems [Q24] and feeling a sense of doom and like things will only get worse since the pandemic began [Q25] (r_s=.611; p=0.000).

Effects on Client Personal Well-Being and Mental and Behavioral Health Status

Financial, Household, and Food Security Concerns and Effects on Personal Well-Being and Mental and Behavioral Health Status

Spearman rank-order correlation coefficient analyses revealed statistically significant correlations between client level of concern about having enough money to pay household bills during the COVID-19 pandemic and several measures of COVID-19 related personal well-being and mental and behavioral health status concerns.

Clients reporting concerns with having enough money to pay household bills more frequently reported experiencing stressed or strained relationships at home (r_s=.247; p=0.000); experiencing more nervousness or anxiety (r_s=.318; p=0.000); experiencing more loneliness or sadness (r_s=.254; p=0.000); and experiencing more frustration, irritability, or anger (r_s=.201; p=0.000). Further, they more frequently reported feeling that their mental health status had declined since COVID-19 began (r_s=.251; p=0.000) and that they

were struggling more with their problems than before the pandemic began (r_s=.279; p=0.000). While these correlations can be considered as minimal to moderate, they are clinically significant in this client population with known mental and behavioral health disorders or developmental disabilities.

There was a significant correlation between concerns about having the ability to make payments online, at the post office, or in person and client level of nervousness or anxiety (r_s=.271; p=0.000); loneliness, sadness, or depression (r_s=.275; p=0.000); and frustration, irritability, or anger (r_s=.191; p=0.000), as well as self-reported decline in mental health status (r_s=.207; p=0.000); struggling more with problems (r_s=.218; p=0.000); and feeling a sense of doom and like things will only get worse (r_s=.219; p=0.000) . Again, while the strength of these latter correlations could be considered as minimal to moderate in some instances, they are clinically significant in this client population.

Food Security Concerns and Effects on Personal Well-Being and Mental and Behavioral Health Status

Spearman rank-order correlation coefficient analyses revealed statistically significant correlations between clients' concerns with food security and client personal well-being and mental and behavioral health status.

Clients reporting concerns with food security frequently reported experiencing stressed or strained relationships at home (r_s=.271; p=0.000 [Q3] and r_s=.317; p=0.00 [Q4]); experiencing more nervousness or anxiety (r_s=.244; p=0.000 [Q3] and r_s=.328; p=0.00 [Q4]); experiencing more loneliness or sadness (r_s=.240; p=0.000 [Q3] and r_s=.257; p=0.00 [Q4]); and experiencing more frustration, irritability, or anger (r_s=.253; p=0.000 [Q3] and r_s=.257; p=0.00 [Q4]). Further, they more frequently reported feeling that their mental health status had declined since COVID-19 began (r_s=.202; p=0.000 [Q3] and r_s=.238; p=0.00 [Q4]), as well as reported struggling more with their problems than before the pandemic began (r_s=.283; p=0.000 [Q3] and r_s=.280; p=0.00 [Q4]). Client reports of food security concerns were also mildly correlated with feeling a sense of doom and like things will only get worse (r_s=.214; p=0.000 [Q3] and r_s=.226; p=0.00 [Q4]). These correlations are clinically significant in our client population having known mental and behavioral health disorders or developmental disabilities.

Health and Healthcare Concerns and Effects on Personal Well-Being, and Mental and Behavioral Health Status

COVID-19 Illness Concerns

While it appears that client concerns about having money for household bills and food had a greater effect on personal well-being than basic health-related resource concerns, there were still numerous statistically significant positive correlations between concerns about health or healthcare and personal well-being and mental and behavioral health status. The strengths of these correlations ranged from mild to moderate. Client concerns about getting COVID-19 was moderately correlated with reports of experiencing more nervousness or anxiety (r_s=.320; p=0.000); loneliness, sadness, or depression (r_s=.268; p=0.000); and frustration, irritability, or anger (r_s=.248; p=0.000) since the pandemic began. Mild positive correlations were also noted between client concerns of getting COVID-19 and feelings of struggling more with their problems (r_s=.212; p=0.000) and feeling a sense of doom (r_s=.206; p=0.000) since the pandemic began.

The same was true with clients being concerned about a loved one or household member getting COVID-19 and level of nervousness or anxiety (r_s=.293; p=0.000); loneliness, sadness, or depression (r_s=.263; p=0.000); and frustration, irritability, or anger (r_s=.217; p=0.000). Further, client concerns of getting COVID-19 was significantly correlated with clients reporting feelings of mental health status decline (r_s=.226; p=0.000). Clients concerned about having a loved one or household member get COVID-19 also had increased reports of mental health status decline (r_s=.240; p=0.000).

Clients who reported being concerned about unknowingly giving someone COVID-19 due to being asymptomatic reported experiencing greater nervousness or anxiety (r_s=.241; p=0.000); loneliness, sadness, or depression (r_s=.217; p=0.000); and frustration, irritability, or anger (r_s=.210; p=0.000) since the pandemic began. This concern of unknowingly giving someone COVID-19 was also mildly positively correlated with client reports of mental health status decline (r_s=.218; p=0.000); struggling more with problems (r_s=.210; p=0.000); and feeling a sense of doom and like things will only get worse (r_s=.247; p=0.000). Further, clients level of concern with unknowingly giving someone COVID-19 was positively correlated with their feelings of struggling more with their problems since the pandemic began (r_s=.235; p=0.000) and feeling a sense of doom and like things will only get worse (r_s=.184; p=0.000).

Medical Supply and Healthcare Access Concerns

As with many of the financial concerns, there was a statistically significant positive correlation between client concerns about having enough medicine and health supplies to make it through the pandemic, as well as about being able to seek medical attention, and experiencing stressed or strained relationships while having to stay home (r_s=.203; p=0.000 [Q5] and r_s=.266; p=0.000 [Q6]). Statistically significant mild positive correlations were noted between client medication and health supply concerns [Q5] and client reports of experiencing more nervousness or anxiety, and loneliness, sadness, or depression (r_s=.105; p=0.024 [Q16] and r_s=.106; p=0.023 [Q17]). There was no significant correlation between having enough medicine or health supplies and client reports of experiencing more frustration, irritability, or anger (r_s=.081; p=0.081). However, mild positive correlations were noted between being able to seek medical attention and experiencing more nervousness or anxiety; loneliness, sadness, or depression frustration; and irritability, or anger (r_s=.249; p=0.000 [Q16]; r_s=.193; p=0.00 [Q17]; r_s=.210; p=0.000, respectively).

Finally, there were statistically significant mild positive correlations between having enough money for medicine or health supplies, as well as being able to seek medical attention, and client reports of feeling mental health status decline (r_s=.125; p=0.007 [Q5] and r_s=.106; p=0.023 [Q6], respectively). Clients who reported concerns about having enough medicine or health supplies reported struggling more with their problems and feeling a sense of doom (r_s=.169; p=0.000 [Q24] and r_s=.101; p=0.031 [Q25], respectively). Further, clients who were concerned with being able to seek medical attention if needed reported the same (r_s=.215; p=0.000 and r_s=.187; p=0.000, respectively).

COVID-19 Testing Concerns

Only 11.9% of agency client respondents reported that they were concerned with finding a location to be tested for COVID-19. There was a mild positive correlation between this concern and client reports of personal well-being and mental and behavioral health.

Social and Relationship Concerns Effects on Personal Well-Being and Mental and Behavioral Health Status

As noted with other resource concerns, many social and relationship concerns were minimally to moderately correlated with client reports of personal well-being, as well as mental and behavioral health status. Client reports of nervousness or anxiety; loneliness, sadness, or depression; and frustration, irritability, or anger were correlated with client level of concerns about visiting relatives and friends, and being unable to care for family outside the home. While the strength of most of these correlations was minimal, they were each statistically significant and clinically significant based on the population who is known to have existing mental and behavioral health disorders. Client reports of mental health status decline was correlated, although only minimally, with being unable to visit relatives and friends (r_s=.119; p=0.010) and being unable to care for family who need attention outside of the home (r_s=.203; p=0.000). Further, client reports of being unable to care for family who need attention or care outside of the home were positively correlated with reports of struggling more with problems since the COVID=19 pandemic began (r_s=.224; p=0.000).

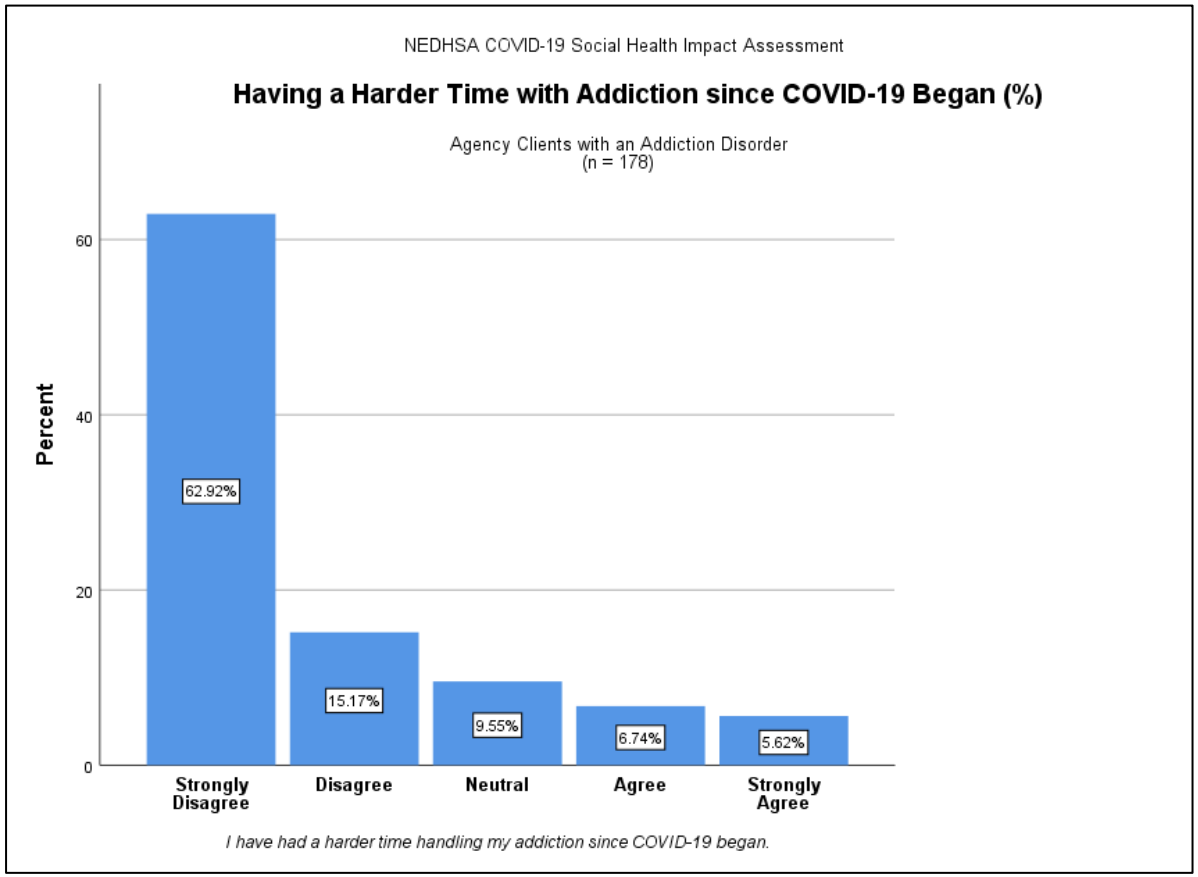
Clients who reported experiencing stressed or strained relationships while having to stay home during quarantine also reported feeling that their mental health status had declined since the pandemic began (r_s=.336; p=0.000); struggling more with their problems (r_s=.361; p=0.000); and feeling a sense of doom and like things will only get worse (r_s=.278; p=0.000).

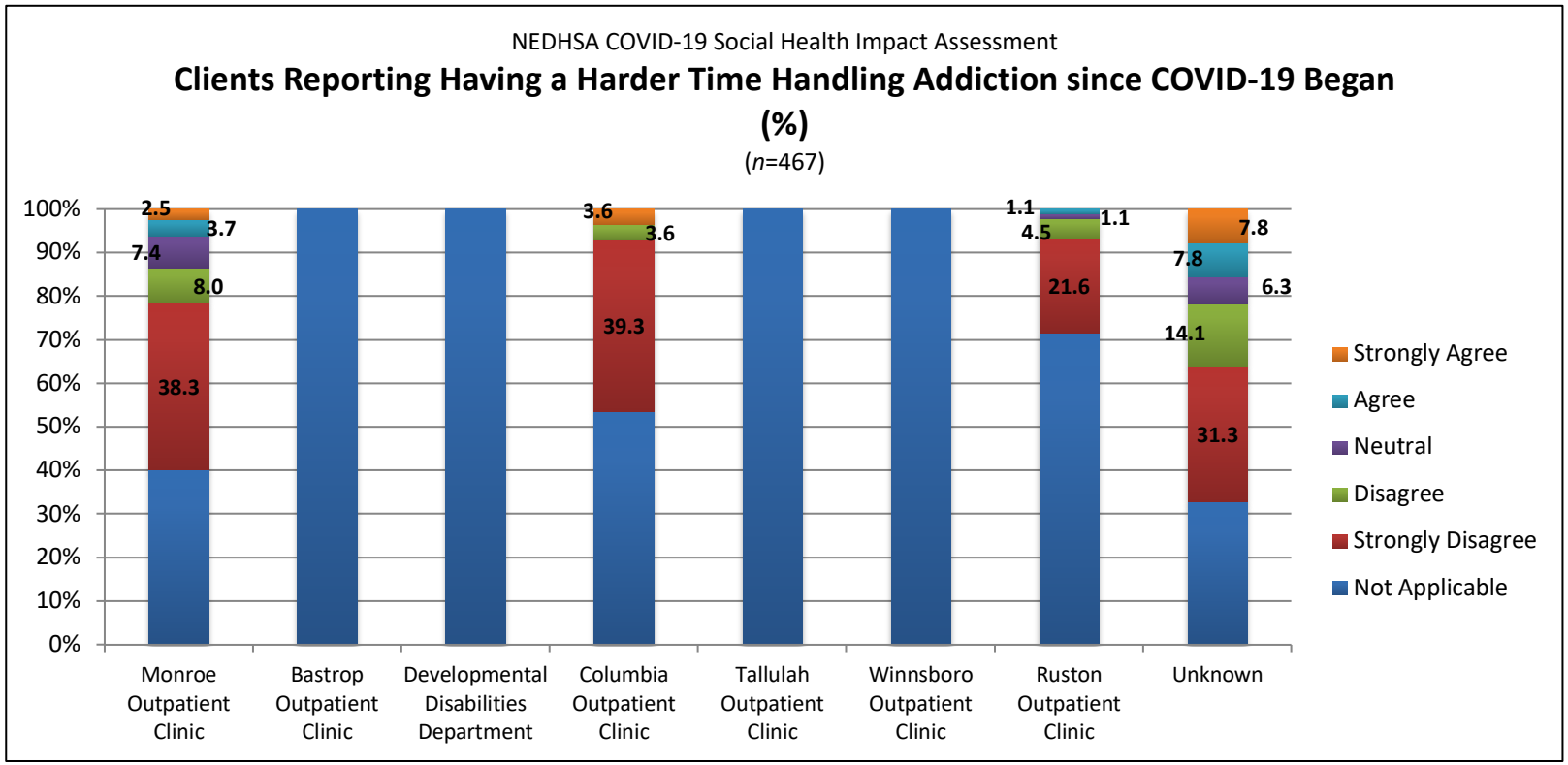
The strongest correlations were noted between client reported feelings of personal well-being and their mental and behavioral health status. Client reports of experiencing more nervousness or anxiety [Q16]; loneliness, sadness, or depression [Q17]; and frustration, irritability, or anger [Q18] were strongly positively correlated with self-reported mental health status decline [Q22] (r_s=.635; p=0.000; r_s=.655; p=0.000; and r_s=.591; p=0.000, respectively). Strong positive correlations were also found between client reports of experiencing more nervousness or anxiety [Q16]; loneliness, sadness, or depression [Q17]; and frustration, irritability, or anger [Q18] and reports of struggling more with problems since COVID-19 began [Q24] (r_s=.575; p=0.000; r_s=.621; p=0.000; and r_s=.573; p=0.000, respectively) and feeling a sense of doom and like things will only get worse [Q25] (r_s=.432; p=0.000; r_s=.463; p=0.000; and r_s=.500; p=0.000, respectively).

Spearman rank-order correlation coefficient analyses revealed that client age group was negatively correlated with assessment items of mental and behavioral health. As client age decreased, feelings of mental status decline increased [Q22] (r_s=-.149; p=0.001); struggling more with problems increased [Q23] (r_s=-.153; p=0.001); and feeling a sense of doom and like things will only get worse increased [Q25] (r_s=-.114; p=0.015). Although the correlations are weak to mild, it is important to note that younger clients appeared to struggle more with their mental and behavioral health during the COVID-19 pandemic.

Handling Addiction (Q23)

Respondent clients who were being treated for addiction disorders at the time the COVID-19 pandemic began were asked if they had a harder time handing their addiction since it began. Of the 467 respondents, 178 agency clients reported being treated for an addiction disorder. Over 12% reported having more difficulty in handling their addiction, while over 78% indicated they did not.





Financial, Household, Accessibility, and Food Security Concerns and Effects on Client Handling of Their Addiction

There were mild positive statistically significant correlations between client concerns of money for household bills and food or being able to go to the store for food and client reports of having a harder time handling their addiction. These significant correlations were noted between client reports of having a harder time handling their addiction and having enough money to pay household bills [Q1]; being able to make household payments online, at post office, or in person [Q2]; and having enough money to buy food to make it through the pandemic [Q3] (r_s=.206; p=0.006; r_s=.236; p=0.001; and r_s=.189; p=0.012, respectively).

Health and Healthcare Concerns and Effects on Client Handling of Their Addiction

While there were no significant correlations between client handling of their addiction and concerns of having enough medicine or health supplies, finding a location to be tested for COVID-19, or unknowingly giving someone COVID-19, there were mild correlations with other health-related concerns. Mild positive correlations were found between client reports of having a harder time handling their addiction since COVID-19 began and being able to seek medical attention if needed [Q6]; getting COVID-19 [Q8]; and having a loved one or household member get COVID-19 [Q9] (r_s=.181; p=0.016; r_s=.207; p=0.006; and r_s=.268; p=0.000, respectively).

Social and Relationships Concerns Effects on Client Handling of Their Addiction

Though mild, client reports of having a harder time handling addiction since COVID-19 began were significantly correlated with being unable to care for family who need attention and care outside of the household [Q12] (r_s=.156; p=0.038) and experiencing stressed or strained relationships while having to stay at home [Q14] (r_s=.206; p=0.006). Even mild associations such as these can have a significant clinical impact on clients who are suffering from addiction disorders.

Personal Well-Being and Client Handling of Their Addiction

Moderate positive correlations were noted between clients' difficulty in handling their addiction during the pandemic and experiencing more nervousness or anxiety [Q16]; experiencing more loneliness, sadness, or depression [Q17]; and experiencing more frustration, irritability, or anger (r_s=.326; p=0.000; r_s=.354; p=0.000; and r_s=.384; p=0.000, respectively).

Further, client reports of having a harder time handling their addiction was mildly significantly correlated with using mandated time at home to build stronger relationships [Q19] (r_s=.209; p=0.005) and to enjoy nature and the world [Q21] (r_s=.203; p=0.007), but not to spend more time on self-care [Q20] (r_s=.140; p=0.062).

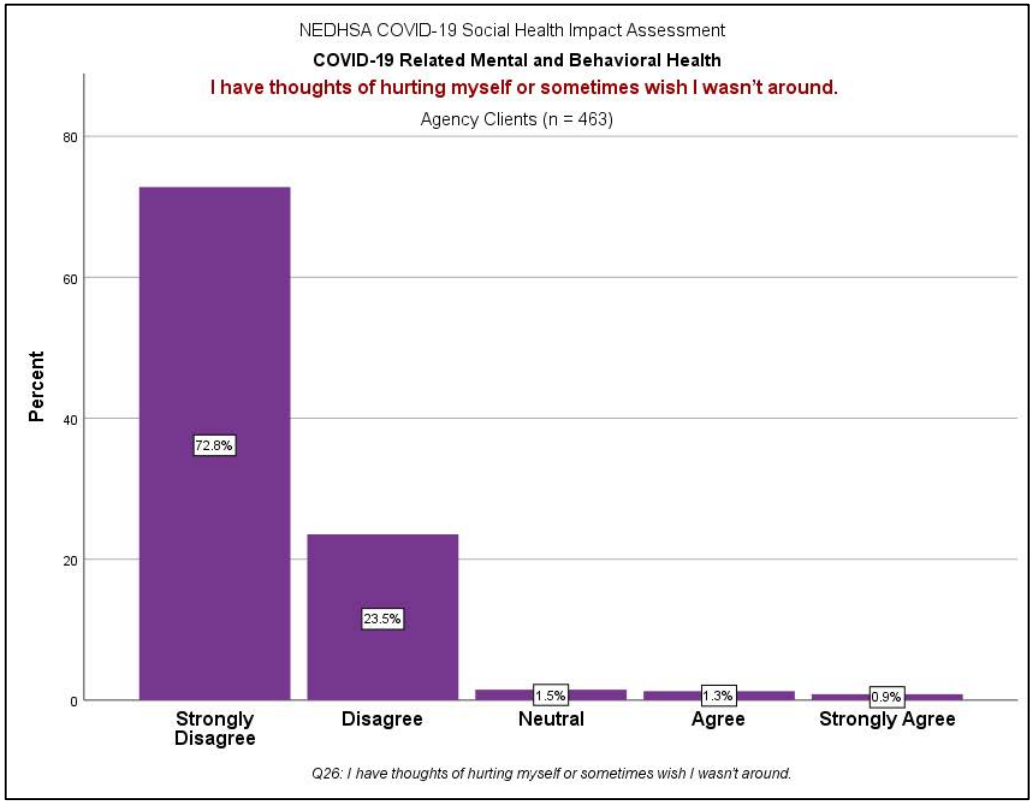
Client Handling of Their Addiction and Mental and Behavioral Health Status

Client reports of mental and behavioral health status were moderately to strongly correlated with reports of having a harder time handling addiction since COVID-19 began. These significant correlations were noted between handling addiction and feeling that mental health status has declined [Q22] (r_s=.411; p=0.000); struggling more with problems [Q24] (r_s=.467; p=0.000), and feeling a sense of doom and like things will only get worse [Q25] (r_s=.351; p=0.000). Of most importance, a moderate correlation between having more difficulty handling addiction and having thoughts of hurting themselves or wishing they were not around was found [Q26] (r_s=.400; p=0.000).

Feelings of Self-Harm (Q26)

Clients were asked if they have had any thoughts of hurting themselves or wished they were not around since the COVID-19 pandemic began. Only 2.2% of clients agreed or strongly agreed with having these feelings. The only statistically significant differences were noted in clients across different NEDHSA department or clinic location ($H(7)=25.218$; $p=0.001$). Differences reached statistical significance because clients from the Winnsboro Outpatient Clinic reported having such feelings more frequently than clients at the Columbia ($z=-3.581$, $p=0.010$), Bastrop ($z=-3.704$; $p=0.006$), and Ruston ($z=3.858$; $p=0.003$) Outpatient Clinics.

As noted in the assessment methodology section, any client who reported a "neutral", "agree", or "strongly agree" response to the assessment item *"I have thoughts of hurting myself or sometimes wish I wasn't around"* was immediately transferred to a mental health professional if not already connected, and follow-up was provided to these clients as well.



Financial, Household, Accessibility, and Food Security Concerns and Client Thoughts of Self-Harm

There were weak positive correlations between client thoughts of self-harm or sometimes wishing they were not around and assessment of financial, household, accessibility and food security concerns, such as client concerns with having enough money to pay bills [Q1] (r_s=.109; p=0.019) and having enough money to buy food to make it through the pandemic [Q3] (r_s=.103; p=0.028).

Health and Healthcare Concerns and Client Thoughts of Self-Harm

There were no significant correlations between client thoughts of self-harm and concerns of having enough medicine or health supplies, being able to seek medical treatment if needed, finding a location to be tested for COVID-19, or getting COVID-19. However, weak correlations were noted between client thoughts of self-harm or sometimes wishing they were not around and having a loved one or household member get COVID-19 [Q9] and unknowingly giving someone COVID-19 due to being asymptomatic (r_s=.144; p=0.002 and r_s=.138; p=0.003, respectively).

Social and Relationships Concerns Effects on Client Thoughts of Self-Harm

Client thoughts of self-harm or wishing they were no longer around was weakly correlated with being unable to care for family who need attention and care outside of the household [Q12] (r_s=.109; p=0.019), but no other assessment items of social and relationship concerns.

Personal Well-Being and Client Thoughts of Self-Harm

Spearman rank-order correlation coefficient analyses revealed mild to moderate positive correlations between clients having thoughts of hurting themselves or sometimes wishing they were not around [Q26] and experiencing more nervousness or anxiety [Q16]; experiencing more loneliness, sadness, or depression [Q17]; and experiencing more frustration, irritability, or anger (r_s=.221; p=0.000; r_s=.312; p=0.000; and r_s=.293; p=0.000, respectively).

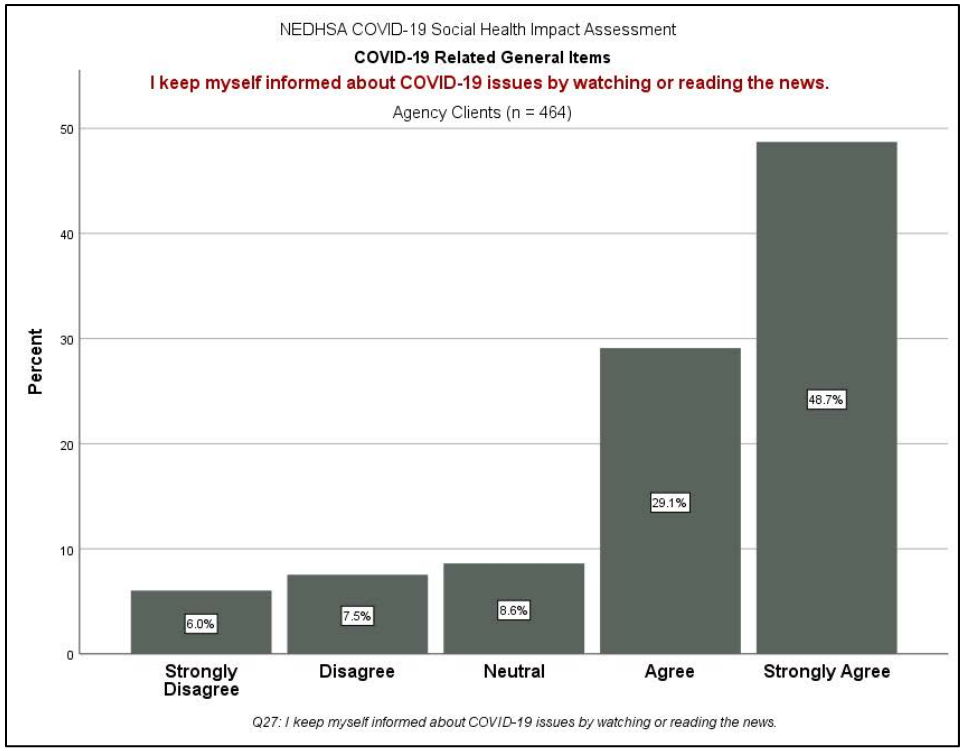
Client Thoughts of Self-Harm and Mental and Behavioral Health Status

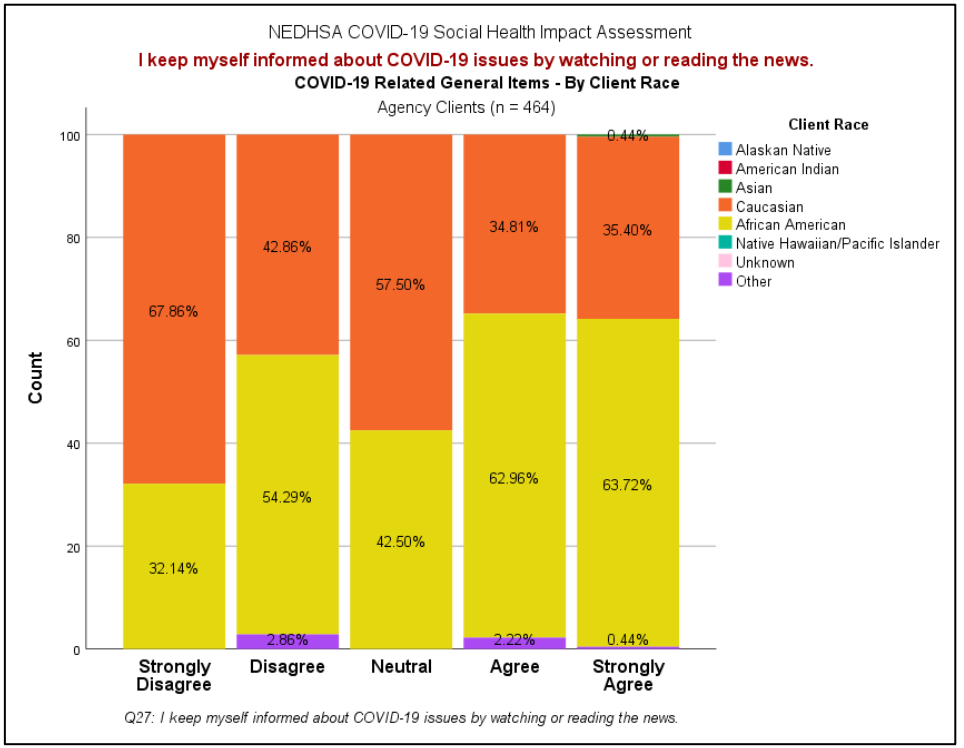
Client reports of mental and behavioral health status were moderately correlated with client reports of having thoughts about hurting themselves or sometimes wishing they were not around. These significant correlations were noted between client thoughts of self-harm and feeling that mental health status has declined [Q22] (r_s=.388; p=0.000); struggling more with problems [Q24] (r_s=.402; p=0.000), and feeling a sense of doom and like things will only get worse [Q25] (r_s=.422; p=0.000). As noted earlier, a moderate correlation was also noted between having client thoughts of hurting themselves or wishing they were not around and having more difficulty handling addiction [Q23] (r_s=.400; p=0.000).

While not statistically significant, there was an inverse correlation between client age group and thoughts of self-harm, indicating that as client age increased, these feelings decreased.

Access to Media (Q27, Q29, Q30)

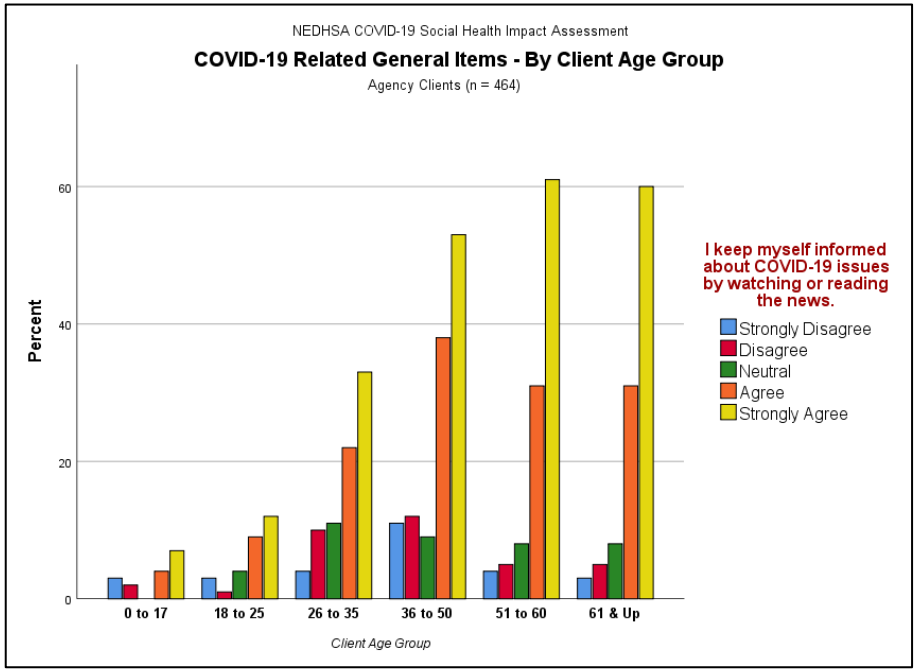
Included in the COVID-19 Social Health Impact Assessment were three items that specifically addressed the client's access to and use of media. First, clients were asked to rate themselves on the following item: "I keep myself informed about COVID-19 issues by watching or reading the news." A total of 77.8% indicated watching or reading the news to stay informed about COVID-19 issues (Agree: 29.1%, Strongly Agree: 48.7%). Statistically significant differences were noted across client race, with African American clients reporting doing so more often than Caucasian clients (83.6% versus 69.0%; z=-2.908; p=0.022). Over 18% of Caucasian clients reported that they do not keep informed about COVID-19 issues by watching or reading the news, compared to 10.2% of African Americans.





Overall, client reports of staying informed by watching or reading the news gradually increased as client age increased, with the exception of clients in the age 26 to 35 years group who reported less than the clients in the 18 to 25 years group (68.8% versus 72.4%, respectively, responding Agree and Strongly Agree).

Clients Keep Informed about COVID-19 Issues by Watching or Reading the News (*n*=464)	
Client Age Group	**% Strongly Agree or Agree**
0 to 17	68.8
18 to 25	72.4
26 to 35	68.8
36 to 50	74.0
51 to 60	84.4
61 & Up	85.0

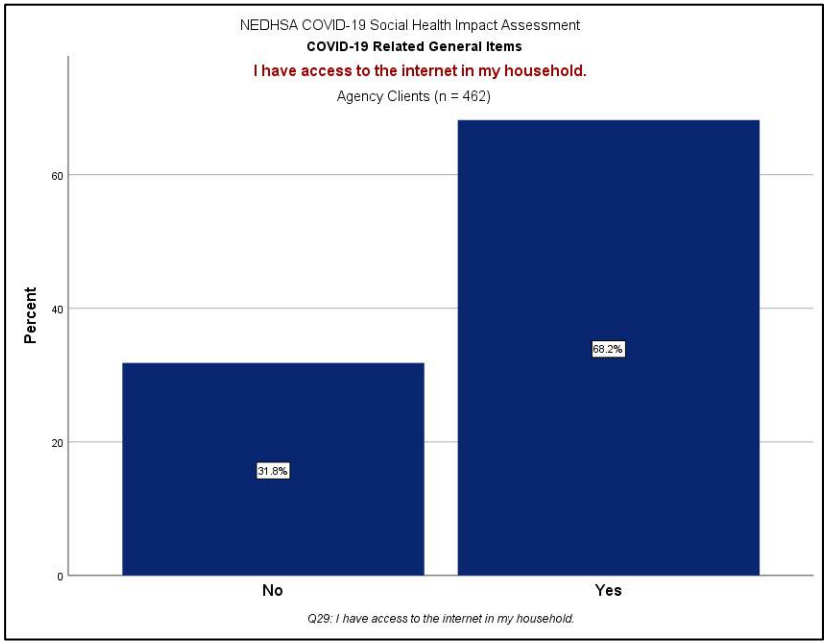


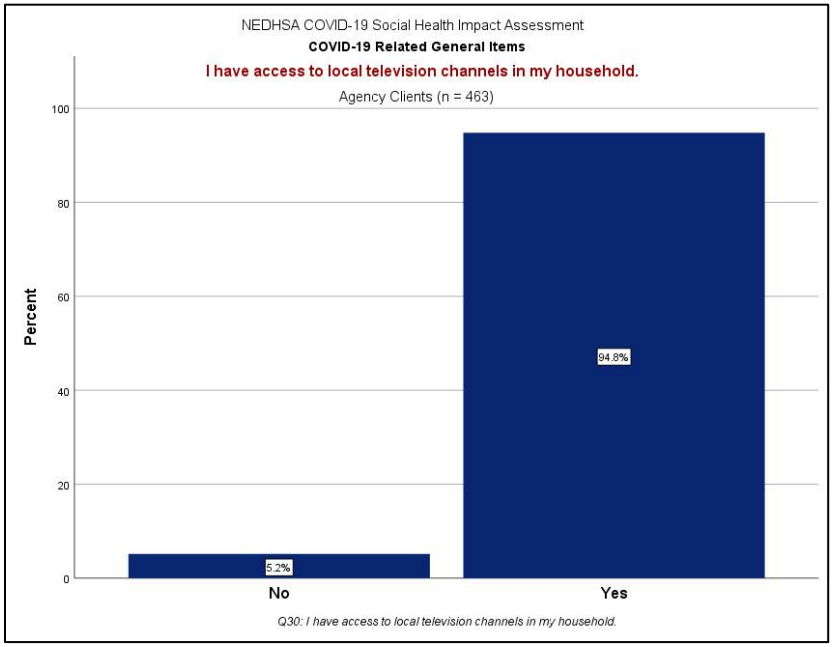
Differences were noted across the clients' current living situation as well, with 87.4% of clients living alone reporting that they stayed informed about COVID-19 issues by watching or reading the news compare to 64.0% of clients who were married with children and 58.8% of married clients without children. There was a negative correlation between number of household members during the pandemic and client reports of keeping themselves informed about COVID-19 by watching or reading the news [Q27] (r_s=-.155; p=0.001), indicating that as the number of household members increased, client reports of staying informed decreased.

A Kruskal-Wallis test determined a statistically significant difference in responses based on NEDHSA department and clinic location as well ($H(7)$=49.459; p=0.000). Post hoc pairwise comparison analyses revealed these differences between the Columbia and Monroe Outpatient Clinics (z=3.991; p=0.002), Columbia and Ruston Outpatient Clinics (z=-3.894; p=0.003), Columbia Outpatient Clinic and NEDHSA Developmental Disabilities Department (z=3.315; p=0.026), and Columbia and Bastrop Outpatient Clinics (z=4.112; p=0.001). Clients at the Columbia Outpatient Clinic reported significantly less often that they watch or read the news to stay informed about COVID-19 issues, with only 46.4% reporting this. Clients from the NEDHSA Developmental Disabilities Department reported keeping informed this way the most often (90.5%), followed by clients at the Ruston Outpatient Clinic (89.8%) and Bastrop Outpatient Clinic (89.2%).

As would be expected, there was a statistically significant difference in clients staying informed about COVID-19 by watching or reading the news between clients who reported having access to local television channels and those who did not (78.5% and 62.5%, respectively; z=3.381; p=0.001). However, there was no significant differences based on a client access to internet in the household, as 75.2% of clients who reported internet access and 83% of clients who reported not having internet access indicated they stay informed about COVID-19 issues by watching or reading the news (z=-0.505; p=0.613).

Overall, 68.2% of clients responding to the NEDHSA COVID-19 Social Health Impact Assessment reported having internet access in their household, and 94.8% reported having access to local television channels. A total of only four of our clients reported having neither internet access nor local television channels. A Chi-square test of independence showed a significant association between client reported living situation during the pandemic and internet access in the household (X^2(8,N=440)=21.183, p=0.007). Single clients who reported living alone in their own home had access to internet less frequently than expected, with only 56.9% reporting having internet access. This difference was not seen with reported access to local television channels. Here, 95% of single clients living alone reported having access to local television channels. Further, there was a significant association between client race and both having internet access and local TV channel access at home, with Caucasian clients being more likely to have access to the internet (X^2(1,N=456)=17.158, p=0.000) and African Americans being more likely to have access to local TV channels (X^2(1,N=457)=9.685, p=0.002). There were no significant gender differences.



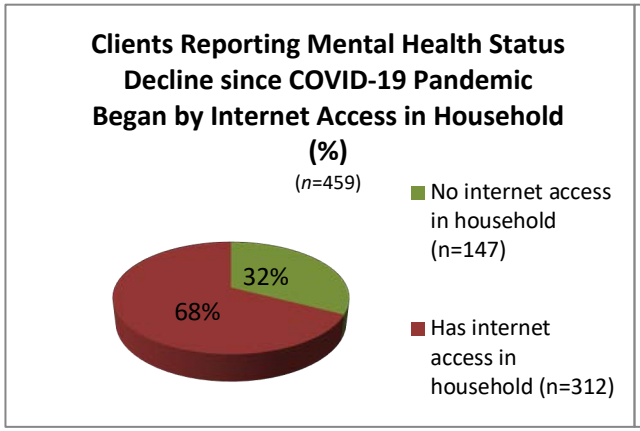


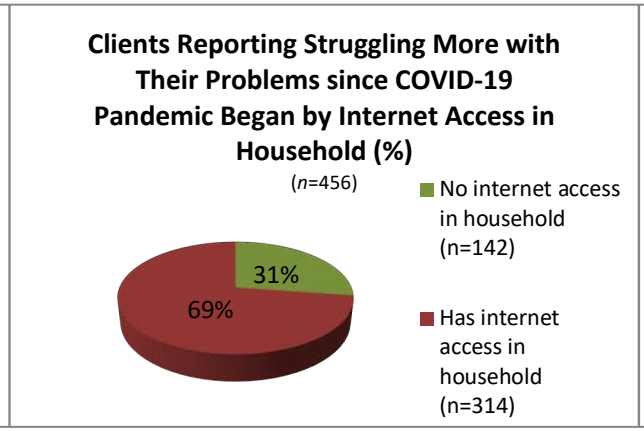
Media Access

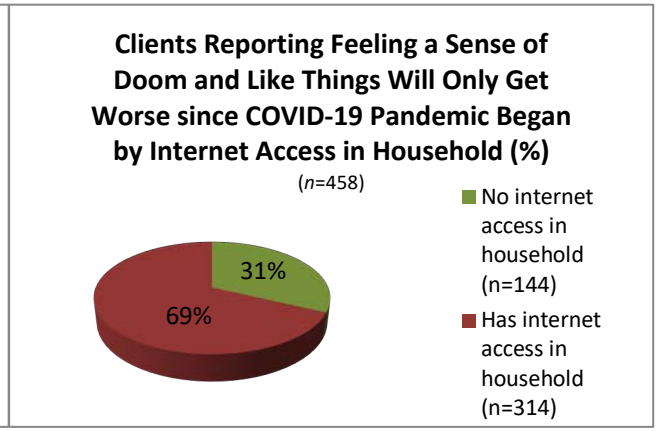
Client reports of COVID-19 related mental and behavioral health status were stratified by access to media in their homes. A Mann-Whitney U test revealed statistically significant differences in responses based on the client access to local TV channels in the household in reports of mental health status decline (z=-3.609; p=0.000) and reports of struggling more with problems (z=-3.509; p=0.000). Differences in responses concerning having a sense of doom were not statistically significant (z=-0.703; p=0.482). While only 24 clients reported not having access to local television channels, 41.7% of them reported feeling as their mental health status has declined since COVID-19 began, compared to only 14.0% of clients of the 435 clients who did have access to local TV channels.

Additionally, clients reporting access to local TV channels reported struggling with their problems since COVID-19 began significantly less often than clients who did not have access (z=-3.509; p=0.000). Finally, while not statistically significant, clients with access to local TV channels reported feeling a sense of doom or like things will only get worse less often than clients who did not have local television access (26.1% vs. 9.2%, respectively).

While the differences were not statistically significant, clients with access to internet in their household reported more issues concerning mental and behavioral health status changes during the pandemic, while those clients not having internet access reported these changes less frequently. This is opposite of the effect noted with having local TV channel access, where clients with these channels reported less negative mental and behavioral health impact, as clients having internet access reported negative mental and behavioral changes more frequently.







A Chi-square test of independence showed a significant association between client access to local television channels in the home [Q30] and keeping themselves informed about COVID-19 issues by watching or reading the news [Q27] ($X^2(4,N=462)=18.453$,

p=0.001). Clients who had access to local television channels in their household were more likely to keep themselves informed about COVID-19 issues by watching or reading the news than clients who did not have local TV channel access. The association between client access to internet in the home [Q29] and keeping themselves informed about COVID-19 issues by watching or reading the news [Q27], however, was not significant (X^2(4,N=462)=6.172, p=0.187).

There was a significant association between having access to local television channels in the home [Q30] and client reports of practicing and encouraging social distancing [Q28], as well (X^2(4,N=461)=9.746, p=0.045) with more clients having access to local TV channels being more likely to practice and encourage social distancing. Again, the association between client access to internet in the home [Q29] and client reports of practicing and encouraging social distancing [Q28] was not significant (X^2(4,N=461)=4.694, p=0.320).

Financial, Household, Accessibility, and Food Security Concerns and Client Access to Media

There were no statistically significant correlations between assessments of financial, household, accessibility, and food security concerns and client reports of keeping themselves informed about COVID-19 issues by watching or reading the news [Q27]. There were no statistically significant associations between these resource concerns and client reports of having access to internet [Q29] or access to local television channels [Q30] in their household.

Health and Healthcare Concerns and Client Access to Media

A weak negative correlation was noted between client concerns of unknowingly giving someone COVID-19 due to being asymptomatic [Q10] and clients keeping themselves informed about COVID-19 issues by watching or reading the news [Q27] (r_s=-.097; p=0.037). This finding indicates that as clients' keeping themselves informed about COVID-19 issues by watching or reading the news increases, concerns about unknowingly giving someone COVID-19 decrease. A Chi-square test of independence showed an association between concerns about having enough medicine or health supplies to make it through the pandemic [Q5] and having internet access at home [Q29] (X^2(4,N=462)=10.248, p=0.036). Clients who had internet access at home were more likely to be concerned about having enough medicine and health supplies. This association was not shown between medicine and health supply concerns and client reports of having access to local television channels [Q30].

There was also a statistically significant association between client concerns of having a loved one or household member get COVID-19 [Q9] and client access to internet in the household [Q29] (X^2(4,N=461)=10.726, p=0.030). Again, this was not found in association with having access to local television channels [Q30].

Social and Relationships Concerns Effects on Client Access to Media

There were no statistically significant correlations between assessment of social and relationship concerns and reports of clients keeping themselves informed about COVID-19 issues by watching or reading the news [Q27]. There were also no statistically significant associations between other measures of social and relationship concerns and access to internet [Q29] or access to local television channels in the household [Q30].

Personal Well-Being and Client Access to Media

Client feelings of personal well-being and access to media were correlated on several different assessment items. Client reports of keeping themselves informed about COVID-19 issues by watching or reading the news [Q27] was mildly negatively correlated with experiencing more nervousness or anxiety [Q16]; experiencing more loneliness, sadness, or depression [Q17]; and experiencing more frustration, irritability, or anger [Q18] (r_s=-.192; p=0.000; r_s=-.201; p=0.000; and r_s=-.249; p=0.000, respectively). Thus, as keeping themselves informed increases, these feelings decrease.

A Chi-square test of independence showed a significant association between client reports of having access to internet in their household [Q29] and experiencing more nervousness or anxiety [Q16] (X^2(4,N=460)=17.393, p=0.002); experiencing more loneliness, sadness, or depression [Q17] (X^2(4,N=459)=12.214, p=0.016); and experiencing more frustration, irritability, or anger (X^2(4,N=460)=32.529, p=0.000). Clients with internet access in their homes were more likely to experience all of these negative feelings and emotions than clients without internet access.

While these associations did not exist between client reports of having access to local television channels and experiencing more nervousness or anxiety [Q16] and experiencing more loneliness, sadness, or depression [Q17], there was a significant association between having access to local television channels in the home [Q30] and experiencing more frustration, irritability, or anger [Q18] (X^2(4,N=460)=11.289, p=0.023). Clients who do not have access to local television channels at home were more likely to report feelings of frustration, irritability, or anger than clients who do have access to local TV channels in their household.

Client Access to Media and Mental and Behavioral Health Status

Client reports of mental and behavioral health status were mildly correlated with client reports of access to media. These correlations were both positive and negative. Significant negative correlations were noted between client reports of keeping themselves informed about COVID-19 issues by watching or reading the news [Q27] and feeling that mental health status had declined [Q22] (r_s=-.210; p=0.000); struggling more with problems [Q24] (r_s=-.219; p=0.000), and feeling a sense of doom and like things will only get worse [Q25] (r_s=-.178; p=0.000). These inverse relationships indicate that as client reports of keeping informed about COVID-19 increase, these mental health status concerns decrease.

A Chi-square test of independence showed significant associations between having access to the internet at home [Q29] and client reports of feeling that their mental health status had declined since COVID-19 began [Q22] (X^2(4,N=459)=14.148, p=0.007) and struggling more with problems [Q24] (X^2(4,N=456)=12.954, p=0.012). Clients who had internet access in their homes were more likely to feel as if their mental health status had declined and that they were struggling more with their problems than clients who did not have internet access at home.

Further, associations were significant between client reports of having access to local television channels in the household [Q30] and the same two measures of mental health status ([Q22] (X^2(4,N=459)=20.041, p=0.000 and [Q24] (X^2(4,N=459)=18.449, p=0.001, respectively). Additionally, and unlike having access to internet, client reports of having access to local television channels was

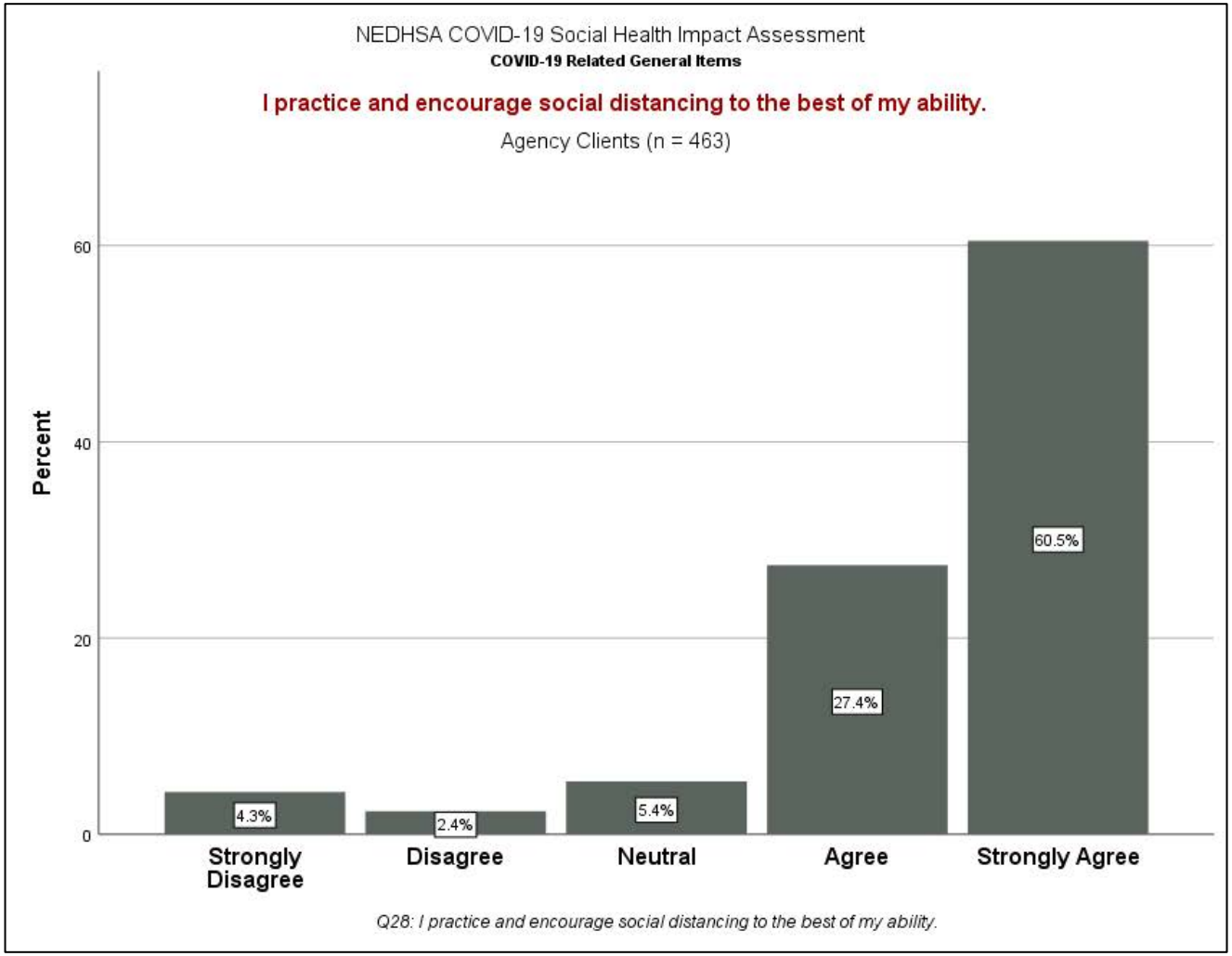
significantly associated with feeling a sense of doom and like things will only get worse [Q25] ($X^2(4,N=458)=13.210$, $p=0.010$). Clients who reported having access to local television channels at home were less likely to feel as if their mental health status had declined and that they were struggling more with their problems than clients who did not have access to local television channels at home. Interestingly, this finding is the opposite of the associations shown for clients having internet access versus those who did not. This suggests that having internet access may have a negative impact on client mental and behavioral health status and the lack of access to local TV channels may have the same negative impact. As with the other two measures of mental and behavioral health status, clients who reported not having access to local television channels at home were more likely to report feeling a sense of doom and like things will only get worse compared to clients who did have access to local channels.

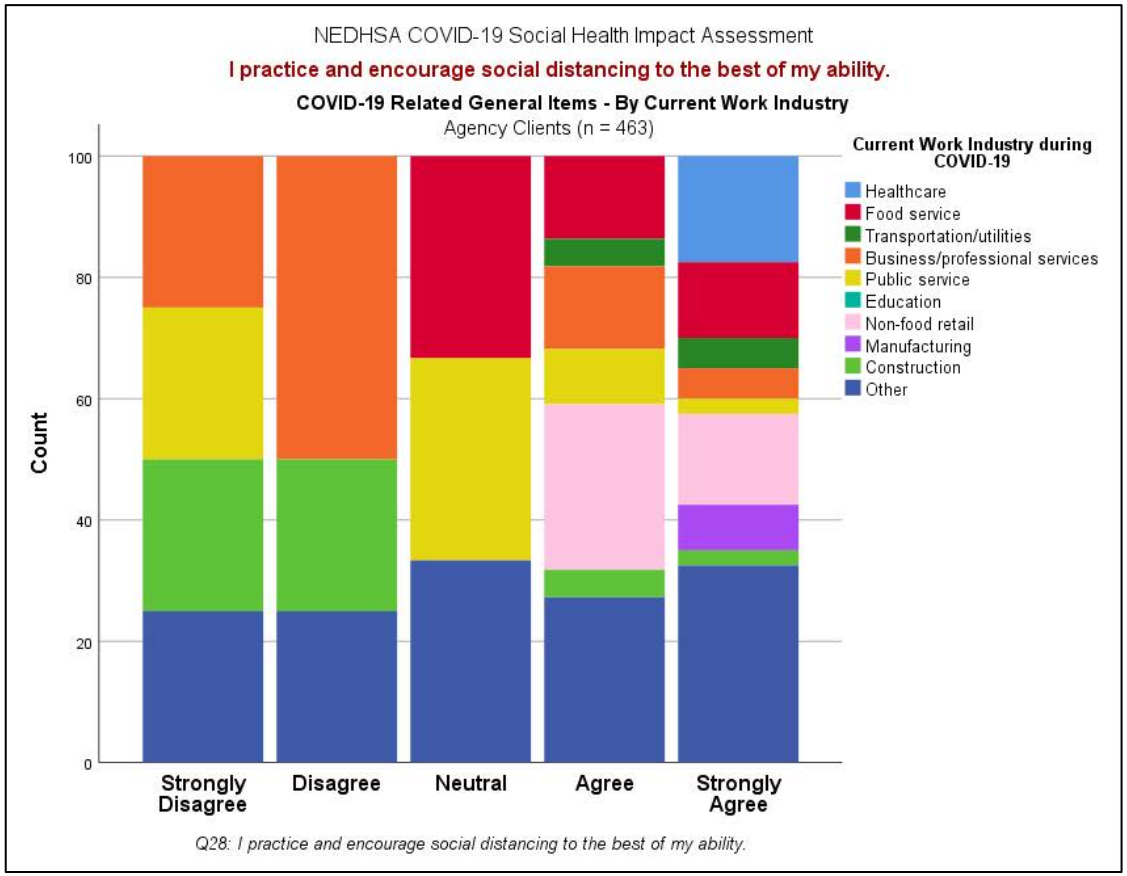
Client reports of having thoughts of self-harm [Q26] were not significantly associated with having access to internet in the home [Q29], although a greater percentage of clients who did have internet access in their home reported having feelings of self-harm or wishing they were not around (2.9% versus 0.7% of clients without internet access). However, a statistically significant association was noted between feelings of self-harm [Q26] and having access to local television channels in the home [Q30] ($X^2(4,N=461)=11.432$, $p=0.022$). Clients who reported not having access to local television channels at home were more likely to report having thoughts of hurting themselves or sometimes wishing they were not around. These media access findings are particularly interesting as they suggest that our clients may fare better mentally when they have access to local television channels and may not fare as well when there is internet access in their household.

There was a positive correlation between client age group and reports of staying informed about COVID-19 issues by watching or reading the news. The relationship was mild, but indicates that as client age increased, staying informed also increased [Q27] ($r_s=.156$; $p=0.001$).

Social Distancing (Q28)

When clients were asked about social distancing, 87.9% reported that they practice and encourage social distancing to the best of their ability, 6.7% indicated that they do not, and 5.4% were neutral on the issue of social distancing. There was a statistically significant difference between males and females, with 78.8% of males and 77.2% of females reporting practicing social distancing, and 15.1% of males and 12.4% of females reporting that they do not practice and encourage social distancing ($z=-2.561$; $p=0.031$). There was a weak positive correlation between client age group and social distancing, indicating that as client age increased, practicing and encouraging social distancing also increased [Q28] ($r_s=.104$; $p=0.025$).


NEDHSA COVID-19 Social Health Impact Assessment
COVID-19 Related General Items
I practice and encourage social distancing to the best of my ability.
Agency Clients (n = 463)
Percent
60
40
20
0
4.3%
2.4%
5.4%
27.4%
60.5%
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
Q28: I practice and encourage social distancing to the best of my ability.



Statistically significant differences were also noted across client reported work industry ($H(8)=17.636$; $p=0.024$). Clients who reported working in the industries of healthcare, transportation/utilities, non-food retail, and manufacturing each reported social distancing 100% when responses of “Agree” and “Strongly Agree” were combined. Clients working in the public service sector reported this least frequently (60%), and 88.9% of clients working in food service reported practicing and encouraging social distancing to the best of their ability. Further, there was a significant difference between clients who were unemployed and looking compared to clients who were unemployed and not looking for employment ($z=3.089$; $p=0.030$). Nearly 95% (94.6%) of unemployed clients not looking for work reported that they practice and encourage social distancing to the best of their ability, while 80.8% of unemployed clients who were looking for work reported the same. Clients who had been laid off reported the lowest frequency of practicing and encouraging

social distancing at 80%. Finally, 100% of clients who reported working at home reported practicing social distancing compared to 83.1% of clients working away from or outside of the home. This difference was statistically significant (z=-3.768; p=0.000).

Spearman rank-order correlation coefficient analyses revealed a strong positive correlation between client reports of practicing and encouraging social distancing [Q28] and keeping themselves informed about COVID-19 issues by watching or reading the news [Q27] (r_s=.620; p=0.000).

Financial, Household, Accessibility, and Food Security Concerns and Client Reports of Social Distancing

There were no statistically significant correlations between assessments of financial, household, accessibility, and food security concerns and client reports of social distancing [Q28].

Health and Healthcare Concerns and Client Reports of Social Distancing

There were no statistically significant correlations between assessments of health and healthcare concerns and client reports of social distancing [Q28].

Social and Relationships Concerns Effects on Client Reports of Social Distancing

Surprisingly, there were no statistically significant correlations between assessments of social and relationship concerns and client reports of social distancing [Q28].

Personal Well-Being and Client Reports of Social Distancing

Client feelings of personal well-being and social distancing were correlated on several different assessment items. Client reports of practicing and encouraging social distancing to the best of their ability [Q87] was mildly negatively correlated with experiencing more nervousness or anxiety [Q16]; experiencing more loneliness, sadness, or depression [Q17]; and experiencing more frustration, irritability, or anger (r_s=-.145; p=0.002; r_s=-.198; p=0.000; and r_s=-.150; p=0.001, respectively). These inverse relationships indicate that as client reports of practicing and encouraging social distancing increased, these negative feelings of personal well-being decreased.

Client Reports of Social Distancing and Mental and Behavioral Health Status

Client reports of mental and behavioral health status were mildly to moderately correlated with client reports of social distancing. Significant negative correlations were noted between client reports of social distancing [Q28] and feeling that mental health status had declined [Q22] (r_s=-.262; p=0.000); struggling more with problems [Q24] (r_s=-.241; p=0.000), and feeling a sense of doom and like things will only get worse [Q25] (r_s=-.139; p=0.003). These findings indicate that as client reports of social distancing increased, these mental health status concerns decreased.

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CONTACT US

Dr. Monteic A. Sizer
Executive Director
Northeast Delta Human Services Authority
monteic.sizer@la.gov

Dr. Jeanie McGee
Director of Behavioral and Primary Health Analytics
Northeast Delta Human Services Authority
jeanie.mcgee@la.gov

Administrative Office:
2513 Ferrand Street
Monroe, Louisiana 71201
318-362-3270
Monday – Friday
8:00 a.m. – 4:30 p.m.

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