



Impact of the COVID-19 Pandemic on
Employment and Financial Hardship among
Limited Resourced Individuals with Chronic Illness

Title

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Introduction

The global spread of SARS-CoV-2 and the thousands of deaths caused by coronavirus disease (COVID-19) resulted in widespread stay-at-home orders, triggering one of the worst employment crises in the United States since the Great Depression.¹ Despite the increase in telework jobs due to the pandemic, many jobs could not be transitioned to remote work, resulting in job loss, reduced hours, and subsequent financial hardship. Forty-four percent of people living in the U.S. reported believing that it will take three or more years to financially recover from the pandemic despite federal assistance programs under the CARES Act.^{2,3}

Furthermore, the economic disruption caused by the COVID-19 pandemic has worsened underlying socioeconomic inequities and access barriers to healthcare. Even before the pandemic, financial and logistical barriers to healthcare were commonly cited in the US, particularly among adults with cancer and other chronic conditions requiring costly, routine healthcare services.^{4,5} Individuals with life-threatening illnesses were already at a higher risk of financial distress due to out-of-pocket medical costs.^{6,7} The COVID-19 pandemic only increased financial hardship and additional logistical barriers to care, such as overrun hospitals and widespread cancellations of elective procedures.⁴ Additionally, given that 48% of U.S. workers have health insurance through their employer, COVID-19-related employment disruption has impacted the ability of many people to retain health insurance coverage.⁸ Resulting health insurance coverage gaps and income loss have created, and continue to create, barriers to accessing healthcare.

Exacerbating COVID-19-related barriers to healthcare, the pandemic also imposed unpaid caregiving responsibilities on many people, leading to forced changes in employment arrangements, reduced income, and emotional stress.⁹ According to a 2015 study, caregivers spend over 20 hours every week providing care for their loved ones.¹⁰ This added burden has the potential to exacerbate caregivers' employment situation. This employment disruption combined with increased healthcare costs often leads to increased financial hardship.^{11,12}

Preliminary research indicates that income loss and increased caregiving responsibilities resulting from the COVID-19 pandemic have created barriers to accessing healthcare.^{4,9} However, exploration of this topic in adults with chronic conditions, who experience heightened healthcare needs and are more likely to encounter financial barriers to care, have been limited.

This study aims to describe the impact of COVID-19 on the finances, employment, unpaid caregiving responsibilities, and healthcare access in a national sample of patients facing chronic illness with demonstrated healthcare access and/or affordability challenges.

Methods

In July 2021, Patient Advocate Foundation (PAF), a national non-profit organization that provides social needs navigation and financial assistance to patients with chronic and/or life-threatening illnesses within the United States, surveyed individuals who previously received services between July 2019-April 2020 and completed a prior PAF-administered survey about their experience during the COVID-19 pandemic in May 2020. The electronic survey was emailed to eligible participants and followed by two email reminders.

Respondents self-reported their employment status as of February 2020. All subsequent questions about employment impacts of COVID-19 were limited to respondents who reported their employment status to be “Employed full time by someone else (>32 hours/week);” “Employed part time by someone else (1-31 hours/week);” or “Self-employed, I own my own business.” Among employed respondents, the ability to work remotely was also self-reported via agreement or disagreement with the following statement: “I was not able to work remotely (e.g., from home) during the COVID-19 pandemic. My job required that I work on-site most of the time.”

The impact of the COVID-19 pandemic on employment status was assessed by asking respondents to select employment status changes. Response options included: reduced hours worked, increased hours worked, transitioned to work from home/telework, furloughed, laid off or lost employment, voluntarily left employment/quit, decided to retire early, returned to the workforce, or no change in employment specifically due to the COVID-19 pandemic. Participants who reported at least one employment change were asked to report changes to health insurance status and household income, and the extent to which these consequences caused them to delay or forego medical care.

All respondents, regardless of employment status, were asked about unpaid caregiving responsibilities (e.g., supervising a child or caring for an older adult at home) resulting from the COVID-19 pandemic. In addition, respondents were asked about trouble paying for healthcare,

childcare or eldercare, and other non-medical costs both before and during the COVID-19 pandemic. Furthermore, respondents were asked about pandemic-related financial hardship. Survey questions are included in **Supplemental Appendix 1**.

We report outcomes related to the effects of COVID-19 on employment, caregiving responsibilities, financial hardship, and healthcare access. Using bivariate chi-squared tests, we examined associations between (1) caregiving responsibilities and financial hardship, (2) ability to work remotely and employment disruption, and (3) employment disruption, medical care receipt, and financial hardship.

Thirty-three percent of eligible participants (1,373/4,151) completed the survey, including 426 (31%) who were full-time, part-time, or self-employed prior to the COVID-19 pandemic. The University of North Carolina Institutional Review Board deemed this secondary analysis exempt from human subjects research.

Results

Of 1,373 participants, the majority were female (57%), aged 56 or older (64%), insured by Medicare (64%), and diagnosed with cancer (32%), HIV (20%), or a nervous system disorder (10%) (**Table 1**). Forty-three percent (588/1373) of respondents had trouble covering healthcare and medical costs both before and during the pandemic. An additional 7% (100/1373) experienced trouble affording these costs during the pandemic only. Forty-four percent (605/1373) of participants' financial situations deteriorated over the course of the pandemic, with trouble affording food (35%), utilities (34%), healthcare (34%), transportation (31%), and household supplies (28%) cited most commonly.

Table 1. Unadjusted associations between socio-demographic characteristics and financial hardship in a sample of limited-resourced adults with chronic illness

| | Total Sample | Pandemic-related financial hardship associated with... | | | |
|------------------------------------|---------------------|--|------------------|--------------------|------------------|
| | | Medical Costs* | p [†] | Non-medical Costs* | p [†] |
| N (%) | 1373 | 688 (50%) | | 755 (55%) | |
| Participant Characteristics | <i>N (Column %)</i> | <i>Number experiencing hardship (% in Category)</i> | | | |
| Age Category | | | <0.001 | | <0.001 |
| 19 - 35 years | 69 (5%) | 40 (58%) | | 49 (71%) | |
| 36 - 55 years | 423 (31%) | 269 (64%) | | 328 (78%) | |
| 56 - 65 years | 415 (30%) | 209 (50%) | | 230 (55%) | |
| >65 years | 463 (34%) | 167 (36%) | | 145 (31%) | |

| | | | | |
|--|------------|-----------|------------------|------------------|
| Missing | 3 (<1%) | 3 (100%) | | 3 (100%) |
| Sex | | | <0.001 | <0.001 |
| Female | 788 (57%) | 454 (58%) | | 540 (69%) |
| Male | 583 (43%) | 232 (40%) | | 213 (37%) |
| Missing | 2 (<1%) | 2 (100%) | | 2 (100%) |
| Race/Ethnicity | | | 0.018 | <0.001 |
| Non-Hispanic White | 830 (61%) | 390 (47%) | | 401 (48%) |
| Non-Hispanic Black | 233 (17%) | 126 (54%) | | 158 (68%) |
| Hispanic or Latinx | 78 (6%) | 47 (60%) | | 52 (67%) |
| Multiple races or Other | 141 (10%) | 82 (58%) | | 88 (62%) |
| Missing | 91 (7%) | 43 (47%) | | 56 (62%) |
| Usual source of care | | | 0.002 | <0.001 |
| General Practitioner (or LHD) | 1144 (83%) | 548 (48%) | | 605 (53%) |
| Specialist | 178 (13%) | 108 (61%) | | 114 (64%) |
| Other/No usual source | 49 (4%) | 31 (63%) | | 36 (74%) |
| Missing | 2 (<1%) | 1 (50%) | | 0 (0%) |
| Annual household income | | | 0.098 | <0.001 |
| <\$24,000 | 419 (31%) | 230 (55%) | | 267 (64%) |
| \$24,000 - <\$48,000 | 611 (45%) | 297 (49%) | | 323 (53%) |
| \$48,000 - <\$72,000 | 213 (16%) | 99 (47%) | | 96 (45%) |
| >=\$72,000 | 109 (8%) | 49 (45%) | | 54 (50%) |
| Missing | 21 (2%) | 13 (62%) | | 15 (71%) |
| Health insurance coverage | | | <0.001 | <0.001 |
| Medicare | 872 (64%) | 391 (45%) | | 406 (47%) |
| Private (ESHI, Marketplace) | 329 (24%) | 199 (61%) | | 206 (63%) |
| Medicaid | 113 (8%) | 63 (56%) | | 98 (87%) |
| Other | 25 (2%) | 12 (48%) | | 20 (80%) |
| Uninsured | 28 (2%) | 21 (75%) | | 22 (79%) |
| Missing | 6 (<1%) | 2 (33%) | | 3 (50%) |
| Rurality [‡] | | | 0.81 | 0.034 |
| Non-rural (RUCA<4) | 1038 (76%) | 522 (50%) | | 554 (53%) |
| Rural (RUCA≥4) | 335 (24%) | 166 (50%) | | 201 (60%) |
| Primary Diagnosis | | | 0.002 | <0.001 |
| Cancer | 443 (32%) | 230 (52%) | | 274 (62%) |
| HIV/AIDS | 271 (20%) | 106 (39%) | | 81 (30%) |
| Arthritis/Rheumatology dis. | 133 (10%) | 78 (59%) | | 99 (74%) |
| Nervous system/sensory dis. | 138 (10%) | 74 (54%) | | 87 (63%) |
| Endocrine/nutritional/ metabolic/immune disorders | 101 (7%) | 52 (52%) | | 70 (69%) |
| Other | 287 (21%) | 148 (52%) | | 144 (50%) |

Abbreviations: ESHI (Employer-Sponsored Health Insurance), LHD (Local Health Department), RUCA (Rural-Urban Commuting Area)

*Includes participants reporting financial hardship both before and during the pandemic, as well as during the pandemic only.

† P-values calculated using Chi-squared test or Fisher's exact test if cell size less than 5.

‡ Defined using the Rural-Urban Commuting Area (RUCA) codes on the basis of participant zip codes: rural (RUCA ≥ 4), urban (RUCA < 4).

§ Includes supervising a child or caring for an older adult at home

When asked how the COVID-19 pandemic impacted participants' employment, 73% (311/426) reported one or more changes in employment (**Table 2**). Of the respondents who reported an employment change, 45% (140/311) reduced number of hours worked, and 27% (83/311) were laid off or lost employment. Sixty percent (187/311) stated their employer made the change, 26% (80/311) requested a change to reduce risk of COVID-19 exposure, and 12% (36/311) were forced to change their employment due to difficulties physically getting to work.

Ninety percent (281/311) of participants experiencing employment disruption reported loss of income, with 67% (187/281) reporting that income loss caused them to stop or delay receiving medical care. Income loss due to employment disruption was significantly associated with challenges paying for healthcare ($p < 0.001$) and non-medical costs ($p < 0.001$) (**Table 2**).

Table 2. Unadjusted associations between COVID-19-related caregiving and employment changes with financial hardship in a sample of limited-resourced adults with chronic illness

| | Total Sample <i>N</i> (%) | Pandemic-related financial hardship associated with... | | | |
|---|------------------------------|--|------------------|--------------------|------------------|
| | | Medical Costs* | <i>p</i> † | Non-medical Costs* | <i>p</i> † |
| <i>N</i> (Column %) <i>Number experiencing hardship</i> (% in Category) | | | | | |
| Caregiving Responsibilities due to COVID-19‡ (N=1373) | | | | | |
| Took on extra unpaid caregiving work | | | <0.001 | | <0.001 |
| Yes | 203 (15%) | 135 (67%) | | 157 (77%) | |
| No | 1170 (85%) | 553 (47%) | | 598 (51%) | |
| Outcomes among Employed Participants (N=426) | | | | | |
| Able to work remotely | | | 0.16 | | <0.001 |
| Yes | 176 (41%) | 89 (51%) | | 96 (55%) | |
| No | 247 (58%) | 142 (58%) | | 175 (71%) | |
| Missing | 3 (<1%) | 2 (67%) | | 3 (100%) | |
| Change in employment due to COVID-19 | | | 0.009 | | 0.001 |
| Yes | 311 (73%) | 182 (59%) | | 214 (69%) | |
| No | 115 (27%) | 51 (44%) | | 60 (52%) | |
| Income loss due to employment change (<i>among N=311 with change in employment</i>) | | | | | |
| Yes | 281 (90%) | 174 (62%) | <0.001 | 210 (75%) | <0.001 |
| No | 30 (10%) | 8 (27%) | | 4 (13%) | |
| Stopped or delayed medical care due to income loss (<i>among N=281 reporting income loss</i>) | | | | | |
| Yes | 187 (67%) | 141 (75%) | <0.001 | 153 (82%) | <0.001 |
| No | 94 (33%) | 33 (35%) | | 57 (61%) | |

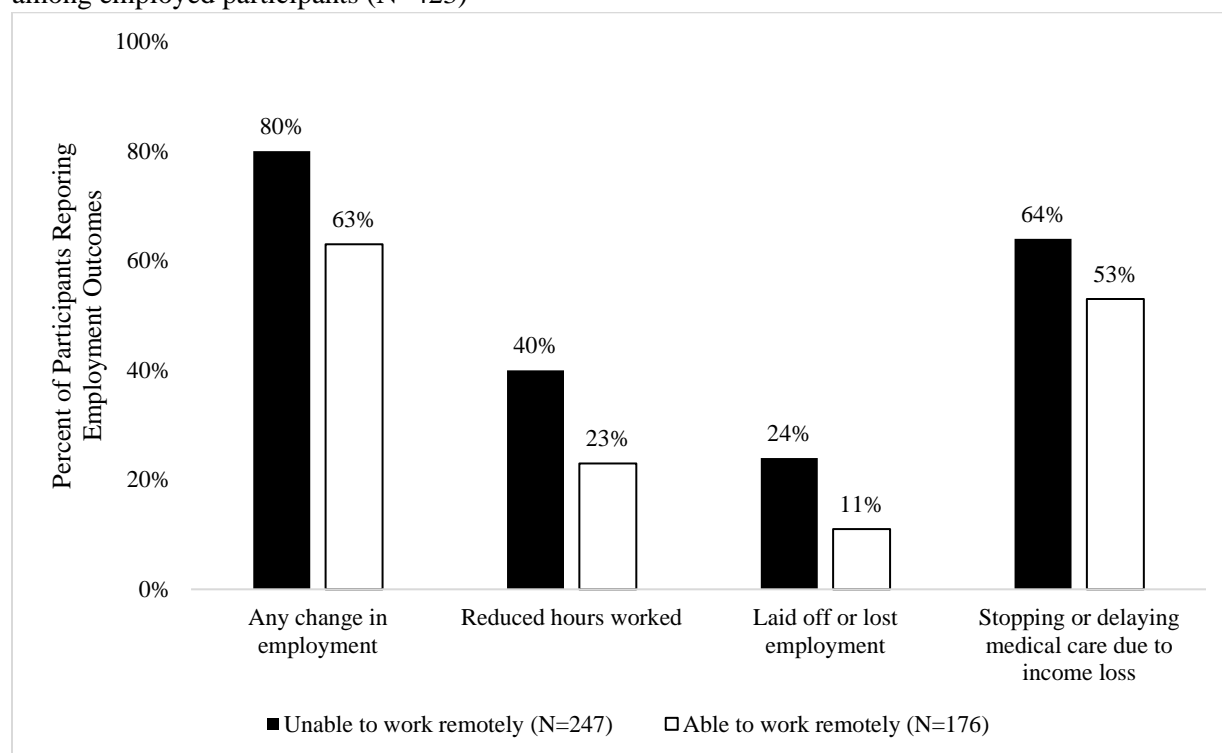
*Includes participants reporting financial hardship both before and during the pandemic, as well as during the pandemic only.

† P-values calculated using Chi-squared test or Fisher's exact test if cell size less than 5.

‡ Includes supervising a child or caring for an older adult at home

Among the employed sample, 58% (247/426) were unable to work remotely. The inability to work remotely was significantly associated with being laid off (24% vs. 11%, $p<0.001$), having reduced work hours (40% vs. 23%, $p=0.002$), voluntarily leaving employment (7% vs. <1%, $p=0.004$), and retiring early (6% vs. <1%, $p=0.019$). The inability to work remotely was also associated with stopping or delaying receiving medical care due to income loss (64% vs. 53%, $p=0.059$) (**Figure 1**).

Figure 1. Association of the ability to work remotely with COVID-19-related employment disruption among employed participants (N=423)



Fifteen percent (203/1373) of all respondents reported taking on unpaid caregiving work due to the COVID-19 pandemic, which was significantly associated with challenges paying for healthcare (66% vs. 47%, $p<0.001$) and non-medical costs (77% vs. 51%, $p<0.001$) compared to those without caregiving responsibilities (**Table 1**).

Discussion

In this sample of adults with a chronic illness or disability who previously received navigation or financial assistance from a national nonprofit, the COVID-19 pandemic increased financial hardship, in part due to employment disruption and unpaid caregiving responsibilities.

This was especially true among those already experiencing financial precarity prior to the pandemic. Among this population with heightened healthcare needs, pandemic-related financial hardship interrupted needed medical care, which has the potential to exacerbate existing health disparities, negatively impact health outcomes, and lead to long-term consequences.

Current literature supports our conclusion that the COVID-19 pandemic was particularly harmful for those with cancer or other chronic illnesses due to added stress and financial toxicity.^{13,14,15} The financial burden during the COVID-19 pandemic impacted patients' ability to access needed healthcare. Many cancer survivors delayed or skipped medical care or changed their medication as a result of financial toxicity.¹⁶ Older patients with a disability were at an increased risk of delaying healthcare due to financial barriers and increased fear.¹⁷ Other research also supports our findings that many individuals had to take on extra unpaid caregiving responsibilities due to the COVID-19 pandemic, and that these individuals were more likely to experience financial hardship.^{18,19}

COVID-19-related employment disruption affected about 40% of the general population,^{20,21} but 73% of patients in our sample with limited resources and a diagnosed chronic illness experienced employment disruption. Based on a telephone survey conducted with low-income citizens in the southern United States, individuals who experienced a change in employment were more likely to have trouble affording food, housing, and medical care.²² Thus, our research aligns with other work suggesting COVID-19-related adverse financial impacts are felt more intensely among those with a chronic illness or disability.²³

The federal government responded with several innovative policies to mitigate disruptions in care and financial hardship for patients and families. In addition to regulatory flexibilities for telehealth use, Congress passed COVID-19 relief legislation that included direct financial assistance and expansions to federal programs:^{3,24}

- 1) Families First Coronavirus Response Act, signed into law on March 18, 2020, enacted emergency paid leave and food security enhancements.
- 2) Coronavirus Aid, Relief, and Economic Security Act or "CARES Act", signed into law on March 27, 2020, enacted direct stimulus checks to individuals and expanded unemployment insurance for workers.

3) American Rescue Plan Act, signed into law on March 11, 2021, made historic expansions to premium tax credits for Marketplace insurance coverage and boosted child and dependent tax credits for families.

Experts concur that relief measures reduced poverty and lifted many households' annual incomes above pre-pandemic levels.²⁴ However, longstanding challenges may persist since relief policies and programs were temporary and application processes were difficult to navigate.^{3,14} The continued impact of COVID-19 on financial hardship and access to healthcare suggests the need for permanent, systemic policy solutions, such as improvements to unemployment insurance, paid leave, broadband access to support telehealth use, and sufficient telehealth reimbursement.^{25,26} State policies such as Medicaid expansion also reduced medical and non-medical financial hardship during the pandemic in Virginia, demonstrating the importance of access to comprehensive insurance coverage.²⁷ Clinic and community-based navigation services connecting eligible individuals to available financial and social resources are critical to ensuring the benefits are equitably accessible. National Patient Advocate Foundation is spearheading [advocacy efforts](#) to make needs navigation a standard of quality care.

The results of our study should be considered in the context of several limitations. First, conclusions drawn are not generalizable to the full US population as our sample represents a limited-resourced, chronically ill population. The sample may also be biased towards individuals able to navigate services from a non-profit organization and access web-based surveys. The low survey response rate also introduces the potential for selection bias if participants were more likely to respond if they had experienced extreme financial hardship or employment disruption. This further reduces the generalizability of these study findings. Lastly, all measures were self-reported. However, they were based on measures used in previous work.^{28,29} Despite these limitations, our findings underscore the ongoing burden that the COVID-19 pandemic has placed on limited-resourced adults with chronic illnesses.

Conclusion

In conclusion, the majority of patients surveyed experienced pandemic-related employment changes and increased financial burden. Pandemic-related income loss led some respondents to stop or delay receiving medical care, particularly among respondents who could not work remotely and those who took on extra unpaid caregiving responsibilities. Additionally, income

loss was associated with challenges paying for healthcare and other non-medical needs, such as rent, utilities, and food. Although many of the individuals in this sample were having trouble affording medical costs and healthcare prior to the pandemic, COVID-19 exacerbated their financial hardship.

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Supplemental Appendix 1:

Longitudinal COVID Patient Survey Questions

Q1 Have you experienced difficulty paying for any of the following before or during the COVID-19 pandemic?

Please select one response for each item.

| | Only before the COVID-19 Pandemic (1) | Only during the COVID-19 Pandemic (2) | BOTH before and during the COVID-19 Pandemic (3) | No trouble covering these costs (4) |
|---|---|---|--|--|
| Healthcare and medical costs (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Childcare or eldercare costs (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other non-medical costs (e.g., food, housing, utilities) (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q2 Since January 1, 2021, to what extent are you experiencing financial hardship due to the ongoing COVID-19 pandemic?

Examples of financial hardship would include finding it difficult to pay for essential things on regular basis like, rent, utilities, groceries, car payments or gas, and medical care.

- A great deal (1)
- A lot (2)
- A moderate amount (3)
- A little (4)
- None at all (5)

Q3 Have you had trouble paying for any of the following since January 1, 2021 due to the COVID-19 pandemic?

Please select all that apply.

- Food (1)
- Household supplies (2)
- Housing (rent or mortgage) (3)
- Utilities (4)
- Phone (5)
- Internet/data (6)
- Car/gas/transportation (7)
- Childcare, eldercare, home health services (8)
- Healthcare and medical costs (prescription medications, doctor's visits, clinical/hospital/home health services, medical supplies etc.) (9)
- I had no trouble covering these types of expenses (10)

Q4 When thinking about your CURRENT financial situation, how does it compare with your financial situation in February 2020 (before the COVID-19 pandemic)?

- It has improved. I am better off financially than I was before the pandemic. (1)
- It has deteriorated. I am worse off financially than I was before the pandemic. (2)
- My financial situation has not changed due to the pandemic. (3)

Q5 What was your main source of employment in February 2020 (before the COVID-19 pandemic)?

- Employed full time by someone else (> 32 hours/week) (1)
- Employed part time by someone else (1-31 hours/week) (2)
- Self-employed, I own my own business (3)
- Not employed, but looking for work (4)
- Not employed (5)
- Retired (6)
- Disabled, not able to work (7)
- Student (8)
- Other (9)

Q6 What is your main source of employment right now?

- Employed full time by someone else (> 32 hours/week) (1)
- Employed part time by someone else (1-31 hours/week) (2)
- Self-employed, I own my own business (3)
- Not employed, but looking for work (4)
- Not employed (5)
- Retired (6)
- Disabled, not able to work (7)
- Student (8)
- Other (9)

Q7 What was your primary type of insurance coverage in February 2020 (before the COVID-19 pandemic)?

Please select the best response regardless of whether you are the policy holder or another member of your household (spouse/partner/parent) is providing coverage.

- COBRA (1)
- Employer based insurance (insurance provided through an employer or business) (2)
- Marketplace Exchange (Sometimes referred to as Obama Care) (3)
- Medicaid (4)
- Medicare (5)
- Other (6)
- I do not have insurance (7)

Q8 What is your primary type of insurance coverage right now?

Please select the best response regardless of whether you are the policy holder or another member of your household (spouse/partner/parent) is providing coverage.

- COBRA (1)
- Employer based insurance (insurance provided through an employer or business) (2)
- Marketplace Exchange (Sometimes referred to as Obama Care) (3)
- Medicaid (4)
- Medicare (5)
- Other (6)
- I do not have insurance (7)

Q9 What was your approximate annual household income, before taxes, in 2019 (before the COVID-19 pandemic)?

Income includes wages and salary, bonuses, social security payments, disability payments, pension,

rental income, or other monetary payments made to you or a member of your household. Your best guess is fine.

- Less than \$23,999 (1)
- Between \$24,000 and \$47,999 (2)
- Between \$48,000 and \$71,999 (3)
- Between \$72,000 and \$95,999 (4)
- Between \$96,000 and \$119,999 (5)
- More than \$120,000 (6)
- I prefer not to say (7)

Q10 What was your approximate annual household income, before taxes, in 2020 (during the COVID-19 pandemic)?

Income includes wages and salary, bonuses, social security payments, disability payments, pension, rental income, or other monetary payments made to you or a member of your household. Your best guess is fine.

- Less than \$23,999 (1)
- Between \$24,000 and \$47,999 (2)
- Between \$48,000 and \$71,999 (3)
- Between \$72,000 and \$95,999 (4)
- Between \$96,000 and \$119,999 (5)
- More than \$120,000 (6)
- I prefer not to say (7)

Display This Question:

If Q5 = Employed full time by someone else (> 32 hours/week)

Or Q5 = Employed part time by someone else (1-31 hours/week)

Or Q5 = Self-employed, I own my own business

Q11 How many jobs did you have in February 2020 (before the COVID-19 pandemic)?

- 1 (1)
- 2 (2)
- 3 or more (3)

Display This Question:

If Q5 = Employed full time by someone else (> 32 hours/week)

Or Q5 = Employed part time by someone else (1-31 hours/week)

Or Q5 = Self-employed, I own my own business

Q12 I was not able to work remotely (e.g., from home) during the COVID-19 pandemic. My job required that I work on-site most of the time.

- Agree (1)
- Disagree (2)

Display This Question:

If Q5 = Employed full time by someone else (> 32 hours/week)

Or Q5 = Employed part time by someone else (1-31 hours/week)

Or Q5 = Self-employed, I own my own business

Q13 Which occupational category best described your job(s) in February 2020 (before the COVID-19 pandemic)?

Please select all that apply.

- Sales, technical, or administrative support** (for example, medical assistant, real estate agent, store manager, administrative assistant, sales associate) (1)
- Service provider** (for example housekeeper, home attendant, police officer, food server, janitor, hairdresser, aesthetician) (2)
- Operator, fabricator, or laborer** (for example utility worker, driver, seamstress/tailor, factory worker, laundry worker) (3)
- Managerial or professional specialty** (for example, accountant, computer specialist, attorney, teacher, health practitioner) (4)
- Arts, media or athletics** (for example artist, entertainer, journalist) (5)
- Other (please specify)** (6) _____

Display This Question:

If Q5 = Employed full time by someone else (> 32 hours/week)

Or Q5 = Employed part time by someone else (1-31 hours/week)

Or Q5 = Self-employed, I own my own business

Q14 Which industry would you say best described your workplace(s) in February 2020 (before the COVID-19 pandemic)?

Please select all that apply.

- Service** (for example restaurant, hotel, housekeeping, homecare provider, tailor, laundry) (1)
- Retail** (for example a shop or store) (2)
- Government** (for example post-office, courts, police or fire department) (3)
- Manufacturing** (for example factory worker) (4)
- Finance, insurance, or real estate** (5)
- Wholesale Trade** (6)
- Transportation and public utilities** (7)
- Construction** (8)
- Healthcare/Medical** (9)
- Legal** (10)
- Education** (11)
- Arts and Entertainment** (12)
- Other** (please specify) (13) _____

Display This Question:

If Q5 = Employed full time by someone else (> 32 hours/week)

Or Q5 = Employed part time by someone else (1-31 hours/week)

Or Q5 = Self-employed, I own my own business

Q15 Has your employment status changed in any of the following ways, since February 2020 due to the COVID-19 pandemic?

Please select all that apply.

- Reduced hours worked (1)
- Increased hours worked (2)
- Transitioned to work from home/telework (3)
- Furloughed (4)
- Laid off or lost employment (5)
- Voluntarily left employment/quit (6)
- Decided to retire early (7)
- Returned to the work force (8)
- No change in employment specifically due to the COVID-19 pandemic (9)

Display This Question:

If Q15 != No change in employment specifically due to the COVID-19 pandemic

And If

Q5 = Employed full time by someone else (> 32 hours/week)

Or Q5 = Employed part time by someone else (1-31 hours/week)

Or Q5 = Self-employed, I own my own business

Q16 Did any of the following reasons cause or lead to this change in employment status?

Please select all that apply.

- My employer made the change (1)
- I requested a change in my status to reduce my risk of exposure to COVID-19 while at work (2)
- Inability or difficulties with physically getting to work forced a change in my work status (3)
- I had to change my work status to care for someone with COVID-19 (4)
- I changed my work status because I had children out of school (5)
- I changed my work status to care for a relative or friend at home (6)

Display This Question:

If Q15 = Returned to the work force

Or Q15 = Increased hours worked

Q17 Did any of the following reasons cause or lead to returning to work or increasing the hours you worked?

Please select all that apply.

- I had a skill set or worked in a field that made me hireable or increased the demand for my labor (1)
- Financial need (2)
- Other (3) _____

Display This Question:

If Q15! = No change in employment specifically due to the COVID-19 pandemic

And If

Q5 = Employed full time by someone else (> 32 hours/week)

Or Q5 = Employed part time by someone else (1-31 hours/week)

Or Q5 = Self-employed, I own my own business

Q18 Did the change in your employment status due to the COVID-19 pandemic impact your health insurance status?

- Yes (1)
- No (2)
- I am not sure (3)

Display This Question:

If Q18 = Yes

Q19 What was the impact on your health insurance?

- I lost my health insurance and I still do not have coverage (1)
- I lost my health insurance for a little while, but I now have coverage (2)
- I lost my health insurance but was able to immediately have new coverage (3)
- I am not sure (4)

Display This Question:

If Q18 = Yes

Q20 How much has this COVID-19 pandemic-related change in health insurance caused you to stop or delay receiving medical care?

- A great deal (1)
- A lot (2)
- A moderate amount (3)
- A little (4)
- None at all (5)

Display This Question:

If Q15 != No change in employment specifically due to the COVID-19 pandemic

And If

Q5 = Employed full time by someone else (> 32 hours/week)

Or Q5 = Employed part time by someone else (1-31 hours/week)

Or Q5 = Self-employed, I own my own business

Q21 To what extent has this work disruption due to the pandemic negatively impacted your household income since February 2020 (the beginning of the COVID-19 pandemic)?

- A great deal (1)
- A lot (2)
- A moderate amount (3)
- A little (4)
- None at all (5)

Display This Question:

If Q21 != None at all

And If

Q5 = Employed full time by someone else (> 32 hours/week)

Or Q5 = Employed part time by someone else (1-31 hours/week)

Or Q5 = Self-employed, I own my own business

Q22 How much has this COVID-19 pandemic related income loss caused you to stop or delay receiving medical care?

- A great deal (1)
- A lot (2)
- A moderate amount (3)
- A little (4)
- None at all (5)

Q23 Have you taken on extra unpaid caregiving work (for example, supervising a child or caring for an older adult at home) due to the COVID-19 pandemic?

- Yes (1)
- No (2)