



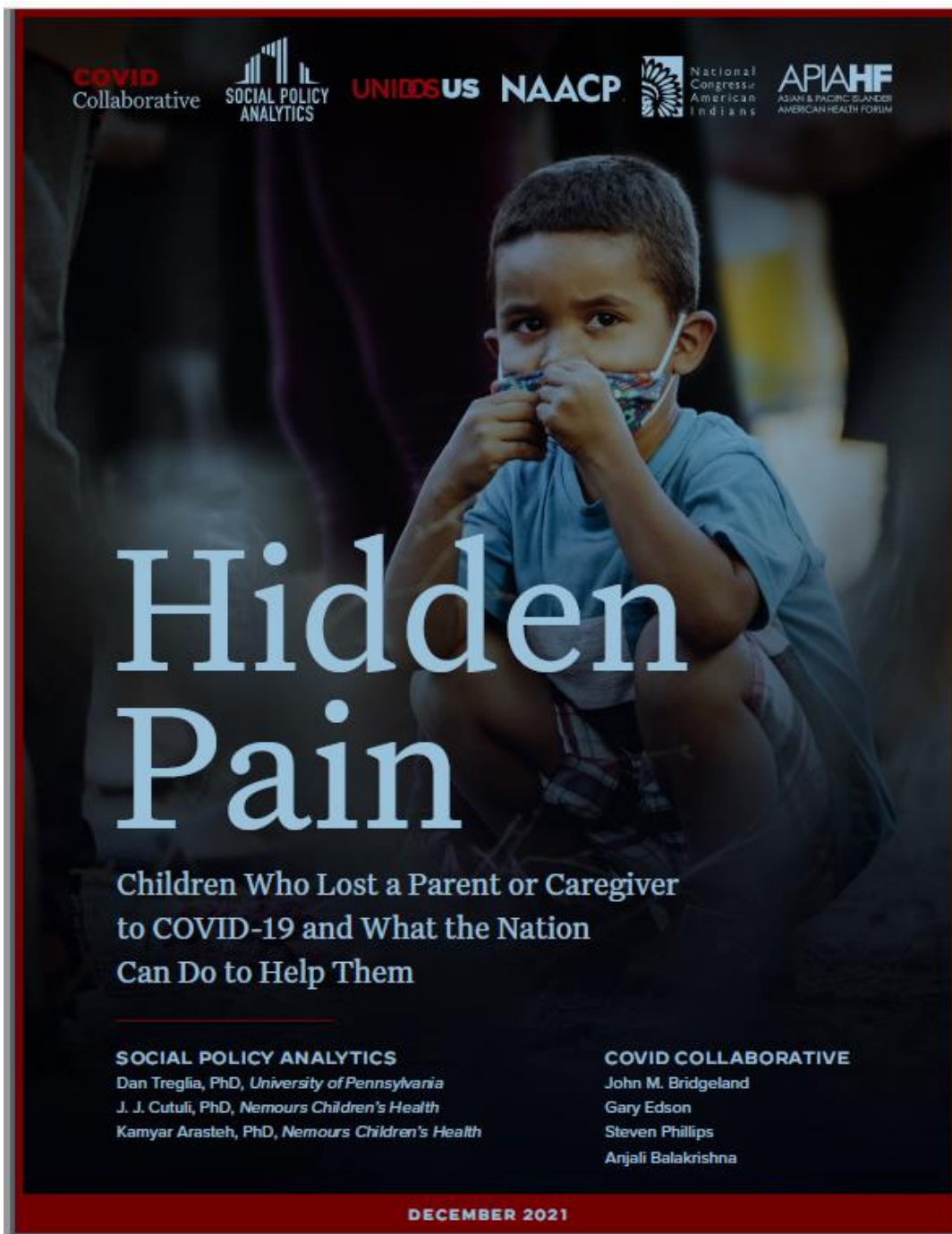
# The Family Resilience Fund

A Health System-Led Pandemic Response to Support  
Surviving Households of Patients Deceased From COVID-19



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National estimates are that of 760,000 deaths in the country, 167,000 children lost a parent or in-home caregiver

From March to July 2020 in New York State, 4,200 children lost a parent.

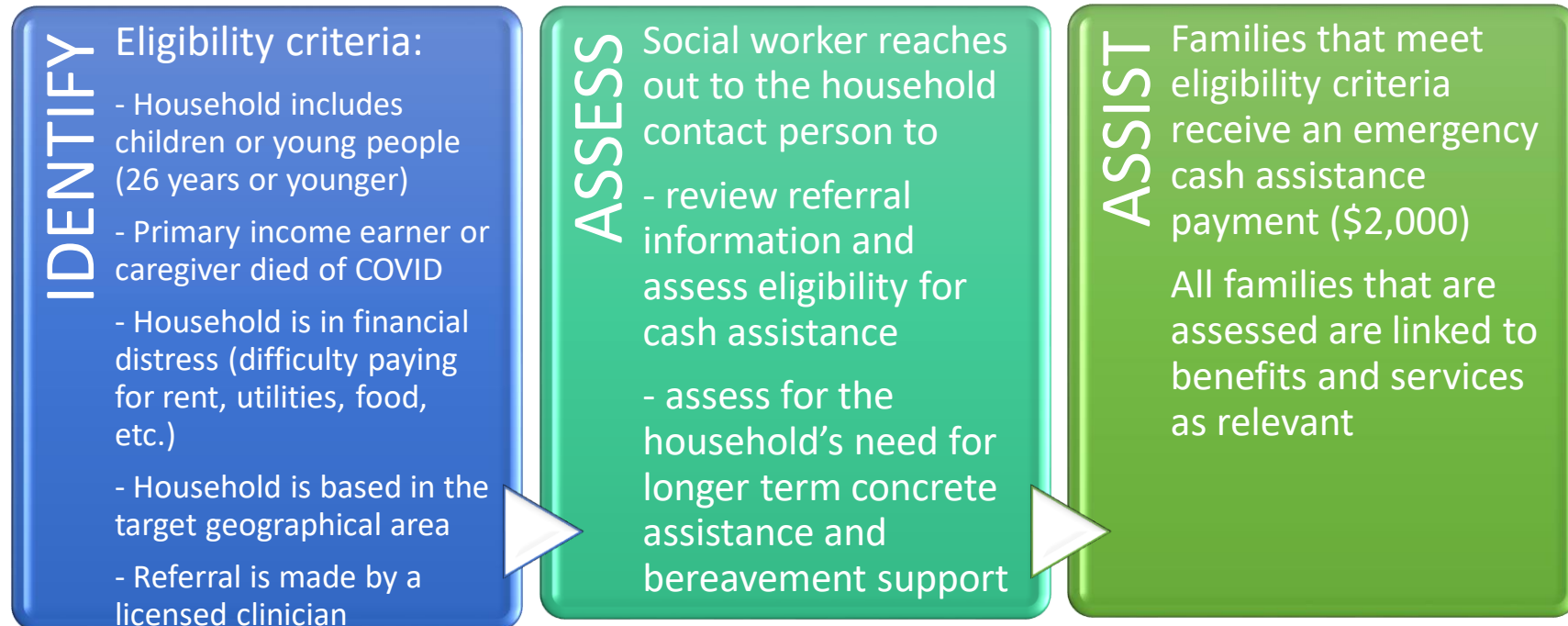
- 1 in 1,500 White children
- 1 in 1,400 Asian children
- 1 in 700 Hispanic children
- 1 in 600 Black children

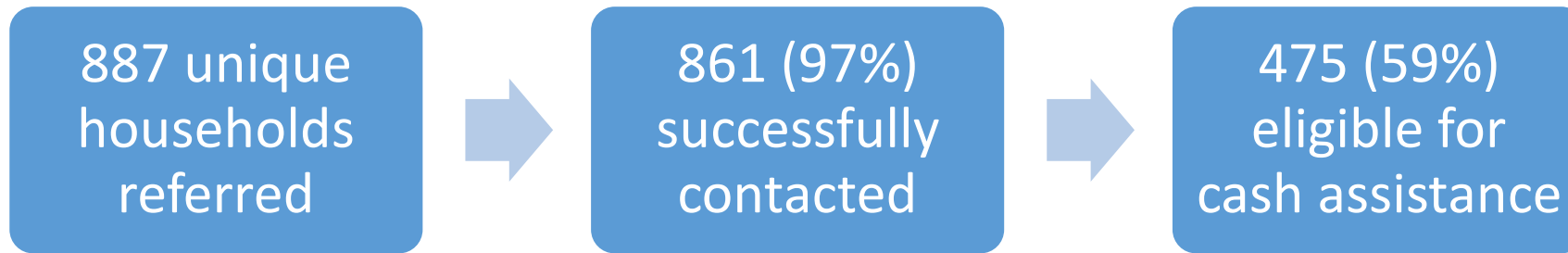
57% of children whose parent died lived in Bronx, Brooklyn, or Queens

United Hospital Fund. COVID-19 Ripple Effect: The Impact of COVID-19 on Children in New York State. September 2020.

# The COVID-19 Family Resilience Fund model

- ... was launched in August 2020
- ...provides a response to the widespread crisis of deaths due to COVID on a regional level.
- ...provides **immediate cash assistance** and **linkage to longer-term resources** for households that include children and young people and that suffered the death of an income-earner or caregiver
- ...leverages a **network of partnering health and social service organizations** to identify households in need



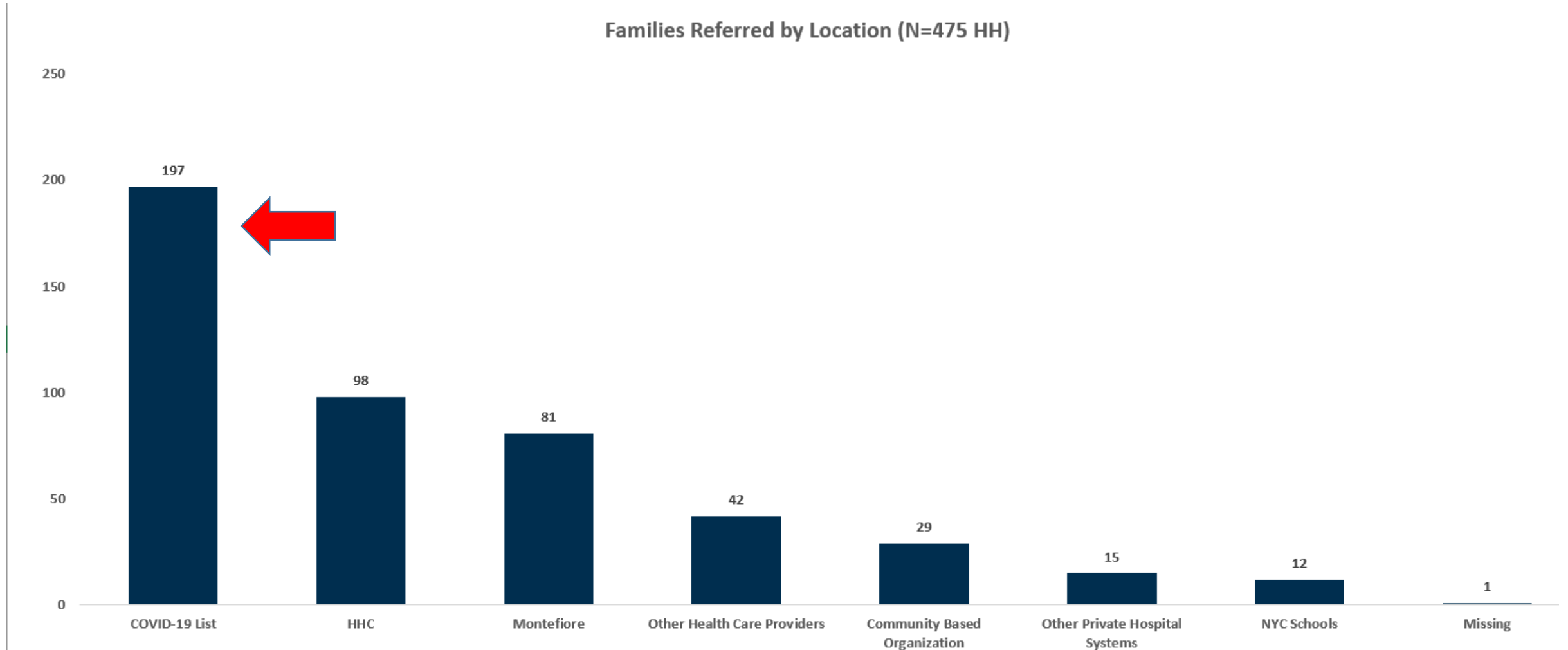


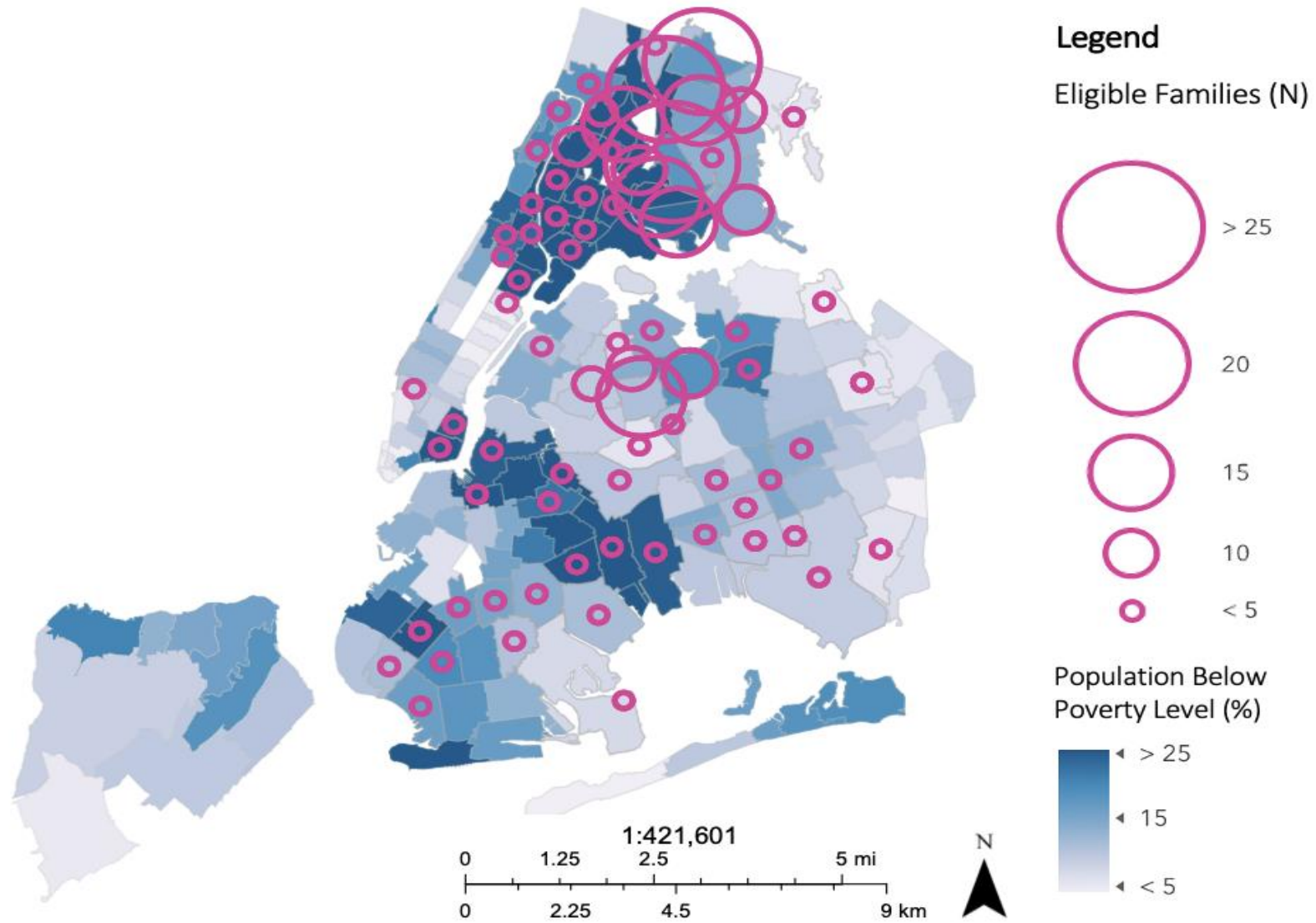
- The 475 households comprised:
  - 636 adults
  - 998 children and youth
    - 630 children ages 0-17 years
    - 367 ages 18-26 years
    - (1 child with missing age data)



# How did we identify the households?

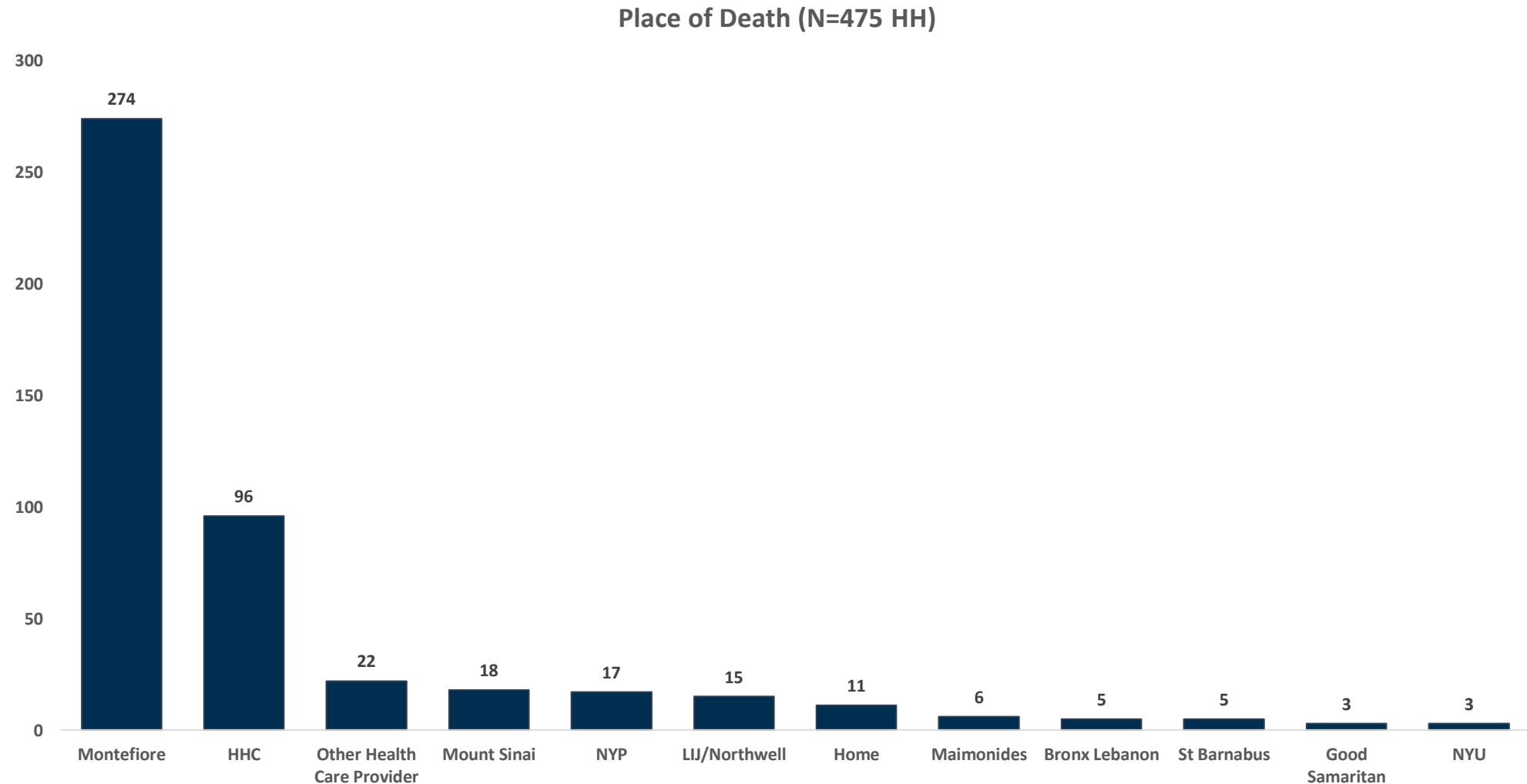
## Clinician referrals + Chart review







Deaths in the identified households were across multiple hospitals, with a majority from our medical center



Family Resilience Program: COVID-19 Deaths and Referrals Over Time

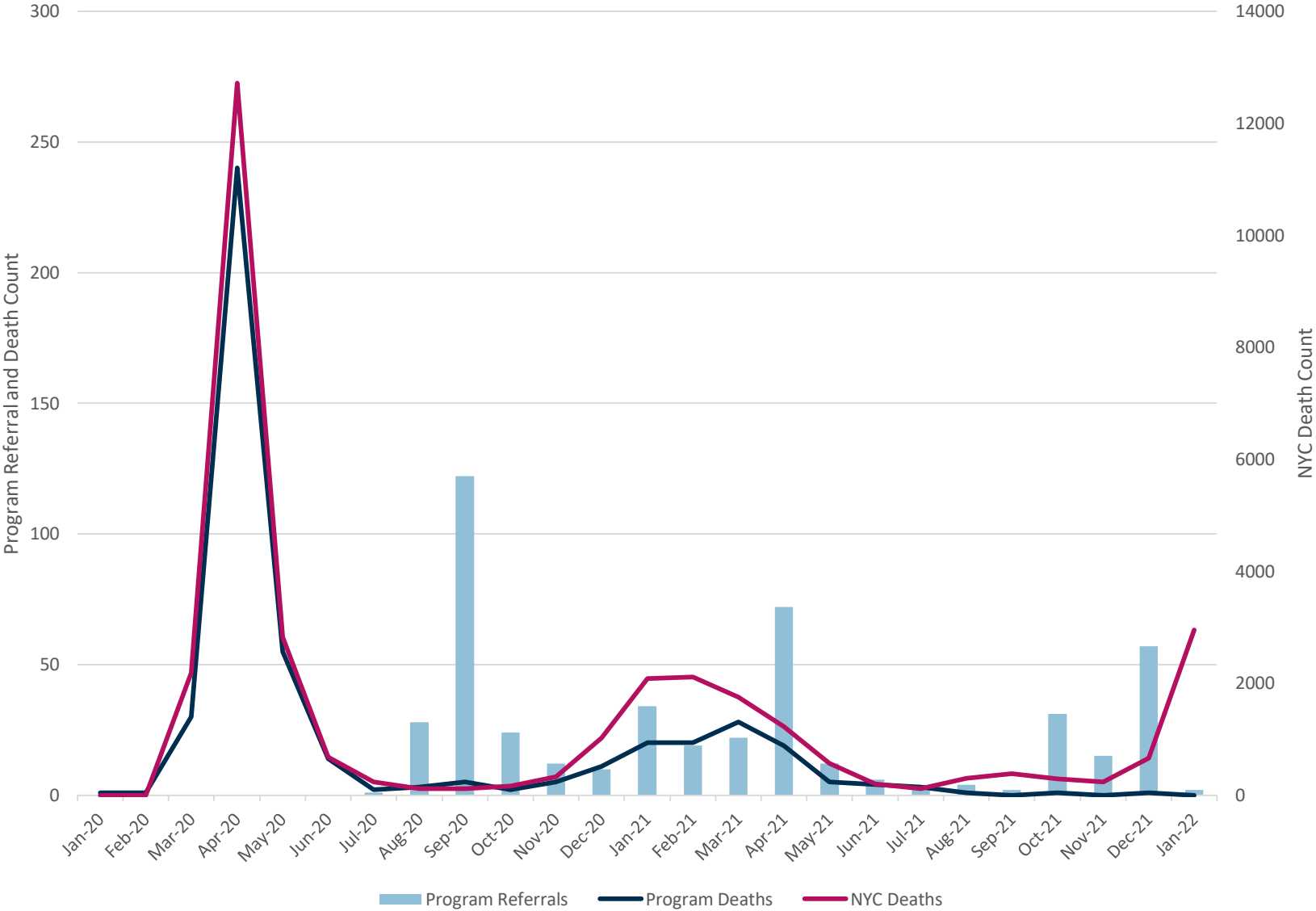




Chart review better identified households where the deceased caregiver was female or older...

	All Referred Households (N=861)	All Eligible Households (N=475)	Eligible households (Chart review) (n=197)	Eligible Households (Clinician Referrals) (n=278)	p value (chart review vs. clinician referrals)
<b>Age of Deceased Person</b>					
<b>0-17</b>	2 (0.4%)	2 (0.4%)	2 (1.0%)	0 (0.0%)	<.0001
<b>18-44</b>	100 (18.1%)	97 (20.6%)	18 (9.2%)	79(28.8%)	
<b>45-65</b>	331 (60.0%)	279 (59.4%)	132 (67.4%)	147 (53.7%)	
<b>&gt;65</b>	119 (21.6%)	92 (19.6%)	44 (22.5%)	48 (17.5%)	
<b>Gender of Deceased Person</b>					
<b>Male</b>	--	313 (66.7%)	110 57.3%)	203 (73.3%)	0.0003
<b>Female</b>	--	156 (33.3%)	82 (42.7%)	74 (26.7%)	

...with more surviving adults and fewer children

	All Referred Households (N=861)	All Eligible Households (N=475)	Eligible households (Chart review) (n=197)	Eligible Households (Clinician Referrals)(n=278)	p value (Chart review vs. clinician referrals)
<b>Number of Adults &gt;26y in Surviving Household</b>					
0	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0.0062
1	358 (71.5%)	327 (72.4%)	124 (67.0%)	203 (76.0%)	
2	99 (19.8%)	90 (19.9%)	38 (20.5%)	52 (19.5%)	
3+	44 (8.8%)	35 (7.7%)	23 (12.4%)	12 (4.5%)	
<b>Number of Children ≤26y in Surviving Household</b>					
0	45 (8.5%)	1 (0.2%)	1 (0.5%)	0 (0.0%)	0.0061
1	180 (34.0%)	173 (36.4%)	83 (35.6%)	90 (32.4%)	
2	152 (28.7%)	151 (31.8%)	66 (34.7%)	85 (30.6%)	
3+	153 (28.9%)	150 (31.6%)	47 (23.9%)	103 (37.1%)	
<b>Household Size</b>					
1 person	21 (4.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0.2029
2-3 people	278 (55.9%)	260 (57.5%)	114 (61.6%)	146 (54.7%)	
4-6 people	182 (36.6%)	176 (38.9%)	67 (36.2%)	109 (40.8%)	
7+ people	16 (3.2%)	16 (3.5%)	4 (2.2%)	12 (4.5%)	

... and with higher income and higher employment rate,  
though still in financial distress

	All Eligible Households (N=475)	Eligible households Identified through chart review (n=197)	Eligible Households Identified through clinician referrals (n=278)	P value (chart review vs clinician referral)
<b>Total Household Monthly Income</b>				
<b>0-1,000</b>	133 (28.0%)	42 (21.3%)	91 (32.7%)	0.0004
<b>1,001-2,500</b>	208 (43.8%)	81 (41.1%)	127 (45.7%)	
<b>2,501-4,000</b>	97 (20.4%)	50 (25.4%)	47 (16.9%)	
<b>4,001-6,000</b>	29 (6.1%)	17 (8.6%)	12 (4.3%)	
<b>&gt;6,000</b>	8 (1.7%)	7 (3.6%)	1 (0.4%)	
<b>Reported Sources of Income</b>				
<b>Employment</b>	250 (52.6%)	125 (63.5%)	125 (45.0%)	<0.0001
<b>Unemployment</b>	70 (14.7%)	24 (12.2%)	46 (16.6%)	0.1862
<b>Public Assistance</b>	35 (7.4%)	7 (3.6%)	28 (10.1%)	0.0074
<b>SSI</b>	63 (13.3%)	30 (15.2%)	33 (11.9%)	0.2878
<b>SSD</b>	42 (8.8%)	15 (7.6%)	27 (9.7%)	0.4275
<b>SNAP</b>	151 (31.8%)	59 (30.0%)	92 (33.1%)	0.4684

# What can we learn from this model?

- Health systems can effectively leverage their relationships with households to identify and assist households with COVID-bereaved children that are in financial distress.
- Partnerships between multiple health care and social service organizations can have a regional impact. Embedded, dedicated personnel would likely increase referrals from each health system.
- Chart review of deceased patients identifies household types that may be less likely to be referred by clinicians; these strategies are complementary.
- Our next steps:
  - Of the 475 identified households, we have launched an intensified case management program with additional cash assistance for the 100 neediest families.
  - In collaboration with the New York Academy of Medicine, we have undertaken a qualitative study to hear and to elevate the voices of surviving households regarding their ongoing needs