

NASDOH Commentary: Social Determinants of Health Issues in COVID-19 June 2020

INTRODUCTION

Before COVID-19 even had a name, a growing body of evidence documented the important effect of social and economic factors on our health. Tackling these social determinants of health (SDOH) achieves better health outcomes, leads to better value for health spending, and makes our communities healthier and more resilient. Just before the pandemic struck, momentum was growing for health systems, public health, and social services agencies to work together to better serve the needs of individuals and their communities, and consequently to prepare us to respond more effectively in health emergencies.

COVID-19 shone a bright light on the gap between what we already knew about SDOH and what we still need to accomplish in order to address them. Far from lessening the importance of addressing SDOH, and better connecting health care to social services, COVID-19 is a call to action:

Our nation must take immediate steps to address social needs to mitigate the impact of COVID-19; in the longer term, we must ensure that this pandemic experience ignites a broader set of reforms, including adopting structural changes to our health systems as we recover, take actionable steps to ensure more equitable access to care and services, make long-term and sustained investments to address health equity, and mitigate the negative impact that results from the disconnect between clinical outcomes and SDOH.

The National Alliance to Impact the Social Determinants of Health (NASDOH) is a non-partisan, multi-sector alliance of leading individuals and organizations working to build a common understanding of the importance of addressing SDOH as part of an overall approach to improving health outcomes. We recognize that addressing SDOH in a sustainable and successful way, as well as safeguarding against future public health emergencies, will take multi-sector partnerships that assess what individual communities need, find ways to deliver services, and seek sustainable financing.

In this commentary, NASDOH highlights key SDOH-related issues that have been exacerbated during COVID-19, including systemic inequity that makes communities of color most vulnerable to poor health outcomes. We discuss several areas where the nation should learn from our COVID-19 experience and address the root causes of disparities in order to improve health and reduce the impact of future public health crises and other emergencies. NASDOH plans to release a series of commentaries and issue papers in the coming months addressing the key issues in more depth and, where possible, describing what we have learned. Please visit our website (<http://www.nasdoh.org/>) as we continue to publish on this important topic.

THE INTERSECTION OF SDOH AND COVID-19

There are many truths about SDOH that were well known prior to the arrival of COVID-19, but the longstanding and interrelated impacts of SDOH are now being revealed on the national stage.

People at the greatest risk are disproportionately vulnerable to poor health outcomes every day, but particularly in public health disasters like the COVID-19 pandemic. This is a result of several factors, including but not limited to disproportionate exposure to adverse social and economic conditions, lack of insurance coverage and access to care, and a higher prevalence of underlying health conditions. The factors that cause social risk lead to poor health outcomes in ordinary times, and they are even further exacerbated during crises like COVID-19.

Social and economic conditions

Social and economic circumstances that influence everyday health are particular risks during COVID-19. Health-affecting factors include living arrangements; safe working conditions; paid sick leave; transportation options; and broadband internet that affords the ability to work, study, or access health advice at home. Health care and public health have important roles to play in connecting people to the support they need, and also in advancing policies that address these underlying conditions. In times of disaster, community leaders in charge of planning and responses need to understand preexisting patterns so they can monitor and respond to differential impacts based on social risk in real time.

The economic disruption of COVID-19 is amplifying preexisting social and economic stressors that also influence health. The number of individuals with food and housing challenges, for example, is increasing – and for those already at risk, the challenges have deepened. School meal programs, Meals on Wheels, and even public safety net programs have adapted more quickly than programs that need to be built from scratch, but they were insufficiently funded and largely disconnected from health care delivery systems before COVID-19. The nation needs to solve this issue in order to meet everyday challenges as well as to ensure sustainability and build resilience.

Structural and systemic racism

While many Americans are negatively impacted by adverse social and economic conditions, we know that communities of color are disparately affected by these conditions every day.¹ Evidence shows that people of color have unequal access to health care, experience unequal treatment, and have worse health outcomes than their white counterparts. These differences are even more evident during emergencies. Emerging data on the effects of COVID-19 on the health of racial and ethnic minority groups demonstrates this fact: the CDC recently released findings that racial and ethnic minority groups bear a disproportionate burden of illness caused by COVID-19.²

The racial and ethnic disparities in health and health care are the result of institutional racism in which our social and political systems, including health care, cause and perpetuate inequity. The impacts of institutional racism are visible in disparities in housing, education, economic opportunity, criminal justice, and other SDOH, and all of these disparities contribute to poor health status. Further, persistent racism and bias in the health care system impacts access and outcomes among people of color, exacerbating the effects of COVID-19.

The senseless deaths of George Floyd, Breonna Taylor, Ahmaud Arbery, and countless other Black people who were victimized by the persistence of racism in America demonstrate the need to confront institutional racism and advance equity. While this is a broad issue to be addressed across our social and political institutions, Americans

¹ National Academies of Sciences, Engineering, and Medicine. 2017. *Communities in Action: Pathways to Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24624>.

² Garg, S. (2020). Hospitalization rates and characteristics of patients hospitalized with laboratory-confirmed coronavirus disease 2019 – COVID-NET, 14 States, March 1-30, 2020. *MMWR. Morbidity and mortality weekly report*, 69.

must confront bias and discrimination in health care and in the response to COVID-19 if we hope to improve health disparities in the long term. Similarly, health care institutions play important leadership roles in their communities and can be a powerful impetus to social change beyond care delivery.

Access to insurance coverage and sources of care

Although acute care capacity and payment for testing and treatment have been at the top of the public policy agenda for tackling COVID-19, the ongoing crisis highlights the importance of access to routine sources of medical attention. Public health guidance to avoid hospitals and “contact your health care provider” if you have symptoms is not helpful to a person without a doctor to consult. The current crisis also highlights the importance of adequate health insurance coverage, whether through public sources, like Medicaid and Medicare, or through private sources, like employer-sponsored insurance and insurance purchased by individuals and families. For those who remain uninsured, safety net providers – such as community health centers and state-funded mental health providers offering free or reduced-cost care – are vital and depended on even more during emergencies.

Underlying health conditions

Large segments of the US population – particularly communities of color and lower socioeconomic status – are especially vulnerable to poor COVID-19 outcomes. These communities would be more resilient if policy and programs had better prevented the high rates of underlying chronic conditions associated with worsened COVID-19 outcomes, and if they had addressed the social and economic factors that can exacerbate those outcomes. The time and funds spent on prevention would have reduced the impacts of the disease on individuals as well as the strain on our entire health care system.

NASDOH’S PERSPECTIVE ON MOVING FORWARD

The COVID-19 pandemic reveals broad health and social care gaps that require immediate action and a renewed long-term focus on all health drivers, including the social determinants of health. NASDOH will continue to advocate for action across a broad spectrum.

Recommit to making SDOH a central focus of our health system

NASDOH and its members have advocated policy and practice change to address a wide spectrum of social needs and determinants – including payment reforms, connectivity across health and social services sectors, using and sharing data more effectively, and tackling community-level factors that influence health and wellbeing. These initiatives are more important now than ever, as communities and the health care and social service organizations that serve them are identifying and creatively addressing growing needs for food, housing, and social stimulation. Both private- and public-sector stakeholders must continue these efforts to mitigate the impact of COVID-19 and SDOH. Furthermore, we must commit to confronting the institutional racism that leads SDOH to disproportionately impact communities of color, and directly impacts health status.

Leverage COVID-19 Funding and Policy Response

Recently enacted legislation, such as the Families First Coronavirus Response Act and Coronavirus Aid, Relief and Economic Stability Act (CARES Act), includes funding to address health, income security, nutrition, housing, education, and other community needs, and provides support for our national and local public health infrastructure. The Administration has likewise enhanced existing flexibilities and waivers and created new ones to address underlying SDOH issues.

As our nation emerges from the immediate crisis and we shape our recovery and response to the current environment, we must consider how to parlay these immediate COVID-19 funding and policy responses into long-term, sustainable protections.

Improve public health capacity

Local capacity for public health is critical during an emergency, when detection of new cases, contact tracing to prevent further spread, and distribution of countermeasures can save many lives. This same capacity is also a vital part of community-wide measures that prevent disease and improve quality of life in ordinary times. Yet Americans often neglect this critical infrastructure until we are already in crisis, when short-term emergency funding cannot make up for incomplete preparedness. We are currently observing the consequences of chronic under-investment in public health infrastructure both locally and nationally.

COVID-19 also reinforced the insight that our nation lacks the robust data infrastructure needed both for tackling known health challenges, and for detecting and addressing unknown ones. Real-time data on the pandemic that is stratified by demographics; data on social and economic vulnerabilities, social needs, and health risks; and better connectivity across sectors are all crucial tools to improve health outcomes for patients and communities. This data could be used to target interventions among communities with the greatest need in emergencies like COVID-19. We must also consider how we will use this data and measure the effectiveness of interventions for future use.

Finally, COVID-19 is highlighting the link between public health and social need. Traditional public health countermeasures intended to contain outbreaks, such as quarantining, presuppose that individuals are in the position to adhere to the rules. In fact, the very same social and economic conditions that increase individuals' risk of exposure to disease – including housing and their workforce status – prevent their ability to comply with public countermeasures. For example, an individual who is the sole provider for their family may not have the means to take time off work and quarantine. In addition to identifying viral exposure through contact-tracing, identifying and addressing the social needs of individuals and their families is vital to ensuring that public health countermeasures are effective.

Recent legislation has given the Centers for Disease Controls and Prevention (CDC) resources for overdue public health infrastructure modernization, including updating data systems. It is crucial for these funds to be allocated not only to support an immediate response to COVID-19, but also to create a robust future infrastructure that will meet our broader public health needs by addressing social determinants of health.

Advance structural change to address underlying SDOH issues

The present public health emergency crystallizes the importance of addressing the root cause of disparities in health outcomes from COVID-19. NASDOH encourages policymakers to prioritize the long-term, sustained investments that should be made to address social determinants of health – investments such as building more effective programs and systems to address poverty, housing, and food insecurity – while confronting institutional inequities that lead to poor health outcomes and provide unequal protections to communities of color. Our nation's experience with COVID-19 thus far has demonstrated the value of existing Federal programs, whose infrastructure provided a rapid way of meeting the immediate needs of many. But this experience has also highlighted the gaps in these programs, their lack of cross-integration, their disproportionate attention to meeting short-term needs over building longer-term sustainability, and their underinvestment in communities disproportionately impacted by SDOH and COVID-19.

Implement new funding approaches to support community-level action

The complex challenge of addressing social determinants requires thoughtful approaches. This work must be based on collaboration from multi-sectoral stakeholders who represent the diverse domains impacting or impacted by social determinants – for example, housing, transportation, education, and health care – and who are specific to

the communities in which they organize. Each community will face varying needs and challenges according to the nature of its health care delivery system and the capacity of community organizations to participate in its recovery.

NASDOH recognizes the importance of “backbone” organizations in communities, such as community coalitions, alliances, and other mechanisms that can engage the full range of players needed to develop strategies and take action to sustain healthy communities. Representatives from these organizations should reflect the diverse range of racial and ethnic groups being disproportionately affected by SDOH. Backbone organizations include health care institutions, public health agencies, community-based organizations, and others. NASDOH encourages the development of these cross-sector institutions and encourages Federal agencies to provide the recipients of recovery and rebuilding funding with the flexibility to build sustainable initiatives. At the same time, in order for this funding to achieve desired outcomes and lead to sustainability, Federal agencies should build accountability mechanisms that protect against misuse of funds.

Learn from the current public health emergency

This crisis has made it clear that the economy and health are inevitably connected by a two-way street. A healthy population is a prerequisite to a strong economy; COVID-19 has shown the damage a health emergency can do to the economy. At the same time, economic and social deprivation have serious health consequences, which we must understand and work to mitigate both in crises and during more predictable economic cycles.

Our nation’s COVID-19 experience reinforces the need for advances that we already knew were important. It also creates opportunities to learn and address the underlying factors that have put our nation’s health and economy at risk in the first place. In the coming months and years, NASDOH will encourage a broad research agenda that can capture data and lessons from the COVID-19 experience in order to answer questions including but not limited to the following items.

Social Need:

- What were the social needs posing the greatest challenges to communities during the COVID-19 public health emergency, and what were the most innovative approaches developed to address them?
- What innovations helped bridge the gaps between health and social care? Which should be adopted as long-term strategies?
- What strategies to address SDOH should be prioritized during the pandemic and in the long run?
- Given that social isolation will be a prolonged challenge for seniors, what strategies to address it are most effective, and which ones can help better serve senior citizens in the future?
- What approaches were effective for rapidly providing housing to people experiencing homelessness, and what lessons were learned?
- How was technology leveraged to address SDOH during COVID-19, and what lessons were learned about gaps that should be addressed to support sustainability?

Health Care Access:

- How did health care institutions pivot to caring for patients while access to clinics and hospitals was limited? Can the effectiveness of health care “outside the clinic” provide a lesson for more normal times?
- Will increased use of telehealth help health care providers improve their engagement with their patients and address their broader needs? Or will it hamper their efforts to address patients’ needs by shortening appointment times and amplifying digital divides?
- Should newer members of the care team, such as trained community health workers or peer recovery specialists, become a permanent part of the workforce in order to more effectively engage with vulnerable communities to help resolve SDOH and address underlying barriers to care?

- What interventions were successful in increasing access to care for underserved communities?
- Does the response to COVID-19 change public perceptions about privacy or health care providers' approach to information sharing?
- How can we expand access to behavioral health services and supports to address the trauma experienced as a result of the dual crises of COVID and persistent racism?

Policy:

- What short-term policy changes made in response to COVID-19 – including waivers and flexibility provided to states in administration of Federal programs – should be adopted permanently? What evidence is needed to demonstrate that they should be?
- What programmatic and structural changes would have reduced the impact of SDOH and eased the response during the COVID-19 public health emergency? How can the nation begin to make those changes? (This includes addressing housing, food, transportation, and income security.)
- What can we learn from this emergency about the optimal balance of spending among treatment needs, addressing social needs of patients, and addressing upstream SDOH?
- What new roles have health care institutions taken on during COVID-19 in addressing underlying SDOH policies in other sectors (housing, transportation, employment, etc.) by working in partnerships with experts and advocates from those sectors, and how might these partnerships be sustained?

CALL TO ACTION

Resilience is built well before a crisis. It is the product of careful preparation, effective systems, and commitment. The loss of life, livelihood, and resources due to COVID-19 will be compounded if Americans fail to learn from our experience, or fail to seize the opportunity to address underlying social, health, and economic issues that leave us at continued risk. NASDOH calls on our private sector partners and policymakers at the federal, state, and local levels to not only continue addressing immediate needs in the COVID-19 emergency, but also to commit to developing systematic approaches to address the underlying social determinants of health. NASDOH is committed to working with partners and policymakers who are seeking policy and practice change, learning valuable lessons from the current emergency, and charting a path forward for making long-term and sustained investments.

The nation's experience with COVID-19 demonstrates the importance of taking steps to address social and economic factors that have placed our population and health system at risk. Many of those steps are already clear. As the nation reboots its economy and resumes normal health care, there will be opportunities to reshape our health system and society for the better.

ABOUT NASDOH

The National Alliance to impact the Social Determinants of Health (NASDOH) is a group of stakeholders working to systematically and pragmatically build a common understanding of the importance of addressing social needs as part of an overall approach to health improvement and economic vitality of families and communities. The Alliance brings together health care, public health and social services expertise, local community experience, community-convening competence, business and financial insight, technology innovation, data and analytics competencies, and policy and advocacy acumen to assess and address current regulatory frameworks, funding environments and opportunities, and practical challenges to implementing and sustaining social determinants of health efforts.

We seek to make a material improvement in the health of individuals and communities and, through multi-sector partnerships within the national system of health, advance holistic, value-based, person-centered health care that can successfully impact the social determinants of health. To learn more, visit us at NASDOH.org.

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