

COVID-19 UPDATE: Social Determinants of Health

Social determinants of health (SDOH) are conditions in the places where people live, learn, work, worship and play that affect a wide range of health risks and outcomes.¹ The impact of COVID-19 has been more pronounced for lower-income workers, particularly those in the service, hospitality, and restaurant/entertainment industries. Reportedly 25% of households that make less than \$50,000 annually have already lost work.²

Although Congress has taken action to pass a stimulus package, many Americans don't have an emergency savings account (60% could not handle an unexpected \$1,000 expense³). Fear continues to mount around how individuals and families will weather the coming months. As a result, COVID-19 is poised to exacerbate the social determinants of health in several ways.

Lower-income shoppers are less able to purchase food they need immediately and an increase in WIC grocery store items are being purchased by non-WIC recipients. People who live in food deserts and rely upon public transportation are faced by mounting concerns about using transit given the restrictions on physical distancing.

Sudden loss of wages will interfere with mortgage and rental payments. Despite state, federal, and local relief available, the complicated and lengthy process to access these funds causes an additional barrier. Residents of crowded, low-income housing and shelters are less able to adequately practice social distancing, potentially hastening the spread of the virus.

Even before the COVID-19, residents in lower socio-economic income areas have lived with chronic illnesses, like diabetes and hypertension, at higher rates. When combined with COVID-19 pandemic factors, these marginalized populations will witness disproportionate disruption to their lives. They are less likely to access testing, while their underlying health risks increase the chances of contracting and dying from the virus.



Distance learning has been instituted across the country. However, many school districts, especially in low-income areas, do not have adequate technology to continue with school. This not only isolates children, it provides added pressure on parents to educate and entertain their children while also working/looking for work.

Requirements to practice social distancing are essential to mitigate COVID-19's spread. However, this has the potential to exacerbate the nationwide loneliness epidemic. Simple in-person interactions, even with people at work, church or the supermarket are much less frequent and have a large impact on social isolation. Virtual interactions can help, but not all have access to the internet and necessary technology.

1 World Health Organization, https://www.who.int/social_determinants/en/

2 Advisory Board, <https://www.advisory.com/daily-briefing/2020/03/25/social-determinants>

3 Bankrate's Financial Security Index, 2019

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Collective strategies between employer groups, government agencies and local health providers should be swiftly and methodically developed to ensure the needs of the underserved and/or uninsured are addressed. Within these communities, increased access to housing, food, and testing/treatment while promoting healthy physical/mental activity are paramount in these times.

COLLECTIVE STRATEGIES TO ADDRESS SDOH DURING COVID-19

Health care providers should look to increase screening capacity for social determinants impacting their patients, particularly transportation, copayments and housing issues. Investments in screening tools and processes can be adopted by health care providers and incorporated into their electronic medical records and their workflows.

Employer groups and health plans can provide mobile access to testing sites for vulnerable urban and rural communities. Collective strategies can be developed for drive thru/walk thru/EMT door-to-door treatment to help mitigate the spread of the virus.

Use patient navigators and community health workers to build awareness, broaden testing and access to clinical services for individuals who are greatest risk.

Some individuals may be navigating online services for the first time and will need support. Employer groups can outreach to ensure population segments, such as those with English as second language, individuals with disabilities, or those with behavioral health conditions are aware of and able to access resources.

Employer groups can partner with non-profit organizations that have already been focusing on food security and coordinate with local school districts to provide meals to students who rely on school breakfast and lunch as an essential source of food. Additional opportunities exist to expand meal delivery for seniors or others who are isolated.

This is an important time for employer groups and public health programs to enhance mental health access through the adoption of telemedicine. Studies are predicting an increase in people suffering from mental health and substance use disorders during this pandemic period and subsequent economic downturn.

Employer groups should ensure their workers' entire family unit has means to address all healthcare issues. Children will experience increased trauma related to family stress and will have their educational progress upended by prolonged school closures and associated "learning loss." The data on the impact of toxic stress and adverse childhood experiences on children is compelling.

Please contact SBA if you have any questions related to behavioral health strategy and relieving the social determinants of health during COVID-19.

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