

# COVID-19's Impact on Medicaid Enrollees' Social Determinants of Health

Prepared by Kathleen Taylor, Samantha Rosner, Petry Ubri, Sabrina Wang, and Kevin Koenig, NORC at the University of Chicago

**The NORC Medicaid Managed Care Organization (MCO) Learning Hub provides timely and relevant resources to support Medicaid MCOs and other stakeholders in improving the health of their members and supporting advancements in health equity and health care transformation. We encourage you to share your experiences and feedback on future MCO Learning Hub work to better serve your needs. To start the conversation or join our distribution list, please email us at [MCOLearningHub@norc.org](mailto:MCOLearningHub@norc.org).**

The changes COVID-19 has forced on our society underscore the importance of both protecting and strengthening core social determinants of health (SDOH). There is increased recognition that achieving health and health equity goes beyond addressing individuals' medical concerns—policymakers must also take into account the social, economic, and environmental factors and racial inequities that influence individuals' health and lived experiences. Programs and policies that address SDOH and work to align health care and social services play a central role in alleviating the impacts of this virus on individuals' health and well-being. Services and supports for individuals whose needs go beyond the traditional health care landscape are already precarious; lack of access to them has been further exacerbated by the daily restrictions placed on us all to fight the virus. SDOH needs are often interconnected, adding to the complexity of identifying meaningful services and supports.

Over the coming months, NORC will provide insights and information to help Medicaid MCOs strengthen their responses to the pandemic. NORC will share new information, best practices in the field, lessons learned, and potential next steps for MCOs through a series of materials on SDOH topics and how MCOs are identifying social risk factors and responding to emergent needs. This brief is intended to support the Robert Wood Johnson Foundation (RWJF), RWJF-funded organizations, MCOs, and other organizations to advance health equity by presenting timely topics and examples of leading organizations' efforts in these topic areas. The following overview presents areas the MCO Learning Hub will be tracking as the COVID-19 pandemic evolves, and will provide examples of how MCOs are addressing these issues.

## Social Isolation and Behavioral Health Demands

At the height of state restrictions to control the spread of COVID-19, more than 316 million people were under stay-at-home orders in the United States and Puerto Rico.<sup>1</sup> There is profound concern about the various impacts of physical, or social, distancing requirements on all populations. As we know and are learning personally through our own experience, social isolation can increase feelings of loneliness and provoke other behavioral health concerns, such as depression and anxiety,

which can lead to increased substance use and other potentially harmful behaviors. Current federal, state, and city guidelines restricting gathering sizes have also forced many behavioral health providers and outpatient substance use disorder (SUD) treatment centers to temporarily close.<sup>2</sup> On top of that, access to behavioral health services is now exponentially reduced for communities of color, who already experienced a lack of access to mental health and substance use treatment before the pandemic.<sup>3</sup>

Medicaid is the largest payer of behavioral health services; yet, recipients reported difficulties with accessing providers prior to the pandemic due to limited provider networks and high out-of-

pocket costs.<sup>4,5</sup> Medicaid enrollment increases due to the COVID-19-related economic downturn have exacerbated issues with access to covered providers. One estimate showed that Medicaid enrollment could increase by 5 to 18 million by the end of 2020.<sup>6</sup> In addition, as the pandemic continues, demand for behavioral health services will grow from increased anxiety over health and food security, financial strain, and discrimination.<sup>7</sup> For example, New York City has seen a rise in the number of people contacting their crisis support hotline, and officials report that those experiencing homelessness are avoiding shelters—where they are often connected to support services—for fear of contracting the virus.<sup>8</sup>

Health plans are addressing their members' social isolation concerns in a variety of ways. Some MCOs have launched outreach campaigns to their high-risk members, such as contacting individuals who may suffer from anxiety due to extended periods of being alone, to offer assurance and assistance with accessing care. For example, to support its older adults and members with disabilities, Inland Empire Health Plan (IEHP) in California connected over 94,000 members through a two-way text messaging platform. For 45 days, members shared ways to find new hobbies, access links to resources, stay active, and stay connected with family and friends.<sup>9</sup> MCOs are also working within state and federal guidelines and protocols to expand their members' access to behavioral health services, especially through the use of telehealth capabilities. States like Florida, Wisconsin, and Tennessee have provided flexibility for MCOs to expand their behavioral telehealth offerings to match the temporary allowances of their traditional Medicaid programs, such as allowing telehealth visits for medication-assisted treatment services<sup>10</sup> and mental health screenings,<sup>11</sup> and allowing telephonic visits when video technology is not available.<sup>12</sup>

Mental health resources for various groups are also being compiled. For example, Anthem's affiliated health plans and Beacon Health Options have joined with Psych Hub, mental health advocates, and other national health insurers to develop a COVID-19 Mental Health Resource Hub, which will provide resources to help people, their families, and care providers manage COVID-19 related stressors such as social isolation or job loss.<sup>13</sup> Organizations such as the Coalition to End Social Isolation & Loneliness have provided resources for individuals impacted by COVID-19 on how they can stay connected during this period of isolation.<sup>14</sup> The National Alliance of Mental Illness has also developed a COVID-19 Resource and Information Guide, which outlines strategies and resources individuals can use during this time.<sup>15</sup> Future work will focus on policies and programs that MCOs are implementing to identify and address social isolation and behavioral health.

## Food Insecurity

Food insecurity is defined as the disruption of food intake or eating patterns because of lack of money and other resources.<sup>16</sup> According to the U.S. Department of Agriculture's Economic Research Service, 11.1 percent of households were food insecure for some period in 2018.<sup>17</sup> Those who are food insecure are at increased risk for a variety of negative health outcomes and health disparities, including chronic diseases.<sup>18,19,20</sup> Moreover, Black and Hispanic populations are disproportionately affected by food insecurity. In 2018, rates of food insecurity were higher among non-Hispanic Black households (21.2 percent) and Hispanic households (16.2 percent) than White households (8.1 percent).<sup>21</sup>

COVID-19 impacts food insecurity in numerous ways; an increase in the numbers of individuals with food insecurity is sure to be a consequence of the pandemic. Food banks across the nation are seeing growing numbers of people lining up for food. For example, a recent *New York Times* article highlighted how more than 900 people lined up to receive assistance at an Omaha food pantry, while Washington and Louisiana called in the National Guard to help pack food boxes and distributions.<sup>22</sup> COVID-19 has exacerbated existing racial disparities in food insecurity. According to Census Bureau Household Pulse Survey data, about three in ten Black households with children and one in four Hispanic households with children did not have sufficient food due to a lack of resources in June 2020. In contrast, White households with children reported a child food insecurity rate just under 10 percent.<sup>23</sup>

Even though the Centers for Disease Control and Prevention (CDC) recommends storing two weeks' worth of food, some people have stockpiled larger and longer-lasting supplies of essential foods and goods, and suppliers in the food chain have had to cut back on production due to the impacts of the virus.

**“The result is decreasing food availability for the greater community, including for individuals most at risk, many of whom lack the financial resources to purchase two-weeks of food.”**

Furthermore, high unemployment rates have made it harder for people to pay for groceries. These concerns are negatively impacting food availability, especially for individuals in food deserts, who already have limited access to fresh, healthy food. This is being seen in Chicago as unemployment rates grow and one-third of the Greater Chicago Food Depository network pantries have closed, reducing resources for those in areas with already limited access to fresh and affordable food options.<sup>24</sup>

Many MCOs' member surveys or health risk assessments include questions aimed at identifying those at high-risk of or experiencing food insecurity, and coordinate with local food banks or food assistance programs. While this approach has previously been used to address their members' needs, it plays an even more important role now. In addition, many MCOs are donating resources—financial, supplies, or volunteers—to local food banks in response to COVID-19. Examples include:

- L.A. Care Health Plan committed a grant of up to \$550,000 to Project Angel Food, a program that delivers medically tailored meals to adults and children living with critical illnesses. The grant will help Project Angel Food provide meals to over 150 people who joined their waiting list due to food insecurity resulting from COVID-19 impacts.<sup>25</sup>
- Alignment Healthcare, a Medicare Advantage insurance company, has begun offering a crisis meal delivery program that distributes two weeks' worth of meals to members who are otherwise unable to access food.<sup>26</sup>
- MetroPlus in New York has partnered with Amazon and Bain & Co. to contact members most at risk of hospitalization via a text message sent by a bot. The text includes a link that allows the member to take a questionnaire on their risk factors. Based on their responses, the MCO then connects the member to community service providers who can assist with the identified social needs, including food security.<sup>27</sup>
- Highlighting the importance of partnering with community organizations during this crisis, AmeriHealth Caritas in the District of Columbia has expanded its meal delivery program with Produce Rx to include medically tailored groceries and meals to members who have confirmed cases of COVID-19 and to members who are at highest risk of contracting the virus.<sup>28</sup>
- Humana's partnership with Walgreens in Knoxville and Kansas City has screened thousands of individuals for food insecurity. Those with a positive screening are provided information on local food resources, as well as state and federal benefits that may be available to them.<sup>29</sup>
- BlueCross BlueShield of Tennessee Foundation donated \$3.25 million to six Tennessee foodbanks, while Geisinger Health Plan partnered with selected Pennsylvania food banks to give emergency food boxes to health plan members, patients, and those in need.<sup>30</sup>

Future work will focus on policies, programs, and community partnerships that MCOs are developing to alleviate food insecurity in their communities and for their members.

## Housing and Homelessness

According to the U.S. Department of Housing and Urban Development, nearly 1.4 million people use a homeless shelter or transitional housing each year.<sup>31</sup> Homelessness is associated with enormous health inequalities, including shorter life expectancy, higher morbidity, and greater usage of acute hospital services.<sup>32</sup> People experiencing housing insecurity and homelessness are disproportionately at higher risk of contracting COVID-19 due to a lack of access to hygiene and sanitation products, residing in tight quarters in shelters, or having no shelter at all. People experiencing homelessness are also more likely to have higher prevalence of chronic conditions compared to the general population, including hepatitis, heart disease, and asthma.<sup>33</sup> Additionally, racial disparities are evident in the homeless population, which puts underserved racial groups at even higher risk for health disadvantages. For example, Pacific Islanders experience homelessness at the highest rates in the United States, with 160 out of every 10,000 Pacific Islanders experiencing homelessness compared to the national average of 17 out of every 10,000 people.<sup>34</sup>

In response, some MCOs have taken immediate actions to alleviate the strain on homeless shelters and those experiencing homelessness, and are providing supportive housing or other assistance. For example, Kaiser Permanente has committed \$1 million to help prevent and combat the spread of COVID-19 in populations experiencing homelessness in California, Washington, and Oregon.<sup>35</sup> In this crisis, MCOs can consider implementing new initiatives such as supportive housing programs that combine permanent affordable housing with comprehensive and flexible support services, which have gained recognition as a cost-effective health intervention for people experiencing homelessness.<sup>36</sup> In light of COVID-19, Tufts Health Plan Foundation has provided three waves of funding to nonprofit organizations that focus on housing and equity efforts in Massachusetts, Rhode Island, New Hampshire, and Connecticut, as well as organizations that work with individuals experiencing homelessness.<sup>37,38</sup>

Many states are using Section 1135 waivers to permit payments for services provided to patients with COVID-19 in alternative care settings such as temporary shelters or mobile-testing sites. For example, North Carolina requested a waiver to provide housing-related services to people experiencing homelessness, including temporary housing and assistance submitting housing applications.<sup>39</sup> Furthermore, if MCOs are not already collaborating with Healthcare for the Homeless—federally qualified health centers that specialize in serving populations experiencing homelessness—they can initiate contracts with these facilities to support care initiatives and outreach efforts.<sup>40</sup> Future work will expand on these examples and offer additional policy recommendations from stakeholders and advocacy groups on how MCOs can support populations experiencing homelessness.

## Transportation

Transportation is a fundamental necessity to access health care, food, and other essential services. Each year, 3.6 million people in the United States do not obtain medical care due to transportation issues, including a lack of vehicle access, inadequate infrastructure, long distances and lengthy times to reach needed services, and the high cost of transportation.<sup>41</sup>

**“While the use of telehealth visits, which can alleviate the need for some transport to health services, has increased rapidly over the last months, many services and treatments still require in-person medical care.”**

In response to COVID-19, the Centers for Medicare & Medicaid Services (CMS) has relaxed telehealth-related policies to support state and MCOs' efforts. Yet, telehealth is only one way to minimize issues surrounding transportation-related access to care. For patients who still need in-person medical care, lack of transportation can lead to missed or delayed appointments, problems with obtaining medications, greater use of emergency care, and more serious medical conditions.

In addition, individuals who rely on public transportation are at greater risk of contracting the virus than individuals who do not. At its core, public transportation brings large groups of people together in enclosed environments, making it extremely difficult for travelers to practice physical distancing. Although public transit use has decreased due to stay-at-home orders, some individuals still need to use public transit to get to work, go to the grocery store, or perform other essential activities. MCOs and state Medicaid programs had already begun using existing relationships or building new relationships with ride-share programs to transport beneficiaries to medical visits, and, as previously noted, are offering food delivery services to members in need. For example, Florida, Indiana, and South Carolina Medicaid agencies have established new partnerships with rideshare companies to provide beneficiaries with non-emergency medical transportation.<sup>42</sup> MCOs can also consider adding transportation benefits in lieu of services, as permitted.<sup>43</sup> Alternatively, to combat SDOH impacts of the virus on older adults, Tufts Health Plan Foundation has donated \$1 million to community and nonprofit organizations who provide SDOH services to communities across New England, including transportation initiatives.<sup>44</sup>

Future Learning Hub work will expand on recent efforts MCOs have conducted to support evolving transportation demands for their members, including how transportation services can be offered to support other areas of nonmedical need.

## Racial and Ethnic Disparities

COVID-19 has not only laid bare racial and ethnic disparities in health outcomes of those who contract the virus but it has also highlighted racial and ethnic disparities related to SDOH.

- Before COVID-19, Black and Latinx populations often had lower access to mental health and substance use services. Now, 89% of the Black community with SUD and 70% of the Black community with any mental illness lack access to treatment while 90% of the Hispanic community with SUD and 67% of the Hispanic community with any mental illness lack access to treatment.<sup>45</sup> In the midst of the pandemic, Black and Latinx populations report limited access to prevention, treatment, and recovery services for SUD.
- Black and Hispanic, immigrant, and lower-income populations are more likely to use public transportation, likely because they are more likely to live in metropolitan areas, to have less access to cars, and live farther away from work.<sup>46</sup> In a 2014/2015 survey of public transportation use in urban areas, 34% of Black respondents and 27% of Hispanic respondents report taking public transit daily, compared to 14% of White respondents.<sup>47</sup> As noted above, use of public transportation during the pandemic contributes to increased risk of exposure to the virus.

Before the pandemic, racist and discriminatory policies existed in the very systems intended to support health and well-being, including health care and SDOH systems like housing, finance, criminal justice, and education.<sup>48</sup> Discrimination and racism have been shown to negatively impact the health of people of color, leading to chronic or toxic stress.<sup>49,50</sup> COVID-19 has further compounded health and SDOH disparities between racial and ethnic groups. Data from the CDC has shown that age-adjusted Black and Hispanic COVID-19 hospitalization rates were 4.5 and 3.5 times those of Whites, respectively.<sup>51</sup> Future work on SDOH topics in this report will include a lens on the racial and ethnic disparities compounded by COVID-19.

## Special Populations and Considerations

COVID-19 has more clearly exposed the impact of SDOH on the livelihood of special populations, such as older adults, people with limited-English proficiency, justice-involved individuals, and more. It is imperative that MCOs consider the effects of COVID-19 on these populations while devising actions to support their members during this time.

- **Older adults** tend to be at higher risk for contracting COVID-19 due to their age and greater health risk factors. This population is already more susceptible to feelings of

loneliness and social isolation. Furthermore, residents of nursing facilities have faced immense danger during the pandemic, with over 164,000 confirmed cases of COVID-19 from residents of nursing facilities as of July 26, 2020.<sup>52</sup>

- **People with Limited English Proficiency (LEP)** are not provided with adequate health information in the United States.<sup>53</sup> Research on past pandemics show that public health systems were ineffective at providing information for populations with LEP, which resulted in greater spread among these communities.<sup>54</sup> This precedent is becoming apparent during COVID-19, as Hispanic and Chinese communities with LEP have high prevalence of the virus.<sup>55</sup>
- **Justice-involved individuals** face problems with tight, often overcrowded quarters; sharing bathroom facilities, dining areas, and supplies; and being exposed to violence and other stress-inducing circumstances. Federal Medicaid law prohibits the use of federal matching funds to pay for services provided to an inmate of a public institution except when the individual is a patient in a medical institution.<sup>56</sup> States have begun to request waivers to address Medicaid's role in covering justice-involved individuals' COVID-19 related health costs. For example, South Carolina aims to gain federal financial participation for treatment provided to COVID-19-positive inmates in state correctional medical facilities, while California aims to reimburse virus testing and treatment inside correctional facilities for Medi-Cal eligible persons.
- Although research has not determined whether the virus impacts **expecting mothers** more severely than the general population or whether the virus can impair a baby's development, concerns over these factors may lead to foregone pre-natal services, which may have downstream negative impacts on both the mother and baby.
- **Essential workers** face the possibility of being exposed to the virus in their daily work and, ultimately, spreading the virus within their communities. The Center for American Progress compiled U.S. Bureau of Labor Statics data and found that communities of color are overrepresented compared to the overall population in the food service industry, hotel industry, and as taxi drivers and chauffeurs.<sup>57</sup> These are many of the essential workers who are most vulnerable to COVID-19 and could be connected to trends we are seeing with COVID-19 hitting underrepresented populations so hard.
- While **children** were initially thought to be somewhat protected from the most severe health threats posed by the virus, new evidence has been found to link the virus to a potentially lethal inflammatory syndrome.<sup>58</sup> As of August 6, 2020, close to 400,000 childhood COVID-19 cases have been reported, with more children returning to school settings in August and into the fall.<sup>59</sup>

For these special populations, living in a rural community exacerbates many of these heightened SDOH concerns due to pre-existing issues related to access to care, such as provider shortages and transportation—whether from travel distance or lack of public transit options. All of these factors complicate efforts to support members who live in rural communities.

## Next Steps

Every day brings new examples of how COVID-19 is impacting our society and our personal health, and how our communities are responding to the challenge. The interconnectedness between physical health, behavioral health, and social needs makes it challenging but crucial to implement effective policies and programs to mitigate the long-term impacts of the pandemic on Medicaid beneficiaries' overall health and well-being. Especially at this time, MCOs cannot lose sight of how health inequities can impact their members' access to health care services and community supports needed to maintain and improve health.

The NORC Medicaid MCO Learning Hub will continue to provide MCOs, Medicaid programs, and other stakeholders with timely information on these SDOH topics, working to gain on-the-ground insights from MCOs and community organizations on what they are doing now to counteract impacts from the virus on their members. Future work will provide more detailed information and examples of solutions that MCOs and consumer groups are undertaking to alleviate the threats of COVID-19 to their members.

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The key goal of the NORC Medicaid MCO Learning Hub is to serve as a source of information, expertise, and best practices to support managed care organizations in moving forward with system reform. NORC and its partner organizations identify, develop, and disseminate promising approaches and emerging opportunities for MCOs to improve the physical health, behavioral health, and social needs of their members.

Your ideas and opinions are important to us. We welcome your feedback on future Medicaid MCO Learning Hub work or programs you are working on to better serve your needs.

We want to hear from you. Please contact us at [MCOLearningHub@norc.org](mailto:MCOLearningHub@norc.org) to start the conversation or join our distribution list.

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