

Hospitals Address Patients' Social Needs to Help Reduce Health Inequity During the COVID-19 Pandemic

The COVID-19 pandemic is disproportionately affecting our Black, Latino and American Indian/Alaska Native (AI/AN) communities. Black and Latino Americans are [three times more likely](#) than white people to contract COVID-19. The Centers for Disease Control and Prevention (CDC) [reports](#) the COVID-19 hospitalization rate for AI/AN populations is four times higher than for white Americans. Black and Latino people also face similar grim [hospitalization rates](#), 2.9 and 3.2 times higher, respectively, than that for white people, according to CDC data.



Black people are dying at a rate nearly one-and-a-half times higher (deaths per 100,000 by race or ethnicity) than their share of the population (15% of COVID-19 deaths where race is known), and, in 51 states and territories, Latino people make up a greater share of confirmed cases than their share of the population, according to the [COVID Data Tracking Project at The Atlantic](#).

Reasons for the health inequities are multipronged:

- Systemic inequities, such as racism or community disinvestment, lead to inadequate investment in jobs education, transportation, safe and affordable housing, and food access, creating environments that exacerbate the spread of the virus.
- Communities dealing with sustained hardship and with low-income residents may have higher rates of certain chronic conditions, such as diabetes, asthma and hypertension, which exacerbate symptoms of COVID-19.
- Individuals who cannot socially distance due to work or living situations are more likely to be exposed to the virus.

The COVID-19 pandemic has further highlighted how societal factors influence health, and the data make it abundantly clear — understanding and addressing those societal factors is necessary to improve health and save lives in communities of color. Awareness of patients' social needs enables hospitals and health systems to take the first step to address health inequities while providing person-centric care.

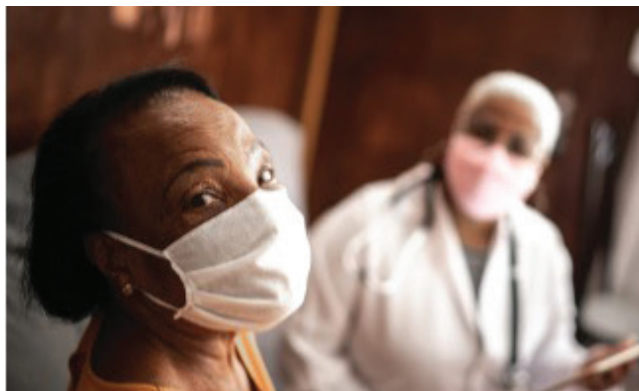
Hospitals are taking the following steps to address the social needs of their patients and work with others in their community to address health inequities during the COVID-19 pandemic.

Screening and Documenting Social Needs

The nature of how COVID-19 spreads makes it important to understand patients' social circumstances. For example, living and working situations, such as the number of people sharing a bathroom or the lack of enforced safety protocols in the workplace, impact patients' exposure and contraction, and the spread of the virus. The AHA encourages providers to continue screening patients for social needs and documenting responses in electronic health records.

Hospitals and Health Systems:

- Ask patients, as part of the social needs screening, about their living and working situations to assess their level of potential exposure to the virus.
- Help patients understand how to mitigate their exposure risk at home and work.
- Use patient data to identify COVID-19 hot spots in the community.
- Include social workers on the care team to support the patient's and family's social needs.



Hospitals in Action

As care shifted to telemedicine during the pandemic, **Allina Health** digitized its approach for screening and addressing patients' social needs. The Minnesota-based system worked with NowPow to integrate its social needs screening tool into the patient portal, allowing providers to virtually collect patient information and make connections with community-based services. The new platform links patient responses back to the electronic medical record where care navigators can track referral outcomes.

The University of Arkansas for Medical Sciences' self-quarantine capacity screening tool determines whether patients who tested positive for COVID-19 are able to self-quarantine. Individuals who cannot self-quarantine due to homelessness are connected with stable, safe housing options.

Focus on Health Equity

Data show that communities of color are being tested for COVID-19 at a lower rate than predominantly white communities, yet they are experiencing much [higher rates of infections](#). The AHA, the American Medical Association and the American Nurses Association last year [urged](#) the Secretary of Health and Human Services to increase the availability of testing to ensure access to equitable treatment and disseminate timely, relevant, culturally-appropriate and culturally-sensitive public health information. The organizations also [urged](#) Senate leaders to enact provisions to further improve data collection and testing and to address the urgent needs of minority and historically marginalized communities, including workforce needs and the fundamental root causes of health disparities.

As testing and treatment decisions are made, care providers are acknowledging and learning to correct unconscious bias while continuing to collect and record demographic data. In addition, the complex nature of COVID-19 makes it important to be aware of patients' linguistic and cultural needs to ensure that they and their families understand the symptoms of COVID-19 and how to prevent its spread.

Hospitals and Health Systems:

- Engage and educate struggling communities regarding COVID-19 transmission and testing.
- Record patient race, ethnicity and language data to detect disparities in disease burden and outcomes.
- Provide access to translators and materials that reflect a community's predominant cultures.

Hospitals in Action

Atrium Health and Novant Health's mobile testing program is aimed toward expanding COVID-19 testing in Black communities in Charlotte, N.C., where residents comprised 50% of the confirmed COVID-19-positive individuals in the county.

Massachusetts General Hospital's registry of multilingual, front-line staff helps assign Spanish-speaking doctors to each medical team whenever possible to avoid having to use remote interpretation services.

Cambridge Health Alliance is identifying patients who would benefit from in-person interpretation, such as those who are hearing-impaired and do not use American Sign Language. It also has allocated personal protective equipment (PPE) for on-site interpreters. The hospital's discharge instructions also are in Arabic, Nepali and other languages, expanding beyond the Spanish, Portuguese and Haitian Creole translations it traditionally offers.

Housing

Housing security is a significant factor for COVID-19 prevention and treatment. Housing insecurity manifests itself through patients' inability to pay rent, mortgage or utilities due to job losses, often placing individuals and families at risk of eviction and homelessness.

Unemployment associated with the sharp reduction in economic activity has endangered individuals' ability to pay their rent or mortgage. For those individuals living in high-density homes or homeless shelters, social distancing or self-quarantining is nearly impossible, increasing the likelihood that they may be exposed to COVID-19. In addition, environmental hazards, such as poor air quality, mold, lead and pests are particularly problematic for people with existing respiratory conditions. These conditions exacerbate the risk of contracting COVID-19.

Hospitals and Health Systems:

- Learn about the patient's living situation to identify any risk factors.
- Ensure that infected individuals have a safe space to self-quarantine.
- Connect with community partners to explore housing options for homeless and housing insecure patients.

Hospitals in Action

The city of Chicago helped broker a deal between local hospitals and five hotels to repurpose empty rooms for patients. The hotels are housing people who are waiting for test results but cannot return home; quarantining high-risk healthy individuals who cannot stay at home because of an ill family member; and isolating people who have been diagnosed with COVID-19 but cannot return home because of their living situation.

Alameda Health System is updating its Project Roomkey housing initiatives with supportive housing and homeless services providers and other Oakland, Calif., community stakeholders. Operation Comfort provides isolation housing for symptomatic or COVID-19-infected people experiencing homelessness, and Operation Safer Ground offers safe housing for people experiencing homelessness.



Providence St. Joseph Health's foundation donated \$500,000 to support its community health partners throughout the COVID-19 outbreak. The donation is aimed at reducing social risk factors that could lead to disparate outcomes, such as housing and food insecurity.

Food

Many people are struggling to keep food in their homes and on their tables due to lost jobs or forgone school meals. Providers are encouraged to connect food-insecure patients and families with existing programs or community resources.

Hospitals and Health Systems:

- Refer patients and families in need to food banks.
- Assist patients in applying for SNAP benefits.
- Partner with food delivery services.

Hospitals in Action



Boston Medical Center's on-site pantry serves as a food access point for its community. Social workers deliver food from the pantry to the homes of families in need. Recognizing heightened needs of the community during the pandemic, BMC has lifted restrictions on the number of monthly visits that families can make to the pantry.

Henry Ford Health System partnered with the United Way of Southeastern Michigan and the BET COVID-19 Relief Fund to launch At Your Door: Food & More, a rapid-response community outreach program to address African American health disparities exacerbated by COVID-19. At Your Door promotes health and well-being by providing contact-free deliveries of food boxes, PPE, diapers, culturally-informed education and equipment for virtual support, allowing populations struggling to get ahead to reduce risk of exposure.

Ascension Seton and Dell Medical School received a \$250,000 grant from the Bank of America Charitable Foundation to help address community nutritional needs in Austin, Texas, during the pandemic. By partnering with Good Apple, a doctor-prescribed grocery delivery service, they are providing Central Texas seniors and residents with compromised immune systems access to fresh, healthful food.

Rush University Medical Center and West Side United are anchoring Live Healthy Chicago, a community collaborative to assist older adults and other high-risk populations in the city's south and west sides who are experiencing disparities magnified by COVID-19's impact. With support from the Oprah Winfrey Charitable Foundation, Live Healthy Chicago distributes wellness kits and PPE to at-risk older adults, deploys community health workers, provides meal deliveries and implements contact tracing.

Conclusion

As hospitals and health systems continue to respond to the urgent medical needs of patients in their communities, the need to address individuals' social needs has in many cases intensified over the course of the pandemic. Identifying and addressing the social needs of patients and families is an important step to mitigate the inequities of COVID-19.