

# Social Determinants of Health in the Time of COVID-19:

## **A 2021 UPDATE**

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Please go to [Social Determinant Risk in the Time of COVID-19](#) for the original article.

Socioeconomic and place-based factors—collectively known as the social determinants of health—continue to figure prominently in the ongoing COVID-19 pandemic.



The COVID-19 pandemic has amplified social determinant risk



## ECONOMIC RISK

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JUNE  
2020

As people lose their jobs and health insurance because of the growing economic fallout, they join the ranks of Americans with increasing social determinant risk, signaling increasing stress on the safety net and the economy:

- Across a 14-week period, about **47 million Americans** filed initial jobless claims amid lockdowns and mandated closings of nonessential businesses.
- Nearly **one-third of Americans** living in rental housing did not pay their rent during the first week of April.

FEB  
2021

Millions of Americans continue to struggle amid a resurgent pandemic and renewed workplace restrictions that have hamstrung a recovering economy:

- Employment numbers suggest weakness in the US economy beyond the leisure and hospitality sectors, with a below-forecast 49,000 additional jobs reported in January, on the heels of a revised **net loss of 227,000 jobs** reported in December.
- Almost **40% of jobless workers**—nearly 4 million Americans—are dealing with prolonged unemployment ( $\geq 27$  weeks).
- In January, nearly **one in five adult renters**—an estimated 13.2 million Americans—reported being behind on rent owed.



## FOOD INSECURITY

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JUNE  
2020

For many Americans, food insecurity has materialized or has been exacerbated by loss of income; efforts to control the spread of the virus, including sheltering-in-place and social distancing directions; reduced options for public transit; and empty food shelves caused by overbuying and hoarding:

- A recent, **drive-through food bank distribution** drew a line of cars with over 1,000 families.
- **Meals on Wheels programs**, which deliver food to the housebound and elderly, are dealing with a sudden influx of older Americans, with fewer volunteers available to help with meal deliveries.

FEB  
2021

The need for food assistance owing to the COVID-19 crisis continues unabated:

- In January, **24 million adults** reported that their households sometimes or often did not have enough to eat in the last seven days owing to lack of money, no transportation, or safety concerns due to the pandemic.
- A nationwide network of more than 200 food banks has projected a **shortfall of 6-8 billion meals** and is forecasting a need for 17 billion pounds of food (three times that for 2020) through October 2021.



## EDUCATION

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JUNE  
2020

School closings due to COVID-19 have placed a strain on parental employment, and there is concern that some students may fall behind without formal instruction. In addition, families that depend on subsidized or free breakfast and lunch are experiencing greater food insecurity:

- Across the country, many schools have **extended closures** through the end of the 2019-2020 academic year.
- Increasing numbers of **food service workers** who test positive for coronavirus have caused school districts to stop or scale back food distribution efforts.

FEB  
2021

While many schools have returned to in-person teaching on at least a part-time basis, COVID-19 continues to disrupt parental employment, student academic progress, and dependable access to school nutrition programs:

- **Localized and state-wide surges** in COVID-19 infections are exacerbating long-standing teacher shortages, forcing some school districts to close their buildings and teach remotely and others to relax requirements when hiring substitutes.
- In a RAND survey, one-third of teachers in high-poverty schools indicated **students were significantly less prepared** to participate in grade-level work.
- With rising pandemic-related school closures, **teachers have been delivering food** in an effort to keep their students fed.



# Social determinants of health are intensifying risks from COVID-19

## IN NURSING HOMES

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JUNE  
2020

Social determinant risk is common in nursing homes, as residents are often poor and rely on Medicaid. Being elderly with chronic conditions leaves seniors highly susceptible to the ravages of COVID-19:

- Across the US, more than **12,000 long-term care facilities**, including nursing homes, have reported cases of coronavirus.
- More than **267,000 residents and staff members** have contracted the virus, with over 51,000 deaths reported.

FEB  
2021

Nursing home residents and their caregivers continue to be at high risk of contracting and dying from COVID-19:

- Over the course of the pandemic, 31,000 long-term care facilities have reported **163,000 COVID-19-related deaths** from among their residents and employees, a number corresponding to more than 34% of all COVID-19 fatalities in the US.
- In 10 states, at least **one-half of deaths** attributable to COVID-19 have been linked to nursing homes.

# AND IN COMMUNITIES

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JUNE  
2020

Inequities related to crowded housing, segregation of poor communities in urban environments, essential workplace jobs, high rates of chronic disease, and an inability to afford or secure critical medicines contribute to COVID-19-related morbidity and mortality:

- U.S. counties whose **populations are predominantly Black** have COVID-19 infection rates that are three times that of counties whose populations are predominantly white. Rates of fatalities are nearly six times higher for the former than the latter.

FEB  
2021

Besides affecting COVID-19-related morbidity and mortality, socioeconomic and place-based factors may limit access to medical care and COVID-19 vaccines:

- A recent study suggests structural determinants—**housing inequality, employment opportunities, poverty, and care access**—may explain disproportionately higher out-of-hospital deaths caused by COVID-19 infections in Black and Latinx populations.
- Another study reported video use for **telemedicine visits** was lower for older, Black, Latinx, and lower-income individuals, suggesting a digital divide separating older, minority, and poorer populations from other groups.
- **Geographic disparities** may complicate or hinder access to COVID-19 vaccinations.
- Early data from several states suggest a mismatch between the percentages of vaccinations received by vs percentages of cases and **deaths reported for Blacks**.



# What is being done at federal, state, local, or corporate levels?

VARIOUS INITIATIVES SPECIFIC TO COVID-19 AND SOCIAL DETERMINANT RISK CONTINUE TO BE IMPLEMENTED

Initiatives such as these, together with a robust public health response and the availability of safe and effective vaccines and therapeutics, will limit the impact of COVID-19 over the coming months.

- A second **federal aid package** includes a supplemental jobless benefit, a direct stimulus payment to most Americans, subsidies for at-risk businesses, and money made available to states and local governments for rent shortfalls.
- A federal **eviction moratorium** has been extended for Americans unable to pay rent.
- The federal government is expanding **Supplemental Nutrition Assistance Program benefits** by 15% for a six-month period beginning January 1, 2021.
- A continuing resolution has extended through September 2021 the **Pandemic EBT Emergency School Meals Program**, a grocery debit-card for families who have lost access to subsidized or free meals due to school closures.
- In Pennsylvania, **\$2.2 billion in stimulus funds** are being allocated to school districts and charter schools affected by the COVID-19 pandemic to support technological improvements, food programs, and other education services.
- A rideshare provider together with healthcare and corporate partners has pledged to provide **transportation to COVID-19 vaccination sites** for individuals with socioeconomic and place-based risk.
- An **open access tool has been developed** to help identify geographic areas that require additional infrastructure for timely and equitable distribution of COVID-19 vaccines.



# How has Veradigm® mobilized to combat COVID-19?



As a leading provider of data and technology solutions, Veradigm is supporting healthcare providers and their patients, including those with socioeconomic and place-based risk.

In keeping with its longstanding policy, Veradigm is offering services related to its electronic health record (EHR) platforms, without charge, to the free clinics serving on the pandemic front lines.

Veradigm has implemented COVID-19 questionnaires and is providing support regarding the latest government updates within the EHR clinical workflow.

Veradigm also maintains a physician and patient resource section within our website that includes information on COVID-19 preparedness, screening and testing, prevention and control, management and treatment, and patient education.



In addition, Veradigm is committed to advancing multiple initiatives with relevance to the COVID-19 public health emergency and socioeconomic and place-based risk.



## INITIATIVES INCLUDE:

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### ✔ COVID-19 RESEARCH DATABASE

Veradigm is a **founding member of a consortium of healthcare companies** that has launched the [COVID-19 Research Database](#), a secure repository of HIPAA-compliant, de-identified, limited pandemic-related patient data.

The repository, which includes real-world data from electronic health records and medical and pharmacy claims, is freely available to public health and policy researchers for generating real-world evidence and deriving actionable insights into the COVID-19 crisis.

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### ✔ COVID-19 HEALTHCARE COALITION

Veradigm also is a member of the [COVID-19 Healthcare Coalition](#), established as a **public-interest, private-sector response to COVID-19**. Among its objectives, the coalition is investigating potential treatments for COVID-19, creating a de facto data standard to enable sharing of outcomes and analytics on therapeutic effectiveness and reinfection rates.

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### ✔ IMMUNIZATION TRACKING

Along with parent company Allscripts, Veradigm is supporting immunization tracking efforts by **providing integrated functionality to assist healthcare practitioners** in connecting electronically with their state or local immunization registries through ambulatory care EHR systems.

✓ **VACCINE AND MEDICAL PRODUCT SAFETY SURVEILLANCE**

Veradigm is supporting vaccine and other medical product safety surveillance by helping to **develop the US Food and Drug Administration's Sentinel System** with lead partner Harvard Pilgrim Healthcare Institute and other collaborating partners. Veradigm involvement focuses on helping to manage the Sentinel Operations Center and on developing a new Sentinel Innovation Center.

✓ **MACHINE-READABLE TAXONOMY OF SOCIOECONOMIC DOMAINS**

Veradigm has created a machine-readable taxonomy of socioeconomic domains and determinants mapped to standardized medical vocabularies and diagnosis descriptors in free text. **The mapped taxonomy can be used to extract social determinants of health data** from EHR structured and unstructured fields.

The taxonomy together with data enrichment capability has the potential to support the clinical, social, and educational needs of patients with chronic conditions and socioeconomic risk, particularly regarding barriers that hinder treatment or contribute to medication or care plan nonadherence.



During these extraordinary times, Veradigm continues to do its part to enhance healthcare delivery and ensure access to datasets and analytics to understand and help mitigate the ongoing COVID-19 personal and public health emergency.

