Leveraging Accountable Health Communities during the COVID-19 pandemic

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The COVID-19 pandemic has shined a spotlight on the interrelatedness between social needs and health. As the pandemic continues to disproportionately impact communities of color, and Black communities in particular, the relationship between race, health, and social determinants of health must drive all conversations about solutions to these disparities.

Since the onset of the COVID-19 pandemic, the Camden Coalition's team of Accountable Health Communities (AHC) screeners and navigators and our AHC program partners have continued their work. We have learned a lot since March 2020, perhaps more than we might have without the presence of a pandemic that disproportionately affected the people that the AHC program is meant to support. The following takeaways encapsulate the most important lessons learned from our AHC program during the COVID-19 pandemic. These lessons have broad implications for policy and practice and health equity generally, both in New Jersey and across the country.

About the Accountable Health Communities model implemented by the Camden Coalition

In 2017, the Camden Coalition was selected as one of 29 hubs across the country to develop and test the Accountable Health Communities (AHC) model. An initiative of the Centers for Medicare and Medicaid Services' Innovation Center, the AHC model aims to bridge the critical gap between clinical and community service providers by addressing the following health-related social needs of Medicare and Medicaid beneficiaries: housing instability, food insecurity, utility needs, interpersonal violence, and transportation.

Through AHC, the Camden Coalition serves Medicare and Medicaid beneficiaries who seek healthcare at participating clinical delivery sites and who are living in New Jersey's Camden, Burlington, and Gloucester counties. In partnership with clinical and community service providers, the Camden Coalition is implementing four key elements of the AHC model: screening, referral, community navigation services, and regional partner alignment.

Lesson 1: Health and social sector partnerships are critical to addressing the needs of individuals and the communities in which they live.

The problem: Healthcare and social services are separate systems, but individuals' health and social needs are interdependent

Despite programs like AHC that attempt to bridge the gaps between the health and social sectors, the COVID-19 pandemic made apparent the significant disconnect between the two sectors. Our AHC navigators witnessed this disconnect when they spoke to individuals who tested positive for COVID-19. Healthcare providers' instructions to quarantine or isolate were not generally accompanied with an assessment of an individual's ability to successfully isolate, their social needs, or their access to resources to address them. Our navigators spoke to people who tested positive for COVID-19 and needed to isolate, but were often unable to access basic necessities, like food or medicine, without putting their family and others at risk of infection.

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When individuals cannot safely isolate, the risk of virus transmission is heightened. Improved connectivity and coordination between the health and social sectors could facilitate partnerships to address the social needs of those required to quarantine or isolate, such as access to food. Regional entities, like the Camden Coalition, can play an important role in bridging this gap. In fact, during the pandemic, the Camden Coalition was able to facilitate partnerships between ModivCare (formerly LogistiCare) and food pantries to increase food delivery services to those in need.

Policy solution: Reinvest in communities' social needs support through Medicaid

During the pandemic, the New Jersey Medicaid program looked for innovative ways to use Medicaid to support communities with historic disinvestment. For example, ModivCare's ability to participate in food delivery was enabled by an amendment to its contract with the state's Medicaid program. These policy solutions bridge the gap between healthcare and the social sector and should be made permanent, wherever possible. There are examples from other states that have incorporated support for social needs in their Medicaid programs through Section 1115 waivers or State Plan Amendments. Massachusetts' 1115 waiver established a **Flexible Services** program, which allows state Accountable Care Organizations to provide eligible enrollees with health-related nutrition and housing supports. Services are provided either directly or by connecting members to qualified community-based organizations.

Louisiana uses Medicaid dollars to fund its **Permanent Supportive Housing Program**, a partnership between the Department of Health and Hospitals and the Louisiana Housing Corporation which began as part of disaster recovery efforts in the aftermath of Hurricanes Katrina and Rita. Recognizing the overlap in the populations served and the need to secure a sustainable funding source, Louisiana used a Medicaid waiver to expand the program. It now provides pre-tenancy support services, move-in services, and other ongoing tenancy services for qualified beneficiaries across the state.

Lesson 2: Clear and consistent bidirectional communication between government stakeholders, healthcare systems, social service providers and community members is critical during an emergency response.

The problem: Historical mistrust and widespread misinformation causes skepticism and confusion related to COVID-19 testing and services among many communities, especially communities of color.

In the early stages of the pandemic, many community members were confused and/or did not trust the information being released about COVID-19. During navigation calls, the AHC team provided a significant amount of general education about COVID-19 and how individuals could protect themselves from exposure. Much of the confusion and mistrust was driven by vague, often conflicting information being shared about the virus. Furthermore, the historic mistreatment of communities of color, particularly Black communities, by the healthcare and government sectors increased skepticism about the validity of health and safety messages.

As the pandemic continued, disjointed and oftentimes, contradictory communication about COVID-19 test results was also cited as a top concern. Many individuals who our navigators spoke with had to wait longer than expected for test results, which created confusion and fear. The complications created by the lack of timely communication about test results were especially pronounced for people who were not connected to a primary care provider. For example, some testing sites initially set up results to go directly to a person's primary care provider. This left those without an existing connection to a primary care provider with nowhere to turn for information about their results. Others were told to obtain their results via health systems' online portals, which required an email address and presented issues for individuals with limited internet access. Navigators also noted that follow-up care and information was frequently lacking for members who were undocumented. Language barriers also further complicated government and health systems' efforts to provide timely information to the community.

Policy solutions: Create new or use existing communication pathways to disseminate coordinated, and bidirectional information

Government agencies, social service organizations, and health systems need to build on existing communication pathways with individuals and communities to ensure everyone has access to updated, accurate information about the pandemic and their personal health. Information should also be accessible in multiple languages and delivered via multiple avenues, including online, telephonically, and by mail. Stakeholders should rely on established and trusted information sources, such as community-based organizations and faith leaders to disseminate information to community members.

Locally, **My Resource Pal,** an initiative of the Camden Coalition, powered by Aunt Bertha, is a comprehensive, up-to-date directory of social services available to residents in Camden, Burlington, and Gloucester counties. It includes a range of services, from housing to childcare to job placement, and step-by-step instructions for how to access each resource. Organizations that confirmed or changed their My Resource Pal listing due to COVID-19 were given a special designation on the platform to indicate that their information was up-to-date. Additionally, a **dedicated landing page** on the Camden Coalition's website has provided updates from partner organizations about changes in operational status, as well as new information on resources and services, during the pandemic.

Community members should be included in the design and implementation of the local pandemic response, and leaders should work to create structures for integrating community feedback into policymaking.

Finally, it is essential that communication be bidirectional. Community members should be included in the design and implementation of the local pandemic response, and leaders should work to create structures for integrating community feedback into policymaking. For example, enabling community members to provide direct feedback on plans for: testing sites, the dissemination of emerging information about COVID-19 and how to mitigate risk, and local vaccine distribution. Anchor community organizations like hospitals should find ways to incorporate community knowledge into their decision-making processes. Existing bodies like the Camden Coalition's **Community Advisory Committee** (CAC) are a model of how this could operate at the organizational level. In fact, as a result of feedback from the Camden CAC, Camden County modified its plans on where to place test sites in the fall COVID surge.

Lesson 3: Increased investment in regional food aid systems and distribution pathways for other essential items is necessary to address the evolving needs of community members, especially during a global emergency.

The problem: COVID-19 has increased food insecurity and limited access to necessary basic goods

Food insecurity has increased across the region and state as a result of the COVID-19 pandemic. New Jersey is **projected to have experienced** a 56% increase in food insecurity in 2020 as compared to 2018, the second largest projected percent change in food insecurity rates in the country. **National data** suggest unequal distribution of food insecurity across the population: Black and Latino adults are more than twice as likely to be experiencing food insecurity than White adults. Regionally, AHC program partners have seen this increasing level of need across their programs throughout the pandemic. Growing rates of food insecurity point to a need for increased investment in food assistance and the systems that provide it.

Food assistance for this expanding population is limited by a shortage of options for getting food. As mentioned above, individuals who were diagnosed with or suspected of having COVID-19 faced barriers to food acquisition. A lack of food assistance delivery options has not only affected people directed to quarantine or isolate by their healthcare providers, but also anyone attempting to shelter safely in place to limit potential exposure. This forces many individuals to decide between going hungry and risking exposing others or themselves to the virus.

Policy solutions: Increased investment, new partnerships, and regulatory changes are all necessary during a pandemic and should remain in place after the end of a public health emergency

To increase food access during the pandemic, states have responded in **a number of ways.** Massachusetts launched the Food Security Task Force, a public-private partnership convened to identify short- and long-term food shortage needs, maximize access to nutrition programs, and coordinate resources and communication on food insecurity. In accordance with the Task Force's findings, the state Administration **announced** a $56 million fund to go toward increasing infrastructure capacity, the **Healthy Incentives Program;** distribution of food boxes; and immediate relief to food banks. Other states, such as **Oregon** and **Michigan,** intervened at earlier stages in the food supply chain to mitigate disruptions and extend protections to migrant agricultural workers.

In New Jersey, partnerships like that between **ModivCare and local food pantries** have been important to filling gaps and meeting food-related needs of the community. ModivCare, the non-emergency medical transportation (NEMT) vendor for New Jersey Medicaid patients, amended its contract with the New Jersey Department of Human Services to **partner with community organizations** to distribute pre-boxed food to individuals and families who normally accessed food pantries. The Legislature and the Administration should consider extending the availability of these services beyond the pandemic.

Regulatory barriers, however, may impede efforts to increase food aid delivery options. While community food banks typically have discretion to deliver food, they often lack financial and logistical resources to do so. Many community food distribution sites receive additional assistance through the USDA's Emergency Food Assistance Program (TEFAP). Although there are no federal regulations that prohibit TEFAP programs from delivering food, each state is responsible for adding or revising guidelines for the use of "proxy pick-ups" in their state plans - that is, to allow for proxies to deliver food or to increase the number of households one proxy may serve. These guidelines may significantly impact the ability of third parties - food banks or other community organizations - to provide food delivery services.

Food is not the only item essential to a person's ability to quarantine or to limit self-exposure. Beyond barriers to food access, our AHC partners and their program participants have also experienced difficulty accessing other essential items during the pandemic. These include personal care items like diapers, household cleaning supplies like antibacterial wipes, and personal-protective equipment like masks and gloves. Decision makers should factor these essential items into their plans for maintaining access to food and other basic necessities.

Policies that increase access to food assistance and other essential items should not be limited to the duration of the pandemic. Options should remain flexible to respond quickly to the changing circumstances of people with food-related needs to make food assistance as accessible as possible.

Lesson 4: Additional housing policies are needed to protect individuals without housing or with unstable housing during the pandemic and beyond.

The problem: COVID-19 exacerbated the existing affordable housing crisis, putting people at risk of eviction, keeping housing out of reach for many individuals, and jeopardizing access to utilities

Safe, affordable, and healthy housing is essential to improving and maintaining physical and mental health and well-being, especially during the COVID-19 pandemic. Stable housing is necessary for individuals to maintain social distancing and protect themselves from infection, but unfortunately, the pandemic has created additional housing instability for New Jersey residents, **particularly people of color and low-income families.** These issues are rooted in decades of discriminatory housing and lending practices and structural racism, and add to an already dire housing situation in New Jersey.

According to our AHC navigators, many individuals who were homeless before the pandemic remain homeless today, and they have faced particular challenges isolating, quarantining, and following social distancing requirements. These issues have been further exacerbated by a lack of safe and affordable housing options.

With eviction moratoriums still in place, individuals who were housing unstable at the outset of the pandemic may be able to maintain their housing for now, but their futures are uncertain once the eviction moratorium ends. And even with the moratorium in place, our staff encountered individuals experiencing housing instability who were evicted or pushed out of their homes unlawfully. Though navigators were able to inform individuals that evictions are not legal at this time, a lack of legal resources and an effective enforcement mechanism for the eviction moratorium left them with little to no recourse. AHC navigators also noted an uptick in those they spoke with being unable to afford utility payments. Though utility shut-off moratoriums currently remain in place, the same issues with eviction moratoriums come into play unless additional assistance is offered.

Policy solution: Build on the COVID-19 emergency housing policies to provide long-term stability to people experiencing homelessness and housing instability

Though New Jersey established both the **COVID-19 Emergency Rental Assistance Program** and the **COVID-19 Housing Assistance Program** earlier this year, funds dedicated to the program were **quickly depleted** due to the high number of applicants for assistance. These and similar emergency rental assistance programs also often require tenants to have been current on their rent payments as of March 2020, thereby disqualifying anyone who was already behind on rent and may be experiencing the greatest need. In addition, renters with Housing Choice Vouchers or who are funded under the state's tenant assistance program were **not eligible for these emergency rental assistance programs,** which effectively excluded renters who already had extremely limited financial reserves.

Policies to address this crisis should center racial equity and focus on renters who faced housing instability before the crisis began and who are now at the greatest risk of eviction.

To address these gaps, governments should consider **rent forgiveness** for the duration of the COVID-19 emergency coupled with financial assistance for landlords to make up for the rent they did not collect from tenants. Policies to address this crisis should **center racial equity** and focus on renters who faced housing instability before the crisis began and who are now at the **greatest risk** of eviction (young renters and renters of color). However, eviction moratoriums are a temporary solution and will not solve the problem of continuously accumulating unpaid rent. Tenants who have struggled to pay rent throughout the pandemic are unlikely to have savings or have likely already depleted them, so they cannot realistically be expected to repay all unpaid rent as soon as the public health emergency ends. Direct financial assistance to renters, without restrictions like strict income limits, is needed to offset these costs and prevent a wave of evictions once the moratorium ends. In addition, direct aid to renters would allow landlords and property owners to maintain income by giving tenants the ability to make regular rent payments.

Additional legal resources and avenues to enforce the eviction moratorium are needed to ensure its efficacy. For example, before accepting cases, courts in New Jersey could **take steps** to ensure that eviction filings are compliant with the federal CARES Act and there is adequate due process in settlement conferences. Additionally, given the complexity and uncertainty around current housing policy, **access to legal counsel** for tenants facing eviction has never been more important. State and local governments should follow the leads of several jurisdictions, including **San Francisco; New York; Newark, NJ; Philadelphia;** and **Cleveland** in crafting policies to establish the right to counsel for individuals facing eviction.

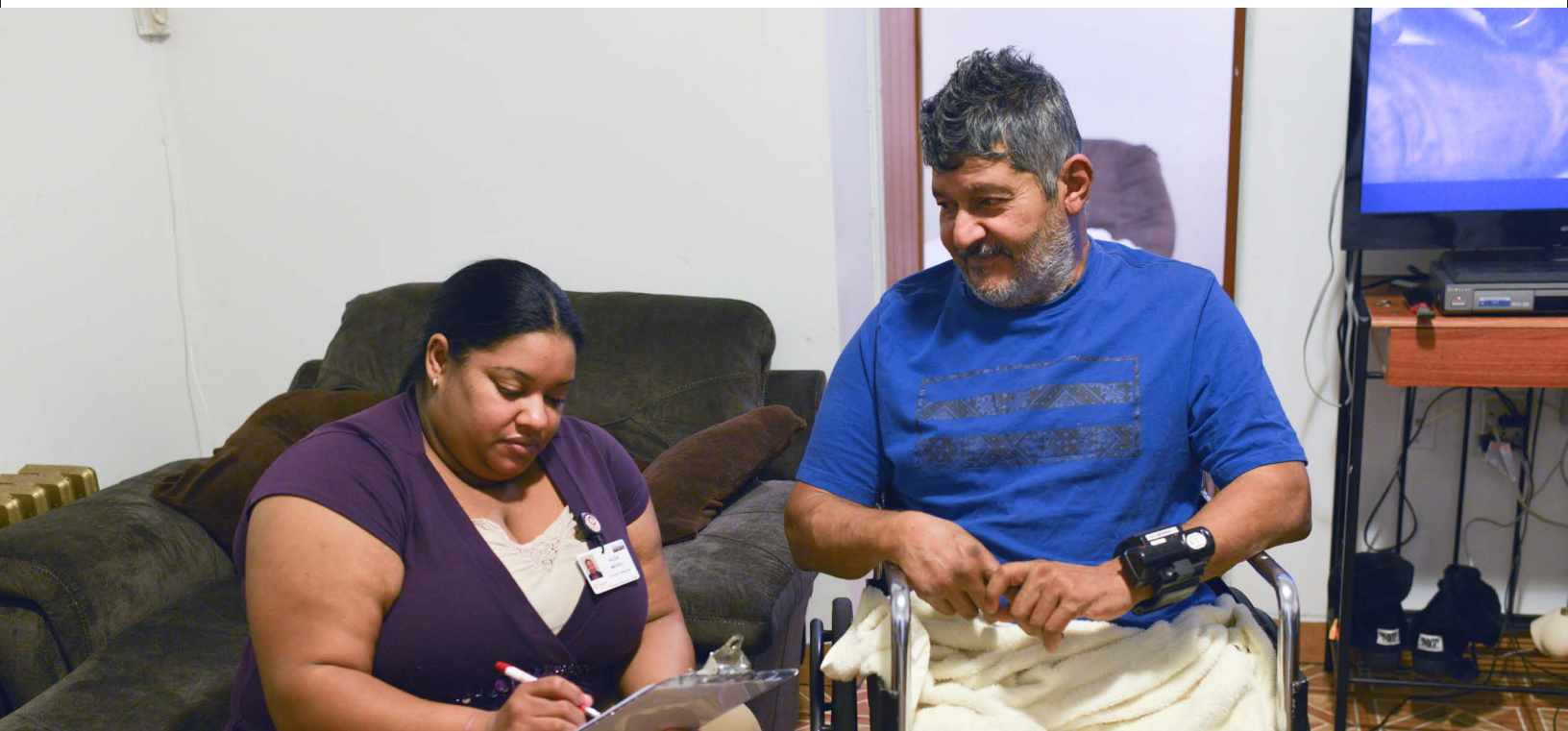
Additional policies are also necessary to address the needs of people experiencing homelessness

amid the pandemic. At the beginning of the pandemic, shelters reduced their capacities in order to mitigate the COVID-19 risks created by crowded indoor spaces. However, this limited access to shelters in many cases by reducing the number of people who could stay in a shelter at one time. **Some counties** created spaces in hotels for individuals experiencing homelessness to safely quarantine when they were exposed to or tested positive for COVID-19. These solutions should be maintained for the duration of the pandemic to ensure adequate shelter is available.

Conclusion

As the COVID-19 pandemic continues, health and social sector leaders and policymakers can incorporate the lessons learned from the Camden Coalition's regional AHC work and the work of our partners into longer-term policy and practice changes to address the evolving crisis. The pandemic has exacerbated barriers that have long existed in local communities, especially in communities of color, and the solutions outlined in this brief should be implemented as soon as possible, and maintained where they have been put in place in response to the pandemic.

To protect people's health and well-being and to address racial disparities, stakeholders should focus their efforts on strategies that strengthen health and social sector partnerships and build structures for robust bi-directional communication between government, healthcare, social service providers, and communities. In addition, policies that increase options for accessing food assistance and other essential items and protect housing stability will go a long way in alleviating the effects of the pandemic and moving towards health equity in New Jersey. Though the pandemic is far from over, we can use what we have learned so far to prevent or alleviate the pain, suffering and confusion witnessed early in the pandemic and to bolster investments in communities of color.



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An initiative of the Camden Coalition

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About the Camden Coalition

We are a multidisciplinary nonprofit working to improve care for people with complex health and social needs in Camden, NJ, and across the country. The Camden Coalition works to advance the field of **complex care** by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and wellbeing. Supported by a robust data infrastructure, cross-sector convening, and shared learning, our community-based programs deliver better care to the most vulnerable individuals **in Camden** and **regionally**.

The **National Center for Complex Health and Social Needs** (National Center), an initiative of the Camden Coalition, connects complex care practitioners with each other and supports the field with tools and resources that move complex care forward. The National Center's founding sponsors are the Atlantic Philanthropies, the Robert Wood Johnson Foundation, and AARP.