

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Health-Related Social Needs Increase and Persist following Onset of COVID-19 Pandemic

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

Anne King, MBA, Jean Hiebert Larson, MS

Abstract

Context: Health-related social needs (HRSN), such as housing, food, and transportation, play a major role in overall patient health and well-being. The Coronavirus-19 (COVID-19) pandemic amplified HRSN disparities, adding stress to social support systems. Objective: To explore how HRSN changed for Medicaid and Medicare members, including minoritized populations, during the COVID-19 pandemic. Study Design and Analysis: Interrupted time series (ITS) analysis to measure change in HRSN following the start of COVID-19 and HRSN trend thereafter. Multivariable logistic regression model to measure potential differences among racial and ethnic subgroups. Setting or Dataset: Survey data from 50 Oregon primary care and emergency department sites Population Studied: 16,403 Medicare and Medicaid beneficiaries Intervention/Instrument: The CMS Accountable Health Communities study Outcome Measures: Positive screen for one or more HRSN: housing, food, transportation, utilities, safety. ITS model- proportion of individuals who screened positive for at least one HRSN, aggregated by week. Logistic regression model- binary indicator for a positive screen. Independent variables for logistic regression model- age, gender, race, ethnicity, rurality, and insurance type. Results: About 41% of Medicare and Medicaid participants had at least one HRSN prior to the start of COVID-19 (95% CI: 37-45%). Subsequently there was an abrupt 17-percentage point increase in HRSN at the start of the pandemic which did not subside over time. The odds of any individual reporting HRSN increased by about 29 percentage points after the start of COVID-19 (95% CI: 19-40 percentage point increase). Both before and after the onset of the pandemic, American Indian or Alaska Native and Black individuals (OR: 2.26 and 1.76, respectively) were more likely to have HRSN compared to White only individuals. While there was no overall difference in likelihood of HRSN among Hispanic or Latino/a/x individuals, there was a multiplicative effect in their increase in HRSN after the pandemic began (OR: 1.29). Conclusions: HRSN increased precipitously after the onset of the COVID-19 pandemic and maintained those higher levels. The rapid 17-percentage point population increase in HRSN reported by Medicare and Medicaid

beneficiaries, especially racially minoritized individuals, and their persistence may point to a need for increased and improved approaches to addressing HRSN.

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