

# LEVERAGING FEDERAL FUNDING TO MAXIMIZE IMPACT ON SOCIAL DETERMINANTS OF HEALTH



On March 11, 2021, President Biden signed the [American Rescue Plan Act of 2021](#) (ARPA) into law. The law includes several provisions that provide direct funding to state and local governments.

CareFirst BlueCross BlueShield (CareFirst) believes that this presents a unique opportunity for policymakers to focus on **social determinants of health (SDOH)**. SDOH are broadly defined as the factors that influence health in places where people live, learn, work and play. SDOH serve as the basis for deep **disparities in social, economic and health outcomes**; therefore, they are critical to resolve longstanding inequities, improve the health of our community and prepare for the future.

To address disparities in SDOH, CareFirst recommends policymakers make investments in the following areas:

## Increase broadband access

Lack of broadband access fuels the “digital divide,” which is the gap between those who have access to online communications and those who do not. Not only is broadband needed to access the full suite of telehealth services, but it is also an important SDOH that can influence many other aspects of daily life, such as online learning and searching for employment. Policymakers should use ARPA funding to expand broadband access in urban and rural communities. Rural communities will benefit from investments in additional broadband infrastructure. Payment assistance to subscribe to broadband would help address disparities in urban areas, given that affordability is also a barrier.

IN 2017, ONLY

**73.6%**

**of Americans in rural areas had broadband access.**

compared to 98.3% in urban areas.



**RACIAL AND ETHNIC MINORITIES, OLDER ADULTS, LOWER-INCOME INDIVIDUALS AND THOSE WITH LESS EDUCATION** are all **less likely** to subscribe to broadband services.

## Address provider workforce shortages

Significant shortages in certain providers persist in CareFirst's jurisdictions, and healthcare access gaps are often concentrated in low-income and high-minority population neighborhoods. We believe policymakers should consider how ARPA funds can address workforce shortages and access to care disparities in vulnerable communities. Possible solutions include incentivizing primary care and behavioral health providers to practice in shortage areas by establishing loan forgiveness programs, increasing the number of residency spots, and supporting pipeline programs that train linguistically and culturally competent providers.

### HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAs)

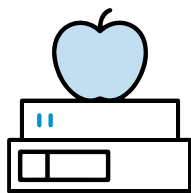
#### PRIMARY CARE HPSAs

Maryland	45
D.C.	15
Virginia	113



#### MENTAL HEALTH CARE HPSAs

Maryland	40
D.C.	10
Virginia	73



## Address equity gaps in schools

State and local governments should allocate ARPA funds to support schools in a way that addresses inequities, better equipping schools to support vulnerable students both during and after the pandemic. School districts should invest in closing the digital divide and provide the technological resources necessary for low-income students to access remote learning. Also, schools should provide robust wraparound services for students, including resources to address a student's physical, social and emotional needs. The funds offer opportunities for schools to address other entrenched gaps in high-need schools, such as investing in their workforce to meet the needs of students.

## Support childcare to facilitate woman workforce reentry

The pandemic caused severe disruptions in childcare and schooling, impacting the careers of mothers more often than not. Policymakers should make both immediate and sustained investments in robust childcare programs. These programs must also consider equity by increasing access in areas lacking childcare and providing transportation subsidies to childcare for those in need. Additionally, investments should be made to support a diverse set of childcare options, including culturally and linguistically appropriate care options and home-based care.



**DURING THE PANDEMIC, MOTHERS WERE LIKELY TO AVERAGE 3 HOURS MORE PER DAY ON HOUSEWORK AND CHILDCARE COMPARED TO FATHERS.**



have **considered leaving the workforce** or downshifting their careers due to COVID-19, compared to 1 in 5 fathers

## Strengthen the healthcare supply chain

The COVID-19 pandemic revealed significant gaps in the United States' healthcare supply chain. Critical healthcare supplies, including personal protective equipment (PPE) and testing kits, were in short supply during the pandemic, leading to exorbitant prices, inadequate care and compromised safety for frontline providers. We must be ready for future pandemics, and ARPA funding provides an opportunity to develop the local infrastructure necessary to reinforce our supply chain. Rather than depend on international suppliers for key treatments and equipment, providers should have the opportunity to diversify their supply chains and lean on domestic options for critical healthcare supplies. CareFirst recognizes that diversification requires a significant amount of time and upfront investments; however, ARPA funding could provide support to begin these efforts.

Increases in active COVID-19 cases can **surge** **community demand for PPE** by



**300%-1,700%**

## Expand access to affordable housing

The COVID-19 pandemic has exacerbated an already worsening housing crisis within the United States. Our recommendation is to utilize ARPA funds to expand housing subsidies that enable the preservation of existing and production of new affordable housing. Both rental payment assistance programs and capital subsidies to obtain and build affordable housing should continue to be expanded, emphasizing supporting those most at risk for eviction.

As of January 2021,

**9.4 MILLION**

households were **behind on rent payments**.



**EVICTIONS DISPROPORTIONATELY IMPACT COMMUNITIES OF COLOR**, with one study finding that **Black households are more than twice as likely to be evicted** as White households.

Lastly, resources for supportive housing, which accommodate homeless individuals with enhanced supportive services, should also be expanded. In all programs, addressing inequities and ensuring the most vulnerable residents have access to and knowledge of affordable housing programs is paramount.

As a healthcare insurance provider, leading employer and community champion, CareFirst plays an important role in providing and advocating for education and resources. It is equally important to recognize that there is strength in numbers; therefore, we must continue to combine our efforts locally, regionally and nationally to help resolve longstanding inequities, improve community health and prepare for the future.