

Social care in the time of COVID-19: Insights from technology-powered coordinated care networks

Halima Ahmadi-Montecalvo, PhD, MPH
Senior Director, Research and Evaluation





**We connect health
and social care.**



Connecting People to Care Through Any Door

Tom shows up at Sue's organization.



Screening



Individual with food needs

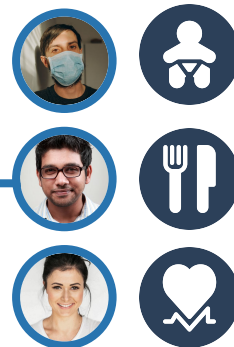
Sue screens Tom and identifies that he has additional needs.

Referral



Sue uses Unite Us to gain digital consent and electronically refer Tom to multiple community partners. Through the platform, she can seamlessly communicate with the other providers in real time and securely share Tom's information.

Resolution



Feedback



As Tom receives care, Sue receives real-time updates and tracks Tom's total health journey.

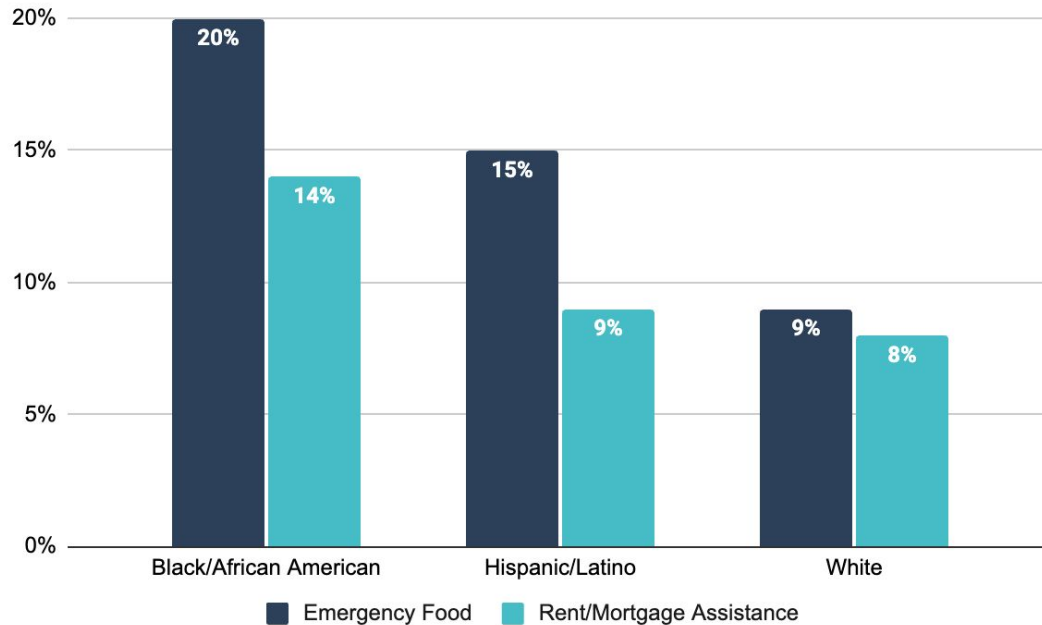


Shifting Needs & Service Delivery

Notable Observations

In The Numbers

Total Cases Per Top Social Needs



Notable Trends and Observations

Unite Us cases from 2020-2022 among clients with known race/ethnicity:

Top 2 service subtypes:

- Emergency food
- Rent/mortgage assistance

Other top service subtypes:

- Emergency financial assistance
- Permanent housing
- SNAP/WIC/nutrition benefits
- Utility bill payment assistance
- Ride coordination

Social Needs During Covid-19 Pandemic

Perspectives of Food Bank Managers

“When Covid hit we actually had to suspend all volunteers. So we're talking like four thousand plus volunteers within the community to stop and that all came on the Food Bank Staff.”

*“Our lines went from one hundred and fifty to three hundred plus overnight. I mean, we're talking weeks into the pandemic people were just rallying because of the shutdowns from their positions or jobs. And we saw that steady increase happen all year long. **It didn't stop...we haven't really seen that plateau.**”*



Building Capacity & Resilience

Notable Observations

Social Needs During Covid-19 Pandemic

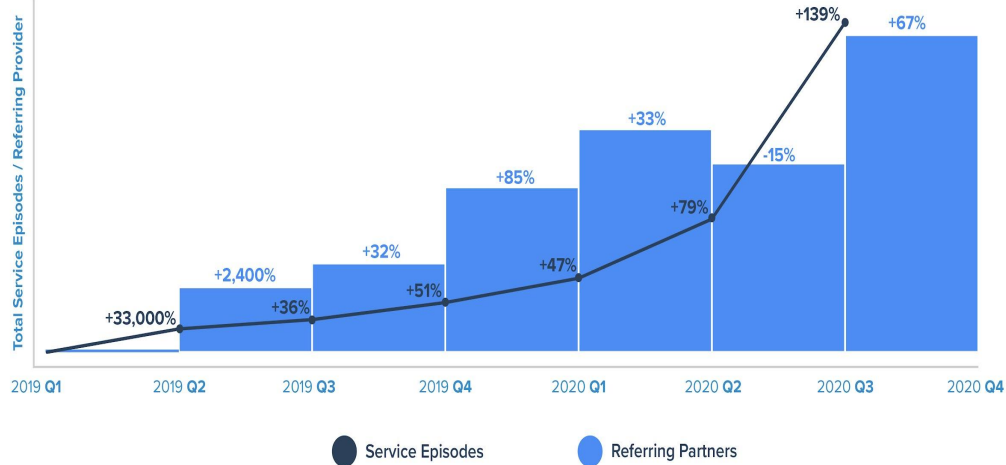
Examples from Food Bank Managers

*“Instead of just doing SNAP, we helped with Medicaid. We do taxes. We were helping people do their disability applications if they could not return to work because of **conditions that were exasperated by the pandemic**. We really kind of shifted that focus from just food to really providing financial stability in terms of getting more money back in their pocket.”*

*“We went from just feeding people to really trying to find **strategic ways to end the line** instead of continuing to feed the line.”*

In The Numbers

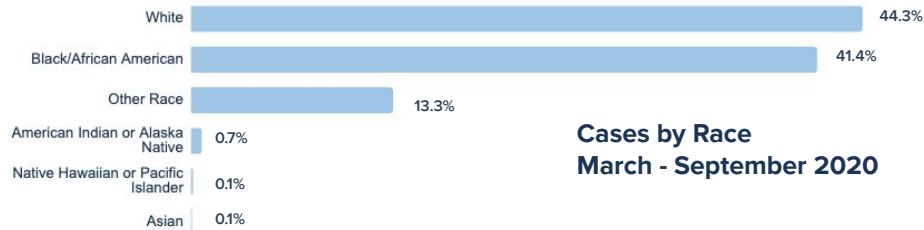
Increased NCCARE360 Network Growth during COVID-19



Notable Trends and Observations

- In our statewide network in North Carolina, we see referral volume increase 139% during COVID-19
- To meet that need we also see a 67% increase in network partners receiving referrals, indicating increased capacity as a rapid response.

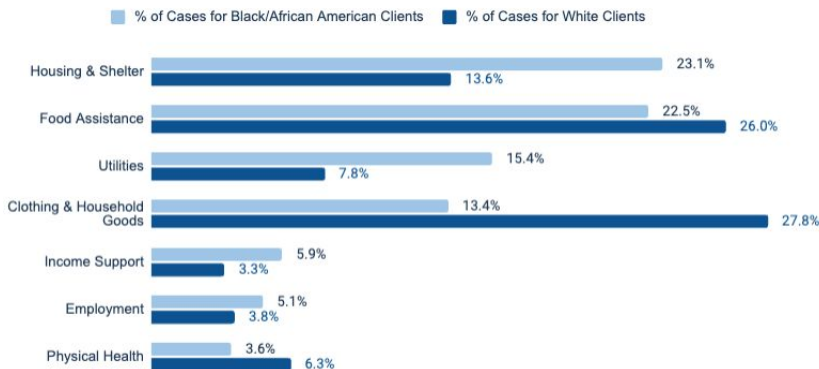
In The Numbers: One state network



Cases by Race
March - September 2020

Trends in Case Volume by Race for Top Service Types Requested

March - September 2020



Resolution Rate by Race Across Top Service Types Requested

March - September 2020

63.2%

Closed cases closed as resolved for Black clients

60.4%

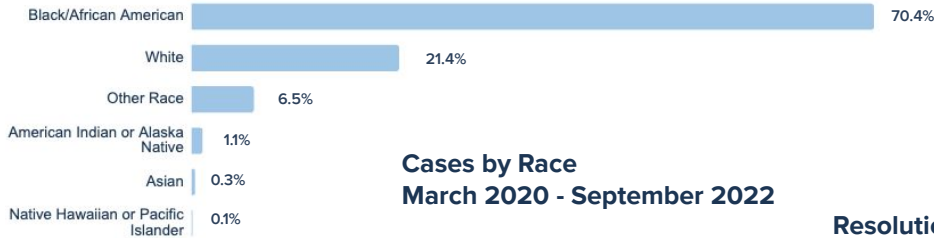
Closed cases closed as resolved for White clients

Notable Trends and Observations

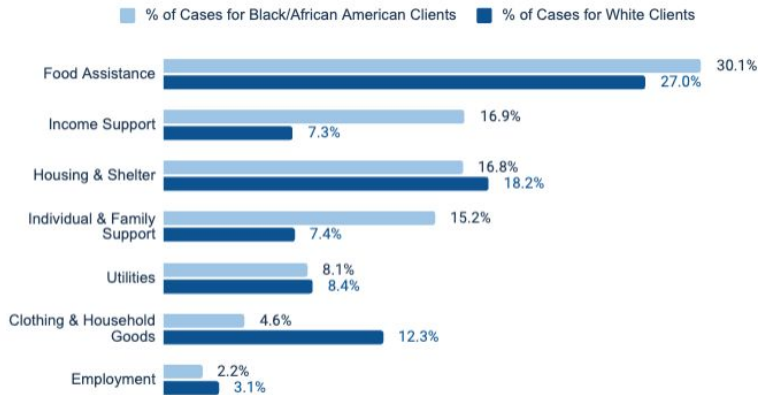
- In one state network from March - September 2020, White individuals represented over 44% of cases created, with Black individuals making up 41%, and other racial groups representing a small percentage of total cases created.
- The top three service types requested for Black clients were Housing & Shelter, Food Assistance, and Utilities. The top three for White clients were Clothing & Household Goods, Food Assistance, and Housing & Shelter.
- Resolution rates across the top service types did not vary greatly between the racial groups.
 - Top resolved outcomes for Black clients included Supplemental Food, Clothing, and Utility Bill Payment Assistance.
 - Top resolved outcomes for White clients included Clothing, Supplemental Food, and Household Goods.

In The Numbers: One state network

Notable Trends and Observations



Trends in Case Volume by Race for Top Service Types Requested March 2020 - September 2022



Resolution Rate by Race Across Top Service Types Requested March 2020 - September 2022

74.3%

Closed cases closed as resolved for Black clients

73.6%

Closed cases closed as resolved for White clients

- Comparing the same metrics for a longer period, March 2020 - September 2022, we see Black individuals comprise 70% of the total cases created for clients who disclosed their race, across one state network, with White clients making up a much smaller percentage (21%).
- The top three service types requested for Black clients were Food Assistance, Income Support, and Housing & Shelter. The top three for White clients were Food Assistance, Housing & Shelter, and Clothing & Household Goods.
- Resolution rates were similar across all client groups with Black clients' needs resolved at slightly higher rates than White clients.
 - Top resolved outcomes for Black clients included Supplemental Food, Emergency/One-time Financial Assistance, and Social Services Case Management Services.
 - Top resolved outcomes for White clients included Supplemental Food, Clothing, and Emergency/One-time Financial Assistance.

What We've Learned



Importance of accurate and relevant data to better understand diverse clients' needs and advance health equity.

Recognition of the compounding impact of systemic racism during a global health crisis on both individuals and community partners.

We can work together to address racial health equity by facilitating person-centered care coordination that also captures the data necessary to ensure equitable access to all traditionally underserved communities.

Looking forward



Center Individual and Community Voice

- Include individuals and communities whose data are collected, in program and policy-decision making
 - Ensure data, insights, analyses, or lessons learned are shared with communities
-



Conduct Impact Evaluations

- Partner with customers to evaluate impact, including differential impact among sub-populations (e.g. MCH) and across settings (e.g. primary care)
-



Address REaL/SOGI Data Accuracy

- Commitment to ensure platform data capture meets evolving industry standard
 - Identify culturally relevant program needs
 - Participation in thought leadership and advisory committees (e.g. NASDOH)
-



Financially Support and Sustain CBOs

- Advocate for funds to flow directly to CBOs
- Leverage technology and data to demonstrate impact

Get in Touch

 www.UniteUs.com

Halima Ahmadi-Montecalvo, PhD, MPH

Senior Director, Research & Evaluation

halima.montecalvo@uniteus.com

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