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Responding to COVID-19: Caring for the most vulnerable populations

Information for US state leaders

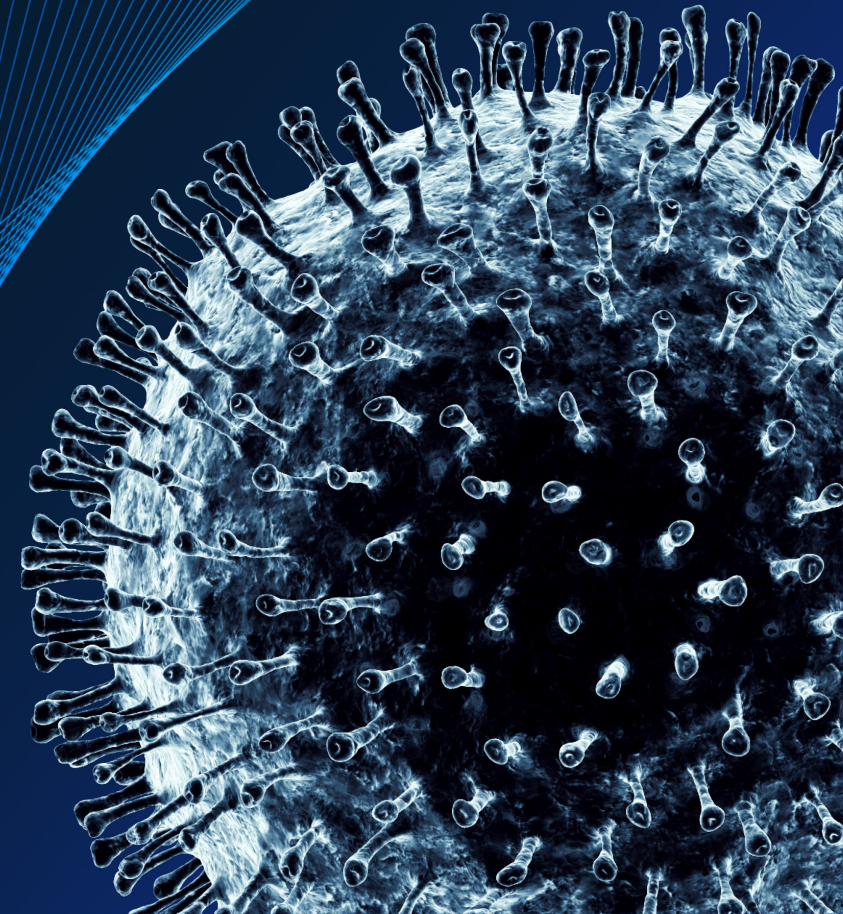
ALL INFORMATION CURRENT ONLY AS OF 4/17/2020

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Introduction

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COVID-19 is, first and foremost, a global humanitarian challenge.

Thousands of health professionals are risking their own lives to heroically battle the virus. Governments and industry are working together to understand and address the challenge, support victims and their families and communities, and search for treatments and a vaccine.

State and local governments are facing an unprecedented and rapidly evolving situation.

Government leaders, first responders, healthcare workers, and more are displaying heroic leadership in the face of the crisis. State and local governments are facing the extraordinarily difficult task of addressing unprecedented crises in both public health and the economy simultaneously—and the crises continue to evolve daily.

This document is based on our work with private, public, and social sector organizations around the world.

It is meant to provide leaders with information as they respond to the unique health and economic challenges posed by COVID-19, and to offer examples of actions that governments have taken as they aim to protect their people and economies. It is not exhaustive, and it necessarily reflects only this moment in time. We will continue to update it regularly in the weeks to come.

The imperative of our time

Imperatives

1

Safeguard our lives

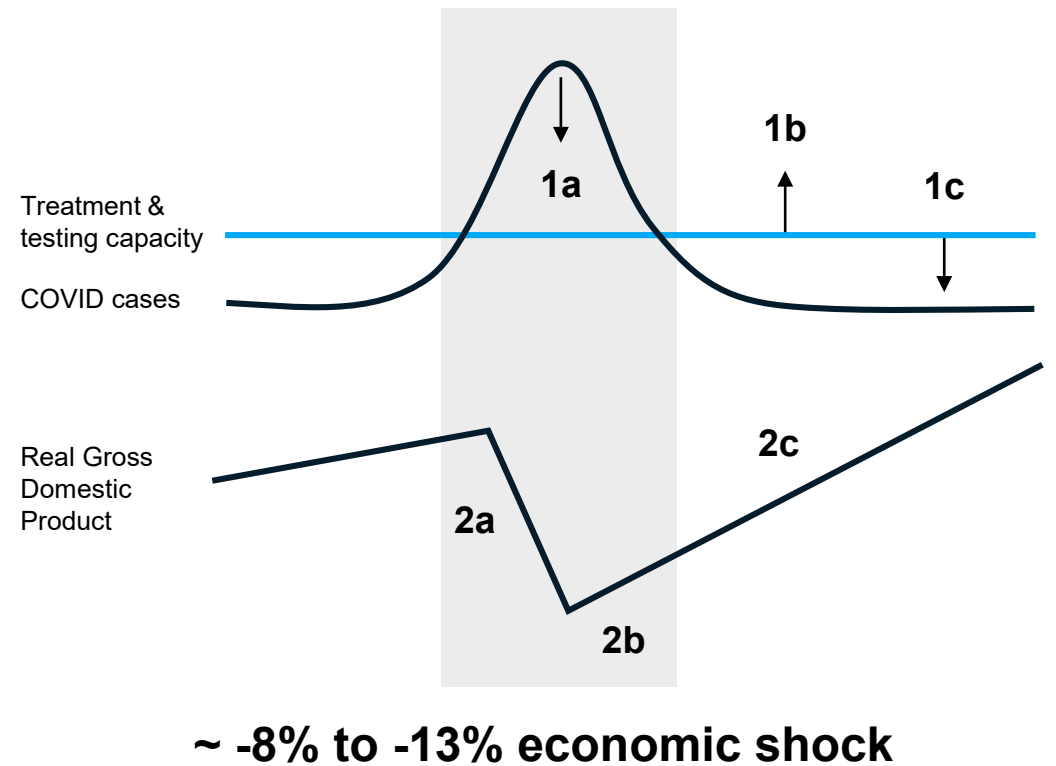
- 1a. **Suppress the virus** as fast as possible
- 1b. **Expand treatment and testing capacity**
- 1c. **Find cures:** treatment, drugs, vaccines

2

Safeguard our livelihoods

- 2a. **Support people and businesses** affected by lockdowns
- 2b. **Prepare to get back to work safely** when the virus abates
- 2c. **Prepare to scale the recovery** away from a -8% to -13% trough¹

“Timeboxing” the virus and the economic shock



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1. Real GDP

Safeguard our livelihoods: Caring for the most vulnerable populations

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As COVID-19 spreads, an increasing portion of the population may face challenges in meeting basic health-related needs—which may increase their vulnerability to the virus

COVID-19 exacerbates many of the challenges already faced by vulnerable populations: food security, transportation, housing, and more. Individuals that are unable to meet these needs may face difficulties in adhering to physical-distancing recommendations. These vulnerable populations may face increased risk of contracting COVID-19, greater demand for services and social supports, and reduced access to treatment.

Leaders may consider a range of actions to address the basic needs of vulnerable populations during COVID-19 challenges

A number of case studies offer insight into planning to meet citizens' basic needs. In addition, leaders may consider targeted actions to care for exceptionally vulnerable homeless populations.

An increasing number of people may face critical unmet health-related basic needs

Health-related basic need	Potential COVID-19-related challenges
Employment and income	Economic downturn threatening small businesses Spike in unemployment due to businesses closing as a result of physical distancing Low-income populations have disproportionate critical, unmet health-related basic needs
Housing	Ability to quarantine compromised by living arrangements (eg, shelters, group homes) Increasing housing insecurity due to inability to pay rent
Food	Destabilization of food safety net due to illness and physical-distancing policies (eg, school closures, staff shortage at food agencies) Rise in food insecurity due to loss of income from layoffs and reduced hours
Transportation	Public transportation systems reducing frequency of routes Ride-share options reduced with physical distancing
Social support	Elimination/reduction of in-person social support services and socialization opportunities due to physical distancing
Education	Lack of educational support for students with special education or language needs during school closures Limited access to technology to continue with online learning during shut down Rapid flow of COVID-19 information may not be provided in appropriate languages or channels to meet needs of hard-to-reach populations
Safety (including community and interpersonal)	Increasing discrimination against certain racial/ethnic groups Exacerbation of existing racial/ethnic tensions and economic disparities Physical distancing/isolation and economic stress may trigger domestic abuse

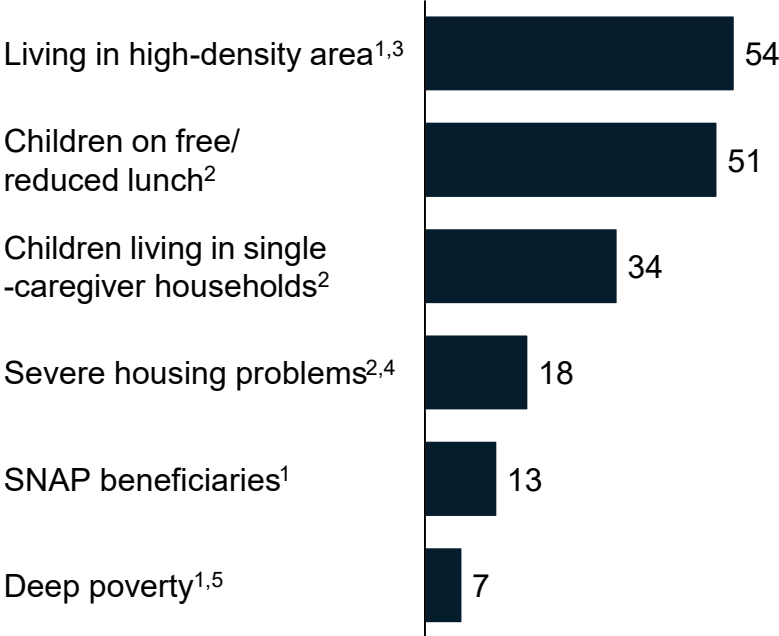
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Those facing unmet health-related basic needs may have limited ability to adhere to physical distancing

AS OF APRIL 3

Rates of health-related basic needs affecting physical-distancing behaviors

% US population



Potential considerations affecting physical-distancing requirements

(Not comprehensive)

- More difficult to physically distance or limit exposure in high-occupancy locations
- Many emergency food pickups still occur at communal sites (eg, schools)
- More likely to rely on communal childcare with higher risk levels of exposure
- No home in which to shelter or at risk of eviction
- Limited ability to “stock up” on food, may risk exposure at food banks, soup kitchens
- May influence need to continue work in high-exposure jobs

More than half of US population have unmet health-related basic needs or live in high-risk areas that may influence physical-distancing behaviors

Factors influencing physical distancing relate to both increased physical proximity in the place of shelter (eg, dense housing or homelessness) as well as economic factors requiring people to leave their home more often

1. Source: American Community Survey data 2018
 2. Source: Robert Wood Johnson Foundation county rankings data 2020
 3. Percentage US population living in top decile population density counties
 4. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
 5. Income below one-half of the federal poverty threshold

States can help people with a number of potential actions (1/4)

NON-EXHAUSTIVE

Details follow

Category	Key players	Actions for consideration ¹	Case examples
Employment	Labor/employment agencies (eg, Department of Labor, Department of Unemployment Assistance) Employers	Provide funding to businesses to ensure continuity and maintain employment (eg, bridging loans/grants, wage subsidies) Deliver emergency assistance for struggling individuals and households (eg, unemployed) Expand COVID-19 health-coverage subsidies and policies (eg, paid sick leave including quarantine) Defer government collections for at-risk groups Create flexibility in labor market to increase job availability and support high-demand sectors (eg, talent sharing, organized paid-work opportunities)	Many states have waived unemployment and/or disability-benefit waiting period Several states expanded eligibility of unemployment benefits to cover COVID-19-related events California instituted supports to enable employers to reduce hours rather than lay off individuals Colorado adopted emergency rules requiring up to 4 days of paid sick leave for employees in specific industries (eg, hospitality, leisure, food service, childcare, education)
Housing	Emergency Management Agency Housing Department Health and Human Services (or equivalent department) Parks and Recreation Community development/services Legislature (or equivalent agencies)	Deploy additional hardship funding for at-risk individuals and households Prevent evictions, foreclosures and utility shutoffs (eg, augment economic assistance) Assess shelters and deliver educational, in-kind and monetary resources to strengthen services Expand availability of clean shelter and hygiene facilities and prevent encampment sweeps Streamline and strengthen social-service systems/processes for rapid, quality, holistic support of the homeless and housing insecure	Several states and cities have banned foreclosures and evictions (eg, DE, NY) California cities are expanding shelter capacity by renting private hotels, motels, and travel trailers San Francisco created a \$5 million fund to reduce risk of exposure among marginally housed seniors, people with underlying health conditions, and individuals experiencing homelessness, living in shelters, single-room occupancy hotels, and permanent supportive housing

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1. These are intended to be actions for consideration that a range of stakeholders have adopted, rather than a specific set of recommended actions

States can help people with a number of potential actions (2/4)

NON-EXHAUSTIVE

Category	Key players	Actions for consideration ¹	Case examples
Food	<p>Department of Agriculture</p> <p>Nutritional service programs</p> <p>Department of Education</p> <p>Family and children services (or equivalent agencies)</p>	<p>Forecast potential demand and supply-chain challenges based on COVID-19 surge scenarios</p> <p>Develop and scale innovative feeding models, leveraging public-private partnerships (eg, SNAP food-delivery coverage)</p> <p>Expand eligibility for Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) and the Emergency Food Assistance Program (EFAP)</p> <p>Expand or create government funding streams for emergency food and nutrition programs (eg, EFAP)</p>	<p>USDA partnered with private sector and social service agencies to deliver boxes with 5 days' worth of shelf-stable, nutritious, individually packaged foods weekly to rural students, prioritizing children who do not have access to a summer food school program (SFSP)</p> <p>USDA has launched pilots with NY, IA, OR, AL, and WA to allow use of SNAP benefits for purchases via designated online retailers</p> <p>New York National Guard were utilized in New Rochelle school district to deliver meals to students</p>
Transportation	<p>Transportation agencies</p> <p>Department of Education (ie, bus services)</p> <p>Private transport companies (incl. ridesharing, taxis)</p>	<p>Ensure continued availability of reliable, safe and affordable public transit</p> <p>Subsidize transportation for vulnerable staff working in high-need roles (eg, healthcare, grocers, childcare service providers)</p> <p>Develop and deploy innovations to increase access to safe transport, particularly in resource-limited areas (eg, limit bus passengers, limitations on ridesharing)</p> <p>Repurpose excess transportation resources to address other health-related basic needs (eg, mobile clinics, food and supply delivery)</p>	<p>Several cities have suspended public transportation fares and implemented reduced services</p> <p>Multiple cities in Michigan implemented public-health interventions on public transit (eg, requisite use of hand sanitizer upon entry and spaced seating)</p> <p>Houston metro system increased number of buses in heavily traveled areas to reduce crowding</p> <p>Select school districts deploying school buses to deliver meals to families</p>

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States can help people with a number of potential actions (3/4)

NON-EXHAUSTIVE

Category	Key players	Actions for consideration ¹	Case examples
Social support	<p>Emergency management agencies</p> <p>Community and faith-based organizations</p> <p>Family, youth, and child services</p> <p>Foster-care organizations</p> <p>Eldercare organizations</p> <p>Childcare organizations</p> <p>Disability agencies</p> <p>Health and medical system</p>	<p>Expand availability and awareness of social-support services across vulnerable populations</p> <p>Work with community-based organizations (CBOs) to understand who is vulnerable and where they are (eg, seniors)</p> <p>Establish and/or expand case-management services for vulnerable populations (eg, via peer support), to ensure continuous holistic support</p> <p>Deploy innovative solutions to increase social support/connectedness via in-person and virtual channels (eg, community health worker and social-worker services)</p>	<p>Oklahoma police department launched “Operation Helping All Blanchard Seniors,” which conducts regular welfare checks on and delivers food to senior citizens unable to leave home</p>
Education and language/literacy	<p>Education system</p> <p>Family service agencies</p> <p>Childcare organizations</p> <p>Youth services agencies</p>	<p>Inventory access to home internet connectivity and address gaps (eg, 4G, family subsidies, access points; subsidize devices)</p> <p>Re-deploy educators and youth-service workers to support virtual tutoring and coaching; develop online curricula and outreach for at-risk groups (eg, special education, ESL, other at-risk groups)</p> <p>Expand language translation services and multimodal delivery for public agencies</p> <p>Proactively reach out to at-risk, non-English speaking, and low literacy populations</p> <p>Consider alternatives to ensure that students who rely on school-based food/basic healthcare receive support</p>	<p>Boston and Rockdale County Public Schools issued laptops and encouraged families to sign up for Comcast and Spectrum’s free internet service</p> <p>A Washington state school district set up base stations for students needing wireless internet access and/or laptops</p> <p>Massachusetts DPH is providing real-time COVID-19 information, resources, and referrals; information is available through 211 in 150+ languages</p>

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States can help people with a number of potential actions (4/4)

NON-EXHAUSTIVE

Category	Key players	Actions for consideration¹	Case examples
Safety (including racism/discrimination)	Adult protective services Child protective services Healthcare/behavioral health agencies and systems Mental health agencies Trauma care system Faith and community-based organizations (eg, advocacy groups) Law enforcement agencies Education institutions Legal agencies	Deploy evidence-based screening tools to identify persons at risk of physical or psychological harm (eg, domestic violence) Forecast and address incidence of safety events (eg, monitor firearm sales, crime rates) Increase awareness and availability of resources (eg, safe houses, hotlines) for persons at risk of and experiencing harm (eg, minority racial/ethnic groups and immigrants, homeless, elderly) Expand funding and operational support for emergency social services (eg, domestic violence shelters) Establish systems to ensure access to treatment for persons with substance use disorders and/or mental illness Increase and adapt innovative means of continuing surveillance of minors under state custody and at risk of becoming under state custody (eg, virtual visits, phone calls)	LA County's Dept. of Children and Family Services is continuing home-visitation activities and equipping staff with protective equipment Wisconsin is allowing use of FaceTime, Zoom, and other technology platforms in lieu of face-to-face visits

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Homeless populations face additional challenges

Phase	Near-term challenges	Example potential near-term actions
Pre-diagnosis	<p>Hygiene barriers due to lack of stable living environments</p> <p>Increased risk for infection due to suboptimal nutrition and co-morbid conditions</p> <p>Lack of access to consistent internet or TV for public health guidance and information</p>	<p>Expand sheltering options, encampment services and community sanitation measures</p> <p>Create a COVID-19 coordination team across various service providers to identify, understand, and address client needs</p> <p>Develop an effective communication/education campaign to communicate with harder -to-reach individuals</p>
Diagnosis	<p>Limited access to clinical facilities or fear to engage with medical professionals</p> <p>Lack of clarity on potential out-of-pocket costs</p> <p>Lack of trust in public systems</p>	<p>Establish standard, culturally and medically appropriate COVID-19 triage and screening procedures</p> <p>Launch a multi-pronged proactive screening and testing strategy, prioritizing coordinated outreach and access</p> <p>Streamline access to care for confirmed and suspected cases (eg, private transport)</p>
Management	<p>Frequent overcrowding of shelters may contribute to rapid spread of disease</p> <p>Instability of housing may inhibit adherence to isolation/quarantine recommendations</p> <p>Continued need for behavioral health services and medications</p>	<p>Establish alternative sheltering strategies (eg, hotels, tents, dorms)</p> <p>Maintain close communication with cases or suspected cases (eg, coordination with service partners, distributing phones)</p> <p>Ensure continued access to clinical and behavioral healthcare (eg, uptrain shelter staff)</p>

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Note: These perspectives are intended to build from CDC and other guidance based on operations and management experience. Please continue to consult CDC, state health department, and medical societies for the most up-to-date guidance. These perspectives are not intended as a substitute for professional medical advice, diagnosis or treatment. Any actions impacting clinical decisioning should be vetted by the appropriate quality committees within your organization.

States may consider actions to prevent and mitigate future outbreaks among homeless populations

Sample potential actions

NON-EXHAUSTIVE

Support safe transition out of temporary housing

Develop an effective, standard discharge plan across providers for persons experiencing homelessness

Connect discharged homeless patients with appropriate community services to minimize risk of transitioning back into homelessness (eg, support securing stable housing, employment, public benefits, community services)

Establish longer-term housing plans for homeless persons, particularly under conditions of reduced funding

Expand wrap-around supports and services

Continue development and delivery of public-health education messaging for homeless persons

Continue proactive outreach to high-risk clients identified through Continuum of Care (CoC) program data

Develop holistic, responsive programming to support homeless individuals and families, (eg, housing counseling, job training, healthcare, drug abuse counseling and treatment, economic assistance)

Prevent further homelessness

Establish policies and programs to reduce barriers to housing for homeless individuals and families (eg, promote preference for homeless families among rental properties, rental assistance, reduce programmatic requisites, streamline entry and application processes)

Develop flexible policies to prevent and/or limit eviction or termination of housing for previously homeless and housing insecure individuals and families for a defined period

Plan for potential future outbreaks

Conduct after-action reviews across partners and support investments in preparedness and resiliency measures (eg, establish systems for rapid deployment of in-kind and financial resources to shelters in case of future outbreaks)

Develop cross-stakeholder action plan/scenario plan that can be implemented with potential future scenarios

Prepare for future spikes in case load, by regularly evaluating partner capabilities and conducting drills

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Conclusion

Amidst the chaos and incoming advice, it's hard to know exactly what leaders should do today.

We hope this document provides leaders with actionable information as they respond to the unique health and economic challenges posed by COVID-19. In particular, we would like to point out examples of steps that governments have already taken to protect their people and economies and emphasize that state and local government leaders can initiate immediate actions to save lives while also protecting livelihoods.

The next normal will likely look unlike anything we've seen before the coronavirus

The pandemic that changed everything. We aim to provide leaders with an integrated perspective on the unfolding crisis and insight into the coming weeks and months. On the following page, we've provided a number of additional resources you can access for guidance and information.

Additional resources

For all formal guidance, you can find up-to-date information at CDC's COVID-19 website, with a section specific to healthcare professionals or healthcare organizations:

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>.

You can also visit the WHO, CDC, and FEMA's COVID-19 portal at <https://www.coronavirus.gov/>.

We have developed a broader perspective on implications for businesses across sectors that can be found here: <https://www.mckinsey.com/business-functions/risk/our-insights/COVID-19-implications-for-business>. This supplemental material discusses implications for the wider economy, businesses, and employment. It describes some of those challenges and how organizations can respond to protect their people and navigate an uncertain situation.

Our public-sector specific insights can be found here: <https://www.mckinsey.com/industries/public-sector/our-insights>. This material is targeted towards public sector leaders in the COVID-19 crisis.

There are a number of academic institutions publishing credible, up-to-date information on the spread of COVID-19, such as <https://coronavirus.jhu.edu/map.html>.

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