Best Practices and Innovation

Facing the Reality of Post-COVID Symptoms

Friday, May 14, 2021

Virtual Conference

healthfirst®
Health Insurance for New Yorkers

AGENDA

	Friday, May 14, 2021
9:00am–9:05am	**Welcome and Introduction** Jay Schechtman, MD, MBA *Chief Clinical Officer, Healthfirst* Susan J. Beane, MD *Executive Medical Director, Healthfirst*
	Panel 1
9:05am–9:45am	Dean Ayman El-Mohandes, MBBCh, MD, MPH *Dean, City University of New York Graduate School of Public Health & Health Policy* **COVID-19 Vaccine Sentiments in New York and Across the Nation** Debbian Fletcher-Blake, APRN, FNP *Chief Executive Officer, VIP Community Services* **Innovative Approaches to Leverage Community Partnerships to Increase COVID-19 Vaccination in the Bronx**
9:45am–10:15am	Question and Answer Session
10:15am–10:25am	Break

AGENDA

Panel 2	
10:25am–11:25am	Robert Espinoza, MPA *Vice President, Policy, PHI* **COVID-19 and the Direct Care Workforce: Lessons for Now and the Future** Justin List, MD, MAR, MSc, FACP *Assistant Vice President, NYC Health + Hospitals/Office of Ambulatory Care and Population Health* *Chief Quality Officer, NYC Health + Hospitals/ Gotham Health* **COVID-19 Aftermath: Clinician and Patient Realities in a Long COVID Era** Eliza Ng, MD, MPH *Chief Medical Officer, Coalition of Asian-American IPA* **COVID and the Toll on Asian Americans Elderly**
11:25am–11:55am	Question and Answer Session
11:55am	Final Remarks and Adjournment
Dismiss Session	

Jay Schechtman, MD, MBA

Chief Clinical Officer, Healthfirst

Jay Schechtman, MD, has been with Healthfirst since 1999 and is responsible for all aspects of members' care and quality, encompassing medical and care management, clinical performance outcomes, and pharmacy.

Dr. Schechtman is an industry expert in population health, accountable care, high-risk populations, and integrated products. Dr. Schechtman also serves as the Assistant Clinical Professor in Community and Preventive Medicine at the Icahn School of Medicine at Mount Sinai.

Prior to working at Healthfirst, Dr. Schechtman was a National Medical Director for Magellan Specialty Health and a full-time academic physician at the Mount Sinai Medical Center in New York. He obtained a medical degree from Mount Sinai School of Medicine and an MBA from the combined healthcare management program of Mount Sinai and Baruch College.
Dr. Schechtman is board-certified in rehabilitation medicine and was chief resident at Mount Sinai.

Susan J. Beane, MD

Executive Medical Director, Healthfirst

Susan J. Beane, MD, joined Healthfirst in 2009, bringing with her extensive professional experience in managed care. As Executive Medical Director at Healthfirst, Dr. Beane focuses on care management and clinical provider partnerships, especially programs designed to improve the delivery of vital, evidence-based healthcare to our members. Dr. Beane, a dedicated primary care physician and board-certified internist, is a strong proponent of collaborating with and engaging providers to improve health outcomes.

Prior to joining Healthfirst, Dr. Beane served as chief medical officer for Affinity Health Plan for five years, during which time she helped Affinity's plan become a top performer in quality and member satisfaction. Before that, she worked at AmeriChoice and HIP USA, as medical director. Dr. Beane is a graduate of Princeton University and Columbia University College of Physicians and Surgeons.

Dean Ayman El-Mohandes, MBBCh, MD, MPH

Dean, City University of New York Graduate School of Public Health & Health Policy

Twitter: https://twitter.com/MohandesDean
Newsletter: https://sph.cuny.edu/news-category/deans-corner/

Dr. Ayman El-Mohandes, Dean of the CUNY Graduate School of Public Health and Health Policy (CUNY SPH), is a pediatrician and public health academic with a deep commitment to public service. He is an established researcher in the field of infant mortality reduction in minority populations. Dr. El-Mohandes' funded research focuses on population-based interventions in underserved communities both locally and globally.

Dr. El-Mohandes has been actively engaged in the response to COVID-19 here in New York City and globally. Beginning in March when the pandemic first struck, his CUNY SPH team has been monitoring the experiences and perspectives of NYC residents through an ongoing tracking survey. He is also collaborating with an international consortium to assess and respond to COVID-19 vaccine hesitancy worldwide. His work in this domain has appeared in Nature Medicine, The Lancet, and the American Journal of Public Health.

Dr. El-Mohandes has served as a senior consultant on multiple global health services and public health interventions funded by the U.S. Agency for International Development and the Government of South Africa. These projects included the "Healthy Mother Healthy Child" program in Egypt to upgrade obstetric and neonatal services in the districts with the highest infant mortality and establishing the first school of public health for black students in South Africa.

Dr. El-Mohandes is the Chair-elect of the Association of Schools and Programs in Public Health Board of Directors, with a term that began March 2021. He is a member of the Board of Directors of Public Health Solutions and was recently appointed by Commissioner Dave A. Chokshi to serve on the New York City Department of Health and Mental Hygiene's Advisory Council.

CUNY SPH has undergone dramatic transformation since Dr. El-Mohandes became Dean in 2013. Under his leadership it became an independent school within the CUNY system and received full re-accreditation in 2016. Six new institutes and centers have been launched, with an accompanying surge in research activity and funding. The CUNY SPH instructional portfolio has expanded similarly, with a range of new certificate programs and master's and doctoral degrees, many of which are available fully online.

Debbian Fletcher-Blake, APRN, FNP

Chief Executive Officer, VIP Community Services

Twitter: https://twitter.com/vipcservices;
Facebook: https://www.facebook.com/vipcservices

Debbian Fletcher-Blake, APRN, FNP, is the CEO of Vocational Instruction Project (VIP) Community Services, Inc., a 501(c)(3) organization in the Bronx that offers comprehensive medical, behavioral health, housing, vocational, and supportive services to the community. She served as administrator and medical provider in several Federally Qualified Health Centers for more than 25 years and as nursing instructor at New York University.

Ms. Fletcher-Blake has been active in building culturally competent workforces, tackling healthcare inequities, focusing on strategies to eliminate health disparities, and working to ensure community members are active participants in deciding systems of care. Due to her vast experience in quality assurance, physical and behavioral healthcare, Debbian has served as subject matter expert on numerous clinical and administrative projects both locally and nationally.

In 2019, for her visionary leadership and dedication to reducing health disparities in the communities and transforming the lives of the underserved populations, Debbian was selected as one of CRAIN's Notable Women in Health Care, along with eminent women in New York's healthcare arena. She is also the recipient of the prestigious Dr. Philip W. Brickner Award Honoree from CHCANYS for advocating for and championing the medical needs of those who are homeless and vulnerable and, most recently, received a Bronx Power Woman Award for her relentless contributions to the Bronx.

Ms. Fletcher-Blake serves on multiple boards, councils, and coalitions, including Montefiore Nyack Hospital, Community Health Care Association of New York State, NYC Behavioral Health Council, Coalition of Medication Assisted Treatment Providers, and Homeless Services United. She is also a mentor for the National Behavioral Health Council's CCBHCs mentorship program.

With an Executive Leadership Certificate in Health Information Technology from the University of Colorado School of Nursing, Debbian brings expertise and efficiency in the coordination of health and social services programs through health information technology.

Ms. Fletcher-Blake is a Board-certified Family Nurse Practitioner. She holds a Master of Science in Nursing from Pace University. Debbian holds an Executive Leadership certificate from UCLA School of Business and Bachelor of Science degrees in Nursing and Chemistry.

Robert Espinoza, MPA

Vice President, Policy, PHI

Twitter: @EspinozaNotes
Blog: https://robertespinoza.medium.com/

Robert Espinoza is the Vice President of Policy at PHI, where he oversees its national advocacy, research, and public education division on the direct care workforce. In 2020, he was selected for the first-ever CARE 100 list of the most innovative people working to re-imagine how we care in America today and as one of Next Avenue's 2020 Influencers in Aging.

Robert is a nationally recognized expert and frequent speaker on aging, long-term care, and workforce issues. For more than 20 years, he has spearheaded high-profile advocacy campaigns and written landmark reports on aging and long-term care, LGBT rights, racial justice, and immigration, among other topics. He has appeared in multiple media outlets, including The New York Times, Wall Street Journal, CNN, Forbes, and The Washington Post, and his writing has been published in The Huffington Post, The Hill, and POLITICO, among others.

Robert serves on the board of directors for the American Society on Aging and the National Academy of Social Insurance. In 2015, he was appointed by the Centers for Medicare and Medicaid Services to its Advisory Panel on Outreach and Education, as well as by the National Academies of Sciences, Engineering, and Medicine to its Forum on Aging, Disability and Independence. In 2018, he was appointed to the Academies' Committee on the Health and Medical Dimensions of Social Isolation and Loneliness in Older Adults, which released its landmark report in February 2020.

Prior to PHI, he was the Senior Director for Public Policy and Communications at SAGE, the country's premier organization for lesbian, gay, bisexual, and transgender (LGBT) older adults. At SAGE, he established its national advocacy program—achieving historic wins and numerous distinctions—while authoring multiple seminal reports, such as Out and Visible, a report on the largest, most comprehensive study examining the experiences and attitudes of LGBT older people. In 2010, he co-founded the Diverse Elders Coalition, a historic, federal coalition focused on improving aging supports for communities of color and LGBT communities.

Robert received his MPA, with honors, from New York University, and his BA in English and BS in Journalism from the University of Colorado at Boulder, where he graduated summa cum laude.

Justin List, MD, MAR, MSc, FACP

Assistant Vice President, NYC Health + Hospitals/
Office of Ambulatory Care and Population Health
Chief Quality Officer, NYC Health + Hospitals/Gotham Health

Twitter: *@HealthEquityMD*

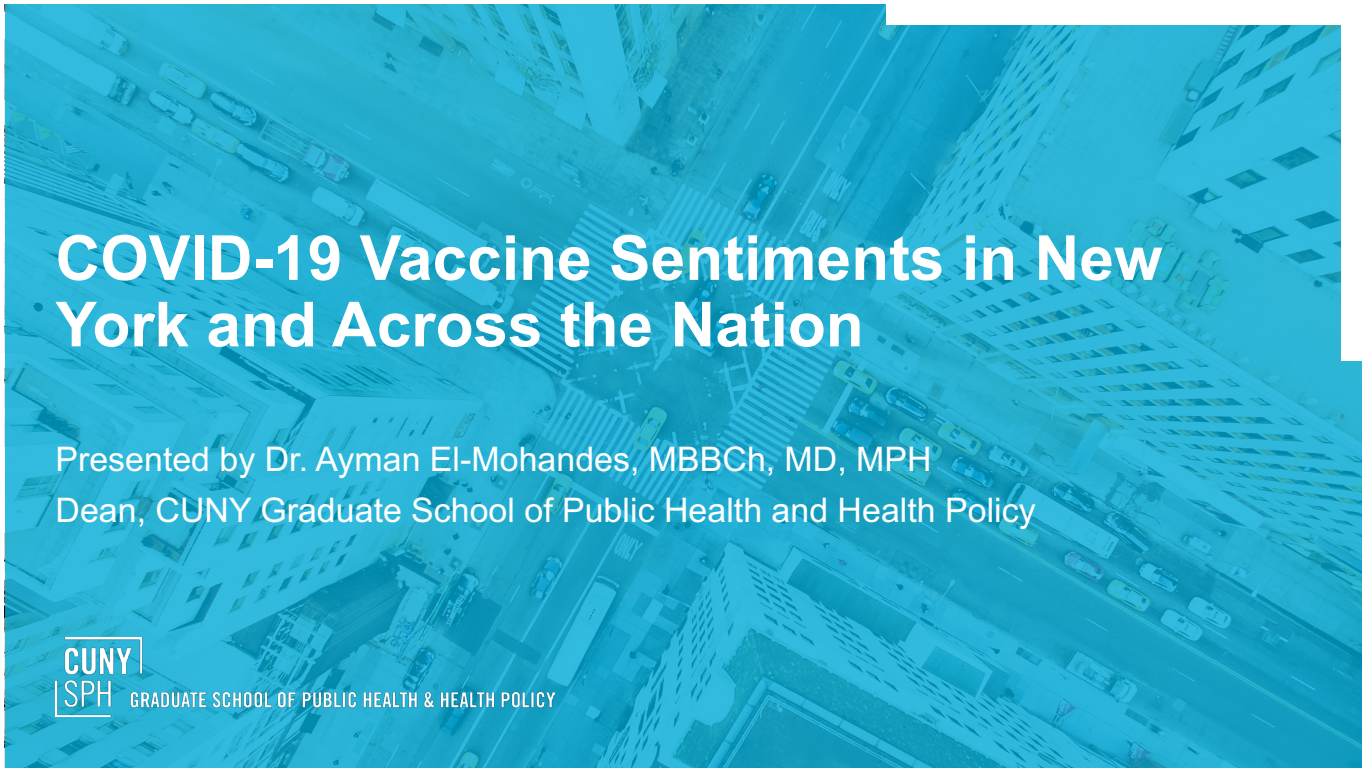
Justin List, MD, MAR, MSc, FACP, is Assistant Vice President, Office of Ambulatory Care and Population Health, at NYC Health + Hospitals, and Chief Quality Officer for Gotham Health, NYC Health + Hospital's co-applicant FQHC. In his Gotham Health role, he oversees the quality management team and is executive sponsor of Helping Healers Heal, a peer support champion program for staff. He co-leads the COVID-19 Ambulatory Research Subcommittee and co-leads the post-COVID clinical service planning design for the new Gotham Health COVID Centers of Excellence serving post-COVID19 survivors. He also sits on the steering committee for the NYC Health + Hospitals Equity & Access Council. He is a practicing primary care internist at Gotham Health's Judson Health Center, primarily caring for emerging adults, and is a volunteer clinical instructor at Yale School of Medicine. Dr. List previously served as Director of Clinical & Scientific Affairs in the NYC Health Department's Bureau of Chronic Disease Prevention and Tobacco Control, overseeing the Cancer Prevention and Control Program and Public Health Detailing Program.

Eliza Ng, MD, MPH

Chief Medical Officer, Coalition of Asian-American IPA

Dr. Eliza Ng serves as the Chief Medical Officer of CAIPA. She is a Board-Certified Obstetrician and Gynecologist with extensive leadership experience in both payers and provider sectors. Prior to joining CAIPA, she held positions that included Chief Medical officer of Population Health at RWJ Barnabas Health System and Deputy Chief Medical Officer at Metroplus Health Plan.

Her area of expertise includes population health and leading provider organizations to manage total cost of care. She is passionate about creating a system of care that supports high-quality care, and patients' and providers' quality of well-being.



COVID-19 Vaccine Sentiments in New York and Across the Nation

Presented by Dr. Ayman El-Mohandes, MBBCh, MD, MPH
Dean, CUNY Graduate School of Public Health and Health Policy

CUNY SPH GRADUATE SCHOOL OF PUBLIC HEALTH & HEALTH POLICY

CUNY SPH GRADUATE SCHOOL OF PUBLIC HEALTH & HEALTH POLICY

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- Committed to excellence in teaching, research, and service
- Leaders in promoting equitable and evidence-based solutions to build healthy cities everywhere

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Survey Methodology

Data were collected April 10-14, 2021
Fielded in English and Spanish

NY Metro Area NY, NJ, and PA (n=1007)
Nationally representative sample (n=2003)

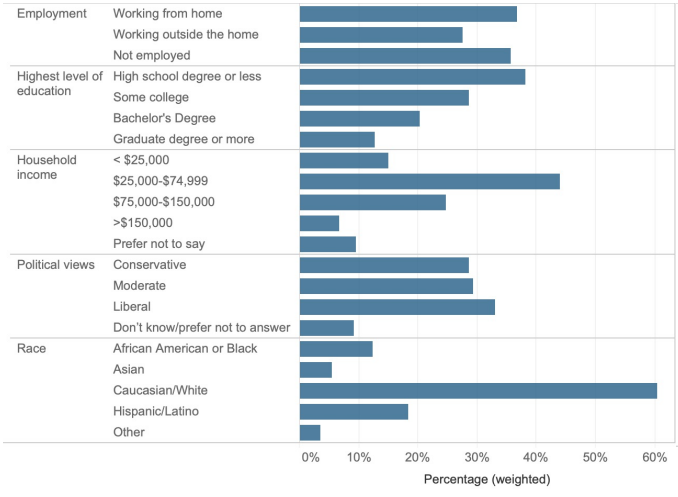
Multi-mode data collection

Mode	New York Metro Area	Nationwide
Online	242	711
Landline	386	243
Mobile	379	1049

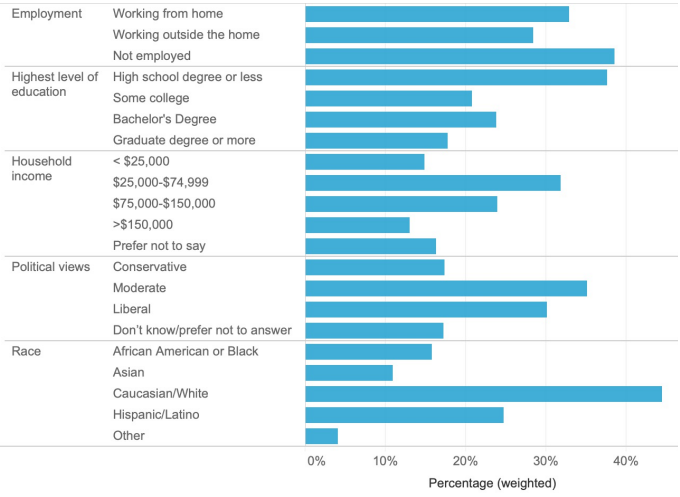
CUNY SPH

Sample demographics:

National

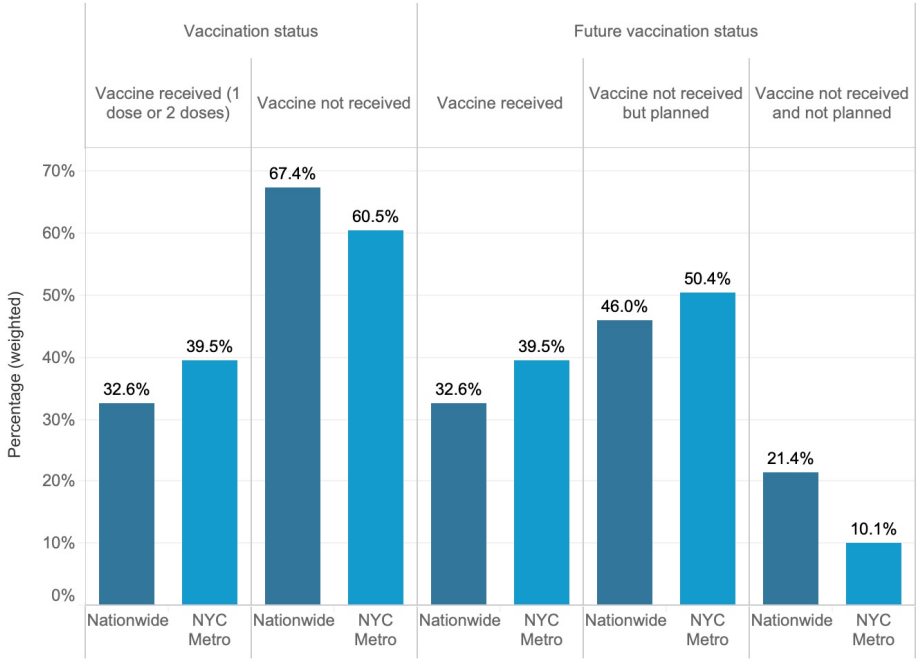


New York Metro



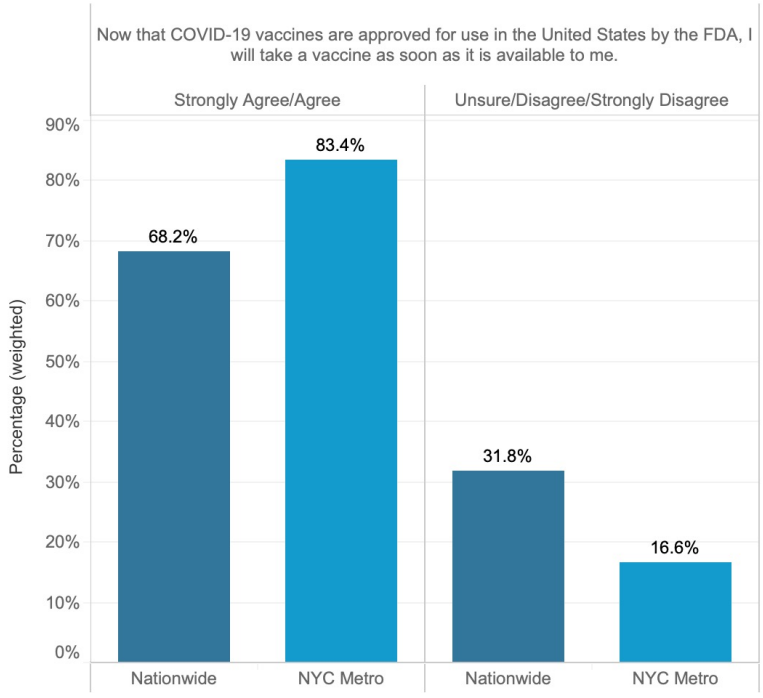
CUNY SPH

Vaccination Status and Intent (April 10-14, 2021)



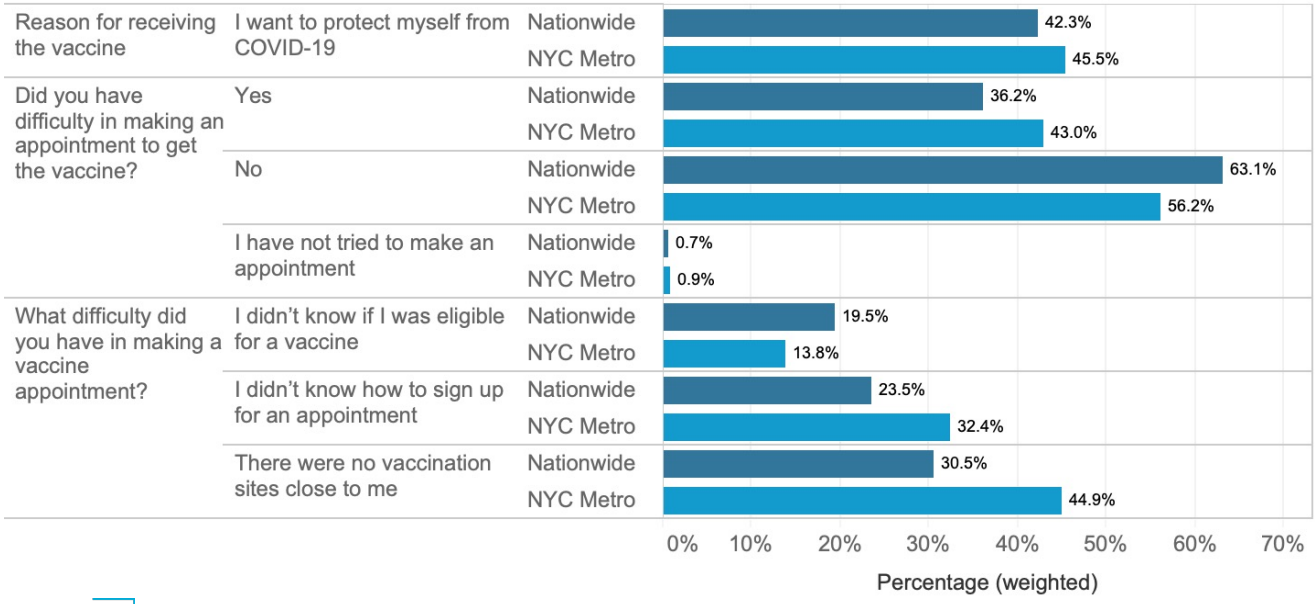
CUNYSPH

Intent Among Respondents Not Yet Vaccinated



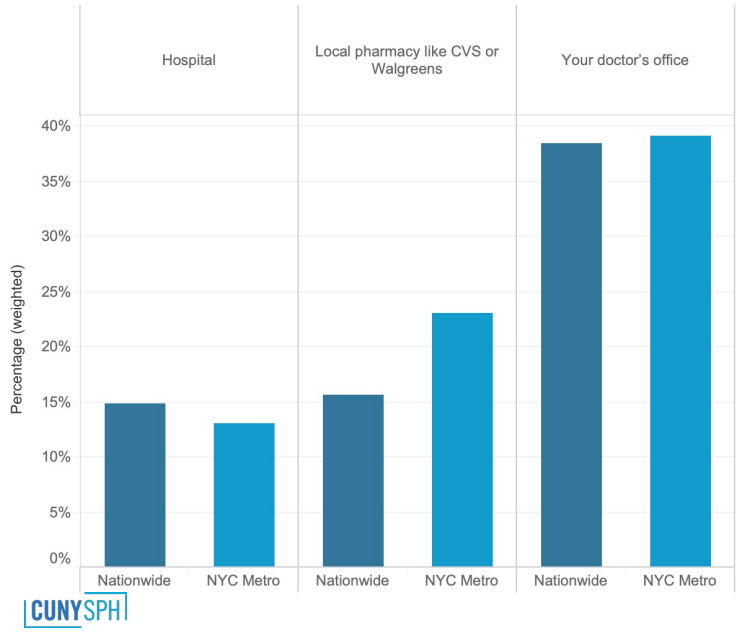
CUNYSPH

Key Considerations Among Vaccinated People



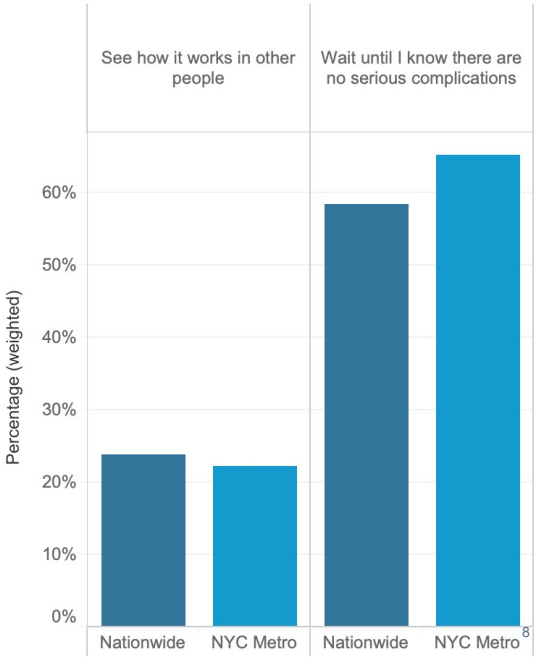
CUNYSPH

Preferred Vaccination Sites Among Vaccine Hesitant Respondents



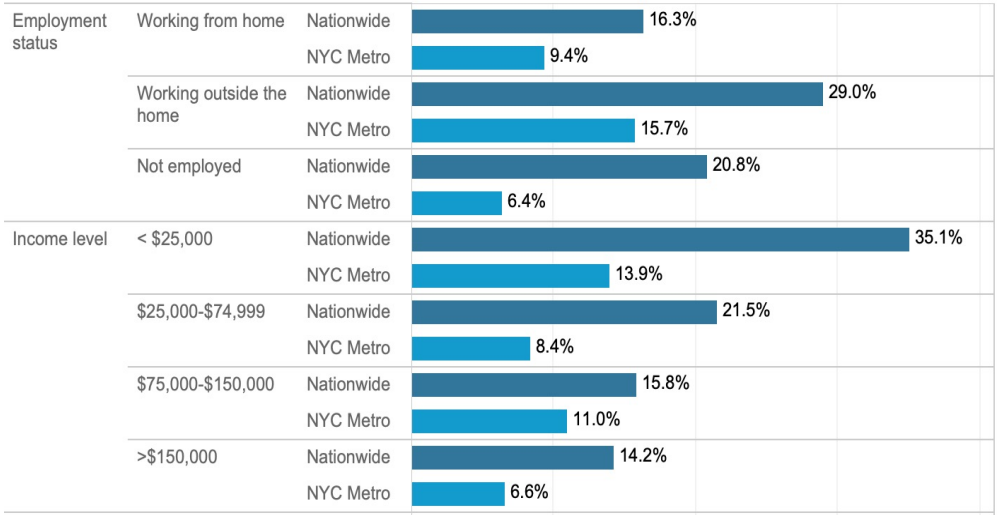
CUNYSPH

Top Reasons for Waiting Among Vaccine Hesitant Respondents

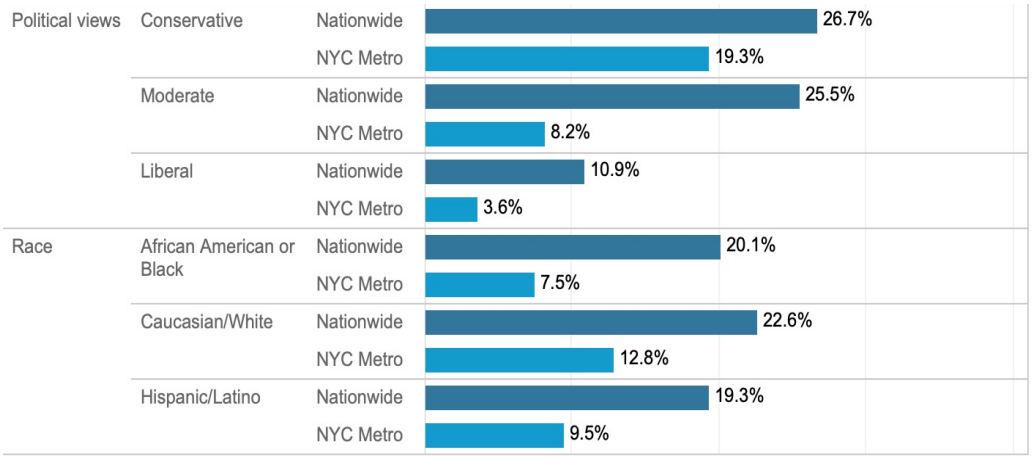


Vaccine Hesitancy or Refusal by Demographic Status

Demographic breakdown of participants who indicated that they have not received a vaccine and don't plan to receive it. (Some demographic categories and subcategories are omitted.)



Vaccine refusal and demographics continued….



Vaccine Refusal

Participants who indicated that they did not plan to get the vaccine were asked about hypotheticals that may increase their vaccine confidence.

		Nationwide	NYC Metro
What would be the reason to receive the vaccine? (To protect myself from COVID-19, to protect my friends and family, etc.)	*I will not get the vaccine for any reason*	47.8%	38.0%
What would help you get ready for vaccine? (Assurance from family/friends, recommendation from my doctor, etc.)	*Nothing will change my mind*	53.5%	49.3%

Thank you!

For more information:

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Innovative approaches to leverage Community Partnerships to increase COVID 19 vaccination in The Bronx

Presented by:

Debbian Fletcher-Blake, APRN, FNP

Chief Executive Officer,

Vocational Instruction Project Community Services, Inc.

VIP Community Services

- Vocational Instruction Project Community Services, Inc. (VIP Community Services) is a nonprofit healthcare organization serving Bronx communities for 47 years.

- **Services include:**
  - Primary care (FQHC)
  - Integrated behavioral health (CCBHC)
  - Addiction services (outpatient treatment, residential)
  - Housing (low income, supportive)
  - Shelter (women with SUD and pending men with mental health)
  - Vocational (employment assessment, training, placement)

Context

- What is the impact of the Innovation?
- Vaccination:
  - A highly effective public health intervention
  - A preventative measure to stop the spread of illness
  - A tool that saves millions of lives

But:

It must be accessible to be effective

ACCESS TO VACCINES

Vaccine On Wheels

Rationale for Innovative Project

- The devastation COVID 19 has had on the Bronx represents a confluence of many factors, including:
  - Racial inequalities in health care delivery systems
  - Living and working conditions
  - Economic inequities
  - Mistrust of organized systems (government, medical treatments, vaccinations)

- Leading to:

  Very poor COVID 19 outcomes and low vaccination rates

The Innovation

Problem / opportunities:

- Despite increased access to places where vaccines are offered, and vaccine options, the number of Black and Hispanic/Latinx individuals that are fully vaccinated is low.
- Herd immunity through vaccination is an opportunity to decrease infection and death rates.

- Magnitude/Impact of the problem
  - COVID 19 has wreaked havoc on Bronx communities compared to NYC
  - Bronx Case rate/100,000 is 10390.02 compared to NYC 9124.27
  - Bronx Death rate/100,000 is 384.72 compared to NYC 327.4
  - NYC vaccination rate for Blacks and Latinx population < 25%

- COVID 19 has disproportionately affected Black and Hispanic/Latinx people in the Bronx

COVID-19 Data: Neighborhood Profiles - NYC Health

Hospitalizations and Death Rates

Area	10/2020	11/2020	12/2020	1/2021	2/2021	3/2021
Bronx	16.7	42.5	105.1	168.2	149.2	115.6
Queens	17.6	39.7	96.8	148.5	111.8	105.2
Citywide	18.6	38.2	92.4	136.6	111.2	96.4
Brooklyn	25.1	34.5	89.0	129.6	112.8	95.7
Staten Island	22.3	79.4	137.6	155.8	80.4	95.6
Manhattan	10.3	25.9	67.4	97.9	83.9	68.6

//github.com/nychealth/coronavirus-data/tree/master/trends#hospr

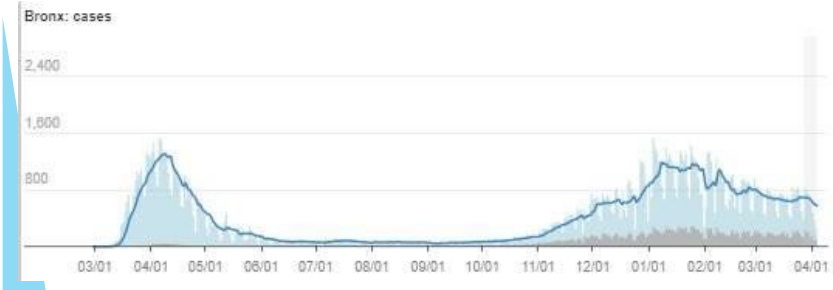
Area	10/2020	11/2020	12/2020	1/2021	2/2021	3/2021
Bronx	1.6	3.7	10.6	23.4	30.0	24.1
Staten Island	2.5	10.1	33.2	35.5	23.9	23.7
Queens	1.8	3.1	12.1	28.0	26.3	21.7
Citywide	1.9	3.9	12.2	24.9	25.3	20.6
Brooklyn	2.4	4.5	11.4	26.2	26.0	20.0
Manhattan	1.3	2.4	8.7	17.0	19.1	16.0

//github.com/nychealth/coronavirus-data/tree/master/trends#deathrate-by-modzctacsv

Bronx Data

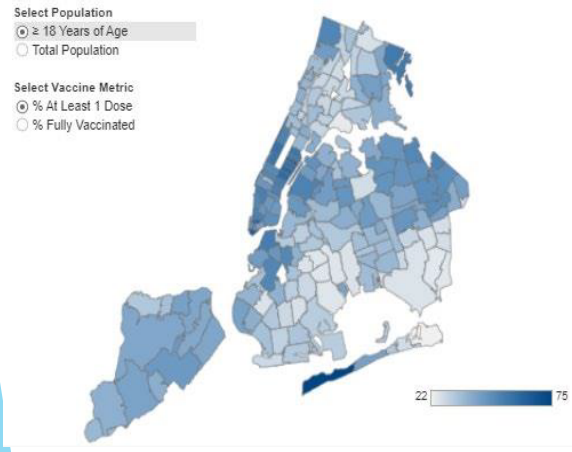
Percent COVID 19 Positivity

Date	Bronx	Citywide
1/4/21	12.09	9.27
4/4/21	7.27	6.25



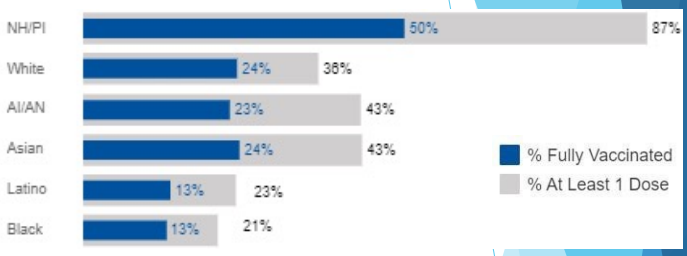
DOHMH data page

Percentage of NYC Adult Residents that Received One or More Doses, by ZIP Code



As of April 8, 2021. www1.nyc.gov/site/doh/covid/covid-19-data-vaccines.page

Vaccination of NYC Adult Residents by Race/Ethnicity

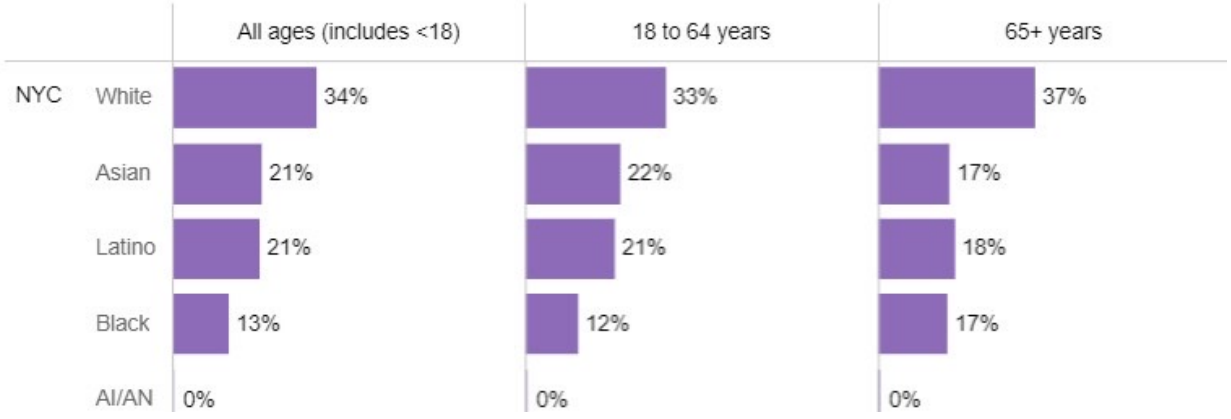


AI/AN: American Indian or Alaska Native; NH/PI: Native Hawaiian or Other Pacific Islander; Latino includes people of any race, and all other categories exclude those who identified as Latino. Reports with unknown race/ ethnicity are excluded (12% of reports). People who are fully vaccinated are also part of those that received at least one dose.

Among people with known race/ethnicity who received at least 1 dose

This figure shows place of residence, race/ethnicity, and age group among individuals with known race/ethnicity who have received at least one dose of vaccine. Demographic data should be interpreted with caution due to incomplete reporting. Note that a small number of NYC residents who were vaccinated in other counties in New York State are included.

AI/AN: American Indian or Alaska Native; NH/PI: Native Hawaiian or Other Pacific Islander
The Latino category includes people of any race; all other categories exclude those who identified as Latino.



https://www1.nyc.gov/site/doh/covid/covid-19-data-vaccines.page

Key elements of the Innovation

What is the impact that the innovation is attempting to achieve?

- Vaccinations on Wheels Program seeks to find people in their neighborhoods, provide education and outreach from trusted community leaders, and vaccinate at locations in their community that are convenient and comfortable.
- Homes- homebound seniors
- Churches
- Community playgrounds, school properties, elected officials district offices, street corners

What has been tried before?

- Community mobilization to address health outbreaks is not new. According to the *New England Journal of Medicine*, in the 1930s, 40 percent of health care was delivered in the home. Then, over time, patient care moved to physician offices, clinics, hospitals, and emergency departments.
- Involvement of communities to provide mental health screenings has been proven effective, and has been introduced in public schools and to address maternal depression.
- Throughout the world, disease outbreaks and resurgences have been treated by bringing vaccines to children and adults where they are.

Key elements of the Innovation Cont'd

Why this approach is unique and innovative?

- The use of community leaders to drive education and outreach for a health care organization is a unique strategy

Collaborative effort

- Elected officials, religious leaders, law enforcement, hairdressers and barbers, small business owners

Description of the Innovation

The Vaccines on Wheels project is a pilot to test:

- a) The effectiveness in using trusted community leaders to increase vaccination rates in the Bronx,
- b) Vaccine acceptance when delivered in nontraditional settings that are convenient and comfortable to individuals in under-resourced communities.

Description of the Innovation, Cont'd

Components:

- Purchased a van that can double into transporting staff for testing and serving as a testing site.
- Interviewed patients and community partners to determine need.
- Engaged religious clergies to assume roles of outreach navigators.
- Outreached to elected officials in zip codes with high COVID infection/death rates and provided education they could present to their constituencies.
- Developed partnership with the Bronx DA and her office.
- Partnered with a local foundation to provide resources (community navigators, funding)
- Partnered with NYCDOHMH for vaccines to be used for home delivery program
- Participant in the Federal vaccines program to obtain all three vaccines for the community

Description of the Innovation, Cont'd

Implementation Strategy

- Used partners to notify the community of the service
- When community acceptance was obtained, provided information (phone calls, education, intake documentation, etc. to individuals as feasible)
- Prioritized project rolled out to most impacted neighborhoods/demographics

The project kicked off on April 9th

Milestones and Results to Date

Key milestones and results

- Partnerships: Religious clergies- very open to helping, including soon-to-be-hired cleric as outreach navigator
- Increased community acceptance through individual and group discussions
- Positive feedback from the community members
- Redefined vocabulary around vaccination: hesitancy is a stigmatizing term. **Communities of color need better vaccine access, not attitudes**.
- In an opinion piece in the *New York Times*, pediatrician and scholar Dr. Rhea Boyd noted: "Th[e] hyper-focus on hesitancy implicitly blames Black communities for their under-vaccination, and it obscures opportunities to address the primary barrier to COVID-19 vaccination: access" (*The New York Times*, March 5, 2021).

Lessons Learned

What worked:

- Collaborations with community leaders
- Staff buy-in
- Acceptance by those requiring vaccine services (community members)

Challenges:

- Staffing
- Timing and resource interruptions (e.g., J&J vaccine)

What might have been done differently:

- Have all necessary agreements drafted in advance
- Ensure all short-term hires have necessary clearances (e.g., are fully COVID vaccinated);
- Hired more staff

Big Picture

- The value of this initiative in the overall health care landscape is that it is scalable and reproducible
- It can serve fewer or greater people, as the population requires and as resources dictate
- It can address both urgent and chronic health challenges
- Returns responsibility to the community to educate, engage and ensure better health outcomes

Implications/ Next Steps

Implications

- This project can be replicated to address health disparities on a broader scale using community perspectives

Next steps

- Continue COVID vaccinations (termination timeline to be determined by need)
- Scale project to address community needs
- Explore replicating project:
- Community base mental health education (first aid training) using a social work model-fall 2021

Summary

Key elements of the innovation:

- Hyper-local, community-based approach

- Why is this innovative?
  - Use of community and thought leaders as collaborators
  - Returns health care decision making to the community

- Impact and implication of results thus far:
  - Ability to address concerns and barriers to better health and
  - De-stigmatize communities previously unable to access care

VIP Community Services Van

Vaccines on Wheels

Contact information

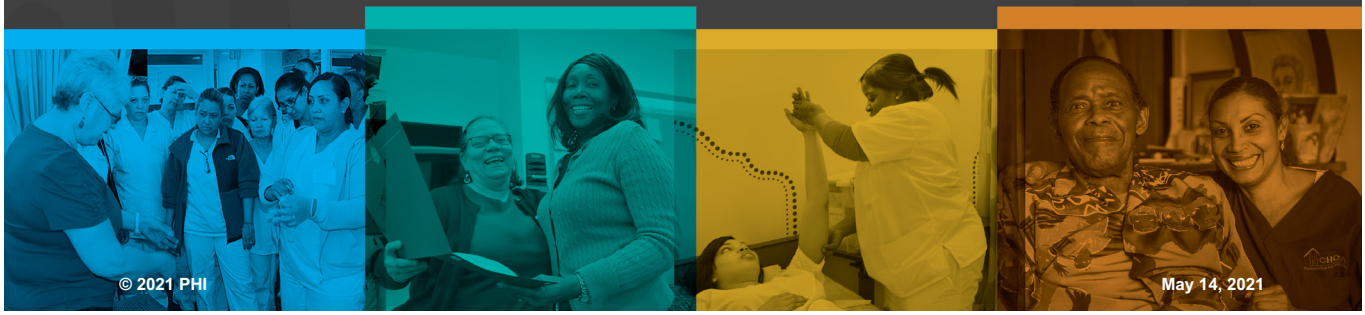
For more information, contact:

- Name: Debbian Fletcher-Blake
- Title: CEO
- Organization: VIP Community Service, Inc.
- Telephone #: (718) 583 5150 Ext. 8650
- Email address: dblake@vipservcies.org
- Twitter handle: https://twitter.com/vipcservices
- Link to blog: https://www.vipservices.org/

PHI QUALITY CARE THROUGH QUALITY JOBS

COVID-19 and the Direct Care Workforce: Lessons for Now and the Future

Robert Espinoza, MPA, Vice President of Policy, PHI



May 14, 2021

PHI QUALITY CARE THROUGH QUALITY JOBS

Nation's leading expert on the direct care workforce

Research, policy analysis, advocacy, workforce innovations, and public education—in consultation with policymakers, payers, providers, and workers

360° perspective and nearly 30 years of experience on long-term care and the direct care workforce

Purpose & Objectives: Two Roles for Practitioners

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As Health Care Professionals
How should direct care workers be optimized in health care delivery?

As Industry Leaders
How can health care professionals influence structural reforms?

Improve Health Outcomes among Vulnerable Populations

Context

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The Direct Care Workforce

- Support older people and people with disabilities across settings
- Titles vary by occupation, state, and institutional provider
- 4.6 million home care workers and nursing assistants
- 8.2 million job openings in direct care by 2028
- Larger than any other occupation in the U.S.
- Critical yet untapped part of the interdisciplinary care team

SOURCE: http://phinational.org/policy-research/key-facts-faq/

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Direct Care Workers and COVID-19

- Direct care workers at risk of COVID-19 and leaving the field
- Longstanding challenges in job quality, recruitment, and retention


Low Wages, High Poverty: Direct Care Workers
Low wages and irregular schedules make it difficult to retain and recruit workers in this sector. As a result, turnover remains high.
PHI QUALITY CARE THROUGH QUALITY JOBS
U.S. Direct Care Workers (2019)
$12.80 MEDIAN HOURLY WAGE
$20,300 MEDIAN PERSONAL EARNINGS
31% PART TIME
45% IN OR NEAR POVERTY
SOURCE: PHI, Home Care Workers
© 2021 PHI
SOURCE: PHI (2020). For detailed citations and information about PHI's research methodology, please contact info@PHInational.org.


Inadequate Public Funding & Reimbursement
The LTSS system needs more funding to ensure everyone can access the supports they need–labor costs are especially underfunded.
PHI QUALITY CARE THROUGH QUALITY JOBS
Long-Term Services & Supports Expensive, difficult to predict, exhausts savings
Medicaid only for poor & low-income people– and restrictions are growing
State Medicaid budgets are strapped– little funding for labor costs
Inadequate reimbursement rates in Medicaid
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Health Equity and Direct Care Workers • April 1, 2021


Limited Training or Career Advancement
The training infrastructure for direct care workers doesn't equip them with the skills, knowledge, confidence, or career paths they need.
PHI
QUALITY CARE THROUGH QUALITY JOBS
Insufficient training standards– especially for personal care aides and DSPs
Lack of specialty training– variety of topics and special populations
Didactic training methods that don't account for adult learners & learning styles
Few advanced roles where workers could be better optimized in the care team
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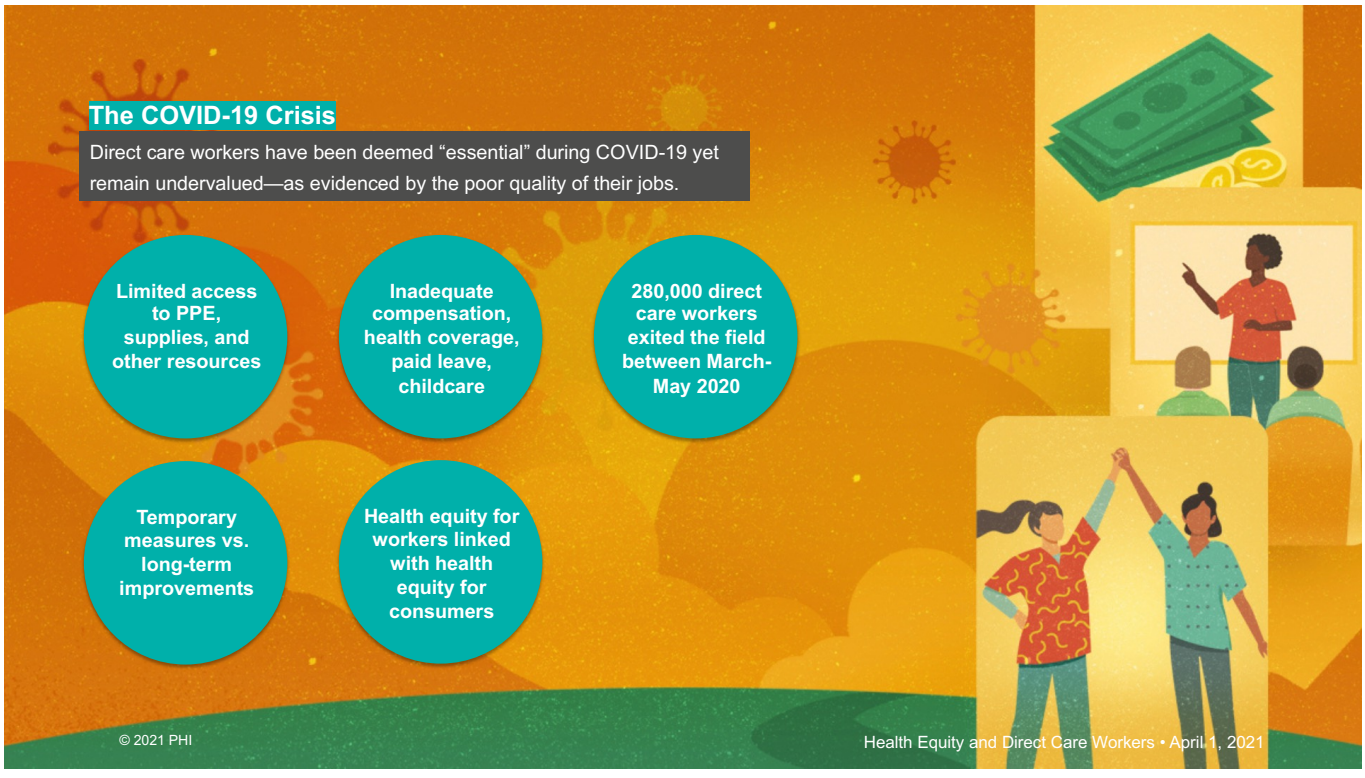
Health Equity and Direct Care Workers • April 1, 2021


The COVID-19 Crisis
Direct care workers have been deemed “essential” during COVID-19 yet remain undervalued—as evidenced by the poor quality of their jobs.
Limited access to PPE, supplies, and other resources
Inadequate compensation, health coverage, paid leave, childcare
280,000 direct care workers exited the field between March-May 2020
Temporary measures vs. long-term improvements
Health equity for workers linked with health equity for consumers
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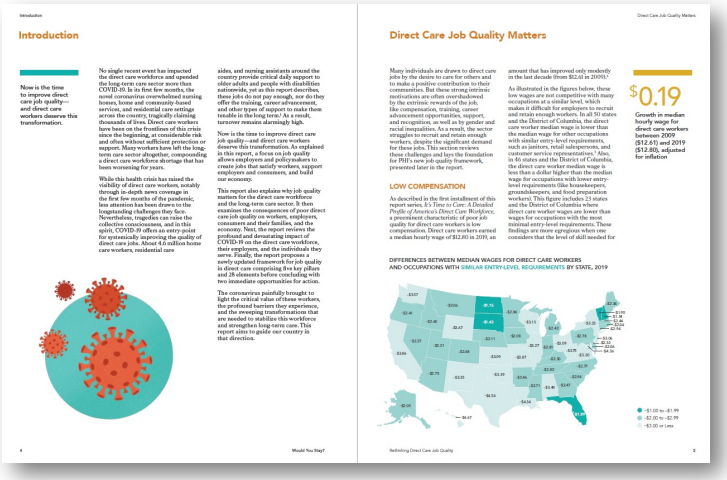
Direct Care Workers and COVID-19

- Direct care workers at risk of COVID-19 and leaving the field
- Longstanding challenges in job quality, recruitment, and retention
- Insufficient resources for direct care workers and their employers
- Need for short-term emergency approaches—with long-term vision

A Systemic Approach

- **Education.** How to persuade the public to address this crisis?
- **Research.** What specific barriers need addressing?
- **Advocacy & Policy Change.** How can policy reforms move change?
- **Provider Approaches.** How are providers innovating and adapting?

Key Elements of the Innovation: Education (Issue Awareness)



Introduction

Now is the time to improve direct care job quality—and direct care workers deserve this transformation.

No single recent event has impacted the direct care workforce and upended the long-term care sector more than COVID-19. In its first few months, the novel coronavirus overwhelmed nursing homes, hospitals, community-based services, and residential care settings across the country, tragically claiming thousands of lives. Direct care workers have been on the frontlines of this crisis since the beginning, at considerable risk and often without sufficient protection or support. Many workers have left the long-term care sector altogether, compounding a direct care workforce shortage that has been worsening for years.

While this health crisis has raised the visibility of direct care workers, notably through in-depth news coverage in the first few months of the pandemic, less attention has been drawn to the longstanding challenges they face. Nevertheless, tragedies can raise the collective consciousness, and in this spirit, COVID-19 offers an entry-point for systemically improving the quality of direct care jobs. About 4.6 million home care workers, residential care aides, and nursing assistants around the country provide critical daily support to older adults and people with disabilities nationwide, yet as this report describes, these jobs do not pay enough, nor do they offer the training, benefits, career ladders, and other types of support to make them tenable in the long term.[1] As a result, turnover remains alarmingly high.

Now is the time to improve direct care job quality—and direct care workers deserve this transformation. As explained in this report, a focus on job quality allows employers and policymakers to create jobs that satisfy workers, support employers and consumers, and build our economy.

This report also explains why job quality matters for the direct care workforce and the long-term care sector. It then examines the consequences of poor direct care job quality on workers, employers, consumers and their families, and the economy. Next, the report reviews the profound and devastating impact of COVID-19 on the direct care workforce, their employers, and the individuals they serve. Finally, the report proposes a newly updated framework for job quality in direct care comprising five key pillars and 28 elements before concluding with two immediate opportunities for action.

The coronavirus painfully brought to light the critical value of these workers, the profound barriers they experience, and the urgent transformation that they are needed to stabilize this workforce and strengthen long-term care. This report aims to guide our country in that direction.

4 Would You Stay?

Direct Care Job Quality Matters

Many individuals are drawn to direct care jobs by the desire to care for others and to make a positive contribution to their communities. But these strong intrinsic motivations are often overshadowed by poor job quality—in areas of pay, like compensation, training, career advancement opportunities, support, and recognition, as well as by gender and racial inequalities. As a result, the sector struggles to recruit and retain enough workers, despite the significant demand for these jobs. This section reviews these challenges and lays the foundation for PHI's new job quality framework, presented later in the report.

LOW COMPENSATION

As described in the first installment of this report series, *It's Time to Care: A Detailed Profile of America's Direct Care Workforce*, a prominent characteristic of poor job quality for direct care workers is low compensation. Direct care workers earned a median hourly wage of $12.80 in 2019, an amount that has improved only modestly in the last decade (from $12.61 in 2010).[2]

As illustrated in the figures below, these low wages are not competitive with many occupations at a similar level, which makes it difficult for employers to recruit and retain enough workers. In all 50 states and the District of Columbia, the direct care worker median wage is lower than the median wage for other occupations with similar entry-level requirements, such as janitors, retail salespersons, and customer service representatives.[3] Also, in 46 states and the District of Columbia, the direct care worker median wage is lower than the median wage for occupation wage for occupations with lower entry-level requirements (like housekeepers, groundskeepers, and food preparation workers). This figure includes 23 states and the District of Columbia where direct care worker wages are lower than wages for occupations with the most minimal entry-level requirements. These findings are more egregious when one considers that the level of skill needed for

$0.19

Growth in median hourly wage for direct care workers between 2009 ($12.61) and 2019 ($12.80), adjusted for inflation

DIFFERENCES BETWEEN MEDIAN WAGES FOR DIRECT CARE WORKERS AND OCCUPATIONS WITH SIMILAR ENTRY-LEVEL REQUIREMENTS BY STATE, 2019

Rethinking Direct Care Job Quality 5

SOURCE: http://phinational.org/resource/would-you-stay-rethinking-direct-care-job-quality/

Key Elements of the Innovation: Education (Worker Stories)

In Their Own Words

KAO SAEPHAN

HOME CARE PROVIDER, CAREGIVER EMERGENCY RESPONSE TEAM (CERT) PROVIDER AT HOMEBRIDGE
SAN FRANCISCO, CA
1 YEAR AS A DIRECT CARE WORKER

ON WHY HE DECIDED TO BECOME A DIRECT CARE WORKER:

"I was incarcerated for 16 years, starting at age 19. Towards the end of my incarceration, I had the honor of working with a hospice program at a medical facility in a role that was similar to home care. During that time, I got to evaluate myself, and I became the loving and caring person who I now know I was brought into this world to be. I knew when I got out that I wanted to help people in my community and care for the vulnerable. Fortunately, Homebridge gave me that chance."

ON HIS RELATIONSHIP WITH HIS CLIENTS:

"Each client has their own unique personality and characteristics that make them so special. Before the pandemic, I worked with people who were in housing programs, and I was assigned to clients who I saw regularly and built relationships with. I provide personal care, emotional support, domestic work, and even run errands. I'm there for my clients if they need or want anything, offer an extra hand to help or an extra ear to listen, and let them know they are not alone and that there is somebody out there who cares about them.

When the pandemic started, I volunteered to join Homebridge's Caregiver Emergency Response Team (CERT) to care for the homeless population in San Francisco that is currently sheltering in hotel units to reduce the spread of the virus. I get to hear their stories and learn how they became homeless and bridge that gap between us. It's humbling that I can put so much energy and strength and motivation into my job and make a difference in their lives."

ON THE IMPACT OF COVID-19:

"When the CERT team came about, I saw it as an opportunity to do even more good and serve people with the most need. Homebridge prepared me in more ways than I can wrap my head around, and I follow their instructions and CDC guidelines on how to keep myself safe. Even so, there are always still potential risks of contracting the virus and getting sick. But that is out of my control.

It can all be very emotionally draining, and the stress takes a big toll on me some days. I go to work and help people, come home, go to sleep, and then do the same thing all over again the next day. I'm not able to see my parents, friends, or other family. In a sense, it can feel like I am in prison all over again.

My parents are refugees from Laos, and in the Mien culture, I should be the one giving them the care they need. I am an only child, and they are getting older. But they are hundreds of miles away, and now I can't even see them. They are worried about me, and I'm worried about them. Sometimes I feel like I am neglecting them, but they assure me I'm doing a good job."

10 Quality Jobs Are Essential

In Their Own Words

As a home care worker whose work has intensified during the pandemic, Kao recognizes both the value and strain in delivering quality care.

California's Direct Care Workforce and the Master Plan for Aging 11

As a direct care worker for nine years, Marichu has struggled financially during this pandemic and has not been able to work remotely.

SOURCE: http://phinational.org/resource/quality-jobs-are-essential-californias-direct-care-workforce-and-the-master-plan-for-aging/

PHI QUALITY CARE THROUGH QUALITY JOBS

PHI Survey (April 2020): Top 5 Concerns

1. 82% worried that direct care workers will become infected with COVID-19
2. 75% concerned that workers will carry the virus from the community to their clients
3. 69% fear that workers will leave their jobs to care for their children or other relatives
4. 69% worry that workers will leave their jobs because of fear about the coronavirus
5. 66% concerned that there won't be enough workers to replace workers who leave

SOURCE: https://phinational.org/we-surveyed-our-stakeholders-on-covid-19-heres-what-we-learned/

PHI Survey (April 2020): Key Findings

- Direct care workers deserve recognition.
- Protective supplies are desperately needed.
- Information and education are critical.
- Visible leadership makes a difference.
- Long-term care providers need emergency funding.

SOURCE: https://phinational.org/we-surveyed-our-stakeholders-on-covid-19-heres-what-we-learned/

Key Elements of the Innovation: Research (Vaccine acceptance)

COVID-19 VACCINATION UPTAKE BEHAVIORAL SCIENCE TASK FORCE:
FINAL REPORT – FEBRUARY 23, 2021

FOR PUBLIC DISTRIBUTION

Submitted By:

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- Dr. Jenny Chatman — University of California, Berkeley, Task Force Co-Chair
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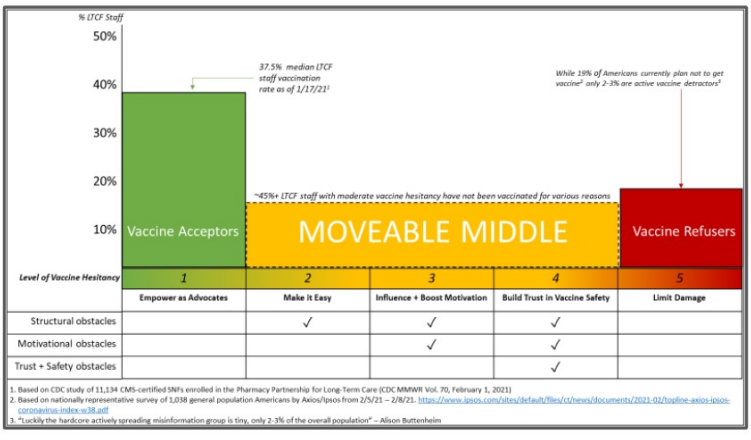


SOURCE: https://faculty.wharton.upenn.edu/wp-content/uploads/2018/01/Covid-19-Behavioral-Science-Task-Force-Report-Final-2021-02-23.pdf.

State Leaders

- Improve compensation for workers
- Provide essential workers with free childcare
- Ensure access to personal protective equipment (PPE)
- Fill the gaps in emergency paid sick leave policies
- Disseminate training on COVID-19 to all direct care workers
- Build pipelines into direct care jobs
- Expand access to health care, including COVID-19 testing and treatment

Key Elements of the Innovation: Advocacy & Policy Change

Federal Leaders

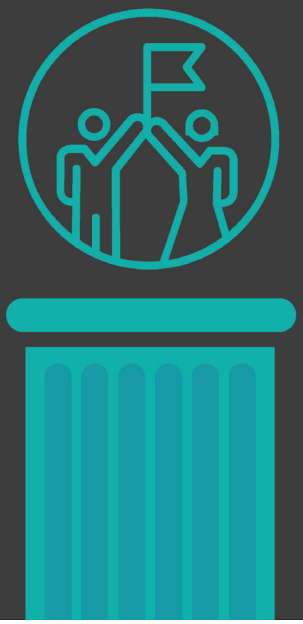
- Coronavirus Relief for Seniors and People with Disabilities Act
- Ensure access to paid sick leave
- Implement immediate recruitment campaigns
- Explore online training (entry-level, COVID-19); competency evaluations
- Increase funding to providers to enhance the training infrastructure
- Consult with worker organizations to understand the needs of workers
- More data across the sector on COVID-19 infections and deaths

Key Elements of the Innovation: Advocacy & Policy Change

PHI QUALITY CARE THROUGH QUALITY JOBS

THE 5 PILLARS OF DIRECT CARE JOB QUALITY

PHI QUALITY CARE THROUGH QUALITY JOBS



RESPECT & RECOGNITION

- Direct care workers reflected in organizational mission, values, and business plans
- Diversity, equity, and inclusion formalized in organizational practices
- Consistent feedback is given on work performance and retention is celebrated
- Opportunities for direct care workers to influence organizational decisions
- Clear communication about changes affecting workers, with opportunities for feedback
- Direct care workers empowered to participate in care planning and coordination
- Other staff trained to value direct care workers' input and skills

PHI QUALITY CARE THROUGH QUALITY JOBS

Steps Toward a Stronger Job Sector

- Increased policy attention & research on direct care workers
  - Employer resources, hazard pay, childcare, salience of issues
- Highlighted long-term structural challenges
  - Poor job quality, inadequate training infrastructure, general neglect
- Compelled many providers to re-examine what works

Essential Yet Undervalued

- Health crises expose systemic vulnerabilities and solutions
- Essential workers need essential-level support
- Long-term care has been neglected—and the result was cataclysmic

Boosting Funding and Addressing Inequality

- Growing demand will require a long-term investment in this workforce
- Poor job quality and inadequate LTC financing are entwined
- Structural inequities punish low-income communities of color

PHI QUALITY CARE THROUGH QUALITY JOBS

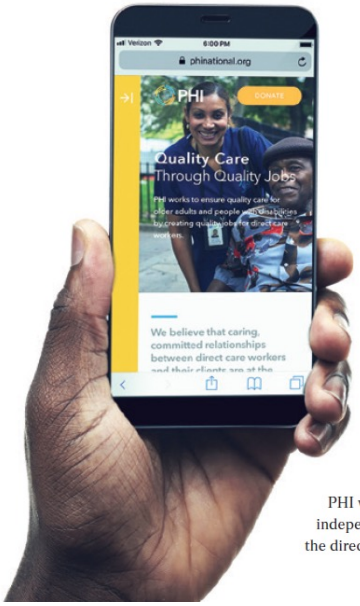
A Way Forward

- Differentiating short-term and long-term investments
- Elevating the role of the worker to the full care team
- Transforming direct care jobs through policy, practice, and research
- Implementing effective emergency responses and protocols

Summary

From Crisis to a Transformation

- Direct care workers have been essential during this pandemic
- Long-standing workforce challenges impacted everyone
- Education, research, advocacy, and provider approaches are key
- Together, we can transform the direct care workforce and health care.



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PHI works to transform eldercare and disability services. We foster dignity, respect, and independence for all who receive care, and all who provide it. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.

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PHI QUALITY CARE THROUGH QUALITY JOBS

COVID-19 Aftermath: Clinician and Patient Realities in a "Long COVID" Era

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Agenda

- Background on post-COVID19 infection clinical issues
- Emerging data on burden of post-infection symptoms
- NYC Health + Hospitals/Gotham Health COVID-19 Centers Excellence
- NYC Health + Hospitals Helping Healers Heal program
- Select references

Why focus on COVID-19 survivorship?

- Emerging evidence for “long hauler” symptoms that persist after COVID-19 disease
- Even if the percentage of survivors with “long COVID” is small, given the large numbers of those infected overall, the population burden of “long COVID” may still be significant from a clinical management perspective
- Dozens of lay media articles suggest some survivors with ongoing symptoms have felt that their symptoms have been ignored or downplayed by clinicians

Post-COVID-19 disease symptoms

Symptoms patients report (regardless of being hospitalized or not for COVID-19 disease):

- Fatigue
- Erratic heartbeat
- Memory problems
- Brain fog
- Sensitivity to light/sounds
- Headaches
- Breathing problems
- Feeling depressed or anxious
- Joint pain
- Chest pain
- Cough
- Muscle pain
- Intermittent fever
- Rash
- Hair loss
- Smell and taste issues
- Sleep issues
- Mood changes

JAMA Network™

From: **A Proposed Framework and Timeline of the Spectrum of Disease Due to SARS-CoV-2 Infection: Illness Beyond Acute Infection and Public Health Implications**

JAMA. 2020;324(22):2251-2252. doi:10.1001/jama.2020.22717

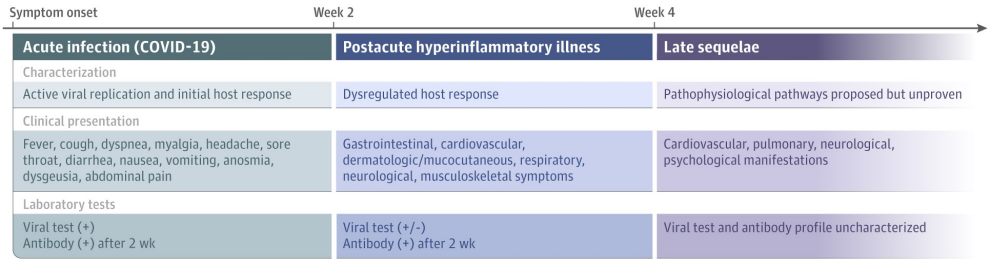


Figure Legend:

Proposed Population-Based Framework for Symptomatic SARS-CoV-2 Infection[a]COVID-19 indicates coronavirus disease 2019; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2.

[a]The population-based framework refers to the fact that these illnesses are observed at the population level and not necessarily in any given individual.

Post-COVID-19 disease sequelae

- New mental health diagnosis (1 in 5 survivors in one study[1])
- Persistent fatigue[2]
- Dyspnea/cough; lung function abnormalities
- Myocardial inflammation[3]
- Kidney injury
- Thromboembolic disease
- Psychosis[4]
- Anosmia/dysgeusia
- Musculoskeletal pain
- Gastrointestinal symptoms (e.g., diarrhea)
- Dermatologic (e.g., alopecia, “COVID toes”, hives-like rash)
- Challenges with concentration, memories, and disordered sleep

References:
1. https://thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30462-4/fulltext
2. https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0240784&type=printable
3. https://jamanetwork.com/journals/jamacardiology/fullarticle/2768916
4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7477483

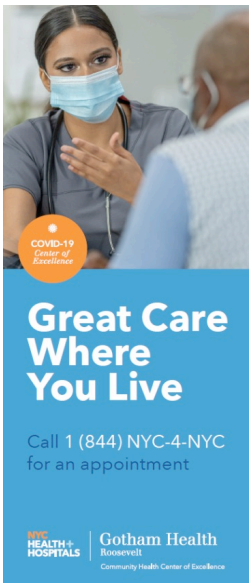
Clinical guidance for post-COVID-19

- Limited guidance exists specific to post-COVID-19 sequelae
- Evaluation and management is largely symptomatic and problem-based
- UpToDate recently released helpful content available here for evaluating and management numerous sequelae: Coronavirus disease 2019 (COVID-19): Evaluation and management of persistent symptoms in adults following acute viral illness

Reference:
https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-evaluation-and-management-of-persistent-symptoms-in-adults-following-acute-viral-illness?csi=722eefc9-dd07-4746-8d98-94f5b7d7cc0d&source=contentShare

NYC Health + Hospitals/Gotham Health COVID-19 Centers of Excellence

- Three new sites that provide specialized attention and care for COVID-19 survivors with ongoing symptoms
- Locations now open in Bronx and Queens, and later this year in Brooklyn, some of the hardest COVID-19 hit areas
- Comprehensive primary care services also available



COVID-19 and health care worker burnout

- 29% of surveyed health care workers are thinking about leaving health care as a result of the pandemic
- Over 60% of surveyed HCWs report harmed mental health during COVID-19
- Over half of surveyed HCWs report feeling burned out

Reference: WP/KFF https://www.washingtonpost.com/context/washington-post-kff-frontline-health-care-workers-survey-feb-11-march-7-2021/ba15a233-9495-47a9-9cdd-e7fa1578b1ca/?itid=lk_inline_manual_7

Reference: https://ohsonline.com/articles/2020/05/19/-/media/OHS/OHS/Images/2020/05/OHSimageAS63.jpg

NYC Health + Hospitals Helping Healers Heal

- Central Office systemwide initiative housed in the Office of Quality & Safety and available across the full healthcare system
- Peer-support champion program led by staff for staff
- Important resource before and during the pandemic
- Variety of encounter types included 1:1 and group debriefs, plus a variety of educational and support activities
- Robust in-house and external referral supports for peer-support champions and staff

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https://www.nychealthandhospitals.org/pressrelease/employee-wellness-program-to-address-emotional-stress-and-burnout/

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Long-Term Effects of COVID-19. CDC. Available at: https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html

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Long-Haulers Are Redefining COVID-19. The Atlantic. Available at: https://www.theatlantic.com/health/archive/2020/08/long-haulers-covid-19-recognition-support-groups-symptoms/615382/

'Long-COVID': a cross-sectional study of persisting symptoms, biomarker and imaging abnormalities following hospitalization for COVID-19. BMJ Thorax. Available at: https://thorax.bmj.com/content/early/2020/11/09/thoraxjnl-2020-215818

Symptom Duration and Risk Factors for Delayed Return to Usual Health Among Outpatients with COVID-19 in a Multistate Health Care Systems Network – United States, March-June 2020. CDC MMWR. Available at: https://www.cdc.gov/mmwr/volumes/69/wr/mm6930e1.htm?s_cid=mm6930e1_w

Persistent Symptoms in Patients After Acute COVID-19. JAMA. Available at: https://jamanetwork.com/journals/jama/fullarticle/2768351

Thank you!

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CMO CAIPA

COVID -19 AND TOLL ON ASIAN AMERICANS AND PACIFIC ISLANDERS APPROACHES TO IMPROVE HEALTH OUTCOMES

CAIPA

MISSION To unite the top health professionals to deliver culturally sensitive services and quality care, utilizing the most cost-effective approach, that leads to a peaceful and better quality of life.

MSO	IPA	ACO	FOUNDATION
350,000 lives	1,000 Providers	AAACO NYS Innovator	Adult Social Daycare Health Education

PUBLIC HEALTH DATA DOES NOT TELL THE WHOLE STORY ON AAPI EXPERIENCE

Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases[1]	1.6x	0.7x	1.1x	2.0x
Hospitalization[2]	3.5x	1.0x	2.8x	3.0x
Death[3]	2.4x	1.0x	1.9x	2.3x

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., among frontline, essential, and critical infrastructure workers.

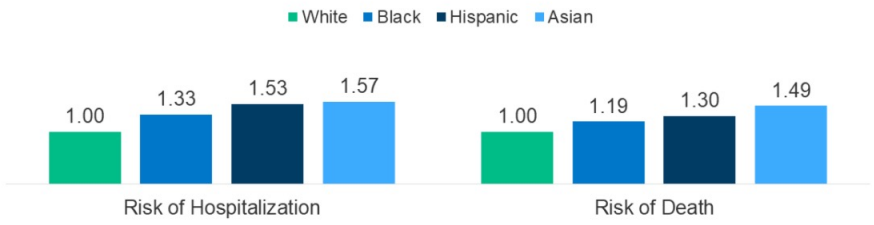
CDC COVID-19 DATA. Accessed May 2021

CURRENTLY AAPI HAVE THE HIGHEST WITHIN GROUP INCOME INEQUALITY IN THE UNITED STATES

The **top 10%** of earners had **10.7×** the income of the **bottom 10%** compared with the **national average of 8.7×**

McKinsey Insight: COVID and Advancing Asian Am Recovery. Accessed May 2021
US Census Bureau 2018

OTHER STUDIES PAINT A DIFFERENT PICTURE WITH AAPI EXPERIENCING HIGHEST RISK OF HOSPITALIZATION AND DEATH



EPIC and Kaiser Family Foundation. Accessed May 2021

SIMILAR STUDIES SHOW AAPI IN URBAN SETTINGS FACE HIGHER COVID-19 CASE FATALITY

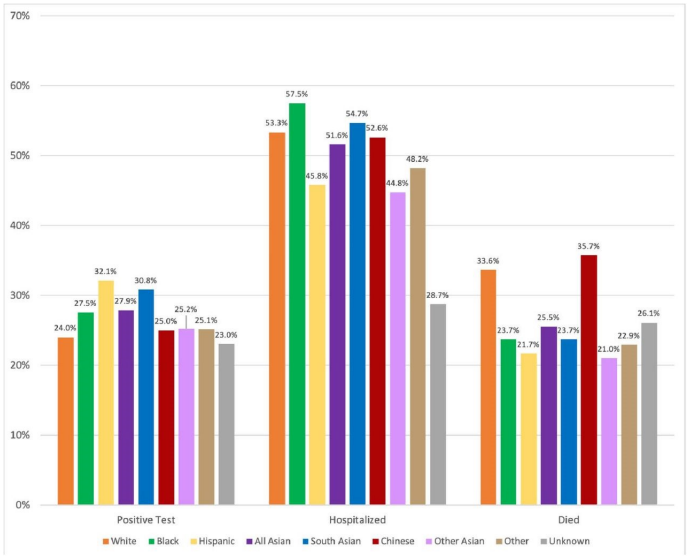
Exhibit 1. Cases and deaths among Asian Americans compared to the overall population.

State/County	Percent of Cases (Asian)	Percent of Deaths (Asian)	# of Deaths (Asian)	Case Fatality (Asian)	Case Fatality (Overall)	percent of Pop Asian
California	7.0 percent	15.0 percent	855	8.4 percent	2.6 percent	15.3 percent
New Jersey	5.1 percent	5.6 percent	724	13.9 percent	7.7 percent	10.0 percent
Washington	6.0 percent	9.0 percent	112	7.8 percent	3.9 percent	9.3 percent
Nevada[a]	8.2 percent	15.4 percent	75	7.3 percent	2.5 percent	8.7 percent
Massachusetts[a]	2.1 percent	2.6 percent	211	9.2 percent	7.4 percent	7.1 percent
Illinois	2.9 percent	4.7 percent	327	7.8 percent	4.8 percent	5.9 percent
Santa Clara County, CA	15.1 percent	33.3 percent	53	7.4 percent	3.3 percent	38.3 percent
San Francisco County, CA	11.7 percent	46.0 percent	23	5.2 percent	1.3 percent	34.1 percent
Los Angeles County, CA	3.8 percent	16.4 percent	529	13.6 percent	3.2 percent	15.4 percent
New York City[a]	3.9 percent	7.6 percent[b]	1419[b]	17.1 percent[b]	8.7 percent[b]	13.9 percent
Clark County, NV[a]	6.5 percent	16.8 percent	73	6.6 percent	2.6 percent	10.4 percent
Chicago, IL[a]	2.7 percent	4.6 percent	119	10.4 percent	5.0 percent	6.4 percent
Missing Data						
Hawaii	29.9 percent	NR	NR	NR	1.9 percent	37.6 percent
New York[a] (excluding NYC)	NR	4.0 percent	265	NR	3.5 percent	4.0 percent

[a] Values reflect combined Asian American and Pacific Islander data.
[b] Reflects confirmed deaths ONLY. An additional 4,607 probable deaths, including 410 among Asians, are not included.
Notes: NR = not reported. Asian case and death proportions are taken over the total, which includes counts from unknown race. Actual proportions are likely higher. Data were accessed July 3-5, 2020 at the state or local government's public websites.

Yan et al. Health Affairs Blog, July 2020. Accessed May 2021

DISAGGREGATING ASIAN RACE REVEALS COVID-19 DISPARITIES AMONG AAPI AT NEW YORK CITY'S PUBLIC HOSPITAL SYSTEM



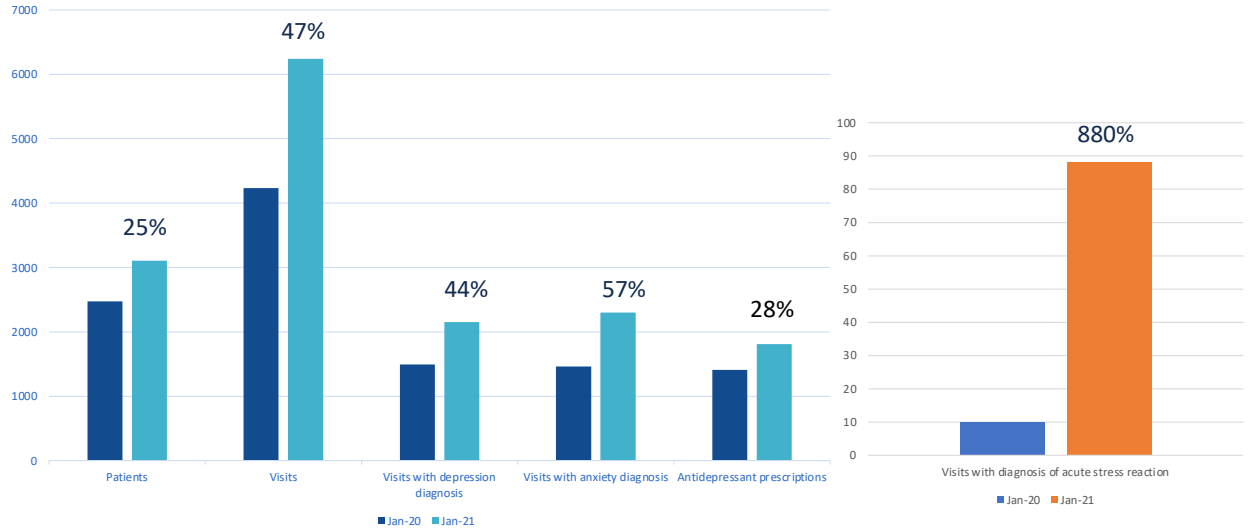
Marcello et al. MedRxiv 2020

SPIKE IN ANTI-ASIAN HATE CRIMES AND DISCRIMINATION FURTHER CONTRIBUTE TO THE DISPARITIES IN HEALTH AMONG AAPI

- Anti-Asian hate crime reported to police rose 223% between pre-COVID and 2021
- Elderly and women have been primary subjects of recent surge in hate crimes against APIs
- Racial discrimination is a well-established predictor of poor mental and physical health outcomes among people of color in the United States
- About 1.4% of the city's social service contracts are for nonprofits serving Asian Americans even though they make up 16% of the population (5.6% nationally)

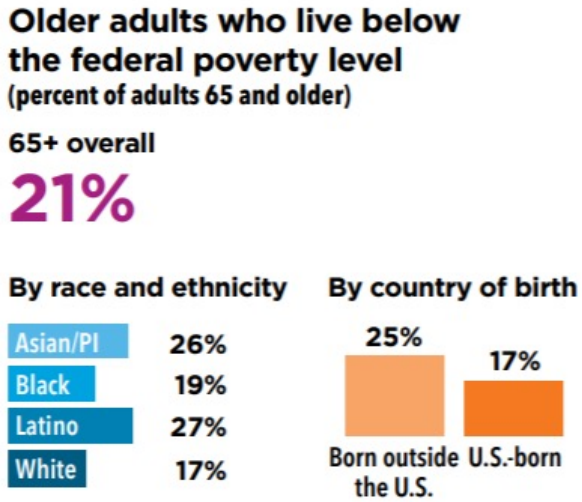
CSUSB Report to the Nation Anti-Asian Prejudice and Hate Crime, 2021
Lee et al. Stigma and Health 2021
Courtesy of Fortune, Washington Post, SCMP

CAIPA'S BEHAVIORAL HEALTH PROVIDERS' EXPERIENCES VALIDATE THE DIRE NEED OF THE APPI POPULATION



Data supplied by Xu Z Chen, M.D., and James C.-Y. Chou M.D.

WITHIN AAPI,OLDER ADULTS ARE MOST VULNERABLE TO BOTH COVID -19 and ANTI-ASIAN VIOLENCE IN NYC



Health Of Adults in New York City, NYCDOH, 2019

SUCCESSFUL HEALTHCARE PROGRAMS NEED TO UNDERSTAND THE BALANCE

Public health strategies to reduce community transmission

Reduce new cases

Reduce demands on healthcare services

Reduce mortality

Rising fear, anxiety and anger

Loneliness and Isolation

Reduce access to services

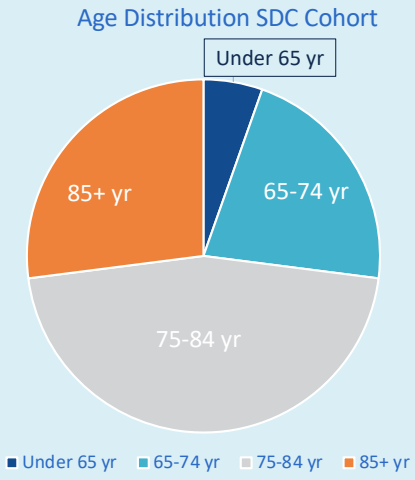
Decline in physical, psychological and cognitive functions

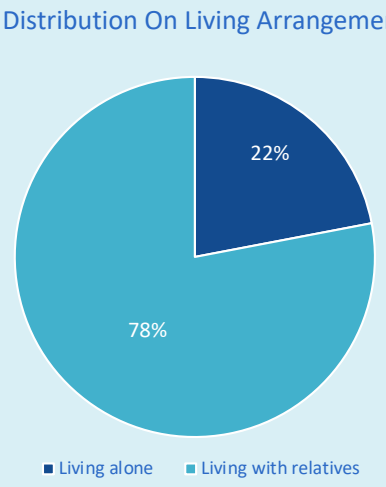
Successful pandemic control

Severe adverse consequences of older people

Adapted from Lim et al. Geriatrics and Gerontoloy 2021

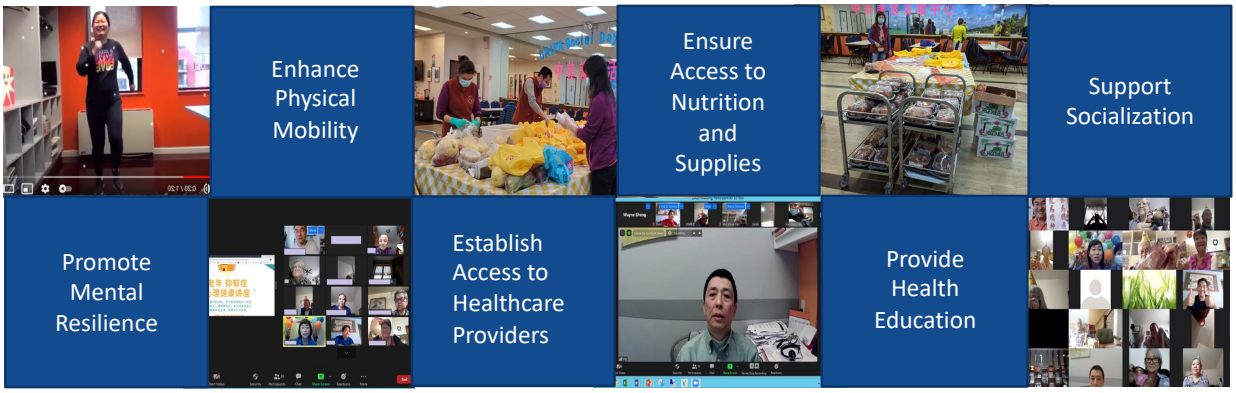
CASE STUDIES: CAIPA FOUNDATION ADULT SOCIAL DAY CARE (SDC)





PROGRAM FRAMEWORK IS BASED ON SOCIAL THEORY PRINCIPALS

- Interdisciplinary
- Home and Community based
- On-line based support model – CAIPA provided device, data –plan and Zoom account and In-home onboarding
- Culturally and contextually specific integrative approach



LESSONS LEARNED

1. Hire the right people!
2. Success (3 seniors contracted COVID-19 with mild symptoms. Zero hospitalization)
3. High level of satisfaction

   "I am happy to be part of the SDC. Even though I do not know anything about technology, they teach me how to set up for zoom, learn to sing, learn English, exercise, massage, and play games. There is also 50-70 food delivery to the apartment. I feel fulfilled." (Sunset Park SDC member)
4. The importance of socialization in aging
5. Living situation does not remove barriers of needs
6. It is possible for seniors to learn technology !
7. Further explore the power in the construct of healthcare empowerment

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About Healthfirst

Healthfirst is New York's largest not-for-profit health insurer, earning the trust of 1.6 million members by offering access to affordable healthcare. Sponsored by New York City's leading hospitals, Healthfirst's unique advantage is rooted in its mission to put members first by working closely with its broad network of providers on shared goals. Healthfirst takes pride in being pioneers of the value-based care model, recognized as a national best practice. For more than 25 years, Healthfirst has built its reputation in the community for top-quality products and services New Yorkers can depend on. It has grown significantly to serve the needs of members, offering market-leading products to fit every life stage, including Medicaid plans, Medicare Advantage plans, long-term care plans, qualified health plans, and individual and small group plans. Healthfirst serves members in New York City and Long Island, as well as in Westchester, Sullivan, and Orange counties.

For more information on Healthfirst, visit **healthfirst.org**.


COVID-19 Vaccination Record Card
CDC
#IGotTheShotNYC
NYC VACCINE FOR ALL: SAFE. FREE. EASY.
nyc.gov/covidvaccine
NYC Health

Thank You for Attending the Best Practices and Innovation: Facing the Reality of Post-COVID Symptoms Symposium