



Perspectives on Racism, Disparities, and Health Equity

Advancing Solutions

Friday, November 18th, 2022
Virtual Conference

healthcare opportunities
quality difference
care age race
age care gender
equity healthcare
education age health
healthcare
injury society practice
treatment healthcare mortality
discrimination race difference injury age
society disease
discrimination ethnicity
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gender health insurance
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HEALTH EQUITY

location disease discrimination
opportunities
disability opportunities
policy insurance equity
policy healthcare
treatment
practice disparity
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system
testing injury care
policy testing disparity
disability mortality
health disability society
location
disability mortality
disparity care care
practice quality
disparity gender
practice
race difference
insurance
testing



Friday, November 18, 2022

8:30am–8:40am

Welcome and Introduction

Jay Schechtman, MD, MBA
Chief Clinical Officer, Healthfirst

Susan J. Beane, MD, FACP
Executive Medical Director, Healthfirst

Keynote

8:40am–9:05am

Debbie Salas-Lopez, MD, MPH

Senior Vice President of Community and Population Health, Northwell Health Professor of Medicine, Hofstra-Northwell Zucker School of Medicine

A Community Health Equity Journey

9:05am–9:15am

Question and Answer Session

Panel 1

9:15am–10:15am

Wendy Wilcox, MD, MPH, MBA, FACOG

Chief Women's Health Service (WHS) Officer, NYC Health + Hospitals

Addressing Birth Equity and Beyond in New York City Health + Hospitals

Elizabeth Brondolo, PhD

Professor, Director, Collaborative Health Integration Research Program (CHIRP), Department of Psychology St. John's University

Aging in Place: A Managed Care Plan, Hospital, and University Collaboration to Identify Risk and Resilience Factors

Ayrenne Adams, MD, MPH

Clinical Lead, Medical Racism, NYC Health + Hospitals Medical Racism Initiative

10:15am–10:45am

Question and Answer Session

10:45am–10:55am

Break

Panel 2

10:55am–11:35am

Christopher Joseph, MSW/MPH
Executive Director, EngageWell IPA

Sam Rivera
Executive Director, OnPoint NYC
Harm Reduction is Health Equity

Deborah A. Levine, LCSW, ACSW
Director, Harlem Health Initiative at the City University of New York School of Public Health

Andrea Isabel López, MPH
Project Manager, Center for Innovation in Mental Health, City University of New York School of Public Health and Health Policy

Harlem Strong Mental Health and Economic Empowerment Coalition: A Multisector Community Collaborative for System Transformation

11:35am–11:55am

Question and Answer Session

11:55am–12:00pm

Final Remarks and Adjournment

Dismiss Session

Jay Schechtman, MD, MBA



Chief Clinical Officer, Healthfirst

Jay Schechtman, MD, MBA, 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, FACP



Executive Medical Director, Healthfirst

Susan J. Beane, MD, FACP, joined Healthfirst in 2009, bringing with her extensive professional experience in managed care. As Executive Medical Director at Healthfirst, Dr. Beane focuses on transforming the delivery of care and optimization of medical outcomes through provider and community partnerships. Her interest and passion is collaboration across the healthcare delivery system to design and implement programs that improve access and equity for Healthfirst members and their communities.

Dr. Beane is a graduate of Princeton University and Columbia University Vagelos College of Physicians and Surgeons.



Debbie Salas-Lopez, MD, MPH



Senior Vice President of Community and Population Health, Northwell Health Professor of Medicine, Hofstra-Northwell Zucker School of Medicine

As Senior Vice President of Community and Population Health, Debbie Salas-Lopez, MD, MPH, oversees Northwell Health's community and public health strategy, including community health investment, community relations, strategic community partnerships, as well as the smoking cessation, human trafficking, and Food as Health programs. Dr. Salas-Lopez's leadership was critical during the COVID-19 pandemic. She and her team have partnered with various community and faith-based leaders to identify their most pressing needs, which became the catalyst for Northwell's faith-based testing initiative—a program where Northwell partners with community- and faith-based centers to offer free diagnostic and serology (antibody) testing. Dr. Salas-Lopez is also leading the Long Island Regional Health Equity Task Force, which has been tasked with providing equitable and safe COVID-19 vaccine distribution and education to lower-income communities.

Dr. Salas-Lopez joined Northwell in 2019 as Senior Vice President of Transformation, responsible for system value-based initiatives that improve health and care delivery. She assumed her leadership role after serving as the chief transformation officer at Lehigh Valley Health Network, where she led strategy and oversaw a unique and broad portfolio, including community-based and population health initiatives, telehealth, connected care, and innovation, strategic partnerships, and operational redesigning of the clinical delivery system.

At Lehigh Valley, Dr. Salas-Lopez held various academic and clinical leadership positions. In 2009, she was appointed as the Leonard Parker Pool Chair of Medicine, a role she served in until 2015, when she became an associate chief medical officer. In 2017, she was appointed chief transformation officer for Lehigh Valley Health Network. Academically, she was a professor of medicine at the University of South Florida, Morsani College of Medicine, and the College of Public Health. She is a fellow of the American College of Physicians.

She has collaborated with many community-based organizations on issues related to prevention, screening, and healthcare access and has partnered with other healthcare institutions to address community needs. She has led initiatives to improve quality of care and the health of the community, reduce costs, and provide better care coordination. Dr. Salas-Lopez is a nationally recognized speaker and educator in women leaders in medicine, healthcare disparities and equity in care, cultural awareness and language-appropriate services, and the impact of social and economic factors on health. In 2021, Modern Healthcare named her to its annual Top 25 Women Leaders as a "Woman to Watch." She also received the 2021 Tribute to Excellence in Health Care award from the United Hospital Fund.



Elizabeth Brondolo, PhD



Professor, Director, Collaborative Health Integration Research Program (CHIRP), Department of Psychology, St. John's University Director of Clinical Research, Department of Family Medicine, Jamaica Hospital Medical Center Affiliate Faculty, NewYorkPresbyterian-Queens

Dr. Brondolo is a professor at St. John's University in Queens, New York, and Director of the Collaborative Health Integration Research Program (CHIRP). Dr. Brondolo and her students conduct programmatic, mechanistic research aimed at understanding the effects of stress on health. Their projects include studies of the effects of stress associated with work, racism, poverty, and end-of-life.

The research conducted by CHIRP employs a variety of methodologies, including ambulatory monitoring and ecological momentary assessment, to bring the "lab to the field." Dr. Brondolo's research has been funded by the National Institutes of Mental Health; National Heart Lung; and Blood Institute; National Institute of Occupational Safety and Health; the American Heart Association; and other organizations.

She has been a permanent member of several study sections, including Mechanisms of Emotions Stress and Health and the Clinical Trials review for NHLBI. She is currently serving on the Steering Committee on Health Disparities for the APA and is chair of the Working Group on Stress and Health Disparities. Among other awards, she has received the Patricia Barchas Award from the American Psychosomatic Society for her work in sociophysiology.

Dr. Brondolo has published widely (80+ papers) in behavioral medicine and health. One of her primary commitments is developing the pipeline of scholars from diverse backgrounds who will generate the knowledge and methods to reduce racial disparities in health. Dr. Brondolo is also a working clinician, specializing in the treatment of post-traumatic stress and bipolar disorder, and the author of *Break the Bipolar Cycle: A Day-to-Day Guide to Living with Bipolar Disorder* (McGraw Hill).



Ayrenne Adams, MD, MPH



Clinical Lead, Medical Racism, NYC Health + Hospitals

Dr. Ayrenne Adams is a primary care physician who is passionate about designing, implementing, and evaluating health system structures, programs, and policies to achieve equitable care and outcomes for all patients. She is an Assistant Clinical Professor in the Department of Medicine at NYU Grossman School of Medicine and is the Clinical Lead of the Medical Racism initiative at NYC Health + Hospitals, tasked with removing race-based algorithms in clinical care within the enterprise. She also serves as a Clinical Director on the Social Determinants of Health team within the Office of Ambulatory Care and Population Health at NYC Health + Hospitals, developing and expanding social needs screening and referrals programs throughout the enterprise. She also practices adult primary care at Tremont Community Health Center, a federally qualified health center in the South Bronx.

She graduated with distinction from Duke University with a major in History and minor in Chemistry. Prior to medical school, she participated in Teach for America and taught third grade homeroom to students residing in the west side of Chicago. She graduated cum laude from Emory University School of Medicine with Alpha Omega Alpha honors and received her Master of Public Health in Behavioral Science and Health Education at the Rollins School of Public Health. She completed her Internal Medicine/Primary Care residency training at Brigham and Women's Hospital, a Harvard Medical School affiliate. She has been named a 2022 40 Under 40 Leader in Health by the National Minority Quality Forum and is a recipient of the Darryl Powell Social Justice Award as well as the Martin P. Solomon Primary Care Scholarship.



Wendy Wilcox, MD, MPH, MBA, FACOG



Chief Women's Health Officer, NYC Health + Hospitals

Dr. Wendy Wilcox is the Chief Women's Health Officer for New York City Health + Hospitals. Dr. Wilcox is responsible for the strategic development, enhancement of quality and safety, and growth of the women's health service line in NYC Health + Hospitals. An experienced board-certified obstetrician gynecologist, Dr. Wilcox chairs the Women's Health Council and has continued to lead the Maternal Mortality Reduction Initiative, which launched in 2018 and encompasses the Maternal Home and obstetric safety simulation programs.

As Co-Chair of the New York State Task Force on Maternal Mortality and Disparate Racial Outcomes (2018–2019), Dr. Wilcox led a group of NYS leaders in Women's Health and other policy makers to examine the root causes of maternal mortality and its disproportionate effect on Black women and other women of color. Through her work in the Brooklyn Maternal Mortality Task Force (2021–present), New York State Maternal Mortality Review Board, ACOG D2 Safe Motherhood Initiative and others, Dr. Wilcox continues to lead efforts focused on improving maternal health and improving equity for black birthing people.



Christopher Joseph, MSW/MPH



Executive Director, EngageWell IPA

For nearly 15 years, Chris Joseph (he/him) has been dedicated to addressing socioeconomic and racial health disparities among marginalized NYC communities. Chris joined the EngageWell IPA in January 2019, overseeing program innovation, clinical integration, and quality management initiatives and assumed the Executive Director role in July 2021. Prior to EngageWell, Chris oversaw NYC's largest HIV Care Coordination Program at Mount Sinai's Institute for Advanced Medicine and managed an SDOH intervention at Woodhull Medical Center where undergraduate Health Advocates connected low-income, pediatric families living in Brooklyn to community resources and public benefits. Since 2011, Chris has participated in NYC's Ryan White HIV Planning Council & Integration of Care Committee helping to improve NYC's safety-net system for people with, or at risk, for HIV.

Chris was also an Adjunct Instructor for four years at LaGuardia Community College where he taught Population Health for the Community Health Worker Certificate Program.

In 2015, Chris's health equity work earned him an Emerging Social Work Leadership Award from the National Association of Social Workers NYC Chapter. Chris grew up in East Detroit, Michigan, earning Master of Public Health and Master of Social Work degrees from the University of Michigan - Ann Arbor (Go Blue!).



Sam Rivera



Executive Director, OnPoint NYC

Sam has more than 29 years of progressive experience in social services. His primary focus of expertise lies in Criminal Justice and Reentry, HIV/AIDS, Harm Reduction, Addiction/Recovery, and Mental Health. He currently serves as the Executive Director of OnPoint NYC, a harm reduction organization that provides services to active drug users and sex workers in Northern Manhattan and the South Bronx, many of whom are low-income or homeless as well as of color and LGBTQ. He brings to this role his several decades of cutting-edge service provision experience and a commitment to social justice. He has dedicated his professional career to ameliorating the harms associated with the War on Drug Users, those impacted by the criminal justice system, racism/sexism, structural inequality, and mass incarceration and will continue to work to end systematic barriers to populations that are most vulnerable.



Deborah A. Levine, LCSW, ACSW



Director, Harlem Health Initiative at The City University of New York School of Public Health

Deborah Levine is the Director of The City University of New York School of Public Health's Harlem Health Initiative, a role in which she addresses neighborhood service priorities and aims to reduce health disparities throughout Harlem.

Levine began her training at Fairleigh Dickinson University, where she earned a bachelor's degree in social work followed by a master's degree in clinical social work with a minor in family therapy at New York University. She later honed her abilities in Hunter College's post-graduate program in social work supervision and training, Columbia University Graduate School's Institute for Not-for-Profit Middle Management program, and its leadership and executive management program.

Throughout her career, she has worked to apply capacity building and technical assistance to community-based organizations, national non-profits, and houses of worship by implementing strategies that increase access to and utilization of health promotion, disease prevention, and risk-and-reduction avoidance services for racial/ethnic minority individuals.

Levine is a founding board member and national secretary of the National Black Women's HIV/AIDS Network, Inc. She also serves on the board of the Coalition on Positive Health Empowerment (COPE), an organization dedicated to the eradication of viral hepatitis. She is the community co-chair for New York Knows and chair of the New York City Department of Health and Mental Hygiene's Women's Advisory Board. Levine was recently appointed to the NYC Health + Hospitals Community Advisory Board, where she will sit on the mental health subcommittee.



Andrea Isabel López, MPH



Project Manager, Center for Innovation in Mental Health, City University of New York School of Public Health and Health Policy

Andrea Isabel López is a Project Manager at the Center for Innovation in Mental Health at the City University of New York (CUNY) School of Public Health and Health Policy. She received a Bachelor of Arts in International Relations and Latin American Studies from Syracuse University. She also received her MPH in Community Health from the CUNY Graduate School of Public Health and Health Policy. Prior to joining the Center for Innovation in Mental Health, Andrea completed the Margaret E. Mahoney Fellowship with the New York Academy of Medicine, where she explored barriers to care in the Latino community and the role of community health workers. Andrea has also worked as a Research Project Coordinator and Associate Researcher for multiple NIH-funded projects at the Icahn School of Medicine at Mount Sinai and the Albert Einstein College of Medicine. Andrea was born and raised in San Juan, Puerto Rico, and is committed to advancing health equity for the Latino community and improving representation in the research field.





ENGAGEWELL IPA
COMMUNITY HEALTH SOLUTIONS
FOR NEW YORK

Harm Reduction is Health Equity

Healthfirst 2022 Fall Symposium
11/18/2022



Christopher Joseph
Executive Director, EngageWell IPA



Sam Rivera
Executive Director, OnPoint NYC



What is Harm Reduction?

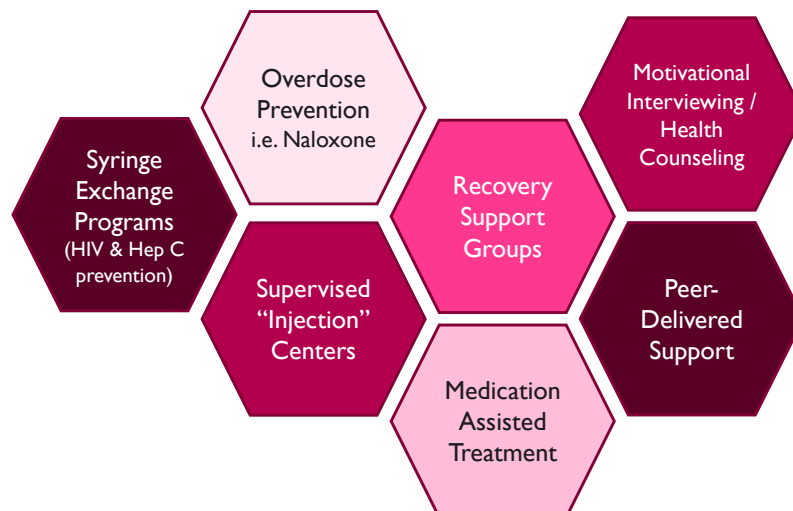
Harm Reduction can be difficult to define, as it is simultaneously:

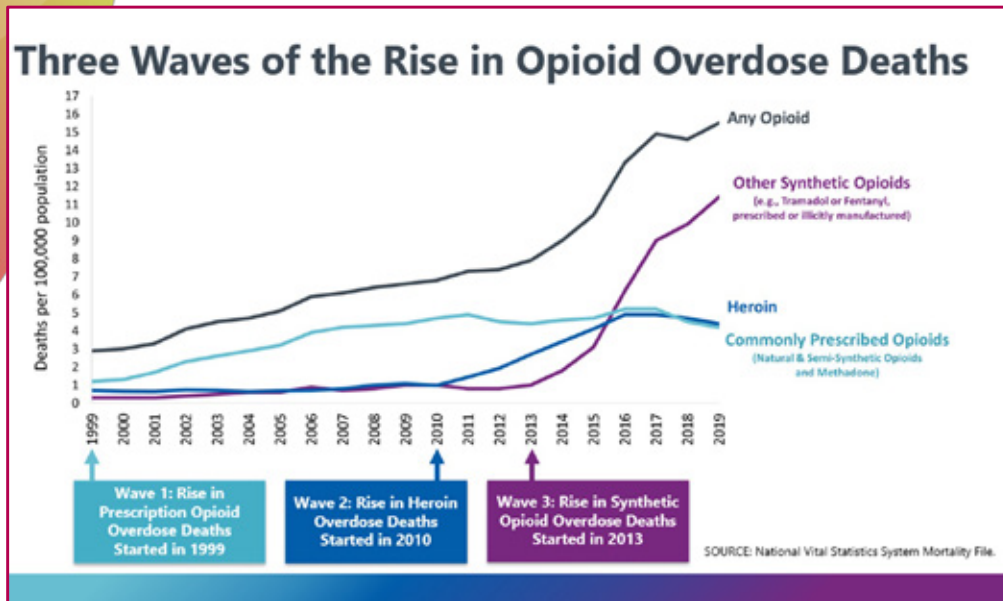
a set of specialized services and an evidence-based SUD treatment modality	a provider 'value or commitment'	a vision for healthcare everywhere
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The **National Harm Reduction Coalition (NHRC)** has a great definition for Harm Reduction that resonates with the EngageWell IPA:

- HR incorporates a **spectrum of strategies** including safer techniques, managed use, and abstinence to promote the dignity and wellbeing of people who use drugs.
- **HR is a framework** for understanding structural inequities, like poverty, racism, homophobia, classism, etc.
- HR is about **meeting people 'where they are,'** but not leaving them there.

Harm Reduction in Substance Use Treatment





COVID-19 & Overdose Deaths

The [NYT's reported on 11/17/2021](#):

- In the 12-month period that ended in April 2021, more than 100,000 U.S. residents died of overdoses, up almost 30% from the prior year (Source: National Center for Health Statistics)
- Most deaths occurred among people aged 25 to 55, vast majority due to synthetic opioids
- Overdose deaths related to use of stimulants like methamphetamine, cocaine, and natural and semi-synthetic opioids, such as prescription pain medication, also increased during the 12-month period.
- The initial pandemic lockdowns and subsequent fraying of social networks, along with the rise in mental health disorders like anxiety and depression, helped create the crisis.



Harm Reduction is Critical for Health Equity

- It is estimated that in 2020, over 41 million Americans had a substance use disorder (SUD). Yet only 2.7 million – **less than 7%** - received treatment.
- According to SAMHSA, of individuals who need treatment for substance use disorders, white people receive treatment 23.5% of the time, while Black and Hispanic individuals receive treatment 18.6% of 17.6% of the time, respectively.
- In 2019, 27% of drug arrests were among Black adults, though Black people only represented 12% of U.S. population.
- Only 1 in 13 people with drug dependency received treatment while in jail/prison.
- Every 4 hours, a NYC resident dies from a drug overdose. Every 90 minutes, a NY State resident dies from a drug overdose.

Harm reduction services help drug users seek treatment and ultimately save lives. Such services start from the “radical belief” that every person deserves life-saving medical treatment and social services, regardless of whether they use drugs.

Harm Reduction Improves ‘Readiness’ for Outpatient Substance Use & Primary Care Treatment

- Complex social factors influence vulnerability to drug use including poverty, incarceration, social inequality, discrimination, and trauma.
- Many clients are lost in the initial engagement phase of treatment due to provider bias, client stigmatization, and a failure to respect and empathize with the client’s concerns/priorities.
- Providers who tailor interventions based on client readiness – from harm reduction to abstinence – and take time to address clients’ competing priorities (i.e. housing) are much more likely to keep a client engaged.

HRS providers partner with clients, helping them make, small incremental changes to their substance use to improve feelings of ‘self efficacy.’ Small successes and a trusting provider may lead a client to participate in more intensive, health care services and substance use treatment.



How IPAs Can Improve Access to Care

Common roles of IPAs	Example
Contracting with health payers	Alternative payment methodologies i.e. 'enhanced rates' to allow flexibility in service delivery
Fundraising/capacity building for innovative solutions to care access	Enhancing HRS with telehealth and/or using digital health solutions for health care referrals
Foster 'clinical integration'	When a client is 'ready' for outpatient treatment, easy & streamlined access to trusted providers
Data Analyses & Measuring "ROI"	Determine 'true cost' of HRS & how HRS impact 'inpatient/ER' services and reduce Total Cost of Care

Without clear ROI, EngageWell has been unable to negotiate 'meaningful' health payer care contracts for HRS providers (not for lack of trying!)

EngageWell will Pilot **Healthfirst's "Helping You" Program** with HRS Programs, evaluating the impact community-based navigation and support from trusted HRS providers have on clients' readiness to access primary care and/or BH treatment.

Funding for Harm Reduction in NYS

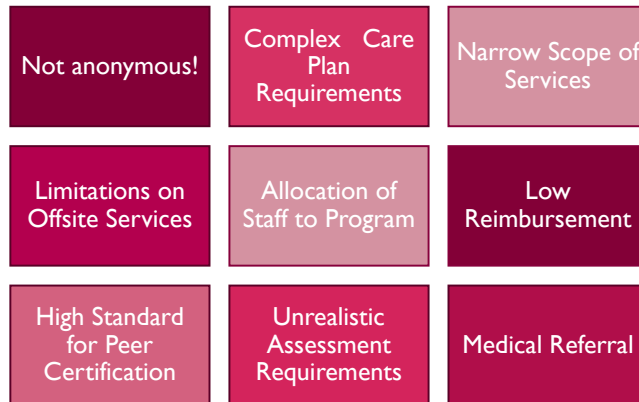
- Funding for HRS have historically been provided through contracts with the NYS DOH AIDS Institute and NYC DOHMH to waived Syringe Exchange Programs (SEPs) or grants from OASAS, SAMHSA, Ryan White or HRSA.
- Recognizing the benefit of HRS, the federal Centers for Medicare and Medicaid Services (CMS) approved a state plan amendment (SPA) in 2018 that permits NYS to cover HRS under its Medicaid program provided by Waivered Syringe Exchange Programs (SEPs).

Medicaid Reimbursable Harm Reduction Services must be recommended by a physician or other licensed practitioner and include:

- 1) Care Plan development
- 2) Individual supportive counseling
- 3) Group supportive counseling
- 4) Medication management and treatment adherence counseling
- 5) Psychoeducation - Support groups



Medicaid Funding Challenges for HRS



Until the 'essence' of HRS can be preserved, embraced, and reimbursed appropriately via looser State/Federal regulations, life-saving HRS will and SHOULD continue to be supported by a diverse funding landscape.

Epitome of Harm Reduction





Making History, Saving Lives

Opening the First OPCs in the United States

Sam Rivera
Executive Director
OnPoint NYC



Why Safer Consumption Sites and Why Now?



With Nowhere to Go
Where do People Go?





**LAST YEAR,
MORE AMERICANS DIED FROM
OVERDOSE THAN IN EVERY
WAR SINCE WWII COMBINED.**

102,820
US MILITARY DEATHS SINCE WWII



107,622
US OVERDOSE DEATHS IN 2021

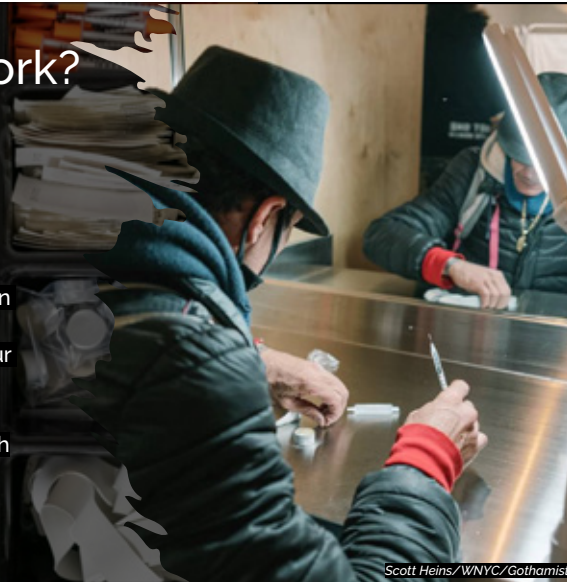




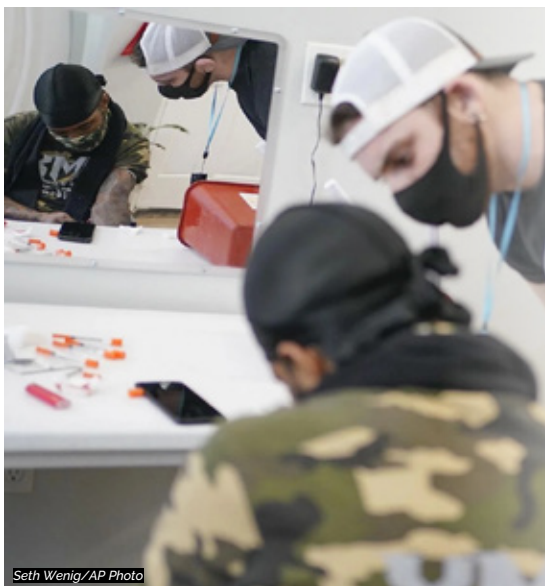
How do our sites work?

- Poly modality/substance
- Do not provide drugs
- Safer Use assistance permitted
- No time limits
- Highly trained staff
- Low threshold, anonymous registration and Code of Conduct
- Opportunity to Correct and the 24-hour clock
- All supplies stay in the OPC
- Booth-side care: clinical, mental health
- Co-located within larger program

David Dee Delgado/NYT



Scott Heins/WNYC/Gothamist



Seth Wenig/AP Photo

Washington Heights SCS/OPC

Peer or consumer led model

Cost effective

Younger population

High volume injectors – heroin and cocaine

High homelessness rate among px

Higher OD occurrence rate to East Harlem

Fewer registered users



East Harlem SCS/OPC

More traditional medical model

Design/build – Higher cost

Medical licensing considerations

Older population, many veterans

High volume inhalation – heroin, crack, K2,
Meth, cocaine

Mixed – housed, shelter, homeless

Lower OD occurrence rate to Washington
Heights

Higher number of registered users



Gabrielle Lurie/SF Chronicle



Scott Heins/WNYC/Gothamist



Scott Heins/WNYC/Gothamist



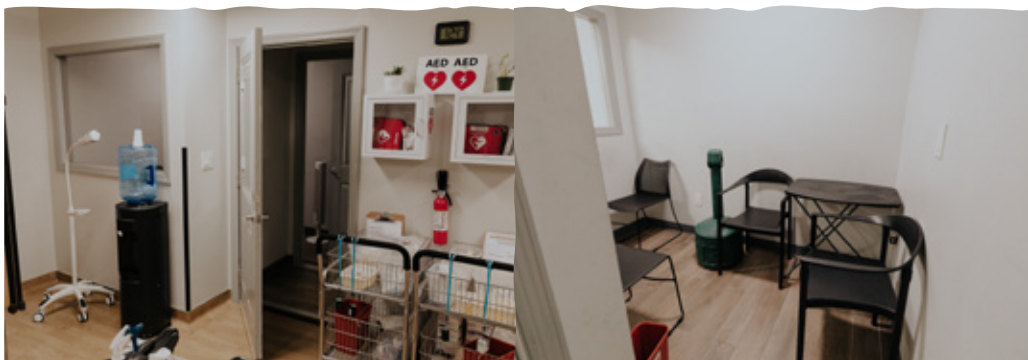
Gabrielle Lurie/SF Chronicle





East Harlem Smoking Room

- Communal smoking room accommodates 4-5 smokers at a time
- Individual smoking room for participants who need privacy
- Intercom, airlock entry system, special ventilation



From
Opening
Nov 30, 2021
to
Oct 16, 2022:

Registered Users 1,950

- EH - 1,451
- WH - 499

Utilizations 41,105

- EH - 27,374
- WH - 13,731

Overdose Interventions 554

- EH - 253 (44 used Naloxone)
- WH - 301 (59 used Naloxone)



SAFE CONSUMPTION SPACES REDUCE:



DISCARDED SYRINGES
IN PUBLIC SPACES



THE SPREAD OF
HIV & HEPATITIS C



POLICE INTERACTIONS
& COST TO CRIMINAL
JUSTICE SYSTEM



OVERDOSE DEATH



PUBLIC DISORDER
& PUBLIC DRUG USE



COST TO HEALTH
CARE SYSTEM

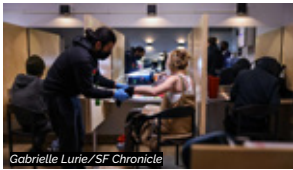


INCREASE ACCESS TO MEDICAL CARE, DETOX AND TREATMENT

SCS does not promote drug use or 'create' drug users



Participant Impact



Gabrielle Lurie/SF Chronicle



80% of OPC participants were connected into other services directly from the OPC, including:

- Detox/Treatment
- MAT
- Medical & Mental Health Care
- HIV/HCV Care

Overdose occurrence rates, extremely high during the first few months of operation, began to plateau and decrease around the 7-month mark

OnPointNYC has hired OPC participants into stable, living-wage jobs with the agency

The New York Times

Nation's First Supervised Drug-Injection Sites Open in New York

During the first official day in operation at the two Manhattan facilities, trained staff reversed two overdoses, officials said.

Like this article



People can use drugs in what is called a supervised consumption booth inside the injection sites. David Diez/Outrage for The New York Times

By Jeffrey C. Masi and Andy Newman
Nov. 30, 2021

How did we do it?!

- Unique political window/transition of power
- Risk analysis at local, state, and federal level
- Community engagement strategy – long and short term
- NIDA evaluation; NYU and NYC DOHMH evaluation



Thank You!
srivera@nyhre.org





Healthfirst 2022 Fall Provider Symposium, Perspectives on
Racism, Disparities and Health Equity: Advancing Solutions
November 18, 2022

HARLEM STRONG Mental Health And Economic Empowerment Coalition: A Multisector Community Collaborative For System Transformation

Deborah Levine, LCSW, CUNY HHI
Andrea Isabel López, MPH, CUNY CIMH



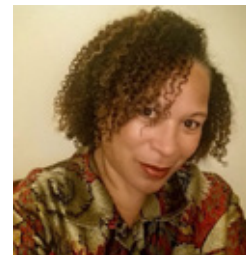
PROJECT DIRECTORS



Victoria Ngo, MS, PhD
Director, Center for Innovation
in Mental Health
Associate Professor,
Community Health and Social
Science
CUNY Graduate School of
Public Health and Health Policy



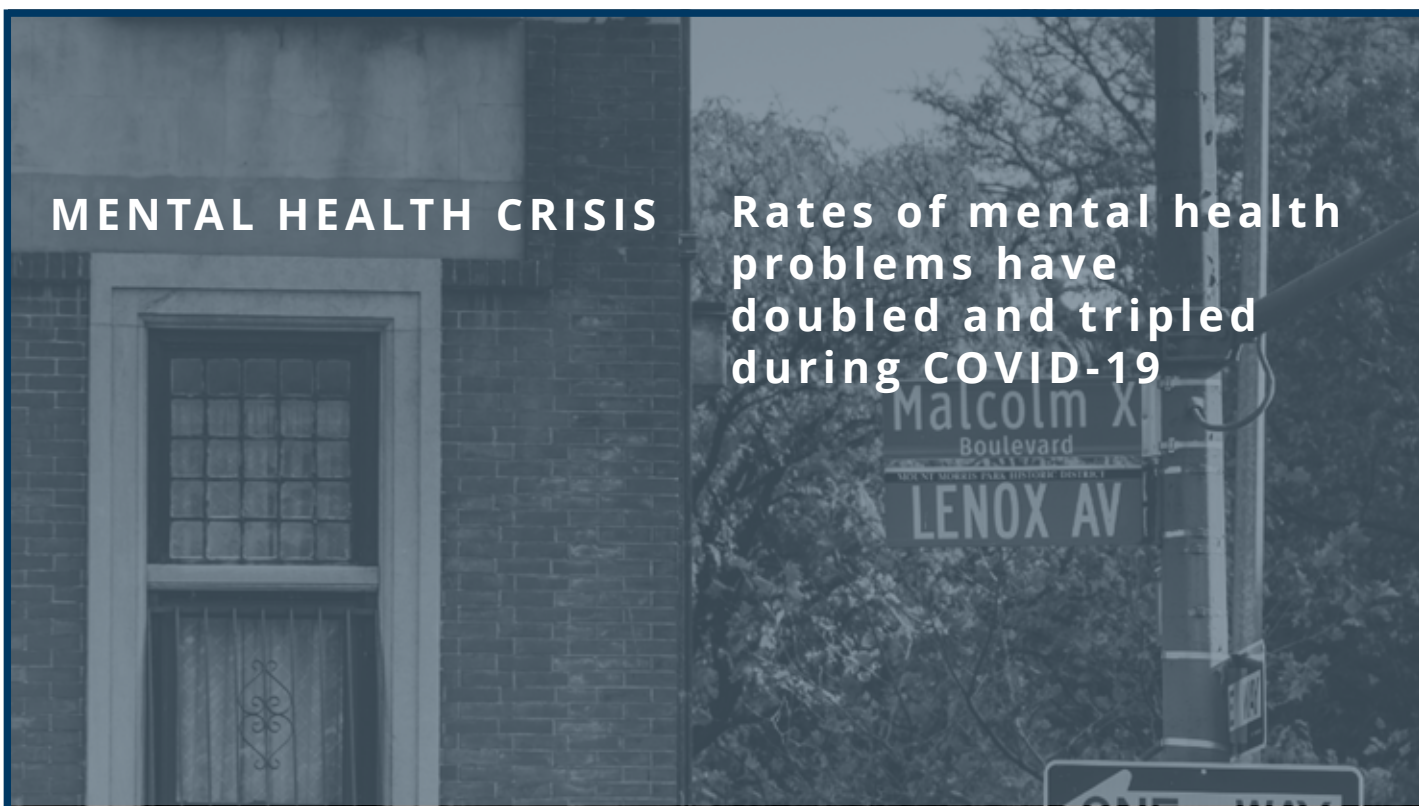
Malcolm A. Punter, EdD, MBA
President & CEO, Harlem
Congregations of Community
Improvement (HCCI)



Deborah Levine, LCSW
Director, Harlem Health Initiative
CUNY Graduate School of Public
Health and Health Policy



CONTEXT AND RATIONALE



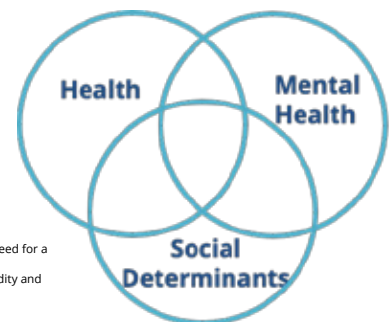
MENTAL HEALTH CRISIS

Rates of mental health problems have doubled and tripled during COVID-19



WIDENING DISPARITIES

- COVID-19 has magnified health and mental health inequities that have disproportionately devastated Black and Latino communities.
- COVID-19 case and death rates are 2-3 times higher for Black and Latino communities
- Depression and anxiety rates ranging from 30-56%, higher for Black and Latinos compared with White Americans.
- Low-income individuals have 7x the odds of having depression compared with high-income individuals in 2021.



Fortuna LR, Tolou-Shams M, Robles-Ramamurthy B, Porche MW. Inequity and the disproportionate impact of COVID-19 on communities of color in the United States: The need for a trauma-informed social justice response. *Psychol Trauma* 2020;12:443-5.
 Czeisler ME, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic - United States, June 24-30, 2020. *MMWR Morbidity and mortality weekly report* 2020;69:1049-57.
 Anxiety and Depression: Household Pulse Survey. 2020. at <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>.
 El-Mohandes A, Ratzan SC, Rauh L, et al. COVID-19: A Barometer for Social Justice in New York City. *Am J Public Health* 2020;110:1656-8.
 CUNY Graduate School of Public Health and Health Policy COVID-19 Tracking Survey. 2020. at <https://sph.cuny.edu/research/covid-19-tracking-survey/>.

RESIDENT SURVEY PRELIMINARY FINDINGS

Mental Health Profile
41.2% depression risk
48.1% anxiety risk
73.0% loneliness
25.7% PTSD risk
63.6% Interpersonal Violence
50.6% Alcohol misuse
19.1% high substance users

Stressors
49.6% Housing Insecure
44.5% Food insecure
56.5% Employment insecure
32.1% Childcare challenges

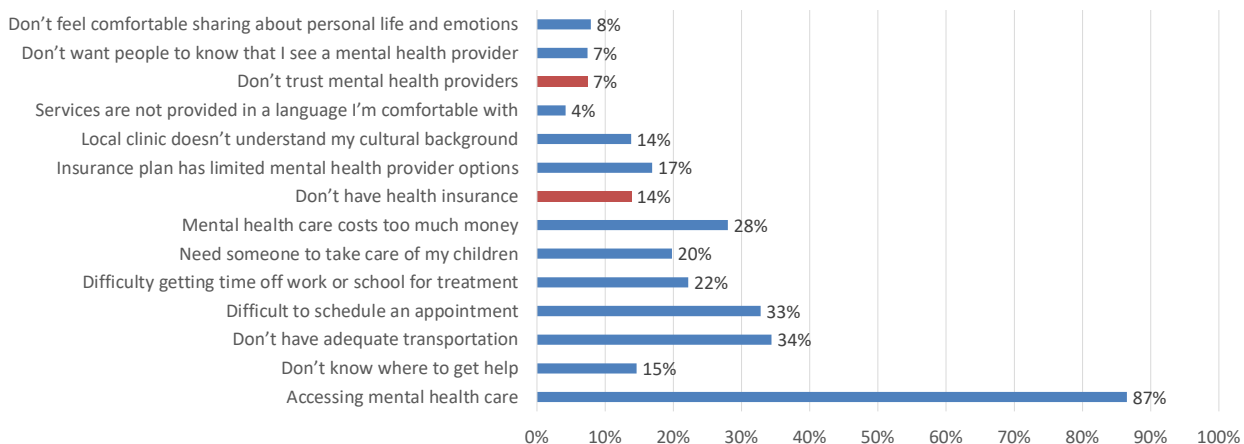
Service Needs
36.4% need psychological support
86.0% endorsed barriers to MH care

Data collected between April 13, 2021- September 16, 2021. (n=393)



RESIDENT SURVEY PRELIMINARY FINDINGS

Barriers to Mental Health Care



■ Significant differences between community districts (CB 9, 10, 11)

NEEDS

- Improve mental health literacy
- Build mental health capacity in evidence-based practice for non-mental health settings
- Funding for community-based services
- Strengthen integrated and coordinated care across health, mental health, social services
- Coverage for community health workers and community navigators needed for care coordination
- Close referral loops
- Develop and support performance management and continuous quality improvement data collection



HARLEM STRONG STUDY OVERVIEW



KEY ISSUES:

- Rates of mental health problems have doubled and tripled during COVID-19
- COVID-19 has amplified inequities that have disproportionately devastated Black and Latino communities.
- There is a growing need to address syndemic needs related to COVID-19, economic stress, and mental health for high risk, low-income ethnic minorities in Harlem



PROBLEM AND SOLUTIONS NEEDED:

- **Problem:**
 - There is limited access to mental health services, system fragmentation, structural racism, and lack of resources and investment in low-income ethnic minority communities.
- **Solutions needed:**
 - community-partnered, culturally-responsive, social justice-oriented, and neighborhood-focused multisectoral planning to design and build capacity for a coordinated system of care
 - community-wide, collaborative care model to support mental health integration into gateway settings like housing developments, primary care, community-based organizations, and houses of worship
 - task-sharing of mental health services (screening, psychoeducation, brief interventions for depression and anxiety) delivered by community providers in gateway settings to build trust

SPECIFIC AIMS



Aim 1

Multisectoral coalition for mental health integration



Aim 2

Community Implementation Plan (CIP) for the Multisector Community Collaborative Care (MCC) model and crowdsource community-driven technological solutions



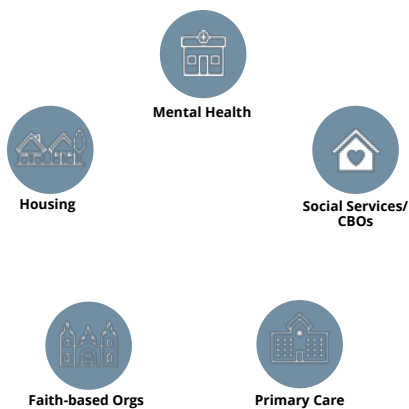
Aim 3

Evaluation of MCC model delivered in Low Income Housing (LIC) and Primary Care (PC)

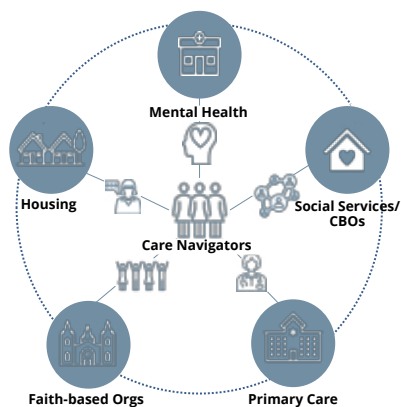


IMPLEMENTATION CONDITIONS

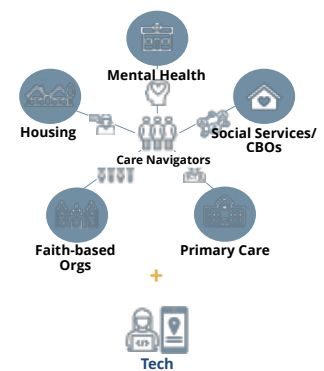
Education & Resources



Multisectoral Collaborative Care (MCC)



MCC + Technology



IMPLEMENTATION CONDITIONS

Education & Resources

- Online Asynchronistic Training:
 - Community Collaborative Care
 - Community Mental Health Promotion
 - Mental Health Screening
 - Psychoeducation
 - Stress Management Skills
 - Referral and linkages to care
 - Provider self-care
 - Trauma-informed care
- Implementation Toolkit
 - Implementation guidelines
 - Provider manual
 - Consumer workbook
 - Resource directory

Multisectoral Collaborative Care (MCC)

- HCCI Community Navigators
- Harlem Strong Coalition
- Enhanced Implementation Supports
 - Webinars and Workshops
 - Learning Collaborative
 - Coaching for Community Navigators
- Harlem Strong E-Hub (Online Community Forum)

MCC + Technology

- Community crowdsourced solution Identified in Year 1
- Potential Ideas:
 - Online Referral Tool (NowPow, UniteUs, Healthfirst tool)
 - Electronic Client Management Tool
 - Navigator App
 - Harlem Strong E-Hub:
 - Online Community Forum

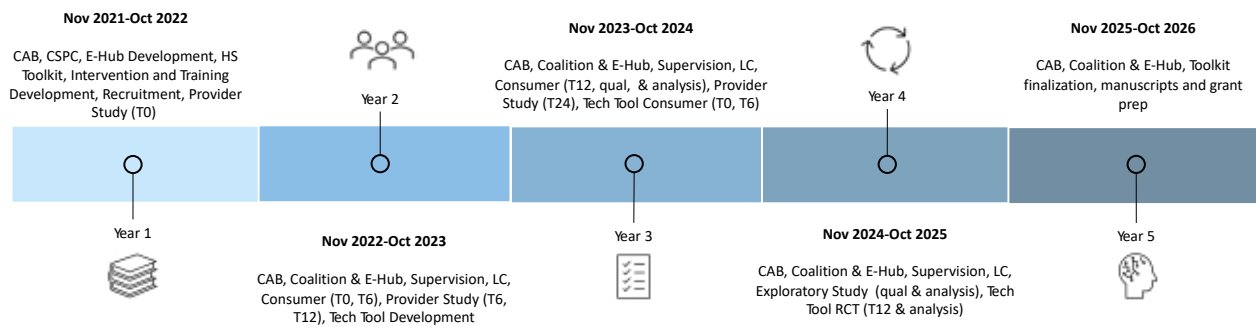


STEPPED WEDGE DESIGN UPDATE

Teams		Jan-23	23-Jul	24-Jan	24-Jul	25-Jan	25-Jul	26-Jan	26-Jul
		1	2	3	4	5	6	7	8
1	1		5	5	5	5	5	5	5
	2		5	5	5	5	5	5	5
	3		5	5	5	5	5	5	5
	4		5	5	5	5	5	5	5
2	5	5		5	5	5	5	5	5
	6	5		5	5	5	5	5	5
	7	5		5	5	5	5	5	5
	8	5		5	5	5	5	5	5
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	18	5	5	5	5		5	5	5
	19	5	5	5	5		5	5	5
	20	5	5	5	5		5	5	5

E&R	n=200
MCC	n=250
MCC + Tech	n=250

TIMELINE





LESSONS AND NEXT STEPS

LESSONS LEARNED

•Focus of the Study

- Expand age restriction for research evaluation to 18-65 (previously was 18-60)
- More inclusion of older adults
- Focus on reducing mental health stigma

•Intervention

- Mental Health Promotion: support destigmatization of mental illness, help-seeking, and normalization of stress
- Mental Health Education: Coping, Triggers of stress, Signs of Stress, Stigma, Self-Care

•Implementation Strategy

- MOUs with network organizations to set up agreements related to referrals, common metrics for continuous quality improvement, and data sharing
- Training and conversation to strengthen the network and partnerships (culture for integration and coordination of care)
- Use consumer voices: testimonials in documents, involvement in planning, leadership in network



NEXT STEPS

- Launch Harlem Strong Coalition in February 2022
- Launch Harlem Strong E-Hub
- Continue to engage and recruit gateway and coalition sites
- HHI Webinar:
 - Part 1: 11/16 @ 10 AM
 - Part 2: 12/7 @ 1:30 PM



THANK YOU!

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About Healthfirst

Healthfirst is New York's largest not-for-profit health insurer, earning the trust of 1.8 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 nearly 30 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 on Long Island, as well as in Westchester, Sullivan, and Orange counties.

For more information on Healthfirst, visit [healthfirst.org](https://www.healthfirst.org).



Thank You for Attending Perspectives on Racism, Disparities, and Health Equity: Advancing Solutions



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