Best Practices and Innovation

Facing the Reality of Post-COVID Symptoms

Friday, May 14, 2021
Virtual Conference

healthfirst
Health Insurance for New Yorkers
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>9:00am–9:05am</td>
<td>Welcome and Introduction</td>
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<tr>
<td></td>
<td>Jay Schechtman, MD, MBA</td>
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<td><em>Chief Clinical Officer, Healthfirst</em></td>
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<td>Susan J. Beane, MD</td>
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<td><em>Executive Medical Director, Healthfirst</em></td>
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<tr>
<td>9:05am–9:45am</td>
<td><strong>Panel 1</strong></td>
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<tr>
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<td>Dean Ayman El-Mohandes, MBBCh, MD, MPH</td>
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<td></td>
<td><em>Dean, City University of New York Graduate School of</em></td>
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<td></td>
<td><em>Public Health &amp; Health Policy</em></td>
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<td></td>
<td>COVID-19 Vaccine Sentiments in New York and Across the Nation</td>
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<tr>
<td>9:45am–10:15am</td>
<td>Question and Answer Session</td>
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<tr>
<td>10:15am–10:25am</td>
<td>Break</td>
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<td>Time</td>
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<tr>
<td>10:25am–11:25am</td>
<td><strong>Panel 2</strong>&lt;br&gt;Robert Espinoza, MPA&lt;br&gt;<em>Vice President, Policy, PHI</em>&lt;br&gt;COVID-19 and the Direct Care Workforce: Lessons for Now and the Future&lt;br&gt;Justin List, MD, MAR, MSc, FACP&lt;br&gt;<em>Assistant Vice President, NYC Health + Hospitals/Office of Ambulatory Care and Population Health</em>&lt;br&gt;<em>Chief Quality Officer, NYC Health + Hospitals/Gotham Health</em>&lt;br&gt;COVID-19 Aftermath: Clinician and Patient Realities in a Long COVID Era&lt;br&gt;Eliza Ng, MD, MPH&lt;br&gt;<em>Chief Medical Officer, Coalition of Asian-American IPA</em>&lt;br&gt;COVID and the Toll on Asian Americans Elderly</td>
</tr>
<tr>
<td>11:25am–11:55am</td>
<td>Question and Answer Session</td>
</tr>
<tr>
<td>11:55am</td>
<td>Final Remarks and Adjournment</td>
</tr>
</tbody>
</table>

Dismiss Session
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, 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.

Best Practices and Innovation: Facing the Reality of Post-COVID Symptoms
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, 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, 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.
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
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

<table>
<thead>
<tr>
<th>Mode</th>
<th>New York Metro Area</th>
<th>Nationwide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online</td>
<td>242</td>
<td>711</td>
</tr>
<tr>
<td>Landline</td>
<td>386</td>
<td>243</td>
</tr>
<tr>
<td>Mobile</td>
<td>379</td>
<td>1049</td>
</tr>
</tbody>
</table>

Sample demographics:

<table>
<thead>
<tr>
<th>Employment</th>
<th>National</th>
<th>New York Metro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working from home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working outside the home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not employed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest level of education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school degree or less</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate degree or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; $25,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$25,000-$44,999</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$75,000-$150,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; $150,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prefer not to say</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Political views</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conservative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liberal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know/prefer not to answer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American or Black</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian/White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Key Considerations Among Vaccinated People

<table>
<thead>
<tr>
<th>Reason for receiving the vaccine</th>
<th>Nationwide</th>
<th>NYC Metro</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want to protect myself from COVID-19</td>
<td>42.3%</td>
<td>45.5%</td>
</tr>
<tr>
<td>Did you have difficulty in making an appointment to get the vaccine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>36.2%</td>
<td>43.0%</td>
</tr>
<tr>
<td>No</td>
<td>63.1%</td>
<td>56.2%</td>
</tr>
<tr>
<td>I have not tried to make an appointment</td>
<td>0.7%</td>
<td>0.9%</td>
</tr>
<tr>
<td>What difficulty did you have in making a vaccine appointment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I didn't know if I was eligible for a vaccine</td>
<td>19.5%</td>
<td>13.8%</td>
</tr>
<tr>
<td>I didn't know how to sign up for an appointment</td>
<td>23.5%</td>
<td>32.4%</td>
</tr>
<tr>
<td>There were no vaccination sites close to me</td>
<td>30.5%</td>
<td>44.9%</td>
</tr>
</tbody>
</table>

## Preferred Vaccination Sites Among Vaccine Hesitant Respondents

- **Hospital**: Nationwide 15%, NYC Metro 10%
- **Local pharmacy like CVS or Walgreens**: Nationwide 25%, NYC Metro 20%
- **Your doctor's office**: Nationwide 40%, NYC Metro 45%

## Top Reasons for Waiting Among Vaccine Hesitant Respondents

- **See how it works in other people**: Nationwide 60%, NYC Metro 55%
- **Wait until I know there are no serious complications**: Nationwide 70%, NYC Metro 65%
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.)

<table>
<thead>
<tr>
<th>Employment status</th>
<th>Working from home</th>
<th>Nationwide</th>
<th>NYC Metro</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>16.3%</td>
<td>9.4%</td>
</tr>
<tr>
<td></td>
<td>Working outside the home</td>
<td>Nationwide</td>
<td>15.7%</td>
</tr>
<tr>
<td></td>
<td>Not employed</td>
<td>Nationwide</td>
<td>20.8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NYC Metro</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income level</th>
<th>Nationwide</th>
<th>35.1%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NYC Metro</td>
<td>13.9%</td>
</tr>
<tr>
<td>&lt; $25,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$25,000-$74,999</td>
<td>Nationwide</td>
<td>21.5%</td>
</tr>
<tr>
<td></td>
<td>NYC Metro</td>
<td>8.4%</td>
</tr>
<tr>
<td>$75,000-$150,000</td>
<td>Nationwide</td>
<td>15.8%</td>
</tr>
<tr>
<td></td>
<td>NYC Metro</td>
<td>11.0%</td>
</tr>
<tr>
<td>&gt;$150,000</td>
<td>Nationwide</td>
<td>14.2%</td>
</tr>
<tr>
<td></td>
<td>NYC Metro</td>
<td>6.6%</td>
</tr>
</tbody>
</table>

Vaccine refusal and demographics continued….

<table>
<thead>
<tr>
<th>Political views</th>
<th>Conservative</th>
<th>Nationwide</th>
<th>NYC Metro</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>26.7%</td>
<td>19.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderate</td>
<td>Nationwide</td>
<td>25.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NYC Metro</td>
<td>8.2%</td>
</tr>
<tr>
<td></td>
<td>Liberal</td>
<td>Nationwide</td>
<td>10.9%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NYC Metro</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>African American or Black</th>
<th>Nationwide</th>
<th>NYC Metro</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>20.1%</td>
<td>7.5%</td>
</tr>
<tr>
<td></td>
<td>Caucasian/White</td>
<td>Nationwide</td>
<td>22.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NYC Metro</td>
<td>12.8%</td>
</tr>
<tr>
<td></td>
<td>Hispanic/Latino</td>
<td>Nationwide</td>
<td>19.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NYC Metro</td>
<td>9.5%</td>
</tr>
</tbody>
</table>
Vaccine Refusal
Participants who indicated that they did not plan to get the vaccine were asked about hypotheticals that may increase their vaccine confidence.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Nationwide</th>
<th>NYC Metro</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will not get the vaccine for any reason</td>
<td>47.8%</td>
<td>38.0%</td>
</tr>
<tr>
<td>Nothing will change my mind</td>
<td>53.5%</td>
<td>49.3%</td>
</tr>
</tbody>
</table>

Thank you!
For more information: Ayman.Elmohandes@sph.cuny.edu
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
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

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

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronx</td>
<td>16.7</td>
<td>42.5</td>
<td>105.1</td>
<td>168.2</td>
<td>149.2</td>
<td>115.6</td>
</tr>
<tr>
<td>Queens</td>
<td>17.6</td>
<td>39.7</td>
<td>96.8</td>
<td>148.5</td>
<td>111.8</td>
<td>105.2</td>
</tr>
<tr>
<td>Citywide</td>
<td>18.6</td>
<td>38.2</td>
<td>92.4</td>
<td>136.6</td>
<td>111.2</td>
<td>96.4</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>25.1</td>
<td>34.5</td>
<td>89.0</td>
<td>129.6</td>
<td>112.8</td>
<td>95.7</td>
</tr>
<tr>
<td>Staten Island</td>
<td>22.3</td>
<td>79.4</td>
<td>137.6</td>
<td>155.8</td>
<td>80.4</td>
<td>95.6</td>
</tr>
<tr>
<td>Manhattan</td>
<td>10.3</td>
<td>25.9</td>
<td>67.4</td>
<td>97.9</td>
<td>83.9</td>
<td>68.6</td>
</tr>
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</table>

## Bronx Data

### Percent COVID 19 Positivity

<table>
<thead>
<tr>
<th>Date</th>
<th>Bronx</th>
<th>Citywide</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/4/21</td>
<td>12.09</td>
<td>9.27</td>
</tr>
<tr>
<td>4/4/21</td>
<td>7.27</td>
<td>6.25</td>
</tr>
</tbody>
</table>
Percentage of NYC Adult Residents that Received One or More Doses, by ZIP Code

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.

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

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

Robert Espinoza, MPA, Vice President of Policy, PHI

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

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

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

Context

SOURCE: http://phinational.org/policy-research/key-facts-faq/
An Increasingly **Diverse** Direct Care Workforce (2019)
The typical home care worker is a woman in her 40s—many are immigrants and/or women of color. The demographics are changing.

- **87%** WOMEN
- **27%** IMMIGRANT
- **59%** PEOPLE OF COLOR
- **43** MEDIAN AGE

© 2021 PHI
SOURCE: PHI (2020). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.

The Innovation: Understanding the Problem

**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.

J.S. Direct Care Workers (2019)

$12.80
MEDIAN HOURLY WAGE

$20,300
MEDIAN PERSONAL EARNINGS

31%
PART TIME

45%
IN OR NEAR POVERTY

Inadequate Public Funding & Reimbursement

The LTSS system needs more funding to ensure everyone can access the supports they need—labor costs are especially underfunded.

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.

- **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

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**
The Innovation: Understanding the Problem

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

Key Elements of the Innovation

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)


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COVID-19 and the Direct Care Workforce: Lessons for Now and the Future • May 14, 2021

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Key Elements of the Innovation: Education (Worker Stories)


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COVID-19 and the Direct Care Workforce: Lessons for Now and the Future • May 14, 2021
"I think isolation in general is a challenge for caregivers, but with the risk of COVID added, it has really been very taxing. I’d say that’s the hardest part of the job for me."

Erika Honan
HOME CARE PROVIDER AND CAREGIVER EMERGENCY RESPONSE TEAM (CERT) PROVIDER AT HOMEBRIDGE IN SAN FRANCISCO, CA

PHInational.org  f  t  in  #CaringForTheFuture

Key Elements of the Innovation: Research (Vaccine acceptance)

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

Key Elements of the Innovation: Research (Vaccine acceptance)

**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/

**COVID-19 Vaccination Uptake Behavioral Science Task Force:**

**Final Report – February 23, 2021**

**MOVEABLE MIDDLE**

Vaccine Acceptors

Vaccine Refusers

<table>
<thead>
<tr>
<th>Level of Vaccine Uptake</th>
<th>Empowering as Advocates</th>
<th>Make It Easy</th>
<th>Influence + Real Emotion</th>
<th>Build Trust in Vaccine Safety</th>
<th>Limit Damage</th>
</tr>
</thead>
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<tr>
<td>1</td>
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</tr>
</tbody>
</table>

Key Elements of the Innovation: Advocacy & Policy Change

**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

**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
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
Implications & Next Steps

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

"I think the role of the home health aide should be considered just as important as any other health care role."

Marisol Riviera
CARE COORDINATOR AT COOPERATIVE HOME CARE ASSOCIATES (CHCA), BRONX, NY

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COVID-19 and the Direct Care Workforce: Lessons for Now and the Future  •  May 14, 2021
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.

PHInational.org

- Learn about our consulting services, policy research, advocacy, and public education campaigns
- Scroll through our multi-media library of research, analysis, and other resources
- Download state-by-state data on the direct care workforce
- Bookmark our newsroom for the latest news and opinion: PHInational.org/news/
- Subscribe to our monthly newsletter: PHInational.org/sign-up/
- Join our online community on Facebook, Twitter, and LinkedIn (@PHInational)

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

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
Justin.List@nychhc.org

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
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


Proposed Population-Based Framework for Symptomatic SARS-CoV-2 Infection


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

Figure Legend:
Proposed Population-Based Framework for Symptomatic SARS-CoV-2 Infection

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
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


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

---

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

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


Covid Survivors With Long-Term Symptoms Need Urgent Attention, Experts Say. NY Times. Available at: https://www.nytimes.com/2020/12/04/health/covid-long-term-symptoms.html


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

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.

CAIPA

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

<table>
<thead>
<tr>
<th>Rate ratios compared to White, Non-Hispanic persons</th>
<th>American Indian or Alaska Native, Non-Hispanic persons</th>
<th>Asian, Non-Hispanic persons</th>
<th>Black or African American, Non-Hispanic persons</th>
<th>Hispanic or Latino persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>1.6x</td>
<td>0.7x</td>
<td>1.1x</td>
<td>2.0x</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>3.5x</td>
<td>1.0x</td>
<td>2.8x</td>
<td>3.0x</td>
</tr>
<tr>
<td>Death</td>
<td>2.4x</td>
<td>1.0x</td>
<td>1.9x</td>
<td>2.3x</td>
</tr>
</tbody>
</table>

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 10.7x the income of the bottom 10% compared with the national average of 8.7x

US Census Bureau 2018
OTHER STUDIES PAINT A DIFFERENT PICTURE WITH AAPI EXPERIENCING HIGHEST RISK OF HOSPITALIZATION AND DEATH

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


Disaggregating Asian Race Reveals Covid-19 Disparities Among AAPI at New York City’s Public Hospital System

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)
CAIPA’s behavioral health providers’ experiences validate the dire need of the AAPI 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

Successful pandemic control

Severe adverse consequences of older people
- Rising fear, anxiety and anger
- Loneliness and Isolation
- Reduce access to services
- Decline in physical, psychological, and cognitive functions

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

Age Distribution SDC Cohort
- Under 65 yr
- 65-74 yr
- 75-84 yr
- 85+ yr

Distribution On Living Arrangement
- Living alone
- Living with relatives

Adapted from Lim et al. Geriatrics and Gerontology 2021
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

<table>
<thead>
<tr>
<th>Enhance Physical Mobility</th>
<th>Ensure Access to Nutrition and Supplies</th>
<th>Support Socialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote Mental Resilience</td>
<td>Establish Access to Healthcare Providers</td>
<td>Provide Health Education</td>
</tr>
</tbody>
</table>

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
CONTACT

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Chief Medical Officer
Coalition of Asian-American IPA (CAIPA)
eng@caipa.com
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.
Thank You for Attending the Best Practices and Innovation: Facing the Reality of Post-COVID Symptoms Symposium