Public Health Initiatives: Request for Information

February 17, 2021

Summary of Findings

Background

On December 3, 2020, New York City Economic Development Corporation (NYCEDC) and the New York City Department of Health and Mental Hygiene (DOHMH) released a request for information (RFI) to New York City's public health experts, community-based organizations, and other local leaders, soliciting their views on strengths and gaps in NYC's public health infrastructure that the COVID-19 pandemic has highlighted.

The goals of the RFI were to inform design of a new institute focused on pandemic preparedness, prevention, and management ("the Institute") to build on strengths and address gaps, as well as to enhance the City's ability to address needs of the most marginalized and historically disadvantaged communities in future pandemics and public health emergencies.

We received 44 responses from 49 organizations, across social service/advocacy, academia/research, and industry.

This document summarizes responses to the RFI and is organized into three sections:

o **NYC's public health infrastructure today**—the City's existing strengths and challenges as highlighted by COVID-19

o **Focus areas for the Institute**—aggregated feedback specific to areas of focus for the Institute, organized by three themes: preparedness, early detection, and management of pandemics and other health emergencies as they occur

o **Other strategies to build the City's public health infrastructure**—aggregated feedback on opportunities to improve public health infrastructure more broadly to promote health equity, emergency preparedness, and economic recovery

The contents of this document are a summary of the submissions to the RFI and do not necessarily represent the views of NYCEDC, DOHMH, or the City.

NYC's Public Health Infrastructure Today

Strengths:

- As evidenced by the breadth of responses to the RFI, New York City's many established life science and public and community health organizations and institutions have much to offer the PRI.

- New York City is a vibrant and ethnically diverse city, with many groups (corporate, philanthropic, community-based) willing to engage deeply and collectively to solve problems. Its community-based organizations are already embedded in neighborhoods and attuned to their challenges and strengths. CBOs can be further integrated into pandemic preparedness and response.

- Deep untapped talent exists across NYC's academic institutions, including its universities, research institutes, and schools of medicine and public health. The city is home to global leaders in data science, infectious disease, and community-based research.

Challenges:

- The COVID-19 pandemic exacerbated and highlighted existing systemic problems (e.g., gaps in health access, food insecurity, etc.).

- Unified messaging and communication about pandemic-related issues is a challenge, particularly messaging that is attuned to the language and access barriers that some communities face.

- Many organizations that could play a significant role in pandemic preparedness and response are not primed to do so (e.g., local businesses). Current regulations and processes often do not allow for nimble deployment of resources or funding (e.g., PPE supply chain issues).

- Community leaders are not given the resources or platform needed to play as effective a role as they could in preparedness and response.

- In general, federal aid and relief packages tend to favor larger organizations and are not as effective at supporting the needs of small and mid-size organizations (e.g., CBOs, community health centers, etc.).

Focus Areas for the Institute

RFI respondents identified a wide range of suggestions for areas of focus. Many respondents agreed that the Institute should focus on building preemptive infrastructure for pandemic preparedness, early detection response, and management. Respondents also agreed that the Institute's focus should extend beyond clinical research and interventions to include entrenched public health and social service infrastructure gaps highlighted by the pandemic.

Preparedness

- **Identify and create clear roles for necessary stakeholders**

  - Coordinated-care infrastructure: Build on existing efforts at DOHMH and H+H to create and implement a coordinated-care infrastructure between government agencies, health and hospital systems, and community-based organizations.

  - Practice emergency response: Support DOHMH and NYC Emergency Management (NYCEM) in coordinating scenario planning, performing drills, and organizing emergency response roles across healthcare organizations and community-based organizations—to better improve preparedness and planning for pandemics and other infectious disease outbreaks.

- **Train the necessary workforce**

  - Flexible public health workforce: Advise DOHMH and other City stakeholders on assembling a public health workforce that can flex and surge as required to respond to future outbreaks. Help train staff to perform multiple functions through tabletop exercises simulating health emergencies.

  - New higher education and continuing education programs: Partner with higher education institutions to help New Yorkers acquire in-demand public health skills and aid communities in building capacity to respond to pandemics and other health emergencies.

  - Response playbooks: Develop playbooks to disseminate guidelines for specific aspects of pandemic response so that there is clear understanding among relevant entities on immediate plans of action.

- **Formalize advisory groups and working groups**

  - Incorporate a community advisory board into the Institute's structure, ensuring communities across NYC are represented and ready to mobilize during NYC's next health emergency.

  - Establish a standing working committee with dedicated staff representation from City agencies, local community-based organizations (CBOs), and private sector stakeholders (e.g., hospitals, universities, businesses) to ensure better coordination.

Early Detection

- **Strengthen existing disease surveillance systems**
  - Strengthen disease surveillance systems by collecting real-time community feedback and integrating them into decisions and protocols that government decision makers and community leaders alike can use, enabling them to appropriately respond to emerging disease trends.
  - Identify trends in vulnerable communities by building risk indices and conducting advanced outreach based on these indices.
  - Invest in permanent testing infrastructure in NYC— identify testing and disease surveillance sites that could be established during crises, expand detection systems to new areas like sewage water.
  - Leverage technology solutions (e.g., early-outbreak modeling from public health data) to identify emerging infectious disease outbreaks.

- **Coordinate globally to ensure early detection in a response**
  - Collaborate with global organizations and build early-detection and event-monitoring capabilities for rapid detection, prompt risk-assessment, notification, and response to public health risks. Potentially serve as the central organization that coordinates pandemic response and preparation across the city, with state and federal agencies.
  - Partner with global entities to build an event-based communication framework where events/risks detected at the periphery are verified, assessed, and responded to in a timely fashion.

- **Partner with government to invest in a robust and actionable public data system**
  - Help stakeholders (public and private) integrate and interpret public data to inform neighborhood and household level decision-making.
  - Help disseminate best practices and protocols with respect to data collection (e.g., ensuring collection at the right level of disaggregation).
  - Supplement the City's risk communications (the exchange of real-time information between experts and people facing risks to inform decision-making) with new dashboards that capture community-level data and insights. Ensure that dashboards are accessible for disabled and non-English-speaking populations. Include hyperlocal demographic data on age, race/ethnicity, and social determinants of health (e.g., education, household income, household size).

Ongoing Management

- **Support real-time allocation of resources**
  - Partner with DOHMH, H+H, and other City agencies to proactively implement contact tracing, supply chain management, and public health workforce deployment based on mapping of localized outbreaks and local needs assessments.
  - Partner with City and state governments to ensure greater integration between City and state public data and stronger collaboration with the federal government on prioritization, monitoring, and management of vaccination programs.

- **Fully leverage local leaders and CBOs for information gathering, emergency response, and rapid communications:**
  - Include trusted community leaders in a response plan, e.g., clergy, religious leaders, nonprofits, and neighborhood political leaders.
  - Build a communication infrastructure that can be activated quickly to reach vulnerable communities in future emergencies (e.g., a network of trusted messengers that have close ties to their communities and can step in and close communication gaps).
  - Equip trusted public service employees to disseminate health information (e.g., police, fire, EMS, and public transit workers).
  - Encourage existing nonprofit and CBO partners to integrate community-based participatory research (CBPR) into their models of collaboration with government, to promote streamlined feedback between the Institute and the community; potentially partner with NYC's public health schools to educate nonprofits on the fundamentals of CBPR.

- **Integrate public health response with broader health and social service supports:**
  - Ensure that mental health and social services systems are integrated into health emergency responses to meet the full needs of at-risk populations.
  - Plan to deploy additional mental healthcare providers during emergencies and collaborate with CBOs to educate communities about the value of accessing mental health services.

Other Strategies to Build the City's Public Health Infrastructure

In addition to providing feedback on the Institute, respondents shared other strategies that the City should consider in promoting health equity, emergency preparedness, and economic recovery. Respondents emphasized the strong existing relationships between the City and CBOs, community development organizations (CDOs), and nonprofits that could be strengthened with additional funding and resources in future health emergencies to benefit disproportionately impacted communities. An outline of the existing programs identified by respondents as candidates for support and enhancement is in the Appendix.

Policy

- Re-designate houses of worship and faith-based organizations as "essential" so that they can provide meals, pantry items, and bereavement and end-of-life arrangements.

- Consider loosening "peacetime" City regulations during states of emergency to give NYC residents access to more flexible care (e.g., the relaxation of telehealth regulations during COVID-19 helped millions of Americans receive medical services remotely).

- Assist recovering hospital outpatients by creating a care network based on patient data, needs, and access to resources (e.g., meal delivery services after hospital stays for elderly populations).

Planning

- Expand food distribution centers and seek mitigation for food insecurity during health emergencies. Some suggestions included scaling Food and Nutrition Services Bundle (FNS Bundle), a program led by Public Health Solutions (PHS) that offered screening and navigation to community food and nutrition resources to food-insecure Bronx patients at NYC Health + Hospitals/Jacobi and NYC Health + Hospitals/Lincoln.

- Analyze previous public health models such as the Ryan White HIV/AIDS Planning Council, Ryan White CARE Act, AIDS Education and Training Center (AETC), and HIV Health Services Planning Council to understand effective ways in which community-centric programs and policies can be developed and implemented.

- Address barriers for people with disabilities (e.g., by instituting audiovisual aids for public health messaging and broadcasts, distributing clear masks to the hard of hearing, and providing on-site workstations to patients requiring telehealth options who currently do not have access to technology).

- Systematically assess and respond to the needs of school-age children to access educational resources within and beyond school buildings (i.e., broadband access, technology), both to prepare for future emergencies, and to address persistent inequities in access to education.

- Develop a process for community stakeholders to collaborate in a participatory process to guide the reallocation of resources during emergencies.

- Proactively track and communicate updated federal regulatory guidance to health tech providers and consumers in NYC.

- Elevate the role of nonprofits in distributing basic supplies, PPE, and public health material during health emergencies, particularly in areas with large front-line populations.

Data and Technology

- Bolster the City's public health data infrastructure so that public health data can be made available as a public good.

- Implement virtual lines for public testing and vaccine appointments.

- Integrate community collaboration technology platforms with functionality like telephone triage, chat bots, and self-assessment portals.

- Improve accessibility of healthcare providers by supplying technology to the elderly and disadvantaged communities, especially those in NYCHA.

Connecting Public Health to Jobs and Economic Recovery

- Establish a well-trained, versatile, and permanent Public Health Corps that seeks to exclusively disassemble health inequalities in NYC during "peacetime" and flex or surge during health emergencies.

- Implement new workforce development programs for in-demand and/or understaffed occupations, such as: population health information technologists, analysts, ethicists, linguists, health communication specialists, care managers, bilingual behavioral health professionals (e.g., licensed mental health counselors, licensed clinical social workers, psychologists, and psychiatrists, particularly those serving children and families).

- Diversify the public health workforce with local medical school and public health school students, allowing students to gain firsthand experience and the City to benefit from individuals trained in health fields.

- Improve the language capabilities of the health workforce, potentially by hiring more native speakers of Indigenous and other less common languages as translators and interpreters.

- Promote community-centric modes of health provision that offer local and home-based, non-clinical care (e.g., social care navigation); integrate these models into NYC's allied health network.

- Identify personnel in each neighborhood to support acquisition, distribution, and supply chain management of PPE.

- Continue to tap into local businesses and supply chains for local manufacturing of PPE.

- Expand the mental health care provider workforce by supporting relevant training programs.

Appendix

Detail on Respondents

New York City Economic Development Corporation's (NYCEDC) Public Health Initiatives Request for Information (RFI) garnered a total of **44 submissions** from **49 different organizations.** The organizations are located across the United States, with 93 percent of submissions coming from NYC and 25 percent of RFI submissions from minority- or women-owned organizations and institutions.

A breadth of organizations responded to the RFI from sectors that included: **social services/advocacy** (25/44), **academia/research** (8/44), and **industry** (11/44).

Detail on Existing Programs to Leverage and Models to Learn From

Respondents emphasized the importance of both pre-pandemic programs and newly created programs in response to COVID-19 that could be utilized and expanded in future health emergencies. Respondents also cited several relevant models—some local, other national—to learn from.

Category	Local Organizations and Programs to Scale	Relevant Models to Learn From
Public health campaigns and models	**Government:** Test and Trace Corps (T2 Community Advisory Board), ThriveNYC, NYC Well, NYC GetFood, NYC Childhood Immunization Registry (CIR), New York State Minority Health Council, Office of Minority Health and Health Disparities Prevention (OMH-HDP), the Center for Elimination of Minority Health Disparities (CEMHD), the Vaccine Equity Taskforce, NYCAASA programs, Shape Up NYC, WorkWell NYC, DOE (parent coordinators, lunch program, school-based clinics) **Nonprofit:** Health People	"Provider Connections" at Western Illinois University (model of government and academic collaboration)
Community	**Government:** CDC's Partnerships to Improve Community Health (PICH), education and training by NYC Parks, New York City's Community Affairs Unit **Nonprofit:** Unity in Community, Federally Qualified Health Centers (FQHCs), Partnerships for After School Education (PASE), Youth INC, Spark Youth, ALIGN: The Alliance for a Greater New York **Academic:** Silberman School of Social Work's Community Navigator Program **Hospitals:** Montefiore in the Community, NYU Langone Community Health Needs Assessment and Community Service Plan	
Emergency response	**Nonprofit:** Voluntary organizations active in disaster (VOADs), Existing Incident Command systems (ICS), AmeriCorps **Tech:** Unite Us, T Mobile	Superstorm Sandy
Equity	**Government:** Participatory action research in East Harlem, Tremont, and Brownsville Neighborhood Action Centers **Nonprofit:** AMPHS' annual Immigrant Resource Directory, Barrier Free Living, Living Redemption's Youth Opportunity Hub, Exodus Transitional Community, CCI Harlem Community Justice Center, CJII Men's Empowerment Program, Center for Court Innovation, Exodus Transitional Community, Henry Street Settlement, Coalition for the Homeless, Hispanic Federation **Tech:** Unite Us, T-Mobile	New York City Commission on Human Rights Initiative (model of a successful anti-discrimination campaign)

Food insecurity	**Government:** Mayor's Office of Food Policy, Get Food program, Community Food Advocates, Find a School Hub to Retrieve Meals, Find Your Local Food Bank, and COVID-19 Food Hub NYC **Nonprofit:** Mobile Soup Kitchen Routes, Feeding America, Food Education Fund **Government and nonprofit collaboration:** Food Assistance Collaborative **Tech:** Plentiful (app)	
Support for the elderly	**Government:** NYCEM's Elderly Pharmaceutical Insurance Coverage (EPEC), NYC's HPD HRA and Senior Affordable Housing Tenant Services (SARA) **Nonprofit:** Elder Technology Services	
Primary care	**Nonprofit:** PHS Rapid Response Coalition, One Brooklyn Health System—Vital Brooklyn **Private:** Boosting urgent care facilities	