

Modern Healthcare

You may not reproduce, display on a website, distribute, sell or republish this article or data, or the information contained therein, without prior written consent. This printout and/or PDF is for personal usage only and not for any promotional usage. © Crain Communications Inc.

August 21, 2020 02:37 PM | UPDATED 37 MINUTES AGO

Post-COVID era will require a new playbook to meet community health needs

J. Robin Moon and Shqipe Gjevukaj



J. Robin Moon, left, is senior director of system integration at Bronx Partners for Healthy Communities in New York and adjunct associate professor at the CUNY Graduate School of Public Health and Health Policy. Shqipe Gjevukaj is project manager at Bronx Partners for Healthy Communities.

As the nation cautiously reimagines the new "normal," we need to bring deeper understanding to the systemic issues that predate the pandemic.

It has long been clear that COVID-19 is not the "great equalizer"—a disease that doesn't discriminate—as some initially thought. It is quite the opposite, a magnifying glass that brings to the fore the detrimental, unignorable impact of long-standing, systemic inequities.

As the nation cautiously reimagines the new "normal," we need to bring deeper understanding to the systemic issues that predate the pandemic, rather than prioritizing the symptoms.

In New York, that work has been ongoing at Bronx Partners for Healthy Communities, a 240-member network coalition led by SBH Health System, a safety-net care provider in the [South Bronx](#), an area that has historically endured profound structural inequities and by far both the highest COVID-19 fatality per capita and COVID-19 incidence by Black and Latinx New Yorkers. We have been [investing in and advocating](#) for community-based organizations' capacity-building since the network's inception in 2014.

In addition to agreement to support our front-line healthcare organizations, we also want to underline our 100+ community-led social and human service partners that provide equally critical care. They have been deeply connected in the community, working with tight budgets and staffing long before the onset of the pandemic. With further Medicaid and safety-net budgets cuts planned pre-COVID—likely to be monumentally steeper now—many of these organizations are on the brink of further reductions in service capacity at best, and of disappearing at worst.

Through the lockdown in the spring and the months since, they have continued serving marginalized constituencies lacking resources and facility to recover and sustain safely. They include individuals with chronic diseases and/or behavioral health conditions and disabilities who may be elderly and immobile, or those recently freed from incarceration and need support reintegrating into their community. They also might be unable to isolate/quarantine without assistance.

Two critical opportunities predating COVID-19, which we have funded and advocated for, are only now drawing significant attention for larger-scale investment potential.

Basic technology and infrastructure have allowed for tele-services even beyond what is currently billable as telemedicine. Services range from virtual visits with pediatric asthmatics, to remote-release planners for individuals soon to be released from jail with substance use support, to video assessment and telephonic shelter intakes for homeless individuals. They have seen a noticeable upturn in engagement with their clients, in particular those hard-to-reach: virtual asthma outreach and home-visit education by one program increased by 480% and 430%, respectively, in the four months since March, compared with the same period last year. Individuals recently freed from jail engaged in a substance use care connection program increased by 65%, and the engagement rate (agreeing to join the program) rose 154% over six months compared with the same period in 2019.

These virtual encounters also allowed staff to stay employed, and safely so, with more uninterrupted focus on their clients. This is a potential game-changer particularly for soon-to-be-released individuals during the pre-release period in jail, so that these individuals can be connected to treatment and services.

Community health workers have been a necessary bridge to connect patients/clients to the clinics, hospitals and community-based services to keep them safe and from incurring unnecessary medical interventions. Culturally responsive, local CHWs provided trusted connection for already-marginalized, at-risk populations deprived of any meaningful support during the outbreak. These workers actively link patients to their clinical providers for COVID-19 guidance, timely prescription refills, and other COVID- and non-COVID-related urgent needs. They provide delivery/courier services for medications, food and other essentials. They sustain clients with COVID-19 information/education, social services, mental health aides, and chronic disease management. Most of all, they extend empathy and assist in meeting their clients' emotional needs. They are the linchpin of our community care structure. Fostering and protecting them is critical.

COVID-19 is not spreading over a level-playing field nor are the affected individuals recovering equitably. By highlighting the most vulnerable spots in our communities, the pandemic underscores new opportunities as we move into longer-term preparation and aim to prevent the further deepening of health inequities. In fact, some of these opportunities are not new at all: the truth is our marginalized communities have not seen meaningful investment in their well-being. This pandemic may be due to a novel virus but curtailing the prolonged human-made disaster of inadequately addressing their needs is within our control.

New York data since March shows that 80% of all COVID-19 cases did not need hospitalization, and 95% did not require ventilators. This is an important point to consider in thinking about future needs in community-based, primary-care-driven care. Our care ecosystem, while we continue to strengthen our critical-care capacity, must be bolstered with an equitable community-based care structure. And the time is now.

Inline Play

Source URL: <https://www.modernhealthcare.com/opinion-editorial/post-covid-era-will-require-new-playbook-meet-community-health-needs>