In this issue, we are focused on COVID-19 related resources and topics. These are our favorites for public health professionals, CBOs, consumers, and COVID-19 data. We hope that these links and materials are useful, as well as our quarterly topic, which dives into health inequities with COVID-19. We will continue this conversation further on April 30 when we will host a webinar on COVID-19 and health inequity. Register HERE.

To support our community health workers, PHIP is collaborating with Northeastern NY Coalition of Occupational Safety and Hazards to provide a COVID-19 health and safety web-based training on April 23. Register HERE.

PHIP is releasing updated guides: the Diabetes Guide, also in Spanish, for consumers to find and manage their care; the SDOH Guide has an expanded section on insurance coverage issues; and our guide of Opioid Task Forces and their activities summary has been updated. If you are interested in printed copies, fill out this form.

Be sure to check our list of upcoming events and thank you for doing the difficult work of fighting this pandemic!

With gratitude, The PHIP Team
THE LATEST IN NEW YORK STATE HEALTH INITIATIVES

Population Health Improvement Program

Before COVID-19 turned into the crisis, our team had been working on updating some of our most used guides. We are happy to share that we are able to offer you these key resources.

You can get these now:

● **Social Determinant of Health Resource Guide:**
  ° Extensive resource directory of available services in Capital Region counties as they relate to social determinant needs (e.g. housing, food, cost of care, transportation, child care, utilities, safety, and literacy).
  ° The guide, which was first released electronically, has been updated and will be rereleased in both digital and hardcopy form.

● **Diabetes Self-Management Guide**
  ° Also available in [Spanish](#).

● **Opioid Task Force Guide**
  ° Outlines opioid task forces in Albany, Saratoga, Schenectady, Rensselaer, Columbia, and Greene including contact information, activities, and goals.
  ° See our accompanying 2019 summary for an overview of the task force’s accomplishments and lessons learned in 2019.

**Distribution plan:** Digital copies of the 3 guides are published on the HCDI website. We are also printing physical copies of these guides but due to recent COVID-19 events, distribution of the printed versions is delayed. If you would like printed copies of these guides for your organization, please fill out this [form](#).

**Updated Prevention Agenda Dashboard**

The New York State Prevention Agenda Dashboard is an interactive visual presentation of the [Prevention Agenda](#) tracking indicator data at state and county levels. It serves as a key source for monitoring progress that communities around the state have made with regard
to meeting the Prevention Agenda 2024 objectives. The state dashboard homepage displays a quick view of the most current data for New York State and the Prevention Agenda 2024 objectives for approximately 100 tracking indicators. The most current data are compared to data from previous time periods to assess the performance for each indicator. Historical (trend) data can be easily accessed and county data (maps and bar charts) are also available for each Prevention Agenda tracking indicator.

The [county dashboard](#) homepage includes the most current data available for 70 tracking indicators. Each county in the state has its own dashboard.

**What is the economic impact of chronic health disease in the Capital Region?** This is the question HCDI set out to research and answer. Nationally, chronic and mental health diseases account for [90% of the annual health care expenditures](#). We reviewed a report from our sister program in Western NY in which The Population Health Collaborative commissioned FTI Consulting, Inc.’s Center for Healthcare Economics and Policy to develop foundational data and analytics of the economic impact of poor health on the Buffalo-Niagara workforce and the broader Buffalo-Niagara community.

Our team has been working with FTI Consulting on drafting a report “The Economic Impact of Health on Our Capital Region Community”. Stay tuned for the release of this report!

**Care Coordination**

The work of a Community Health Worker does not stop when the world spins off its axis. The support that continues to be provided to community members and their families, whether in person or remotely, is inspiring and admirable. In the midst of uncertainty, staying connected is as important now as ever. If you are in search of resources and services to refer clients to, please visit HCDI’s Community Supports page [HERE](#) for additional supports.

For CHW looking to learn more about the virus or to provide clients with information, the [University of New Mexico’s CORONAVIRUS 101 Presentation](#) is available for download. This presentation covers 1. Transmission and Symptoms 101, 2. Myths and Facts, and 3. National Resources. Additionally, [National Association Community Health Workers (NACHW)](#) has put together a comprehensive page on “CODVID-19 Essentials”. This page includes information ranging on virus basics, how CHWs can help during a pandemic, tips to respond to myths, easy to understand infographics, self-care and mental health resources and more, all designed to help CHW during tough times.

To further support our care coordination efforts, HCDI and Northeastern NY Coalition of Occupational Safety and Hazards (NENYCOSH) are providing the a COVID-19 Health & Safety web-based training for CHWs. Please [REGISTER HERE](#).
Hudson Mohawk AHEC’s Community Health Worker Training program is designed to provide new and incumbent community health worker staff with the necessary theoretical and practical knowledge to address a number of health needs in the community. Through ten training modules, participants will gain necessary core competencies and knowledge of the communities and populations they support. The training has transitioned to an online format, available starting May 4th. CLICK HERE for registration and dates. Visit the Hudson Mohawk AHEC website for more information: http://hmahec.org/chwtraining/.

QUARTERLY TOPIC: COVID-19 AND HEALTH EQUITY

With the current public health crisis, now is the time to consider health inequities and how they contribute to not only chronic diseases, but also infectious diseases. During natural disasters such as hurricanes or pandemics, the socioeconomically disadvantaged are hit hardest. In fact, NYC has shown far more positive cases in poorer regions than affluent ones.¹ The relationship between COVID-19 and health inequity is a two-fold problem: inequalities will enhance the spread and COVID-19 will worsen inequalities.

Inequalities create thriving conditions for infectious diseases, enhancing the spread. Social distancing, which is critical to preventing the spread, is much harder for those who do not have paid sick leave, or live in densely populated areas. During the H1N1 outbreak, 27% can be attributed to the 30% of people who worked while exhibiting symptoms, due to inadequate sick leave. Influenza research shows that areas of poverty increase transmission and mortality for the country as a whole.² Cost, access to care, or transportation are barriers to COVID-19 testing and care that can be silent killers. Due to the strong relationship between health and income, individuals facing these barriers are also more likely to have underlying health issues. Lower income individuals and communities are more likely to catch viral disease in general including the flu and likely, COVID-19, and are more likely to die from them. Although age and underlying conditions are currently the biggest predictors of mortality, socioeconomic status, combined with age, may be a far better predictor.³

Infectious diseases, such as COVID-19, will also deepen inequalities and health inequity.⁴ Individuals without paid sick leave, and those most likely to lose their jobs due to this crisis, are also the individuals who cannot afford the economic hardships. They often have jobs that do not allow for remote work. When stores are not fully stocked, everyone is not effected equally. People in poverty cannot afford to buy in bulk and may not be able to afford whatever is left on the shelves. Participants in the WIC program can only buy certain items, and if those items are out of stock they are out of luck.
Many families rely on food provided by schools’ lunch and breakfast programs. With the sudden closures, families are adding more necessities to a depleting budget. Schools often act as a buffer, limiting certain negative effects of some social determinants of health. Schools are intended to be an equalizer, allowing students access to resources and assistance they may not normally have. Many Capital District residents do not have internet or devices to access online educational materials, and join their classes’ web-based instruction. Some students require the structure of a school environment in order to thrive, especially individuals with learning difficulties. There are parents unable to teach their children due to work constraints or their own educational limitations. Although we undoubtedly must close schools during this time, it is important to be mindful of the resultant education gap and its latent effects on health.

Considering equity issues in the response to COVID-19 will reduce short and long term disparate effects on our lower income populations. As part of HCDI’s response, our new website updates have dashboards that show where some of the populations who are vulnerable (such as the 65+ population) to this disease live in our communities.

**Here are the new indicators available on our website in response to COVID-19:**

- Population 65+ by [Zip Code](#) and [Census Tract](#)
- People 65+ Living Alone by [Zip Code](#) and [Census Tract](#)
- People 65+ Living Below Poverty Level by [Zip Code](#) and [Census Tract](#)
- Households Receiving SNAP with Children by [Zip Code](#) and [Census Tract](#)

Additionally, this [demographics page](#) provides other helpful information.

Furthermore, our [Community Health Needs Assessment](#) has demographic information about our counties broken down by neighborhood level and more. We should use this momentum. The pandemic’s ability to exacerbate health disparities makes this a critical time to take informed action. To continue this conversation further we look forward to hosting the following webinar and hope to virtually see you there! Register [here](#).

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**Objectives:**

1. Learn how inequity creates the conditions that enhance the spread of infectious diseases including COVID-19
2. Learn how COVID-19 will make existing health inequities worse, thus creating a wider gap in health outcomes
3. Potential areas of impact in mitigating some of the effects of COVID-19 on health inequity
COVID-19 Overview/Resources

Our PHIP team has included the best resources we found to support Public Health Professionals and Community Based Organizations, as well as those seeking regional and national data tools. These innovative and timely resources for our partners include capacity planning toolkits, policy updates, and crucial health inequity research as it relates to COVID-19. Novel data tools such as maps, dashboards, and county level trackers are also provided for our partners data related needs.

On the next page you will find the national, state and county resources regarding COVID-19. First, you will find a list of municipal and county pages, along with additional local resources. The state resources include announcements, guidance documents and more. National resources have more policy updates and guidelines. Additionally, hotline numbers to various Mental Health and Substance Abuse services are provided. Please click on the title of each resource to be redirected to the resource webpage.
MORE RESOURCES

County Departments of Health
- Albany County Department of Health Daily Coronavirus Updates
- Columbia County COVID-19 Public Information Page
- Greene County COVID-19 Public Information Page
- Rensselaer County COVID-19 Resource Page
- Rensselaer County Facebook page
- Saratoga County COVID-19 Resources Page
- Schenectady County Emergency Response Coalition

Other Local Resources
- Alliance for Better Health
- Capital Region Chamber
- City of Albany’s COVID-19 Resource Guide
- Columbia County: Twin County Recovery Services
- Food Pantries of the Capital District
- Northeastern CAP
- Rensselaer County Recovery Helpline
- The Community Foundation of Greater Capital Region COVID Resource Hub
- United Way

State Resources
- Coronavirus Hotline - NYS Department of Health: 1-888-364-3065
- Governor Cuomo's daily press conferences, NYS news, sign up for email updates on NY.gov.
- The NYS Department of Health COVID-19 page.
- The Association on Aging in New York (Aging NY) COVID-19 page, including a section - on guidance for home care and caregivers
- COVID-19 Emotional Support Line offered by the New York State Office of Mental Health
- New York State Health Foundation
- Office of Mental Health Guidance Documents
National Resources

- The Administration for Community Living COVID-19
- Centers for Disease Control and Prevention web page on COVID-19
- Centers for Medicare and Medicaid have launched a digital toolkit for partners to provide content around COVID-19.
- National Science Foundation
- The Network for Public Health Law
- The Partnership Center: Center for Faith and Opportunity Initiatives
- President’s Coronavirus Guidelines
- Primary Care Collaborative: Primary Care’s Role in Responding to COVID-19 Webinar on 4/15
- UniteUs
- US Chamber of Commerce

Capital Region Testing

ALBANY COUNTY MOBILE TESTING DETAILS

The WMY site in Albany will be open weekdays from 9am–4pm and the other three (3) sites will rotate with a morning and afternoon location. Schedule for location and times will be posted on the Albany County website at www.albanycounty.com.

UALBANY TESTING DETAILS:

How to Get Tested for COVID-19

- Contact your health care provider.
- Call the New York State Department of Health (NYSDOH) 2019 Novel Coronavirus 24-hour hotline at 1-888-364-3065 to be screened for the UAlbany testing site. No walk-ins will be allowed at the UAlbany testing site. You must make an appointment and be in a vehicle.
- Visit the NYSDOH COVID-19 Testing and Assessment Webpage

How to Get Your COVID-19 Test Results

If you were tested the University at Albany, test results are sent to the individual by phone, text, or you can access the online patient portal.
• Create a patient portal account with BioReference Laboratories to access your test results.

• You can also contact BioReference Laboratories at 833-469-5227.

If you had testing performed through another laboratory or private health care provider, check to see if they have a patient portal or phone line where you can obtain your results. Regardless of testing site, if you are an Albany County resident and your test result is positive (detected or presumptive positive), the Albany County Department of Health will be contacting you.

UPCOMING EVENTS AND GRANTS

Disclaimer: Please note that the scheduled meetings are subject to change due to COVID-19. Please be sure to reach out to respective organizations to determine if the meeting is cancelled, postponed, or confirmed.

May
May 20, 2020
Albany County Breastfeeding Meeting
Albany County Department of Health
9:00 a.m. - 10:30 a.m.
175 Green Street, Albany, NY 12202

May 28, 2020
Care Coordination Care Management Meeting
BHNNY
9:30 a.m. - 11:30 a.m.
1275 Broadway Albany, NY 12204 or WebEx

June
June 2, 2020
Obesity/Diabetes Task Force
Healthy Capital District Initiative
8:15 a.m. - 9:45 a.m.
175 Central Avenue, Albany, NY, 12206 or webex

June 17, 2020
PHIP Steering Committee
Healthy Capital District Initiative
8:30 a.m. - 10:00 a.m.
175 Central Avenue, Albany, NY, 12206
Grants

**November Arnold Cogswell Health Care Fund Health Care**

The major goal of this Fund is to make grants to facilitate the development of improved health care in the Capital Region to either new or established organizations;

- For program costs (such as salaries/expenses). The following types of organizations/programs are examples of those that would qualify for grants:
  - Acute care hospitals;
  - Long-term care facilities for the aged, ill or disabled;
  - Disease and treatment centers;
  - Medical colleges, nursing schools or pharmacy colleges;
  - Allied health programs;
  - Community health centers, clinics and programs;
  - Home-care programs for the aged, ill or disabled;
  - Regional health planning groups or hospital consortia;
  - Disaster response agencies;
  - Combinations of various health organizations

**Application Due Date:** 9/8/2020  
**Anticipated Award Amount:** $30,000

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**Rural Emergency Medical Services Training Grant**

**Short Title:** EMS Training

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment, is accepting applications for fiscal year (FY) 2020 Rural Emergency Medical Services Training grants (Short Title: EMS Training). The purpose of this program is to recruit and train emergency medical services (EMS) personnel in rural areas. SAMHSA recognizes the great need for emergency services in rural areas and the critical role EMS personnel serve across the country.

**Application Due Date:** Thursday, April 30, 2020  
**Anticipated Award Amount:** Up to $200,000

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**Preventing Adverse Childhood Experiences Data to Action Department of Health and Human Services Centers for Disease Control - NCIPC**

The purpose of this funding is to support recipients in measuring, tracking, and preventing adverse childhood experiences (ACEs) in their states. Adverse Childhood Experiences
(ACEs) are preventable, potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide. Also included are aspects of the child’s environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling or other member of the household.

Application Due Date: June 30, 2020
Anticipated Award Amount: $525,000

Behavioral Risk Factor Surveillance System (BRFSS): Impact in Population Health
Department of Health and Human Services
Centers for Disease Control - NCCDPHP

CDC announces the availability of fiscal year (FY) 2020 funds to implement CDC-RFA-DP20-2007, the Behavioral Risk Factor Surveillance System (BRFSS): Impact in Population Health. CDC established the BRFSS in 1984 with 15 states participating in monthly data collection. Since that time, the BRFSS has grown to be the only continuous, state-based health surveillance system that is conducted nationwide. The purpose of this Notice of Funding Opportunity (NOFO) is to provide financial and technical assistance to recipients to conduct health-related behavioral surveillance through the BRFSS and increase the use of BRFSS data to inform public health actions to improve health. The period of performance for this NOFO is three years with a 12-month budget period.

Application Due Date: August 1, 2020
Anticipated Award Amount: $450,000

Reference List