
In late September, United Hospital Fund published an analysis of the devastating and unprecedented impact of COVID-19 on children in New York state. Working with Boston Consulting Group, the research team estimated that 4,200 children in the state, one out of every 1,000, had lost a parent or guardian to COVID-19 between March and July of 2020. That’s more than the number of children who lost a parent on 9/11.

The report also estimated that, during that same time period, 325,000 children in New York were pushed into or near poverty by the pandemic-related economic downturn—this is on top of 350,000 children in the state who were already living in poverty before the pandemic. The report also projected that the state will need an additional $800 million over the next year in housing, food, health insurance, and remote learning investments to support the basic needs of all these children. The pandemic rages on, of course, and these projections do not include children affected after July 2020.

The numbers were staggering enough to catch the attention of local, national, and international media outlets as well as public health experts, children’s advocates, and policy officials—including former Secretary of State Hillary Clinton, who tweeted a story on the report in The Washington Post.

The report, COVID-19 Ripple Effect: The Impact of COVID-19 on Children in New York State, was written by Suzanne Brundage, until recently the director of UHF’s Children’s Health Initiative, and Kristina Ramos-Callan, UHF senior program manager. It was UHF’s second collaboration with Boston Consulting Group; the first, The Ripple Effect: National and State Estimates of the U.S. Opioid Epidemic’s Impact on Children, was issued in November 2019 and measured many impacts of the opioid crisis on children in every state across the country.

For this new analysis, the team broke out the data on deaths during the five months when the pandemic was at its worst in New York state by age, gender, and county of residence to determine the likelihood that a person who died from COVID-19 was a parent or primary caregiver of a child under 18. Both probable and confirmed COVID-19 deaths were included.

(Continued on page 4)
UHF Launches Statewide Pediatric Health Equity Program

In September, United Hospital Fund launched a new program, Pediatrics for an Equitable Developmental Start (PEDS) Learning Network, designed to improve healthy development, address unmet social needs, and strengthen the families of young children in New York state through primary care-based interventions.

The PEDS Learning Network will support pediatric practices in raising awareness of child health equity and the impact of early childhood development on lifelong health, and by helping share promising health care practices with providers and health plans across the state.

The program also supports a 15-month fellowship for physicians, nurses, and clinical social workers at the start of their careers, to nurture the next generation of clinical leaders. The first class of eight fellows is receiving mentoring, professional development opportunities, and support in implementing an equity-focused child health project.

The PEDS Fellowship provides mentoring and support in child health equity for 8 physicians, nurses, and clinical social workers over 15 months.

UHF Symposium Highlights Inequities During Pandemic

The U.S. health care system’s glaring racial and economic inequities, magnified by the coronavirus pandemic, were the main topics of the 31st Annual Symposium on Health Care Services in New York: Research and Practice, jointly sponsored by United Hospital Fund and Greater New York Hospital Association.

The symposium was held as a webinar for the first time and included two afternoon sessions on October 26 and 28.

Katherine Baicker, PhD, Dean and Emmett Dedmon Professor at the University of Chicago’s Harris School of Public Policy, kicked off the first day of the symposium. “We need to think about how to get more value out of the system,” Dr. Baicker said. “The goal is to get as much health out of the system for every dollar we spend.”

The second day of the symposium featured a keynote by Moro O. Salifu, MD, Professor and Chairman of the Department of Medicine, Edwin C. and Anne K. Weiskopf Endowed Chair in Nephrology, and Chief of the Division of Nephrology at SUNY Downstate Health Sciences University and Director of the Brooklyn Health Disparities Center. Dr. Salifu described the many challenges facing communities of color in the U.S., as well as the long history of discriminatory laws that have kept them from gaining access to health care and that have created a mistrust of health providers.

Both days also featured several research presentations as well as lightning rounds of panelists. The full program can be found at https://uhfnyc.org/events/event/2020-symposium/.
For Health Care, a New Day and a Long Road Ahead

In this year’s election, the American people were presented with a stark choice about this country’s future. When they cast their ballots, they were not just choosing a president—they were deciding what defines us as Americans, how we relate to other nations and to the environment, the role of government in our daily lives, and yes, the path forward on health care. With a new president and administration coming in, there will of course be some reprieve from the constant assaults on the Affordable Care Act (ACA). But even so—and putting aside the pending Supreme Court case seeking to overturn the law—it would be a mistake to believe that all will now be well in health care. The reality is that we still face a long road ahead.

The immense challenges confronting our health care system preceded the current administration: the millions of people who still fall through the cracks of our patchwork insurance system; the high and rising costs of medical care; and the wide disparities in health outcomes, especially for Black and Brown communities.

A PANDEMIC, A RECESSION, AND A MOVEMENT FOR SOCIAL JUSTICE

These challenges have been greatly exacerbated over the past few months by two powerful forces: the COVID-19 pandemic and the resulting economic recession. The urgency in meeting them has also been highlighted by the rising strength of a social justice movement combating anti-Black racism. The pandemic showcased both the heroism of individual health care providers, but also the limits of a fragmented health system’s ability to offer a coordinated response to a large-scale public health crisis. It has also financially weakened almost all parts of the system, with full recovery likely years away.

The recession has exposed the fragility of an insurance system that relies heavily on employer-sponsored coverage. And the social justice movement has laid bare many of the inequities that have led to persistent disparities in health outcomes, with the different rates of COVID-19 morbidity and mortality among Black and Brown communities being just one more example of the deep impacts of structural racism.

HOPE FOR PROGRESS

What can we expect moving forward? There will be no miracle cure for our health system, but we can now hope and work for progress. In addition to promising science-based federal leadership for the pandemic response, President-elect Biden ran on a platform of building on the ACA: expanding coverage through a new public health insurance option, increasing subsidies to make insurance premiums more affordable for middle-class families in the individual marketplaces, and providing insurance to low-income Americans living in states that elected not to expand Medicaid under the ACA. However, a likely divided Congress would make progress on these efforts immensely challenging—particularly in light of the competing priority of addressing the ongoing pandemic. Despite these obstacles, there is at least hope that we may once again be on a path toward expanding health insurance coverage, reversing a trend from the Trump administration.

Tackling health care costs will be less straightforward. It is one thing, as the Biden team proposes, to try to address specific out-of-pocket issues. Tackling overall health care costs will be much more difficult.

HEALTH CARE DISPARITIES

The most difficult challenge will be addressing health care disparities, especially among Black and Brown communities. Yes, expanding insurance and targeted initiatives, such as the proposed Biden plan to reduce disparities in maternal mortality, will help. But the drivers of disparate health outcomes are much too deep to be solved by the health care system alone. They relate to inequities in the social determinants of health—housing, education, nutrition, employment, and wealth—which in turn are largely related to structural racism. But there is reason for hope here. The incoming administration has explicitly identified tackling systemic racism and advancing racial equity as part of their agenda.

Yes, it’s a long road ahead. But at the very least, I believe that we are finally going in the right direction again.

A longer version of this piece was published on UHF’s website on November 10, 2020.
SEVERE, LONG-LASTING, AND RACIALLY DISPARATE IMPACTS

The loss of a parent is one of the most traumatic and stressful adverse events that can happen to a child and can have lifelong negative implications on physical health, mental health, and educational achievements. Up to 23 percent of these children may be at risk of entry into foster or kinship care, and 50 percent of them may enter poverty. As a result, the research team estimated that the long-range repercussions on children will result in some $1.7 billion in additional costs to the state over the next 50 years, plus $8.5 billion in annual earnings lost due to learning deficits associated with a disrupted education.

The report also revealed wide racial disparities in the rate of parental and caregiver deaths from COVID-19 due to vast and longstanding inequities in structural and social determinants of health (such as living in over-crowded housing) that led to some communities of color disproportionately being exposed to the virus. One in 600 Black children and one in 700 Hispanic children experienced such a loss, compared with one in 1,400 Asian children and one in 1,500 white children. Based on county-by-county data, 57 percent of parental deaths were concentrated in three New York City boroughs: Bronx, Brooklyn, and Queens.

“The magnitude of COVID-19’s impact is like nothing we’ve seen before,” said co-author Kristina Ramos-Callan. “These children and their families will require ongoing support and investment to ensure that the next generation won’t remain victims of this current COVID-19 pandemic. Given the magnitude of the challenge for state and local authorities, federal support will be crucial.”

PROVIDING POLICYMAKERS AND LEADERS WITH CRITICAL DATA

UHF prepared the analysis to provide policymakers and community leaders with data to support the development of necessary strategies and policies—and it has already had an impact. In late October, New York State assemblyman Harry Bronson joined with a coalition of children’s advocates to announce legislation that would pledge a 50 percent reduction in childhood poverty in New York by 2030. His bill cited the UHF COVID-19 Ripple Effect report as evidence of the need for such legislation.

UHF staff also presented the findings to the Annual Policy Conference of the New York State Behavioral Health Coalition, New York University’s Department of Child and Adolescent Psychiatry, and the Citizens Committee for Children Breakfast Roundtable.

The report has two parts: Part 1 estimates the number of children in New York State who lost a parent due to COVID-19, and the racial, ethnic, and geographic disparities; and Part 2 looks at the broader economic toll, including parental job loss and teen unemployment. Tables and charts in both reports show the estimated impact of the pandemic on children in every county in New York state. Both are freely available on UHF’s website.
COVID Commentaries Examine Range of Issues Related to Pandemic

In March 2020, United Hospital Fund began a commentary series on how COVID-19 is affecting health and health care, featuring pieces by guest authors as well as UHF staff that have tackled a diverse range of issues. The most recent COVID-19 commentaries, along with other pandemic-related resources, can be found at https://uhfnyc.org/our-work/initiatives/covid/.

Some recent highlights are featured below.

**Emergency Department Visits in the Age of COVID: Some Lessons Learned**

Yves Duroseau, MD, MPH, chairman of emergency medicine at Lenox Hill Hospital, examines how emergency department use may have been affected by the coronavirus.

**Can You Provide Pre-existing Condition Protections Without the ACA? It’s Not So Easy**

Peter Newell, director of UHF’s Health Insurance Project, highlights the numerous ways that provisions of the Affordable Care Act protect consumers with pre-existing conditions—a population that is at particular risk during the COVID-19 pandemic.

**Antibiotic Resistance in the Era of COVID-19**

UHF senior program manager and Patricia S. Levinson Fellow Pooja Kothari reports that the COVID-19 pandemic may be intensifying antibiotic resistance and recommends steps that can be taken to help address this critical issue.

**To Prepare for the Next Pandemic, Health Care Needs to Tackle Racism**

Ram Raju, MD, the former senior vice president and community health investment officer at Northwell Health, writes that there is a need and an opportunity for health care leaders to confront racism.

**Post-Acute Care and COVID-19: An Already Fraught Decision Becomes Even More Difficult**

Lynn Rogut, UHF director of quality and team lead for quality and efficiency in the Quality Institute, describes the challenges surrounding post-acute care during this public health emergency.

Quality Leaders Forum Features Inspiring Talk by Meritus Health President and CEO

UHF’s second virtual meeting this year of the Quality Leaders Forum on October 20 featured an inspiring presentation by Dr. Maulik Joshi, Dr PH, president and CEO of Meritus Health, on how western Maryland’s largest health care provider is pursuing a series of “bold goals” to improve health care quality. These goals include: 1) zero patient harm, 2) losing 1 million pounds in the community, 3) becoming the lowest “total cost of care provider” in Maryland, and 4) being ranked the best employer of choice nationally.

Launched earlier this year by United Hospital Fund, the Quality Leaders Forum brings together health care leaders committed to improving the quality of health care provided in the greater New York area. The network includes over 65 graduates and faculty from the Clinical Quality Fellowship Program, co-led by UHF and the Greater New York Hospital Association, and honorees from UHF’s Tribute to Excellence in Health Care.

To learn more about the October 20 meeting, go to UHF’s website.
United Hospital Fund’s annual fall Gala, one of New York’s premier health care events, was held virtually on October 5 to support our work to build a more effective and equitable health care system for every New Yorker. Five exceptional New York-area leaders were honored during the event for their efforts to advance health and health care.

Roger W. Ferguson, Jr., President and CEO of TIAA, received the Health Care Leadership Award in recognition of his personal leadership and TIAA’s role as one of the largest and most respected financial services providers in the world, with a special commitment to the health care workforce. For the past 12 years, under Mr. Ferguson’s stewardship, TIAA has expanded its footprint in the health care industry and counts 1,426 health care institutions among its clients. Mr. Ferguson has had an illustrious career that spans both the public and private sectors and has nurtured a strong interest in service and in health care.

Neil Blumenthal and Dave Gilboa, Co-Founders & Co-CEOs of Warby Parker, were awarded the Distinguished Community Service Award, which was underwritten by TIAA for the 15th consecutive year. They were recognized for Warby Parker’s work to provide thousands of underserved New York City schoolchildren with free vision screenings, eye exams, and glasses through the Pupils Project, a public-private partnership that is based on the company’s founding principle: use business to do good.

Stephen and Constance Lieber, of the Brain & Behavior Research Foundation (BBRF), were honored posthumously with a Special Tribute for their visionary philanthropy to advance scientific research and treatment to improve the lives of those with mental illness. The Liebers’ philanthropy, leadership, fundraising, and compassionate approach to patients turned BBRF into a powerhouse and, eventually, the world’s most prominent private funder of mental health research grants.

The 50-minute celebration also featured a musical tribute to the region’s health care workers by Broadway legend Brian Stokes Mitchell. Several of the New York area’s own talented health care professionals also joined together in a moving rendition of “Rise Up.” Throughout the event, a montage of photos was displayed depicting health care workers as they bravely fought COVID-19 this spring and summer.

The Gala, which was chaired by UHF Chair John C. Simons, raised $1.1 million.
Susan Olivera is a senior program manager at UHF and leads the new statewide pediatric health equity program, the Pediatrics for an Equitable Developmental Start (PEDS) Learning Network. Supported by a grant from Mother Cabrini Health Foundation, the initiative aims to reduce inequities and improve children’s primary care focused on early childhood development.

Before joining UHF last June, Ms. Olivera held numerous key roles at the American Cancer Society, including serving as the primary relationship manager between the organization and New York City hospital systems. She has also worked at Children’s Aid Society, Public Health Solutions, and the William F. Ryan Community Health Center. She recently spoke to Blueprint about the PEDS Learning Network and new challenges created by COVID-19.

**Q: Can you start by telling us what brought you to UHF?**

UHF has an outstanding reputation as a health policy organization that strives to improve the delivery of services in New York. My goal is to be part of strategic, meaningful work that positively affects the day-to-day lives of New Yorkers, particularly children.

**Q: What is the most important goal of the PEDS Learning Network? And why is something like this needed?**

The most important goal of the PEDS Learning Network is to transform pediatric primary practices in such a manner that children are receiving the services and support they need to thrive and benefit from a healthy and fulfilling life.

**Q: Why is equity at the heart of the PEDS Learning Network?**

If ever we have lived in a time when it is evident that our health care delivery system is not fair and just, it’s now. Achieving health equity is what drives our goal for children throughout our state to be physically and developmentally prepared and ready for kindergarten.

**Q: The pandemic has spawned numerous challenges in health care—what are the most pressing challenges for the PEDS Learning Network?**

The most pressing challenge is getting primary care practices on board in how best to address health inequities and have meaningful concrete action steps to reduce health disparities across New York State, and our larger health system for that matter.

**Q: Can you give us an example of what success would look like for the PEDS Learning Network?**

At this time, we are supporting eight primary care transformation projects with a health equity focus; success would be to have the projects embraced, implemented, and absorbed into the day-to-day operations of service delivery for children and their families throughout the sites selected. Equally important is a robust and engaging Learning Collaborative where participants and stakeholders are empowered and provided concrete guidance and action steps to address health equity in their respective sites.

**Q: Why is it important to prioritize children’s health, especially during a pandemic?**

Early childhood development is critical and foundational for a person. During the pandemic, there are children who have lost a parent or guardian, are pushed further into poverty, lack access to needed behavioral health services, experience housing insecurity, have missed vaccinations, and are marginalized even further on the education spectrum. Now more than ever, children’s health is crucial.
Trump Administration Health Reimbursement Arrangements Put ACA Subsidies at Risk for Low-Income Workers explains the workings of individual coverage health reimbursement arrangements (ICHRAs) and examines their significant risks for New York consumers, particularly lower-income enrollees.

COVID-19 Ripple Effect: The Impact of COVID-19 on Children in New York State, an analysis resulting from a collaboration between UHF and Boston Consulting Group, estimates that COVID-19 has led to severe, long-lasting, and racially disparate repercussions on children under age 18 in New York State.

Critical Connections: Coordinating Health and Housing Needs during COVID-19, a commentary by UHF’s Kristina Ramos-Callan, examines housing instability in the COVID-19 era and highlights some community innovations that can address health and housing needs.