

# Blueprint

S U M M E R 2 0 2 0



## UHF Tackles Insurance Coverage and Issues of Equity During Pandemic

At the beginning of March, approximately 6 million people were enrolled in New York State's Medicaid program, and the state's unemployment rate was 3.7 percent. Then the pandemic hit. By the end of June, the state's unemployment rate was 15.7 percent—20.4 percent in New York City—and nearly 300,000 more people were added to its Medicaid rolls.

Almost half of all people in the U.S. receive health insurance through their jobs, leaving both their economic well-being and their health vulnerable during a global pandemic. One study estimated that more than 1.4 million state residents have already lost job-based coverage this year.

People of color are suffering most of all. While the U.S. jobless rate for white adults in May was 12.4 percent, for Black adults it was 16.8 percent and Hispanic adults 17.6 percent. According to a recent Pew Research report, some 44 percent of Blacks and 61 percent of Hispanics said that they or someone in their household had experienced a job or wage loss due to the coronavirus outbreak, compared with 38 percent of whites.

Residents who are Black, indigenous, and people of color made up two-thirds of the uninsured in New York State even before the pandemic started, according to the latest census data. As United Hospital Fund began to grapple with the impact of COVID-19 on the many aspects of its work, it became clear that protecting health insurance coverage had to be a major focus, and equity the centerpiece. "Communities of color in New York City are reeling from this pandemic," said Anthony Shih, MD, president of UHF. "COVID-19 is killing Black and Hispanic New Yorkers at twice the rate of white New Yorkers. We need to know how much our current health care policies have exacerbated this health equity crisis, and what might help us get to universal coverage and access to care."

### UHF RELEASES GUIDE ON MAINTAINING COVERAGE

One of the first components of UHF's COVID-19 response was a free consumer guide on how to obtain health insurance during the pandemic or replace lost job-based coverage. UHF issued [\*Grim Times\*](#)

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### CONNECT WITH UHF

During these unprecedented times, UHF's mission to build a more effective—and equitable—health care system is more important than ever.

To lend your support, visit [uhfnyc.org/support](https://uhfnyc.org/support).

# UHF Commits to Diversity, Equity, and Inclusion Initiative

United Hospital Fund stands with our employees and people around the country in condemning injustice and racism, but we recognize that this is not enough. We must use the tools and skills available to each of us to help right the wrongs of systemic racism, which is a core part of our society’s social systems and includes our health care system. At UHF, we have embarked on a journey, both acknowledging our own shortcomings past and present, as well as planning for the future, so that we can best use our resources to fight racism and promote equity in health and health care.

This journey began in the spring of 2019 when UHF committed to a diversity, equity, and inclusion (DEI) initiative in response to findings from an employee survey. The initiative is led by UHF’s chief DEI officer and human

resources director Vaughn Murria, and is being carried out by a staff DEI project team, whose members include Mr. Murria, Sheila Abrams, Jatna Rojas, and Amanda Williams. In the fall of 2019, UHF brought

in diversity, equity, and inclusion firm Co-Creating Inclusion to lead a series of all-staff workshops and to provide coaching.

The workshops covered a range of issues, including race and oppression, dismantling power differentials, microaggressions and racist abuse, and restorative justice. Staff feedback from the workshops resulted in the drafting of a strategic plan for UHF to address diversity, equity, and inclusion issues internally and in our external work. Among the 12 goals of UHF’s DEI strategic plan:

- Break down silos and flatten hierarchies, for example, between the board and staff.

- Undo dominant cultural norms by acknowledging and responding to past and ongoing harm, creating new practices and habits, and shifting culture toward anti-racism and inclusion.
- Cultivate greater diversity across the organization.
- Bring the board into the DEI program.
- Strengthen UHF’s external DEI work.

UHF’s DEI project team has established five work groups representing staff from across the organization that will tackle areas of focus identified in the strategic plan. The groups will advise UHF leadership on frameworks, brainstorm recommendations, and implement action plans to move the DEI initiative forward. A DEI board working

group was also created, comprising six board members.

As UHF examines our external work, we will build on our decades-long commitment to addressing health care disparities, but with a new focus and energy. We will examine how UHF can be more

proactive and effective, and ultimately have the impact necessary to achieve more equity in our health care system.

“Addressing racial and other disparities in health and health care is central to UHF’s mission of building a more effective health care system for every New Yorker,” said UHF president Anthony Shih, MD. “We hope our DEI initiative will enhance our ability to do just that, and will also help make our own organization more equitable and inclusive for our staff, board, and everyone we serve.” ■

The DEI project team is setting up five work groups, made up of volunteer staff from all areas and levels of the organization. The groups will advise UHF on several focus areas:

- Board DEI
- Restorative Justice and Co-Creation
- Diversity Strategies
- Equitable and Consistent Standards
- DEI and UHF’s External Work

## Health Insurance: Rethinking Goals Amid Interrupted Progress

Times of crisis can bring clarity to fundamental problems. While we've witnessed the heroic actions of many health care providers and institutions, the COVID-19 pandemic has exposed the many vulnerabilities of our fragmented health care financing and delivery system. It has also highlighted the deeply embedded structural racism that has resulted in the wide disparities in COVID-19 health outcomes among Black and Brown communities. These disparities are not only the consequence of deep inequities in how we finance and deliver health care, but, importantly, also stem from inequities in broader social and economic factors. Yet even where we thought we were making progress, that progress was apparently tenuous at best.

### PROGRESS BEFORE COVID-19

Before the COVID-19 pandemic arrived, New York State had made significant progress over the past ten years in addressing the number of people without health insurance. The rate of the state's population that was uninsured went from about 12 percent in 2010 to roughly 5 percent at the beginning of this year; this was largely due to the tools made available by the Affordable Care Act (ACA). Of course, for a state as populous as New York, a 5 percent uninsured rate still meant that over 1,000,000 New Yorkers were uninsured. Nevertheless, it marked meaningful improvement.

But the pandemic demonstrated just how fragile this progress was. Over half of all New Yorkers receive their health insurance through their employers (employer-sponsored insurance, or ESI). The massive loss of jobs, which hit communities of color the hardest, translated into loss of health insurance for many. Of course, as we have [reported](#), there are many more affordable health insurance options now, compared to the last recession. Still, it's a good bet that more than a few individuals and families will fall through the cracks.

### CONFRONTING FUNDAMENTAL INEQUITY AND UNFAIRNESS

At United Hospital Fund, we believe that all New Yorkers should have comprehensive health insurance coverage and access to needed health care services. We have always

acknowledged that there are numerous paths to this goal. *However, it is clear that the chosen path in this country—one based on a patchwork of financing strategies and insurance options—is one of the most fragile.* In a nation as rich as ours, why should an economic shock that results in rising unemployment cause additional harm to the newly jobless by taking away their health insurance? It is fundamentally inequitable and inhumane.

New York State has certainly tried to make the best of the current situation. By aggressively expanding Medicaid, running a successful state-based insurance marketplace, and implementing the ACA's Basic Health Program, our Essential Plan, the state has created a fairly robust safety net to catch many of those who fall from ESI.

However, not all coverage is equal. I believe that New York has one of the best Medicaid programs in the country, but as is the case across the rest of the nation, Medicaid payments to providers fall far short of ESI/commercial payments to providers. These payments, of course, get further cuts in times of budget crises. This has resulted in safety net providers—those that disproportionately serve patients with Medicaid and the uninsured (who are both disproportionately patients of color)—being severely under-resourced, compared to their peers that primarily serve patients with ESI/commercial insurance. At the peak of the COVID pandemic, it was the succession of news stories of overwhelmed safety net institutions that were seared into our nightmares. (As an aside, this is not to say that safety net hospitals deliver poorer quality of care).

What can we do about this? A first step would be to modify how we think about our goal when it comes to health insurance coverage. Getting close to 100 percent insured is no longer enough—stability of coverage, particularly in times of economic stress, is important as well. But it's also critically important to narrow the gap in access to high-quality care between Medicaid and private insurance coverage. Like many other goals, there are multiple strategies to accomplish this, with varying levels of disruption to how we currently finance and deliver health care. But let's first agree that how we're doing it right now is just not fair. ■



Anthony Shih, MD  
UHF President

***In a nation as rich as ours, why should an economic shock that results in rising unemployment cause additional harm to the newly jobless by taking away their health insurance?***

## Insurance Coverage and Health Equity During Pandemic

(Continued from page 1)

[and Health Insurance: Maintaining Coverage During the Pandemic](#) on April 6, produced with support from The New York Community Trust and written by Peter Newell, director of UHF’s Health Insurance Project.

The *Grim Times* report is filled with practical advice on how to maintain employer-based coverage or find new coverage on the New York State of Health (NYSOH) Marketplace, which implemented a coronavirus-related special enrollment period, extended at least until August 15.

### OUTREACH TO UNDERSERVED COMMUNITIES

To ensure that the city’s non-English speaking communities know their options, UHF had the guide translated into Bengali, Haitian Creole, Russian, Simplified Chinese, and Spanish, with critical support from Mother Cabrini Health Foundation. Then, in partnership with the NYSOH Marketplace, UHF conducted an extensive advertising and outreach campaign to the city’s non-English speaking communities about the guide.

Ads directing readers to the NYSOH website were placed in a number of ethnic publications with a total circulation of some 470,000, including *The South Asian Times*, *El Diario*, *El Especialito*, *The Jewish Times*, and *Hamodia*. In addition, UHF staff reached out to hundreds of community leaders to get the word out about enrollment opportunities and the guide.

“If there is one bright spot to the current crisis, it’s that it has never been easier to enroll in coverage in New York, and there have never been as many affordable options,” said Mr. Newell. “The outreach campaign was designed to get information about coverage options into the hands of the people who need it the most.”

### EXAMINING GREAT RECESSION FOR LESSONS ON MEDICAID ENROLLMENT DURING COVID-19

UHF also recognized that studying the Great Recession of 10 years ago could offer

insights on policy responses to the current crisis and what to expect in the near future. In June, UHF issued the report [Lessons from the Great Recession: New York Medicaid Enrollment During the COVID-19 Crisis](#), analyzing New York State Medicaid enrollment trends and state and federal actions during that earlier period.

The state’s estimated unemployment rate nearly doubled between 2007 and 2009, growing from 4.8 percent in December 2007 to a peak of 8.9 percent in November 2009. Medicaid enrollment grew by over 400,000 individuals during the same period, a 10 percent increase. As the economy recovered and unemployment rates returned to pre-recession levels, Medicaid rolls continued to grow, largely due to policies like the Affordable Care Act that streamlined and expanded enrollment. Ten years later, there are 2 million more people enrolled in Medicaid than in December 2007.

The report predicts that there could be larger increases in Medicaid enrollment this time around if widespread unemployment affects higher earners, depressing their income below Medicaid eligibility thresholds. Early state reports suggest that the enrollment growth rate since February 2020 was four times the average monthly growth rate during the first year of the prior recession.

“Like the Great Recession, the pandemic has reinforced that Medicaid is a critical safety net for everyone—especially the hundreds of thousands of New Yorkers who have lost their jobs and health coverage and may be turning to Medicaid during an illness or family crisis,” said Nathan Myers, director of UHF’s Medicaid Institute and a co-author of the report. “Sustaining and building on New York’s progress in improving access to Medicaid will be crucial for serving those in need during these uncertain times.”

With no early end to the pandemic in sight, UHF will continue to examine ways to improve access to coverage and health care for all New Yorkers, and will put equity at the center of these efforts. ■

44%

of Black adults and

61%

of Hispanic adults said that they or someone in their household experienced a job or wage loss due to coronavirus, versus

38%

of white adults.

## UHF Welcomes Five New Board Members

At its annual board of directors meeting, which took place virtually on June 17, 2020, United Hospital Fund elected five new board members. They bring a wealth of expertise in medicine, nonprofit management, consulting, public health, and government.



**Margaret Crotty** is the CEO of Partnership with Children, a major provider of school-based mental health services and community school management through a broad range of federal, state, and city contracts.

Previously, she served in executive leadership roles in both nonprofit and private sector organizations focused on education and public health.



**Samuel J. Daniel, MD**, is the assistant chief of gastroenterology and hepatology at Mount Sinai St. Luke's and Mount Sinai West Hospitals, and Professor of Medicine at the Icahn School of Medicine at Mount

Sinai. The former president and CEO of North General Hospital in Harlem (now closed), Dr. Daniel has treated patients with hepatitis C for nearly 30 years; he also wrote a book on chronic hepatitis C in the African-American community.



**Christophe Durand** is a managing director and senior partner at Boston Consulting Group and a core member of the firm's Healthcare Practice, with deep industry experience in medical technology (devices, equipment, and consumables). He has led

initiatives with his clients across a broad range of topics, including mergers and acquisitions, organization, commercial excellence, and research and development.



**Robert C. Osborne, Jr.**, is a principal of The Osborne Group, Inc., which provides nonprofit philanthropy coaching and organizational management consulting services. He specializes in organizational

management, including strategic planning and scaling fundraising programs, and works with clients on a range of projects around the globe. The firm was founded by his parents, Karen Osborne and former UHF board member Robert Osborne, Sr.



**Anthony E. Shorris** has a long history of public service in addition to his academic work as the John L. Weinberg/Goldman Sachs Visiting Professor at the Princeton School of Public and International Affairs at

Princeton University. Mr. Shorris was First Deputy Mayor of New York City from 2014 to 2018, and before that vice dean, senior vice president, and chief of staff of New York University Langone Medical Center, both its hospitals and medical school.

“We are excited to welcome these accomplished individuals to UHF and our board,” said United Hospital Fund Chair John C. Simons. “Their diversity of experience and background will do much to enrich UHF’s ongoing efforts to create a more accessible and equitable health care system for all New Yorkers.”

To learn more about UHF’s new board members, please visit [UHF’s website](#). ■

# UHF Honors Quality Improvement Champions at Virtual Event

On July 13, 2020, United Hospital Fund honored 63 extraordinary quality improvement leaders from 57 health care organizations across the New York metropolitan region at its second annual Tribute to Excellence in Health Care.

The honorees were recognized for their individual efforts to champion quality of care, patient safety, and the patient experience. Some 550 health care professionals, community leaders, and supporters registered to view the event.

The keynote was delivered remotely by Shantanu Agrawal, MD, MPhil, President and CEO of the National Quality Forum. Cary Kravet, a member of UHF's board and a trustee of Northwell Health, was the event chair.

The Tribute was supported by TD Bank, and funds donated through the TD Charitable Foundation support UHF's Quality Institute. ■



Shantanu Agrawal, MD, MPhil  
(screen shot from virtual event)

## HONOREES

AdvantageCare Physicians  
*Seema Massand, MD, MBA*

BronxCare Health System  
*Marion Riggins, BSN, MPH, CPHQ*

Coalition of Asian-American IPA (CAIPA)  
*Zhao Hui Wang, MD, PhD*

Catholic Health Services of Long Island  
*Rita A. Jermyn, MD, FACC*

*Edward F. Lundy, MD, PhD, FACC, FACS*

Elizabeth Seton Children's Center  
*Andrew R. Sosa*

Gurwin Jewish Nursing & Rehabilitation Center  
*Lynette Rutherford, RN, MSA, MSN, RAC-CT*

Hackensack Meridian Health, Jersey Shore University Medical Center  
*Noelle M. Aikman, MD, FACOG*

HealthCare Partners, IPA  
*Robert LoNigro, MD, MS*

Hospital for Special Surgery  
*Linda A. Russell, MD*

Maimonides Medical Center  
*Robin J. Gitman, MBA, MPH*

MediSys Health Network  
*Sharon L. Narducci, DNP, APRN-BC, CCRN*

Memorial Sloan Kettering Cancer Center  
*Frank Licciardi*

### MJHS

Isabella Geriatric Center  
*Yoko Tajimi, MA, LCAT, QCP*

MJHS Hospice & Palliative Care  
*Dolores Schiele, MSN, RN*

Menorah Home and Hospital  
*Jessica M. Wares, RN, BC, LNH*

### Montefiore Health System

Burke Rehabilitation Hospital  
*Paulette Bainbridge, RN, JD*

The Children's Hospital at Montefiore  
*Michael L. Rinke, MD, PhD*

Montefiore Medical Center  
*Mary Ellen Lindros, EdD, RN*

*Maryanne Schmid, RN, BSN, MHA, CPHQ, CPPS*

*Elizabeth A. Duthie, RN, PhD, CPPS*

Montefiore Mount Vernon Hospital  
*Virginia Conicelli, MSN, RN, CWOCN, IP*

Montefiore New Rochelle Hospital  
*Robert C. Goldstein, MD, CWSP, FACP, FIDSA*

Montefiore Nyack Hospital  
*Besher Kabak, MD, FCCP*

Montefiore Medical Center, Wakefield Campus  
*Marilou O. Corpuz, MD, FACP*

Montefiore St. Luke's Cornwall  
*Uticia M. Belfield, MD*

White Plains Hospital  
*Samantha Silverstein, MSN, BSN, RN, CPHQ, CNOR*

### Mount Sinai Health System

Mount Sinai Beth Israel  
*Marie K. Moss, MPH, RN, CIC*

Mount Sinai Brooklyn  
*Adam R. Brenner, MD*

The Mount Sinai Hospital  
*Beth Oliver, DNP, RN*

Mount Sinai Morningside  
*Lagrimas (Linda) Fausto*

Mount Sinai Queens  
*Daniella Stephen, MPH, MSN, RN, CPHQ*

Mount Sinai West  
*Joseph P. Mathew, MD, FACP, FCCP*

New York Eye and Ear Infirmary of Mount Sinai  
*Scott R. Horn, MD*

Mount Sinai South Nassau  
*Adhi Sharma, MD, FACEP, FACMT*

### The New Jewish Home

Westchester Campus  
*Karunadevi Kandiah, MD*

Community Programs/Certified Home Health Agency  
*Sally A. Sobolewski, RN, MSN, CPHQ*

Manhattan Campus  
*Yaffa Ungar*

### Northwell Health

*Donna Armellino, RN, DNP, CIC*  
*Mark P. Jarrett, MD, MBA, MS*  
*Steve Marzo, CHSP*  
*Michael Oppenheim, MD*

NuHealth/Nassau University Medical Center  
*Anthony Boutin, MD, FACEP*

NYC Health + Hospitals/Lincoln  
*Usha Venugopal, MD*

### NYU Langone

NYU Langone Hospital - Manhattan  
*Jennifer Lighter, MD*

NYU Langone Hospital - Brooklyn  
*Karen DeLorenzo, MSN, RN, CHCR*

NYU Winthrop Hospital  
*Ulka Kothari, MD*

### One Brooklyn Health System

The Brookdale Hospital Medical Center  
*Tracy L. Dowlat, RN, BSN, MHA*

Interfaith Medical Center  
*Karen Carey, MPA, CHC*

Kingsbrook Jewish Medical Center  
*Myrna S. Tantiado, RN*

Parker Jewish Institute for Health Care and Rehabilitation  
*Bonita Waites, LPN*

Richmond University Medical Center  
*Brian R. McMahon, MD, FAAP*

SBH Health System  
*Judith J. Berger, MD*

St. John's Episcopal Hospital  
*Terri Coyle, MSW*

St. Mary's Healthcare System for Children  
*Bency Mathew, RN, MSN, DNS-CT*

SOMOS  
*Ramon Tallaj, MD*

Stamford Health  
*Ruth E. Cardiello, RN, MSN, CPHRM, CHC*

SUNY Downstate Health Sciences University, University Hospital of Brooklyn  
*Jaycynth V. Blackman, RN, BSN, MSc/MBA, CPHQ, LSSBB*

Visiting Nurse Service of New York  
*Timothy Peng, PhD*

### Yale New Haven Health

Bridgeport Hospital  
*Darcy Harris, DO*

Lawrence + Memorial Hospital and Westerly Hospital  
*Donna Nucci, RN, MS, CIC*

Greenwich Hospital  
*Herbert M. Archer, MD, PhD*

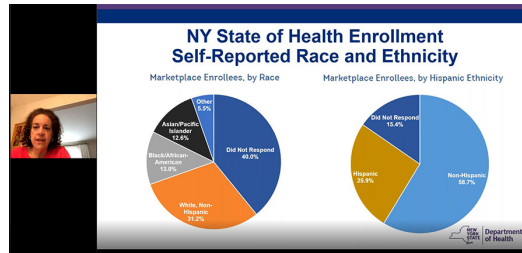
Yale New Haven Hospital  
*Kathleen (Katie) T. O'Leary, RN, MPH, CHES, CPHQ*

# Medicaid Conference Focuses on Equity

United Hospital Fund held its annual Medicaid conference on July 15 as a live webcast, attended by 250 health care professionals and community leaders.

The 2020 conference focused on Medicaid as a vital program for improving health equity, specifically considering how the COVID-19 pandemic has brought new awareness to historic health disparities. UHF President Anthony Shih, MD, said in his remarks that “we are in a unique historical moment, here at the confluence of COVID-19 and a reawakened social justice movement, with an opportunity to improve our health care system so that we achieve longer-term progress toward health equity.”

The conference’s title, [Fostering Equity During a Time of Crisis](#), was echoed by New York State Medicaid Director **Donna Frescatore** in her opening keynote. “Medicaid must play a role in addressing disparities and fostering equity,” she said.



Donna Frescatore  
(screen shot from virtual event)

The midday keynote, titled *Medicaid’s Role in Advancing Health Equity*, was given by **Tekisha Dwan Everette, PhD**, executive director of Health Equity Solutions. Dr. Everette urged the audience to examine and address the institutional and structural racism at the roots of social determinants of health and identified several opportunities for Medicaid to advance health equity.

The event also featured two panels, one focusing on advancing equity in maternal health and the other examining primary care as a catalyst for equity. ■

# Gould Visiting Scholar Dave Chokshi Appointed City’s Health Commissioner



**Dave Chokshi, MD**, UHF’s first Gould Visiting Scholar, was recently named Commissioner of New York City’s Department of Health and Mental Hygiene. Mayor Bill de Blasio announced

Dr. Chokshi’s appointment on August 4.

Dr. Chokshi formerly served as the inaugural chief population health officer and CEO of NYC Health + Hospitals Accountable Care Organization. Prior to that, he served as a

White House Fellow and was the principal health advisor to the Secretary of Veterans Affairs. In 2016, President Obama appointed him to the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health.

The Gould Visiting Scholar program at UHF was established by Elaine and David Gould this year to bring high-level external expertise to UHF helpful in enhancing current UHF programs and developing new initiatives. ■

# UHF Launching PEDS Learning Network

United Hospital Fund is launching a statewide pediatric health equity program across New York State. Supported by a grant from the Mother Cabrini Health Foundation, the [Pediatrics for an Equitable Developmental Start \(PEDS\) Learning Network](#) aims to improve children’s

primary care focused on early childhood development. The network will reduce inequities in childhood by expanding interventions for children that promote healthy development, address unmet social and developmental needs, and strengthen families. ■

## Blueprint

Published three times a year by United Hospital Fund. We welcome your comments and suggestions.

United Hospital Fund is an independent, nonprofit organization working to build a more effective health care system for every New Yorker.

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# Blueprint

## ON THE CALENDAR



### OCTOBER 5, 2020

#### UHF's Gala

Honorees include **Roger W. Ferguson, Jr.**, President and CEO, TIAA; **Neil Blumenthal and Dave Gilboa**, Co-Founders & Co-CEOs, Warby Parker; and **Stephen and Constance Lieber**, Brain & Behavior Research Foundation (honored posthumously).

*Virtual event at 7:00 p.m.*

### OCTOBER 26-28, 2020

#### Annual Symposium on Health Care Services in New York: Research and Practice

Fostering collaboration on current health care issues and research, and showcasing the New York health services research community.

*Webcast to be held in two separate 2- to 3-hour sessions. First session on October 26 from 2:00 p.m. to 5:00 p.m.*

## PUBLICATIONS *These and other UHF reports are available at [uhfnyc.org](http://uhfnyc.org).*



[A Gift for 2020 Grads: Enhanced Premium Subsidies for Student Loan Debtors](#) explores how a tax credit for health insurance premiums tied to student debt payments might work.

[The Road Forward: Framework for a Population Health Approach to Health and](#)

[Housing Partnerships](#) describes a framework for developing community-wide partnerships between health care, housing, homeless services providers, and policymakers to help address New York City's housing and homelessness crisis and its impact on health outcomes.

[Lessons from the Great Recession: New York Medicaid Enrollment During the COVID-19 Crisis](#) examines enrollment trends during the Great Recession of 2007-2009, the impact of state and federal actions taken then, and lessons for the current pandemic-sparked economic downturn.

