

Blueprint

SPRING / SUMMER 2022

Strengthening Medicaid in a Critical Year

Nearly one-fourth of the U.S. population has health insurance through Medicaid. In New York State, one in three residents—7.4 million people—are enrolled in the public health insurance program, one million of whom signed up during the COVID-19 pandemic.

Medicaid provides comprehensive health care services to a diverse group of low-income New Yorkers, including children, adults, people with disabilities, and older adults. The program offers critical access to health care that would otherwise be unavailable due to the prohibitive cost of health insurance and health care in the U.S. Unlike Medicare, where older adults and people with disabilities qualify regardless of income, Medicaid is only available to people with low incomes. The annual income limit for eligibility in New York State is \$49,025 for a family of four.

New York State has one of the most comprehensive and generous Medicaid programs in the nation; it is the linchpin of the state's public health insurance. Launched in 2005, UHF's Medicaid Institute works closely with the state to strengthen this critical program by conducting independent research and analysis that informs policy, assisting in

the development of new programs and the expansion of coverage, and hosting workgroups and conferences that bring together stakeholders, analyze pressing issues, and highlight best practices.

REDUCING BARRIERS TO HEALTH AND HEALTH CARE

“Our top priority is helping New Yorkers reduce barriers to good health and health care,” said Medicaid Institute director Alex Brandes. “As the state conceptualizes the future of New York Medicaid, our research and analysis emphasize the experiences of Medicaid members—are they getting the care they need?”

The increased enrollment in New York Medicaid over the last decade is due to both state and federal changes. Streamlined eligibility and enrollment requirements, expanded Medicaid eligibility under the Affordable Care Act, eased access to coverage through the New York State of Health insurance marketplace, and expanded immigrant eligibility all contributed.

Also, because Medicaid is countercyclical, enrollment inevitably rises when economic security falls. Thus, the number of people

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DID YOU KNOW?

During the COVID-19 pandemic, New York Medicaid enrollment rose from 6 million to **more than 7 million.**



Promoting Children’s Literacy in Pediatric Practices

The COVID-19 pandemic is deepening the educational divide, jeopardizing the ability of children to learn, grow, and access equal opportunities. Immigrant families and families of color in under-resourced communities with children 0-5 years of age are bearing the brunt of the pandemic’s impact on educational opportunities. When coupled with inequitable access to health care, income disparity, high unemployment rates, food insecurity, and homelessness, these additional challenges will put many children at a significant disadvantage as they begin kindergarten.

To tackle this urgent issue, United Hospital Fund’s Clinical-Community Partnerships team has launched a new program to promote pediatric literacy in primary care. Supported by the Mother Cabrini Health Foundation, the 10-month project will advance intentional policies and practices in primary care settings that support the

integration of literacy as a frequently overlooked social determinant of health.

“Literacy promotion should be considered part of routine primary care,” said Denise Arzola, UHF’s director of Clinical-Community Partnerships.

The American Academy of Pediatrics recommends literacy promotion in primary care beginning as soon as possible after birth and stresses the central role of the pediatrician in school readiness.

UHF is partnering with four pediatric primary care practices serving neighborhoods with high rates of families experiencing homelessness, medically underserved immigrant families, and low or inadequate literacy rates. UHF will assist the practices in strategizing, developing, and learning how to implement an early childhood literacy approach to encourage young children’s literacy development and reading readiness. ■

UHF Tackles Pervasive Problem of Medication Overload in Nursing Homes

The overprescribing of potentially inappropriate medications can increase the likelihood of drug interactions and other adverse events, such as falls, cognitive impairment, and hospitalization. Known as *polypharmacy*, this issue can be particularly precarious for frail elders.

The Mother Cabrini Health Foundation has awarded United Hospital Fund a \$500,000 grant to address the problem of polypharmacy for long-term residents of nursing homes. The one-year project, managed by UHF’s Quality Institute, brings together six skilled nursing facilities in a learning collaborative to design and implement ways to better monitor and assess the appropriateness of medication regimens and implement deprescribing practices. The initiative is also supported by the TD Charitable Foundation.

“While it has been estimated that two-thirds of nursing home residents receive 10 or more medications daily, the key issue is ensuring

that all medications are appropriate and the benefits of each medication outweigh the risks,” said Joan Guzik, director of quality and efficiency for UHF’s Quality Institute.

With the support of clinical faculty and UHF staff, the nursing homes participate in structured learning sessions, receive coaching to develop and implement their interventions, choose the medication categories most relevant to their resident population, and collect data to assess the impact of their interventions.

At the collaborative’s conclusion, UHF will publish its findings, together with tools and recommendations for other organizations seeking to develop their own deprescribing initiatives.

The learning collaborative builds on a previous Mother Cabrini Health Foundation-supported UHF project, *Transitions from Skilled Nursing Facilities to Home*. ■

It’s been estimated that **2/3** of nursing home residents receive **≥10** medications daily

Medicaid's Growth: Failure or Success Story?

In April, New York State enacted its largest-ever state budget at \$220 billion. Health-related expenses were by far the costliest item, including more than \$90 billion for anticipated Medicaid expenditures. The program's enrollment soared during the pandemic to over 7.4 million New Yorkers, more than a third of the state's population.

Unsurprisingly, critics have complained about the size and scope of Medicaid, which provides comprehensive health coverage to low-income New Yorkers. While acknowledging the impact of COVID-19 on the recent surge in enrollees, they lament that the state program's long-term expansion reflects a public policy failure—namely, that it is too generous in determining eligibility and providing benefits and that state funds would be better allocated elsewhere. Readers should note that the federal government funds over half of the state's Medicaid program.

While it's reasonable to ask whether greater benefits could come from spending Medicaid dollars elsewhere, health care is a priority for most individuals and the per-person cost of Medicaid is low compared to other health insurance programs. It's also prudent to assess whether current Medicaid dollars could be better used within the program and to root out fraud and waste where possible.

THE SAFETY NET IS WORKING

All of that said, we can't afford to lose sight of the big picture: Ensuring members of our society have access to needed health care, a basic human right, requires the provision of a robust safety net program like Medicaid—especially given the fragmented nature of health insurance coverage in the U.S. Viewed from this perspective, the growth of Medicaid is a sign that our safety net system for insurance coverage *is* actually working. If anything, the growth of Medicaid may signal the failure of other parts of the insurance system to provide stable, affordable, comprehensive coverage.

Critics have also argued that insurance coverage is not needed for “access” to care, as federal law requires emergency departments to stabilize and treat all patients regardless of their ability to pay. It should be self-evident that access to emergency treatment alone is not sufficient for adequate health care. And the unfortunate reality is that our health care prices are such that only the very wealthy can

pay for needed care without insurance. Health insurance is a necessary, but not sufficient, precursor to accessing health care services.

The benefits of Medicaid coverage extend beyond providing access to care. Growing evidence suggests the positive impact of Medicaid expansion on health outcomes, including lower mortality, improved financial security, and reduction of food insecurity and housing instability. All of these are important components of overall health and well-being. And despite claims that Medicaid is a disincentive for employment, Medicaid expansion has generally been associated with gains in overall employment statewide.

But do too many people rely on Medicaid? It's unclear what the alternatives might be. For many without employer-sponsored insurance, unsubsidized commercial insurance is financially out of reach. Subsidies offered through the Affordable Care Act can help those with low or moderate incomes pay insurance premiums for plans bought in the health insurance marketplace, as well as help with deductibles, copayments, and coinsurance. New York State also has the additional option of the Essential Plan, which was also created under the ACA. However, shifting Medicaid enrollees to these options doesn't address the “better use of government funds” argument, as both the subsidies and the Essential Plan are government-supported. I suspect the only alternative supported by those arguing that New York's Medicaid eligibility is too generous is to simply let individuals and families go uninsured and fend for themselves.

MEDICAID AS A DRIVER OF REFORM

The growth of Medicaid yields another important benefit. Because our health care insurance system is so fragmented, individual commercial payers have limited ability to shape care delivery. However, because Medicaid has become such a large payer, the program has emerged as a key driver of delivery system reform that delivers better quality and value.

Enacted in 1965 along with Medicare, Medicaid has indeed continued to expand, especially in states like New York. Unless we commit to a complete overhaul of the U.S. system of financing care (e.g., “Medicare for All”), the continued incremental expansion of Medicaid represents an important policy tool for ensuring that every New Yorker can access care. ■



Anthony Shih, MD
UHF President

Lower mortality, improved financial security, and reductions in food insecurity and housing instability are all associated with Medicaid expansion.

covered by Medicaid soared during the COVID-19 pandemic as people lost jobs and coverage—and the Medicaid Institute’s mission became even more crucial.

BOLSTERING SERVICES, EQUITY, AND UNDERSTANDING

Last year the Medicaid Institute helped the State design and develop a Medicaid medical respite pilot program for people experiencing homelessness who cannot be safely discharged after hospitalization. Its recommendations were adopted in the state budget, and it is working closely with the State on program implementation.

In April 2022, the Medicaid Institute published [an analysis of the intersection of New York Medicaid and the Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#). Nearly 13 percent of New Yorkers experience food insecurity, and a recent UHF report estimated that at least 130,000 children may have become newly food-insecure between March and June 2020. People with Medicaid are even more likely than the general population to experience food insecurity and have low-birthweight babies because of poverty, and Black and Latine communities are most likely to experience food insecurity and have low-birthweight babies because of structural racism. The analysis included recommendations for policymakers, health plans, providers, and community organizations to better meet the needs of pregnant people and infants experiencing food insecurity.

The Medicaid Institute also unveiled a new resource last year: [a set of interactive data dashboards](#), hosted on UHF’s website, that offer visualizations to support better understanding of New York Medicaid. The dashboards display easy-to-digest graphics

The Medicaid dashboards give snapshots and historical views of Medicaid enrollment and expenditures broken out in various useful ways: at a county level, for instance, or alongside a timeline of key policy changes that have affected enrollment.

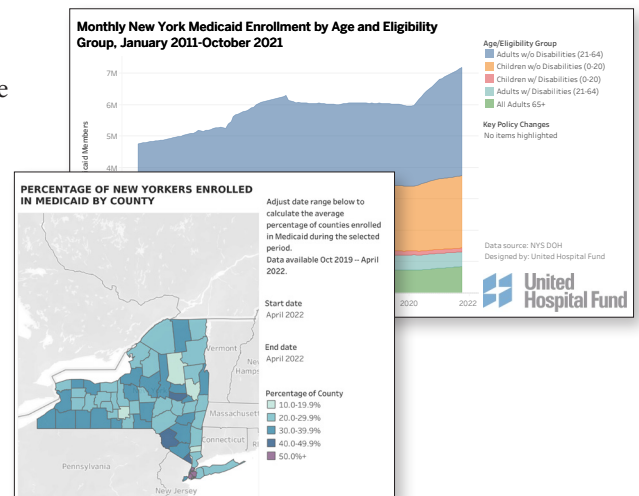
that provide a snapshot of Medicaid enrollment on a county-by-county basis and overall expenditures.

Health equity research conducted by UHF’s Medicaid Institute contributed to New York’s recent budget and a waiver amendment focused on health equity. The waiver proposal envisions coordinated physical, behavioral, and social care supported by new infrastructure, payment methods, and technology.

MEDICAID CONFERENCE BRINGS TOGETHER 600 STAKEHOLDERS

As part of its efforts to disseminate best practices and bring together stakeholders, UHF hosts [an annual Medicaid Conference](#), which last year attracted over 600 stakeholders from across the state. This year, the conference will be held on July 21 and will feature a keynote by Amir Bassiri, the Acting New York State Medicaid Director. There will also be panel discussions on improving Medicaid through regional health planning and reducing health care access barriers for people in the criminal justice system.

“New York has one of the most comprehensive and generous Medicaid programs in the country, but there is still much work to be done to reduce disparities and create a more equitable health system,” said Ms. Brandes. “The Medicaid Institute looks forward to our ongoing partnership with New York Medicaid as it focuses on health equity and reducing health disparities through eligibility expansions, access to care improvements, and quality of health care enhancements.” ■



A Critical Opportunity: Bridging Quality and Equity

United Hospital Fund has launched an initiative to collaborate with New York health care providers to enhance the coordination between efforts to improve health equity and health care quality.

The Institute of Medicine identified six domains of health care quality: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity. Since 2000, much progress has occurred on all these except one—equity.

“We now realize that those six domains are interdependent, so that the safety or efficiency of care, for example, cannot be achieved without care being equitable,” said Anne-Marie J. Audet, MD, MSc, SM, UHF senior medical officer and leader of the UHF project. “It is unacceptable to claim quality health care for some and not others.”

Despite the attention inequities in health and health care have received during the

COVID-19 pandemic, stark differences in access, care, and outcomes remain. Although more is now known about the causes—including structural racism—interventions implemented so far have not meaningfully diminished differences in the care that health systems deliver to Black and Latine patients compared to white patients. As a result, troubling disparities persist. For example, the maternal mortality rate for Black women in New York State is more than three times the rate for white women.

The UHF project will bring New York City’s quality and equity leaders together to share ideas and examples of interventions aiming to ensure that equity is specifically prioritized in quality strategies. UHF will also carry out an environmental scan, conduct key informant interviews and other fact-finding, and identify opportunities to integrate quality and equity in health care systems. ■

Home Again: New Resources to Improve Transitions from Nursing Homes

When staff stepped up efforts to explain medications, patient understanding of prescriptions rose from

57%
to
98%

In February, United Hospital Fund released a report and toolkit highlighting resources to help skilled nursing facilities (SNFs) improve the transition to home for both patients and their family caregivers.

The report and toolkit grew out of UHF’s two-year partnership with eight skilled nursing facilities in the New York metropolitan area working to improve care transitions. In November 2021, the collaborative released the results of a survey of the SNFs’ patients who had been discharged, as well as family caregivers.

Moving from one care setting to another can be challenging and sometimes precarious for patients, particularly for frail elderly patients with multiple chronic conditions.

The new report and toolkit, titled *Heading Home from a Skilled Nursing Facility: Interventions and Tools for Improving*

the Transition, highlights promising interventions implemented by the facilities to improve transitions. For example, when staff stepped up efforts to explain medications, patient understanding of their prescriptions increased from 57 percent to 98 percent, while patient understanding of symptoms and problems they may experience once home increased from 70 percent to 93 percent.

“The interventions implemented in our project, and explained in the toolkit, led to marked improvement in nursing homes’ ability to ensure that patients’ needs were met as they went home,” said Joan Guzik, UHF director of quality and efficiency, Quality Institute, and lead author of the toolkit.

This work was supported by the Mother Cabrini Health Foundation. The report and toolkit can be downloaded from UHF’s website. ■

UHF Honors Quality Improvement Leaders at Annual Tribute

On May 9, United Hospital Fund honored 73 extraordinary quality improvement leaders from 68 health care organizations across the metropolitan region at its fourth annual [Tribute to Excellence in Health Care](#). The honorees were recognized for their personal efforts to improve quality of care, patient safety, and the patient experience.

More than 500 friends and supporters attended the event at Cipriani 42nd Street. The keynote was delivered by Dave A. Chokshi, MD, former commissioner of the New York City Department of Health and Mental Hygiene. Cary A. Kravet, a UHF board member and trustee of Northwell Health, was the event chair. TD Bank was the generous lead sponsor of the Tribute. ■

2022 HONOREES

AdvantageCare Physicians
Nicole Y. Thomas-Sealey, MD

BronxCare Health System
William A. Lois, MD, FACS

The Brooklyn Hospital Center
Sheila Anane, MPH

Coalition of Asian-American IPA (CAIPA)

Milestones Pediatrics of New York
Jason C. Chen, MD
Connie Lam, DO
Nancy Ngai, MD

Catholic Health
Corrinne Tramontana

Charles B. Wang Community Health Center
Holly M. Lee, FNP

Community Healthcare Network
Harvey A. Diaz

Elizabeth Seton Children's Center
Carmela Senese, MA, OTR/L, and Yelena Yadgarova, MBA, RRT-NPS

Gurwin Jewish Nursing & Rehabilitation Center
Diane Shea, RN, BSN

Hackensack Meridian Health
Thomas J. Bader, MD, MBA

HealthCare Partners, IPA
Tiffany La Croix, LCSW

Hospital for Special Surgery
Michael L. Parks, MD

Institute for Community Living
Ellen B. Tabor, MD

Institute for Family Health
Cindy-Lou Killikelly, BSN, RN

The Jewish Board
Helene Lauffer, MPA

Maimonides Medical Center
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MediSys Health Network
Sabiha Raoof, MD, FACR, FCCP

Memorial Sloan Kettering Cancer Center
Francesca M. Gany, MD, MS

MJHS

Isabella Center for Rehabilitation and Nursing Care
Christene Joseph, RN, MS, WCC, C-NE, IPC, LNC

Menorah Center for Rehabilitation and Nursing Care
Faina Vasserman, RN, MS, CNS, IP

MJHS Home Care and MJHS Hospice
Lorette Shea, RN, BSN, MPS

Montefiore Health System

Burke Rehabilitation Hospital
Pauline M. Jones, MEd, FNP-BC, CRRN

The Children's Hospital at Montefiore
Patricia A. Hametz, MD, MPH

Montefiore Medical Center, Einstein Campus
David Esses, MD

Montefiore Medical Center, Moses Campus
Katherine E. Di Palo, PharmD

Montefiore Medical Center, Wakefield Campus
Mary O'Keeffe, BSN, RNC

Montefiore Mount Vernon Hospital
Luckdijne Labelle Neas, LCSW, CASAC-2

Montefiore New Rochelle Hospital
Shannon P. Wales, MSW

Montefiore Nyack Hospital
Daryl Schiller, PharmD, FASHP, BCPS-AQ ID

Montefiore St. Luke's Cornwall Hospital
Evan P. Cohen, MD

White Plains Hospital
Rafael E. Torres, MD, FACEP

Mount Sinai Health System

Mount Sinai Brooklyn
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The Mount Sinai Hospital
Gary Oldenburg, MSc, RRT-NPS

Mount Sinai Morningside
Seana Friedman, DNP, MBA, MSN, FNP, RN

Mount Sinai Queens
Wilder A. Chavez

Mount Sinai West
Dayna Dixon, PhD, RN, NPD-BC, CPHQ

New York Eye and Ear Infirmary of Mount Sinai
Shravan V. Savant, MD

Mount Sinai South Nassau
Zapora Burillo, MS, RN, CNN, CPHQ

Mount Sinai Union Square
Elizabeth Capa, MS

The New Jewish Home
Sandra Mundy, LMSW, LNHA

Northwell Health

Corporate
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Long Island Jewish Forest Hills
Lorraine Chambers Lewis, PA-C, MBA, FACHE

Long Island Jewish Valley Stream
Keasha S. Guerrier, MD

Peconic Bay Medical Center
Amy E. Loeb, EdD, MBA, RN

South Shore University Hospital
Ralph J. Civello, MSN, BSN, BS, RN, NE-BC

Staten Island University Hospital North and Prince's Bay
Myrna Capabianco, RN, MSN, NEA-BC

Zucker Hillside Hospital
Marybeth McManus, MPA, BSN, RN, PMH-BC

NYC Health + Hospitals / Jacobi Medical Center / North Central Bronx Hospital
Jana E. Romm, MD

One Brooklyn Health System / Schulman and Schachne Institute for Nursing and Rehabilitation
Genevieve Sorensen, CPHQ

Parker Jewish Institute for Health Care and Rehabilitation
Igor Israel, MD

Richmond University Medical Ctr.
Fiona Shehaj, MD

RiverSpring Health Plans
Theresa Renart, RN

SBH Health System
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St. John's Episcopal Hospital
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St. Mary's Healthcare System for Children
Tina Hess

SOMOS Community Care
Maria M. Molina, MD

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Robit Bhalla, MD, MPH

Summit Health
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Visiting Nurse Service of New York
Ritchell R. Dignam, MD, HMDC

Yale New Haven Health

Bridgeport Hospital
Christopher Bussiere

Greenwich Hospital
Christopher M. Davison, MD, FACEP

Lawrence + Memorial Hospital
Carin Gutelius, MSN, RN-C, NE-BC

Northeast Medical Group
Karen E. Brown, MD

Westerly Hospital
Robin Heard-Albert, RN, CIC

Yale New Haven Health System
Rebecca McCray, MS, BSN, RN, CNML, and Nancy Hamson, MBA

Yale New Haven Hospital
Adam L. Ackerman, MD

Yale School of Medicine
Darin A. Latimore, MD

Vaughn R. Murria, SHRM-SCP

Vice President of Human Resources and Chief Diversity, Equity, and Inclusion Officer, UHF



Vaughn R. Murria joined UHF in 2013 and oversees its human resources department and diversity, equity, and inclusion (DEI) initiative.

Before joining UHF, Mr. Murria served as the director of Human Resources and Operations at the Manhattan Borough President's Office, and as organizational development manager and a human resources project manager at New York-Presbyterian Brooklyn Methodist Hospital. In 2022 The Council on Foundations chose him for its highly selective Career Pathways leadership development program, designed to diversify the talent pipeline for executive-level roles in philanthropy.

Mr. Murria created and launched UHF's DEI initiative in 2019. It is focused on three principal areas: responsibility, accountability, and transparency; inclusion and collaboration; and ensuring that employees feel valued and respected.

Q: Can you give an overview of the DEI initiative and why it's so important to UHF's culture and mission?

UHF's DEI initiative started in response to an employee engagement survey we conducted in 2018. We want to build brave, safe spaces for employees to express whatever needs they have, build inclusion, foster collaboration, and center on empathy, growth, and communication. At the end of the day, employees need to work in a space where they feel they belong. For us, it is not a destination—it's a journey. We've made significant progress and are committed to the continuous journey ahead.

Q: What are some accomplishments of the DEI initiative that stand out for you?

All our accomplishments grow out of partnerships and reflect the support and input of staff and my management colleagues. One accomplishment is the

creation of the DEI project team, which includes Amanda Williams, Jatna Rojas, Kanchi Duggirala, and myself. Another is the formation of our five DEI working groups, which are facilitated by UHF staff members—to date, we have 85 percent voluntary staff participation. A second employee survey in 2021 showed significant improvements since our earlier survey. For instance, there was an 11 percent increase in staff members who felt valued and respected.

Q: How has the pandemic affected the DEI initiative?

There is so much to process with the pandemic—mentally, physically, emotionally, psychologically—and there were so many other events, including the murders of George Floyd, Breonna Taylor, and Ahmaud Arbery. We started our DEI journey before the pandemic, so we were able to address some emotions, feelings, and needs among the staff concerning the pandemic and other events. And that has allowed our DEI work to be authentic, to put roots in the ground, and to be sustainable.

Q: Can you give us a preview of what lies ahead for the DEI initiative in the next year?

We are working to respond to feedback from the 2021 survey. Our DEI working groups have been charged with going through the survey and highlighting areas they want to focus on. Another priority is integrating and developing DEI in our policies and programs. And we're making sure we remain true to employee concerns and areas they want to see improved. An inclusive journey is a longer journey, but it's a journey that is worthwhile.

Q: What have you learned from this experience that will shape your work moving forward?

It's one of the more challenging things I've done, but also one of the most rewarding. I've learned about the importance of building brave, safe spaces. It helps to address skepticism and provides space for inclusion and for equity. ■



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 an effective and equitable health care system for every New Yorker.

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Blueprint

ON THE CALENDAR



JULY 21, 2022

Medicaid Conference

Bringing together health care policymakers, providers, insurers, community organizations, and policy experts to discuss timely issues of import to New York's Medicaid program.

In person at the New York Academy of Medicine, NYC; virtually via Zoom link

OCTOBER 3, 2022

UHF's Gala

A special event celebrating the work of United Hospital Fund and saluting the outstanding contributions of three health care leaders: Robert S. Galvin, MD; Olajide Williams, MD; and Jennifer Mieres, MD.
Cipriani 42nd Street

LATE OCTOBER 2022*

33rd Annual Symposium on Health Care Services in New York: Research and Practice

Fostering collaboration on and understanding of current health care issues and research in New York, and building bridges among health services researchers and practitioners.

**Date and time to be announced*

PUBLICATIONS *These and other UHF reports are available at www.uhfnyc.org.*



Transforming Primary Pediatric Care: Lessons Learned from PEDS Learning Network Health Equity Projects is a commentary by UHF's Susan Olivera on the inaugural fellowship program of the Pediatrics for an Equitable Developmental Start (PEDS) Learning Network.

Heading Home from a Skilled Nursing Facility: Interventions and Tools for Improving the Transition describes the UHF Skilled Nursing Facility Learning Collaborative's work, profiles interventions undertaken, and provides resources for caregivers and patients transitioning home.

Food Insecurity and Health Care: Addressing Food Insecurity through the Health Care System in New York is a joint report by UHF and Boston Consulting Group that quantifies the health impact of food insecurity on New Yorkers and reviews potential solutions.