

# NYC PUBLIC HEALTH CORPS

FEBRUARY 28, 2022



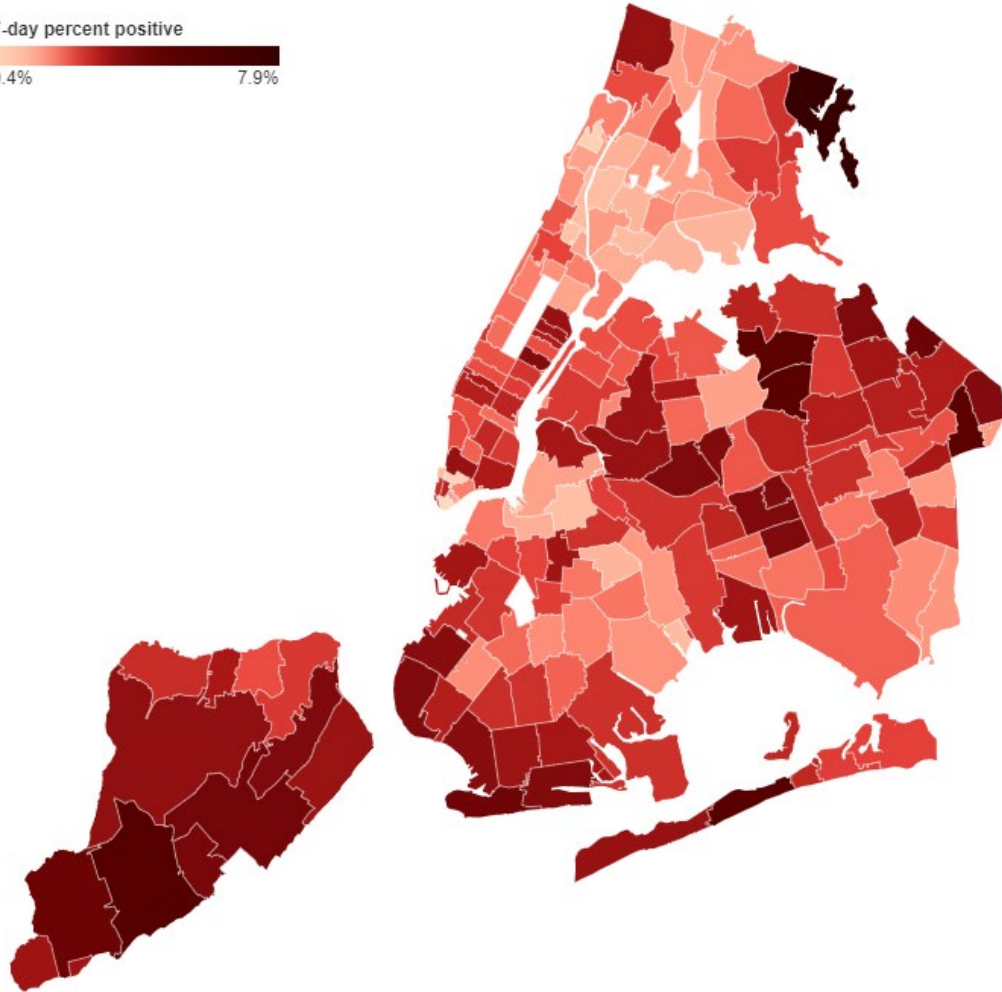
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NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

# COVID: Hyperlocal Approach

Map Table By ZIP

7-day percent positive



# Beyond COVID:

## *Public Health Infrastructure Like Roads and Bridges*

### Short-Term

- Reduce gaps in vaccination rates by race/ethnicity, geography, and age
- Help public hospital patients address barriers to health and well-being, improve primary care engagement, and reduce avoidable acute care utilization

### Medium-Term

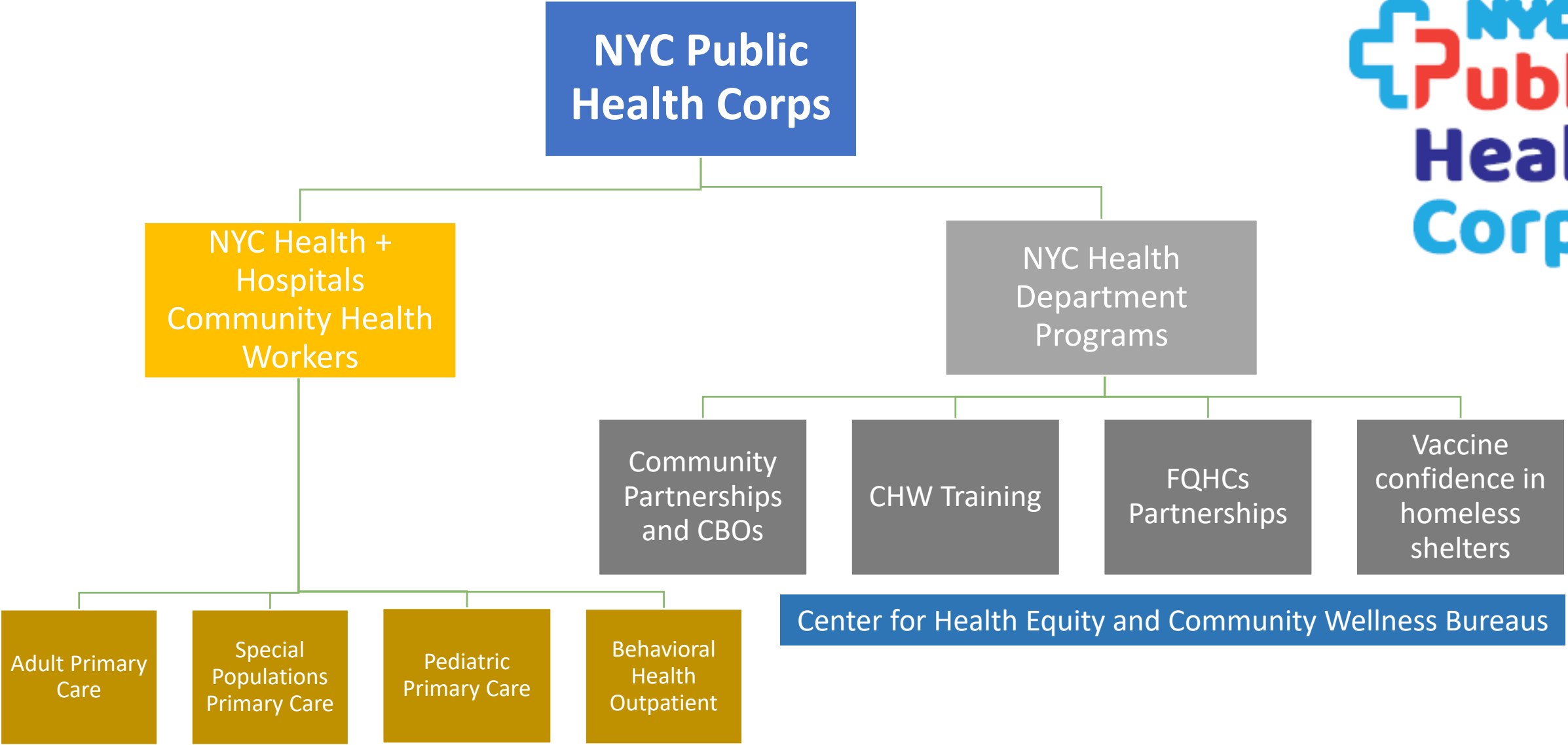
- Expand investment in public health infrastructure in most impacted neighborhoods

### Long-Term

- A just recovery and health equity

### *Key Public Health Corps Activities*

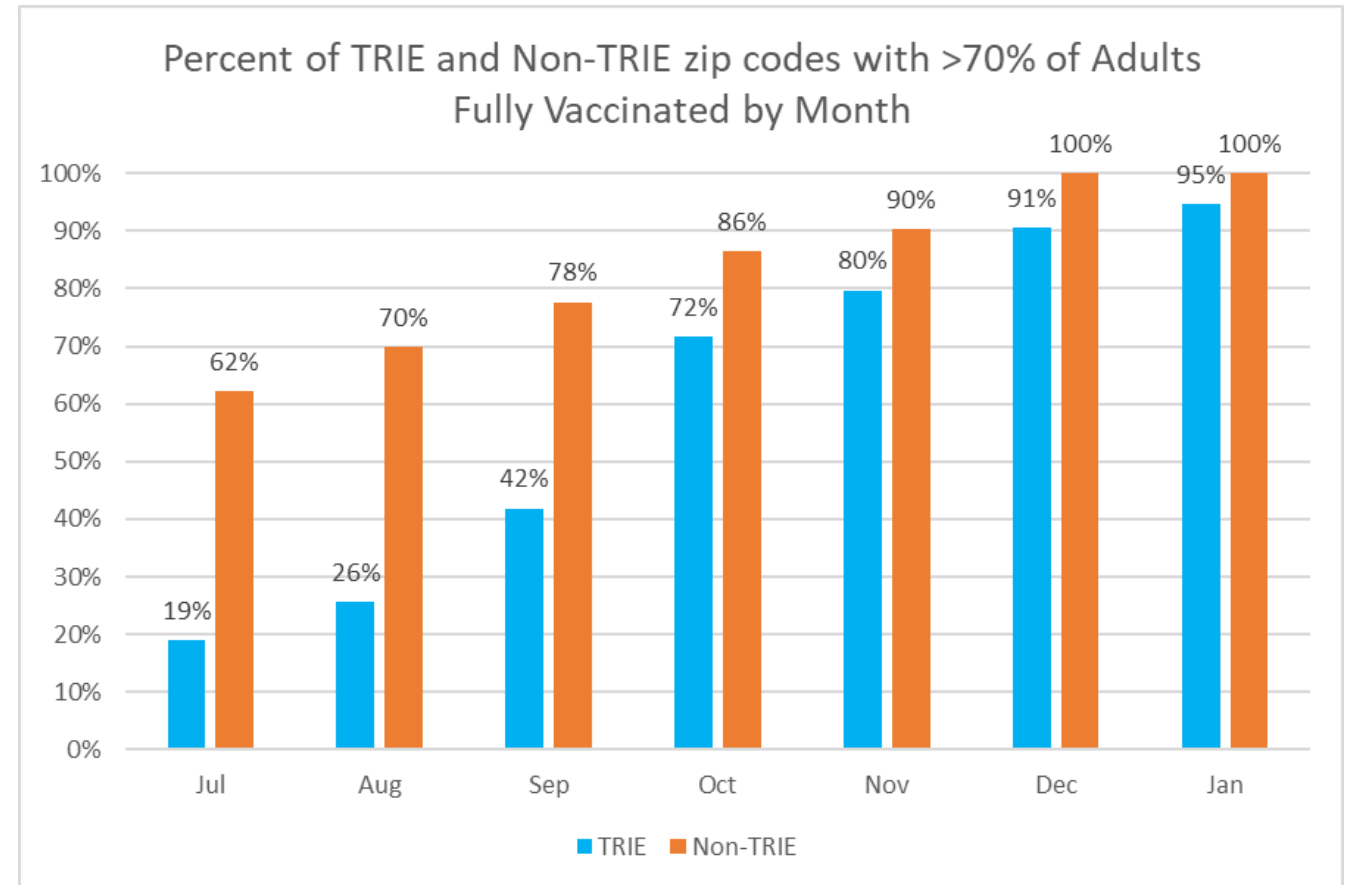
- Health education and promotion (including vaccination)
- Health and social service navigation and referral
- Community needs assessment and collective action for policy change



**Public Health Corps clinic and neighborhood-based community health workers are complementary and interconnected to provide comprehensive support to the most impacted communities.**

# Preliminary Outcomes

- Initial \$235 million in funding channeled to about 100 community-based or faith-based organizations as well as NYC Health + Hospitals, the public safety-net system
- Approximately 500 community health workers hired and trained
- In the first two months, held 98 community events to support COVID-19 vaccinations
  - Over 15,000 vaccinations directly administered
- Since program launch, over 500,000 New Yorkers have been connected to vaccines via appointment or accompaniment

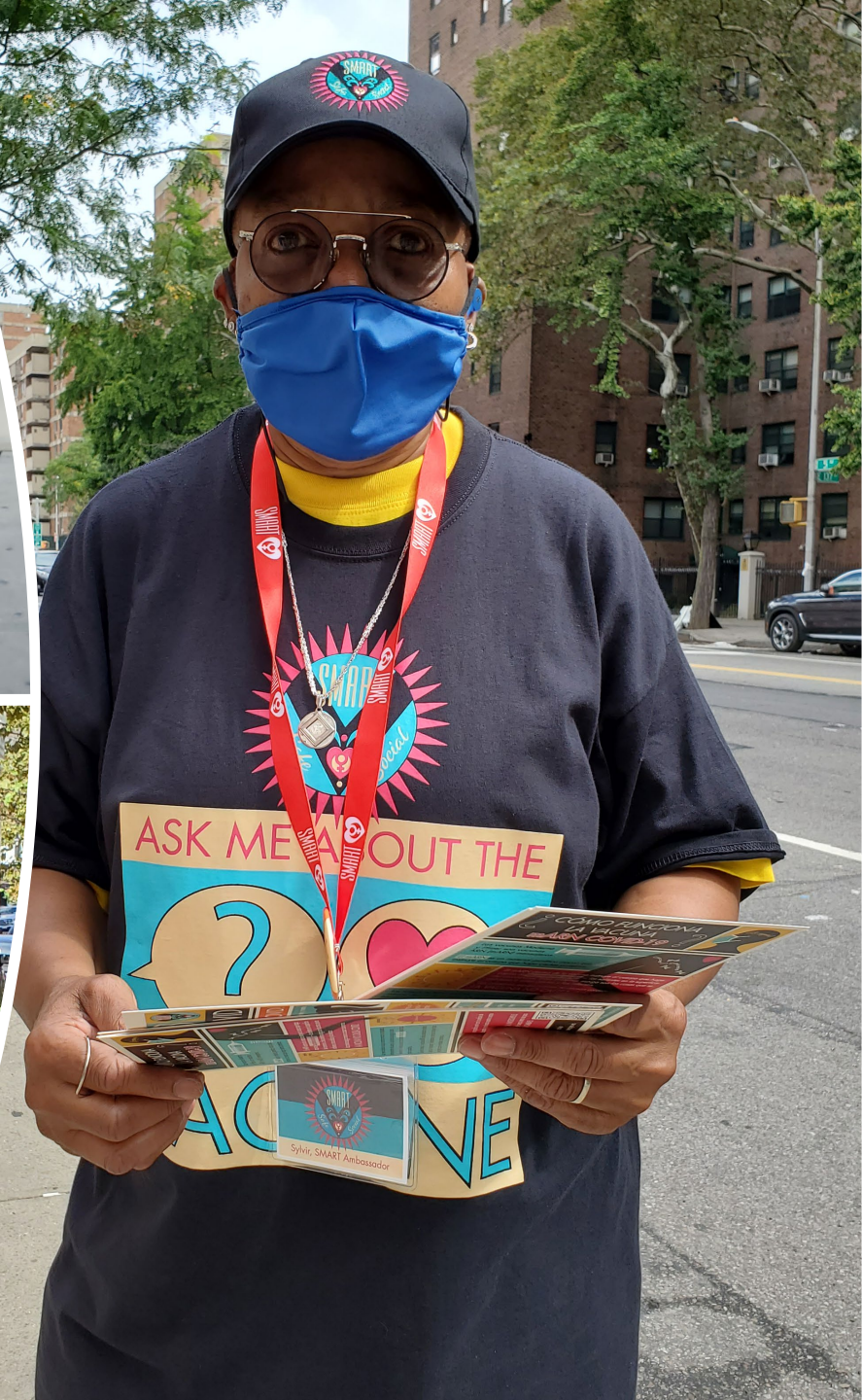


TRIE = Taskforce on Racial Inclusion and Equity neighborhoods



“Today I got a community member who had been reluctant since the vaccine started get their first shot at the event and we walked them over to get their \$100 incentive and helped him activate his card successfully.”

National Black Health Youth Influencer





# A Time for Massive Investment in Public Health

JAMA Forum

## People and Places for the Future of Public Health

Dave A. Chokshi, MD, MSc

Locally embedded and **trusted** US health workers have gathered data, spread messages, and built strong, organized, community responses during the COVID-19 pandemic. Their outreach has been key in **confronting disparities** and mitigating even worse outcomes in our hardest-hit communities.

The effectiveness of such community health workers is not just a lesson in addressing public health emergencies. It's also a lesson in preparing for emergencies in the first place—and taking on slower-moving health disasters, such as chronic disease prevention and management.

Policy makers have a once-in-a-generation opportunity to take these lessons and crystallize them in a national Public Health Corps. Although national funding and structure are needed, the **evidence shows** that the workforce itself must be derived from the neighborhoods being served. When organized well, community health workers **improve health outcomes** and **reduce health inequity**. Across these neighborhood-based efforts, there are several common threads: identifying community concerns, risks, and causes of suffering; disseminating science-based information and promoting health literacy; generating health advocacy networks, particularly around racial equity; linking local knowledge with clinical expertise and public health surveillance; and creating a culture of disease prevention that acknowledges the social determinants of health.

