Addressing Communities at High Risk: The Impact of COVID 19 on Mental Health

Learning from employers, researchers, and providers as they share their findings and experiences in addressing the heightened mental health needs of high-risk employees and communities.

April 1, 2021| 1:00 pm ET

National Alliance
of Healthcare Purchaser Coalitions
Driving Health, Equity and Value

Welcome and Introduction

MODERATOR
Scott Conard, MD, DABFP, FAAFM
CEO
Converging Health
Chief Medical Advisor
National Alliance of Healthcare Purchaser Coalitions

Agenda

SPEAKERS AND TOPICS

Welcome & Introduction

- Scott Conard, MD – Moderator
- Greg Martin – PCORI Update

Engagement – PCORI-funded Research

- Speaker: Yu-Ping Chang PhD

Assessment – PCORI-funded Research

- Speaker: Tiffany F. Haynes, PhD

Integration

- Speaker: Wayne B. Jonas, MD

Implementation – Employer Case Study

- Speaker: Ashley Bacot

Q & A

- Scott Conard, MD – Moderator
- Susan Frank
- Audience

Participant Survey

ENGAGEMENT
Yu-Ping Chang, PhD

ASSESSMENT
Tiffany F. Haynes, PhD

INTEGRATION
Wayne Jonas, MD

IMPLEMENTATION
Ashley Bacot

National Alliance
of Healthcare Purchaser Coalitions
Driving Health, Equity and Value
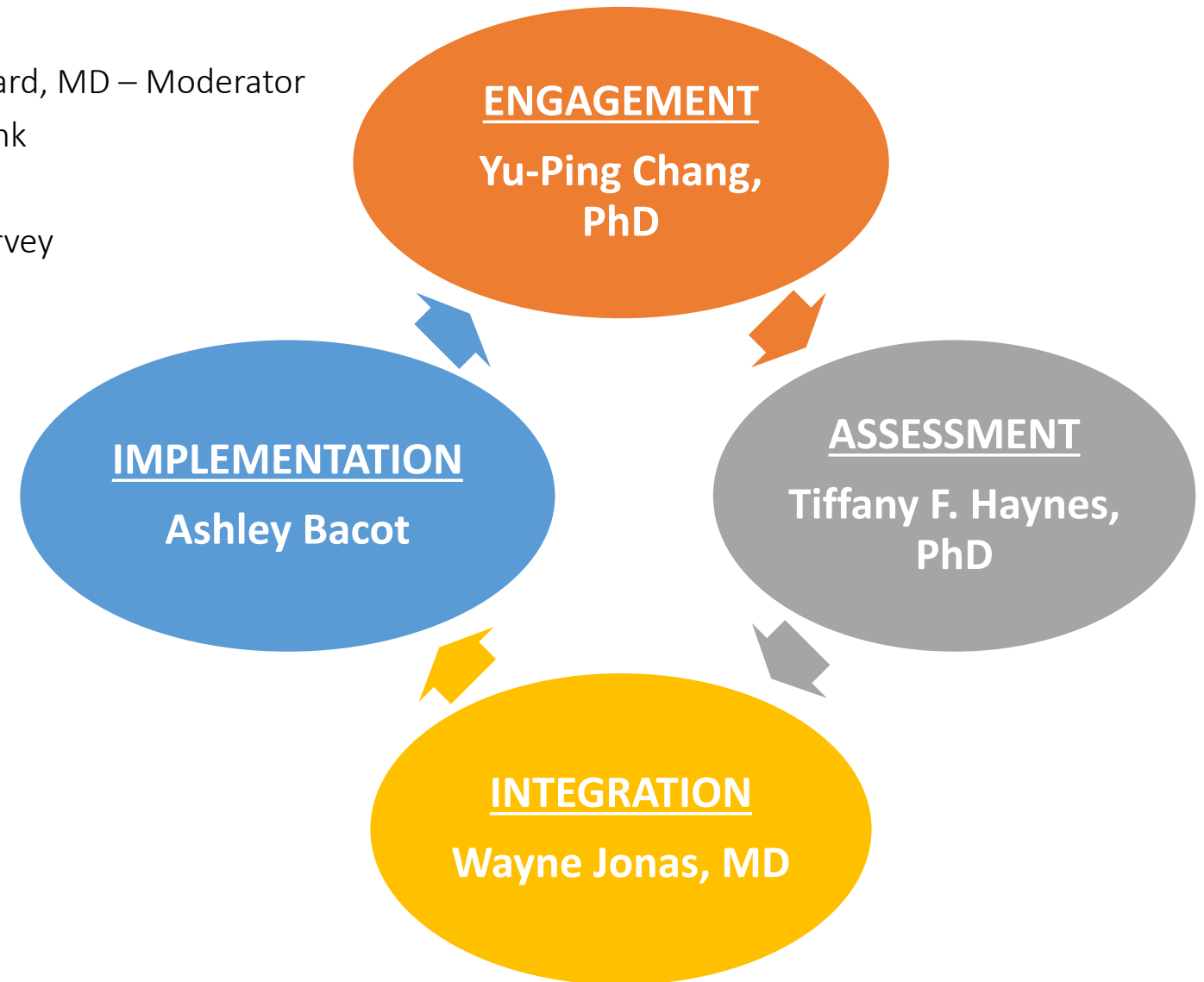
Engagement

Yu-Ping Chang PhD, RN, FGSA, FIAAN, FAAN
Professor and Associate Dean for Research and Scholarship
Patricia H. and Richard E. Garman Endowed Professor
Chair, Family, Community and Health Systems Science Division
School of Nursing
The State University of New York, University at Buffalo 101C Wende Hall

PROJECT OVERVIEW

YU-PING CHANG, PHD, RN, FGSA, FIAAN, FAAN

Professor and Associate Dean for Research and Scholarship
Patricia H. and Richard E. Garman Endowed Professor
Chair, Family, Community and Health Systems Science Division

University at Buffalo
School of Nursing

Comparing Two Ways to Mitigate the Impact of the COVID-19 Pandemic on Mental Health among Adults from Underserved and Racial Minority Communities (COVID-2020C2-11158)

- Started in Nov 2020

- Compare a mindfulness-based stress reduction (MBSR) group intervention via teleconference with an MSBR mobile app in reducing worry and improving other mental health outcomes among adults living in low-income racial and ethnic minority neighborhoods who lack access to mental health care

- Randomized controlled trial with a 3-arm design and community-based participatory approach

STUDY BACKGROUND

What led us to pursue this study?

University at Buffalo
School of Nursing

Why we decided to focus on mental health

- Nearly half of adults in the United States reported that their mental health has been negatively impacted due to worry and stress over the COVID-19 virus (Kaiser Family Foundation, 2020) .

- This stress manifests itself physiologically, leading to increased incidence of multiple health problems which are already a concern for many African Americans and others living in disadvantaged communities across the country.

- The introduction of COVID-19 has further exacerbated the profound inequities in health care for communities of color.

- COVID-19 disproportionately impacts African American communities – death rate, essential workers, crowded living conditions, unemployment.

Target Area – City of Buffalo, NY

Percent of Population that is Black or African American by Block Group within Erie County, NY

0% to 20%
20% to 40%
40% to 60%
60% to 80%
80% to 100%
City of Buffalo Boundary
Major Roads

Close Up of City of Buffalo

- Buffalo is the sixth most segregated metro area in the US, and its African-American residents are both less healthy and are poorer than white residents on average. (Brookings Institution)

- Erie County, NY testing data showed that per-capita COVID-19 case counts were 88% higher in the county's five majority African-American Zip Codes (all within the City of Buffalo) than they were in the rest of the county.

- An urgent need to provide interventions to minimize the impact of the COVID-19 pandemic on the mental health of residents living in predominately African American communities.
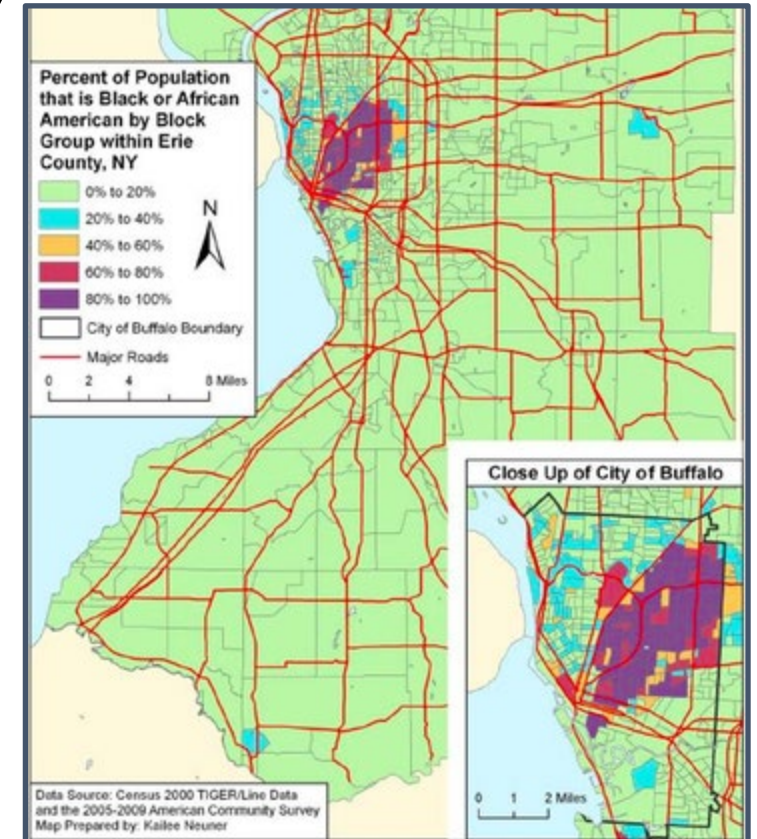
HEALTH AND HEALTHCARE INEQUITIES

The Impact of COVID-19

University at Buffalo
School of Nursing

How we created a REAL Community-Based Participatory Research (CBPR) Project

There is a big difference between research performed...

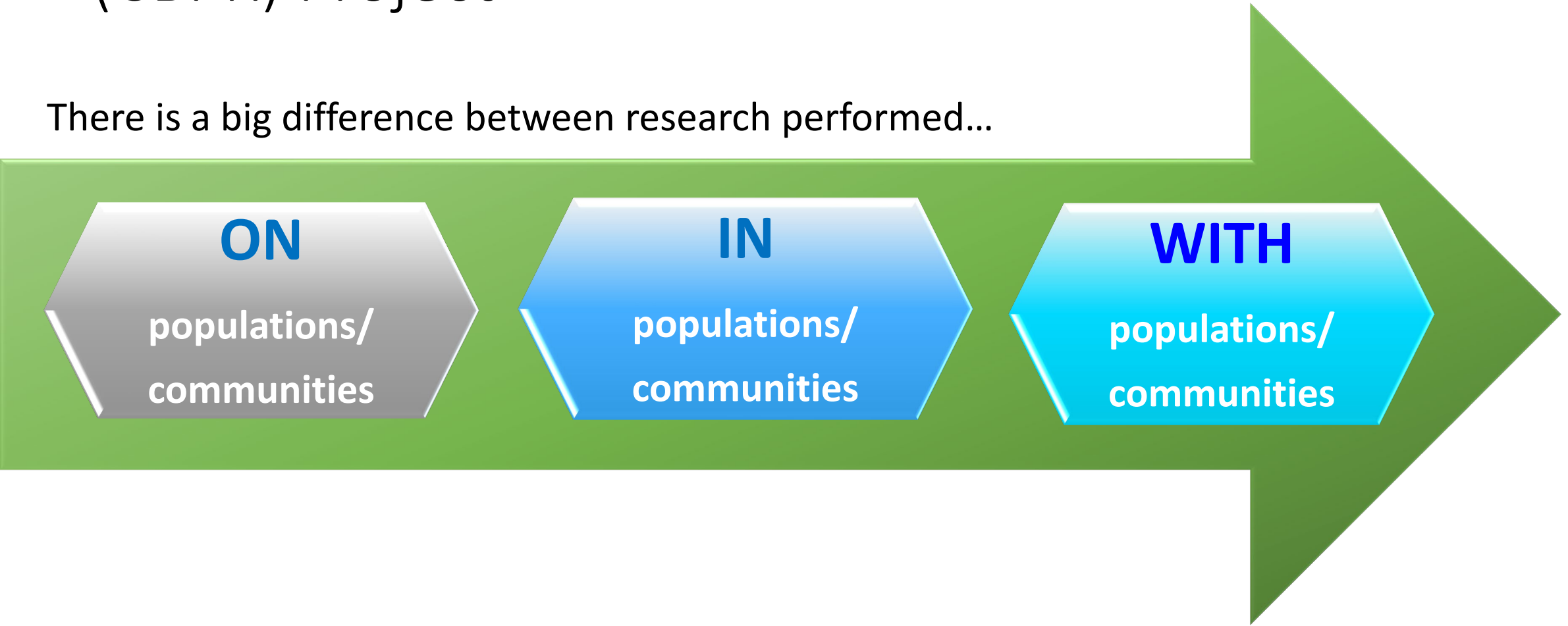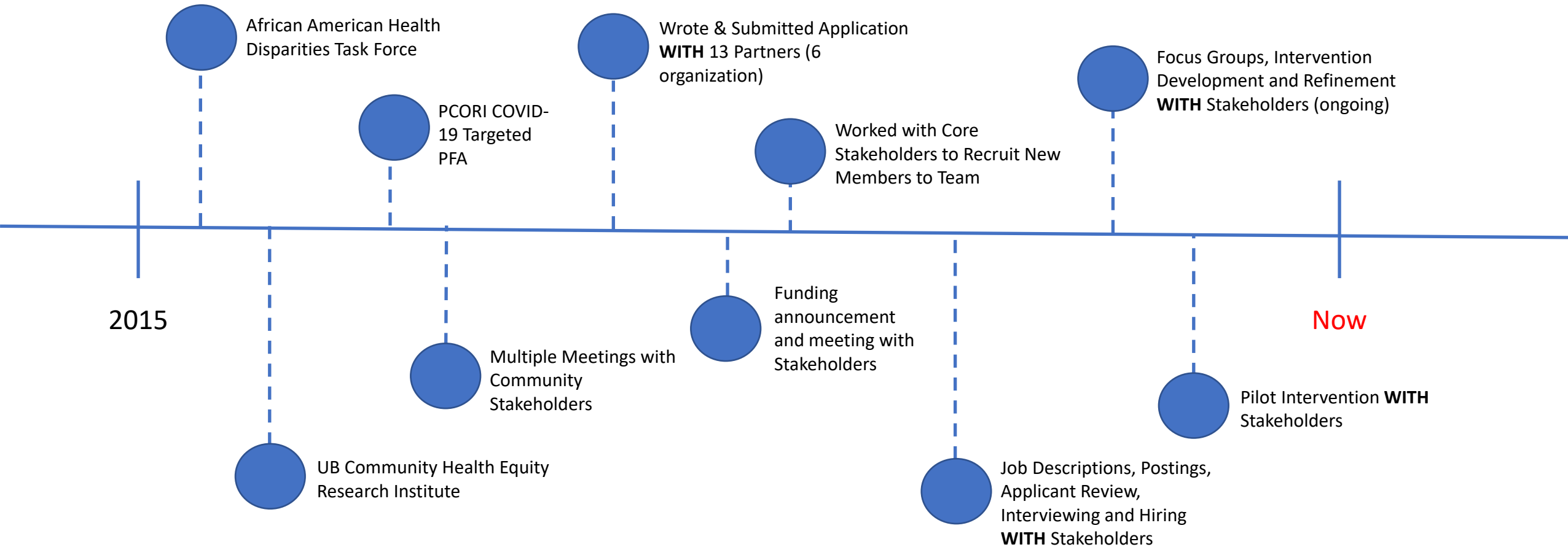ON populations/communities

IN populations/communities

WITH populations/communities

Our Engagement Timeline (to date)

- African American Health Disparities Task Force
- PCORI COVID-19 Targeted PFA
- Wrote & Submitted Application **WITH** 13 Partners (6 organization)
- Worked with Core Stakeholders to Recruit New Members to Team
- Focus Groups, Intervention Development and Refinement **WITH** Stakeholders (ongoing)
- UB Community Health Equity Research Institute
- Multiple Meetings with Community Stakeholders
- Funding announcement and meeting with Stakeholders
- Job Descriptions, Postings, Applicant Review, Interviewing and Hiring **WITH** Stakeholders
- Pilot Intervention **WITH** Stakeholders

2015

Now

Overcoming the Challenges of Engagement

- Involved key community stakeholders <u>from the beginning</u> – Participants played a meaningful role to contributing to the grant submission.

- We benefitted by working with <u>existing relationships.</u>

- We took <u>meaningful time</u> to discuss ways to best ensure the success for the project.

- Open-minded for changes – hiring process and <u>sharing leadership</u>

Stakeholders in our Advisory Committee (to date)

We currently have 18 members representing the following stakeholder groups:

- Patients/Consumers
- Patient/Caregiver Advocacy Organizations
- Community-Based Organizations
- Clinicians
- Clinics/Hospitals/Health System Representatives
- Purchasers
- Payers
- Policy Makers
- Training Institutions
- Subject Matter Experts

We are constantly engaging the community and actively seeking to recruit members to our Advisory Committee

LONG-TERM IMPLEMENTATION

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Expected Findings and long-Term Benefits

- Provide guidance for providers on ways to overcome barriers of access to mental health care in underserved communities.

- Yield lessons on strategies for personalized and culturally-appropriate tailoring of interventions considering mental health needs, social determinates of health, and cultural values of African American communities.

- Provide actionable findings that can be immediately adopted by the healthcare providers, patients, and the community, and can be easily replicated throughout the country, both during and after COVID.

Assessment

Tiffany F. Haynes, PhD
Associate Professor, Department of Health Behavior and Health Education
Health Promotion and Prevention Research (HPPR) Doctoral Program, Co-Director
UAMS Translational Research Institute (TRI) Community Engagement Core, Associate Director
Fay W. Boozman College of Public Health
University of Arkansas for Medical Sciences (UAMS)

Fay W. Boozman College of Public Health

University of Arkansas for Medical Sciences (UAMS)

The Impact of COVID-19 on the Mental Health
of High-Risk Populations: Understanding the
Needs of Frontline and Essential Workers

Acknowledgements

- Team:
- Tiffany Haynes, PhD
- Khiela Holmes, PhD
- Dr. George Pro, PhD
- Dr. Nickolas Zaller, PhD
- Ms. Leta Anthony
- Ms. Ruby Welch
- Dr. Keneshia Bryant-Moore, PhD
- Ellen Hutchins, MPH

Mental health Impacts of COVID-19

- The COVID-19 pandemic has increased STRESS:
  - Stay at home orders
  - Cancellations of gatherings
  - Cancellation of school or move to virtual school
  - Loss of income

- Increases in COVID-19 stressors has increased mental health symptoms:
  - Increased reports of anxiety and depression symptoms
  - Increased substance use (i.e. alcohol use)

Mental health Impacts of COVID-19

- Some populations may have a greater risk of experiencing the psychological impact of COVID-19

1. Those with previous history of mental health and/or substance use disorders

2. Those who are currently incarcerated

3. Frontline healthcare and essential workers

Frontline and Essential Workers

Who are frontline and essential workers?:

- Those who work in industries that are critical to keeping the nation running. Frontline and essential workers are those who were required to work outside of the home putting themselves at risk of exposure.

  - Healthcare providers
  - Grocery store personnel
  - Educators
  - First Responders (Firefighters and Police)

Mental health Impact of COVID-19 on Frontline and Essential Workers

Increased stress:

Increased Anxiety

Changes in mood or irritability level

Recommendations to address the mental health impact of COVID-19

Creating a supportive work environment

Employees are feeling a loss of morale that impacts their mental health and productivity.

1. Create a safe environment to share
   1. Making sure that employees feel heard
   2. Make sure that employers respond to employees needs
2. Find ways to show appreciation, but make sure the incentives are what employees want.
   1. Mental Health Days
   2. Financial Incentives

Recommendations to address the mental health impact of COVID-19

Raising awareness about mental health among employers

Supervisors and Upper Management need to start the conversation about the importance of mental health and create an environment where it is ok to reach out for help.

1) Learn warning signs of mental illness and

2) Have referral options available

Recommendations to address the mental health impact of COVID-19

Increase availability of mental health services

Many participants voiced concerns about seeking services through the workplace (i.e. EAP)

1. Many suggested that employers needed to have options to refer employees to community based services.

2. Employers should explore the option of having other services such as support groups available on site.

It's OK to get help

Conclusions

Frontline and Essential Workers are feeling the stress from COVID-19

Employers can help workers cope with the added stress

       Creating a Supportive Work Environment

       Raising Awareness about Mental Health

       Increasing Availability of Mental Health Services

Contact Me:

- Tiffany Haynes, PhD
- tfhaynes@uams.edu
- 501-396-9417

Integration

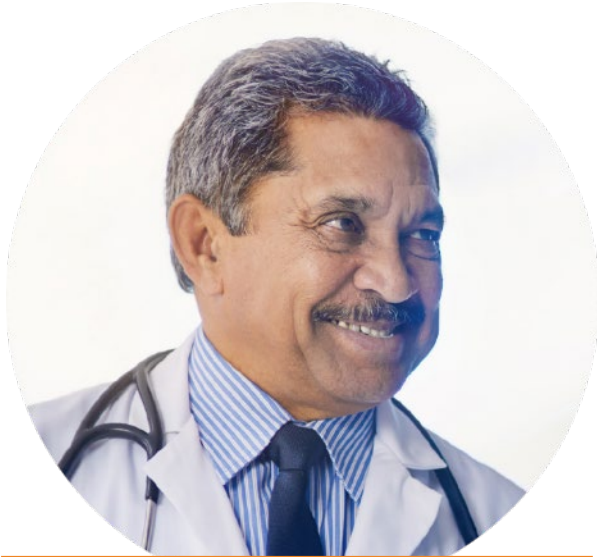**Wayne B. Jonas, M.D.**
Executive Director
Integrative Health Programs
Samueli Foundation

Whole person care during covid

Wayne B. Jonas, MD

Executive Director, integrative health programs, Samueli Foundation

🐦 *@DrWayneJonas*

Covid and our current health care system

PRIMARY CARE PHYSICIANS

By the end of 2020,
- 25% permanently lost practice members
- 41% have unfilled staff roles
- 48% report mental exhaustion

Primary Care Collab. Covid Survey, Larry Green Center, Nov-Dec 2020

FAMILY DECISION MAKERS

- More mental health crises
- More obesity, addiction, community violence
- Increases in racial disparities

Primary Care Collab. Covid Survey, Larry Green Center, Feb 2021

Disparities, NEJM, July 2020

HEALTH CARE EXECUTIVES

- ICUs at and over capacity
- Revenues have declined
- Rural systems are closing
- Quality improvements on hold

Fierce Healthcare, Feb 2021

Though many Americans intend to be more mindful about self-care post pandemic, many are struggling to maintain their whole health in this time.

80%
say they will be more mindful about practicing self-care regularly once the pandemic is over
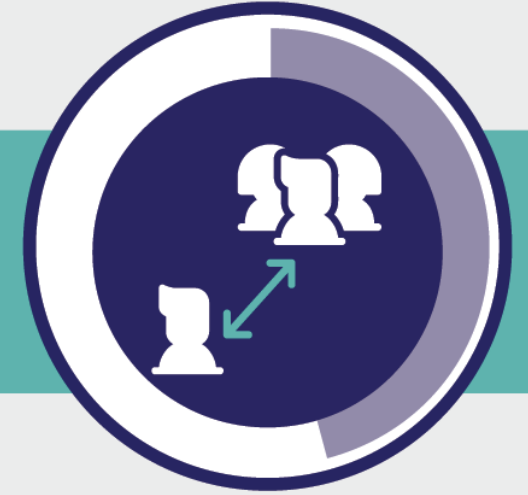
83%
say technology has been essential in helping them remain connected with others during COVID-19

46%
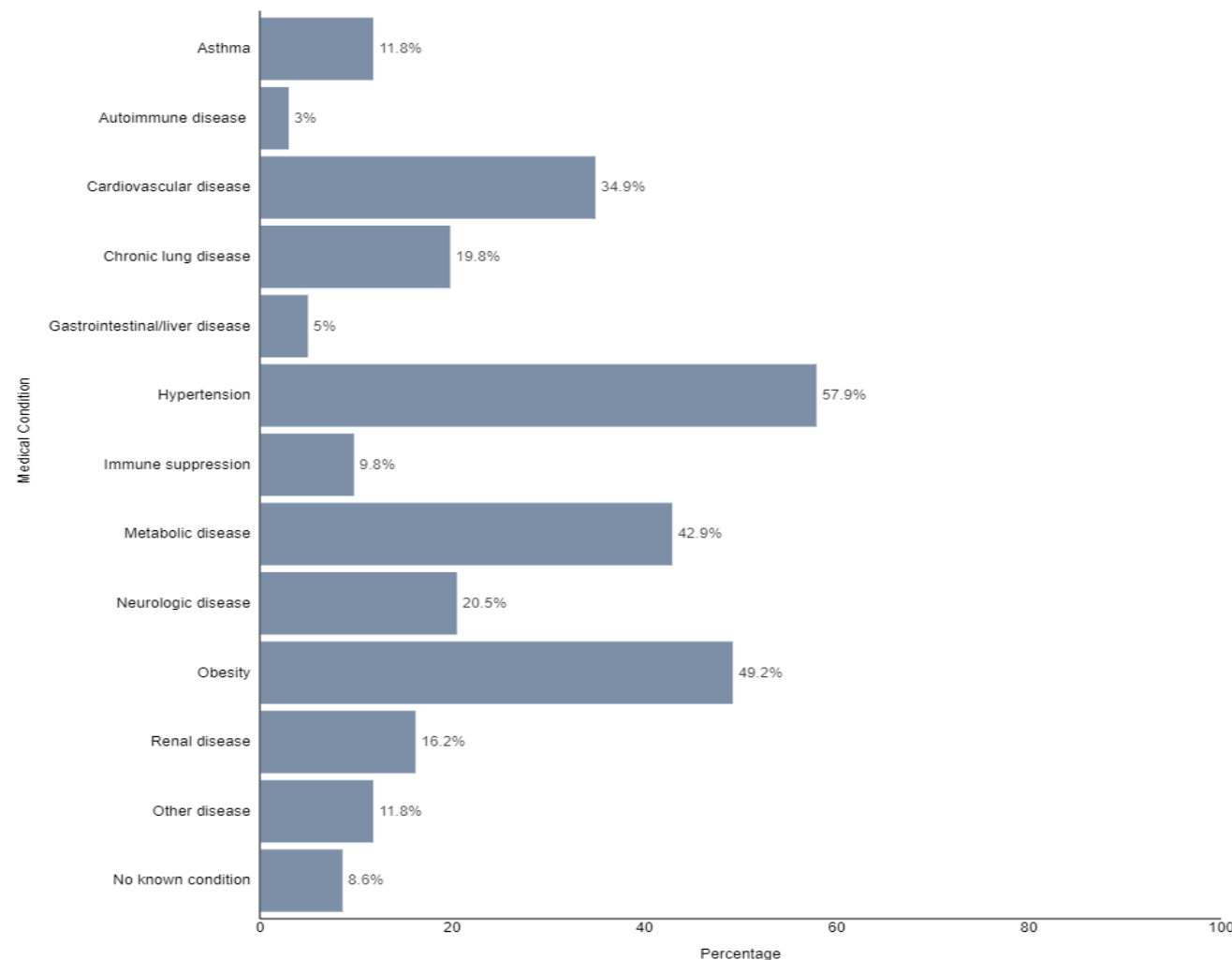say they are struggling to find ways to maintain their whole health (i.e., physical, mental, and spiritual health) during COVID-19

47%
say they felt isolated from friends and family during COVID-19

COVID-19 Laboratory-Confirmed Hospitalizations

Selected Underlying Medical Conditions

Adult

Medical Condition	Percentage
Asthma	11.8%
Autoimmune disease	3%
Cardiovascular disease	34.9%
Chronic lung disease	19.8%
Gastrointestinal/liver disease	5%
Hypertension	57.9%
Immune suppression	9.8%
Metabolic disease	42.9%
Neurologic disease	20.5%
Obesity	49.2%
Renal disease	16.2%
Other disease	11.8%
No known condition	8.6%

1. COVID-NET hospitalization data are preliminary and subject to change as more data become available. In particular, case counts and rates for recent hospital admissions are subject to delay. As data are received each week, prior case counts and rates are updated accordingly.
2. Data are restricted to cases reported during March 1–December 31, 2020, due to delays in reporting. During this time frame, sampling was conducted among hospitalized adults aged ≥18 years; therefore, counts are not shown, and weighted percentages are reported. The denominator for percentages among adults includes sampled cases with data on these conditions. No sampling was conducted among hospitalized children; therefore, the denominator for percentages of underlying medical conditions among children includes all pediatric cases with data on these conditions. Underlying medical conditions among pregnant women are included when "Adults" and/or "Pediatrics" is selected.

WHO DIES WITH COVID?
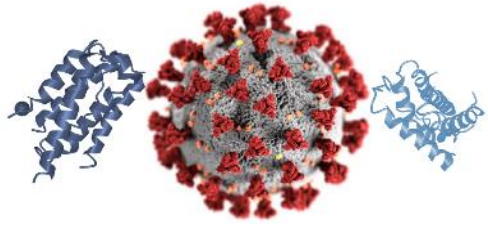
The Same People as Before COVID

- **Elderly**
- **Chronic Disease**
- **Blacks**
- **Hispanics**
- **Low Income**
- **Poor Healthcare**
- **Service Jobs**

Source: CDC - COVID-NET
https://gis.cdc.gov/grasp/covidnet/COVID19_5.htm
Accessed 02/22/2021.

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Covid impact on Life Expectancy

- **1-year reduction**
- **3-4 times that in people of color**

We project that COVID-19 will reduce US life expectancy in 2020 by 1.13 y. Estimated reductions for the Black and Latino populations are 3 to 4 times that for Whites. Consequently, COVID-19 is expected to reverse over 10 y of progress made in closing the Black−White gap in life expectancy and reduce the previous Latino mortality advantage by over 70%. Some reduction in life expectancy may persist beyond 2020 because of continued COVID-19 mortality and long-term health, social, and economic impacts of the pandemic.
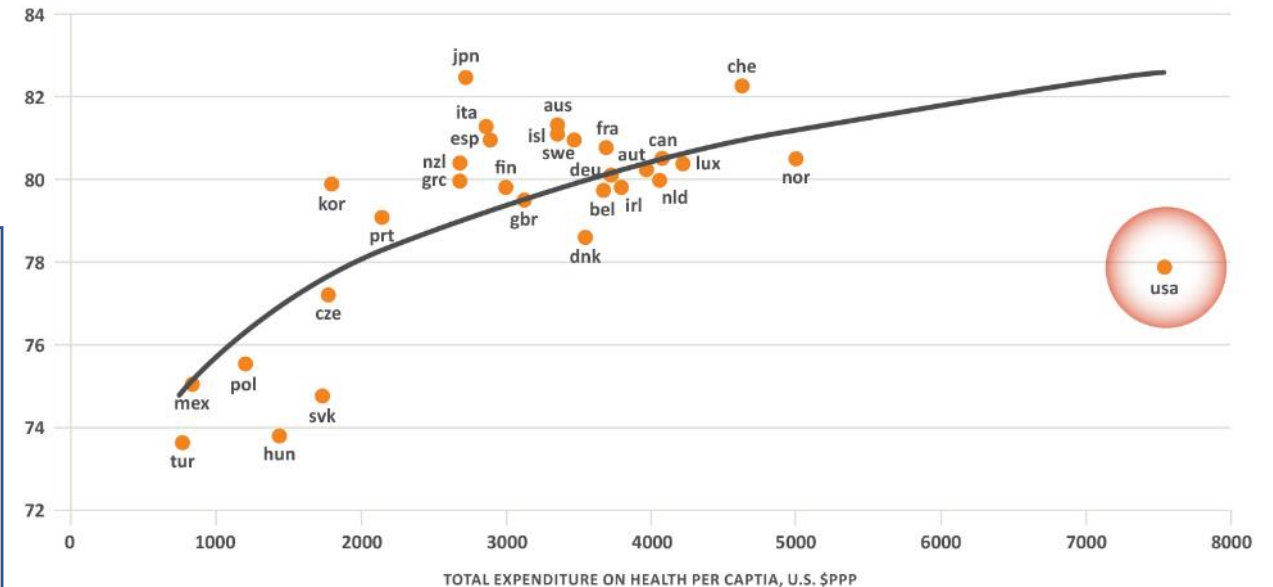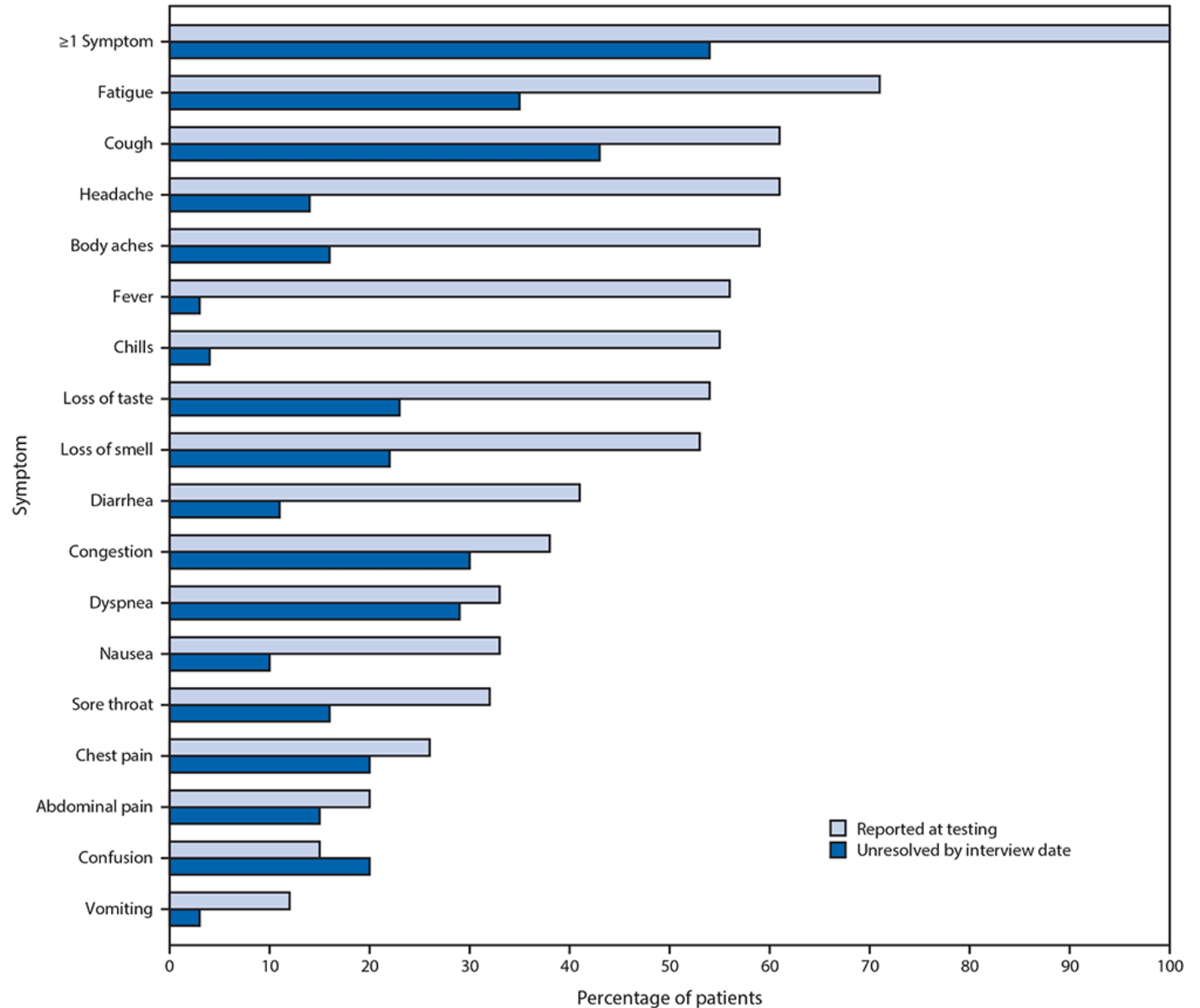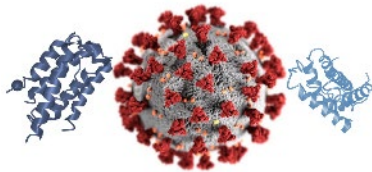

Source: Institute of Medicine. For the Public's Health: Investing in a Healthier Future. Committee on Public Health Strategies to Improve Health, Board on Population Health and Public Health Practice. Washington, DC: National Academies Press, 2012

Theresa Andrasfay and Noreen Goldman. Reductions in 2020 US life expectancy due to COVID-19 and the disproportionate impact on the Black and Latino populations. *PNAS* February 2, 2021 118 (5) e2014746118; https://doi.org/10.1073/pnas.2014746118

PERSISTANCE OF SYMPTOMS

One half to one third of post-COVID patients have significant symptoms 20-60 days after the infection.

Tenforde MW, Kim SS, Lindsell CJ, et al. Symptom Duration and Risk Factors for Delayed Return to Usual Health Among Outpatients with COVID-19 in a Multistate Health Care Systems Network — United States, March–June 2020. MMWR Morb Mortal Wkly Rep 2020;69:993-998. DOI: http://dx.doi.org/10.15585/mmwr.mm6930e1external icon.

Who gets long-covid?

Risk factors for persistence of symptoms: high blood pressure, obesity, mental health conditions

1 — BODY & EXTERNAL

- Chronic pain/ Headache
- Organ damage
- Breathlessness

2 — BEHAVIOR & LIFESTYLE

- Fatigue/ Sleeping issues
- Stress management
- Limits on activity
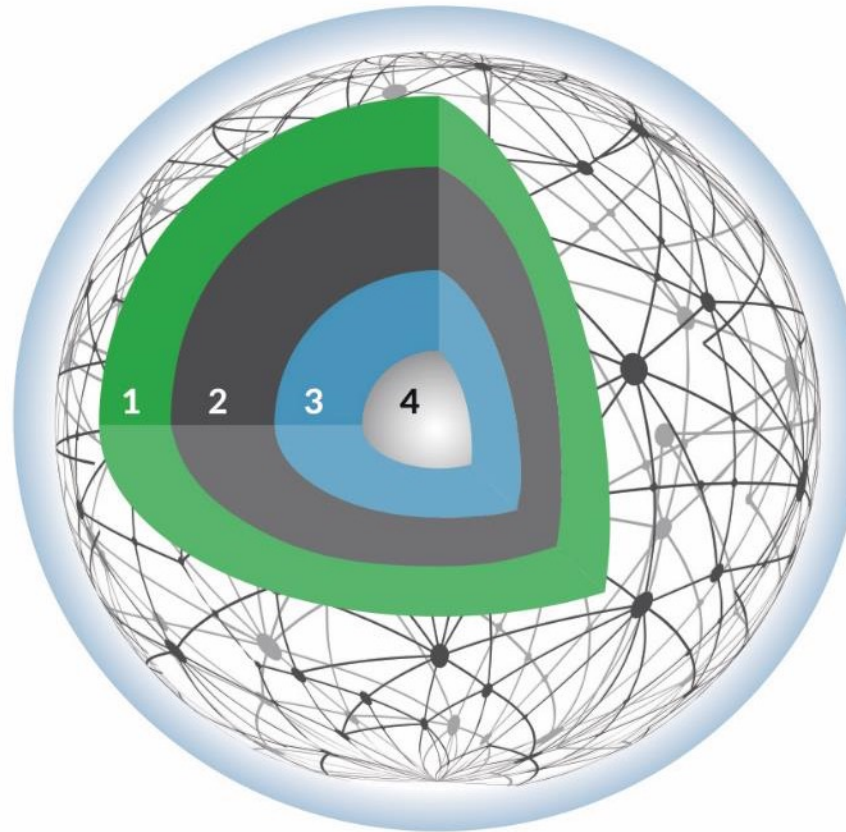
3 — SOCIAL & EMOTIONAL

- Anxiety, depression, PTSD
- Social isolation

4 — SPIRITUAL & MENTAL

- Memory issues/ brain fog
- Loss of purpose/ apathy

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Take a whole person approach to care

BODY & EXTERNAL

BEHAVIOR & LIFESTYLE

SOCIAL & EMOTIONAL

SPIRITUAL & MENTAL
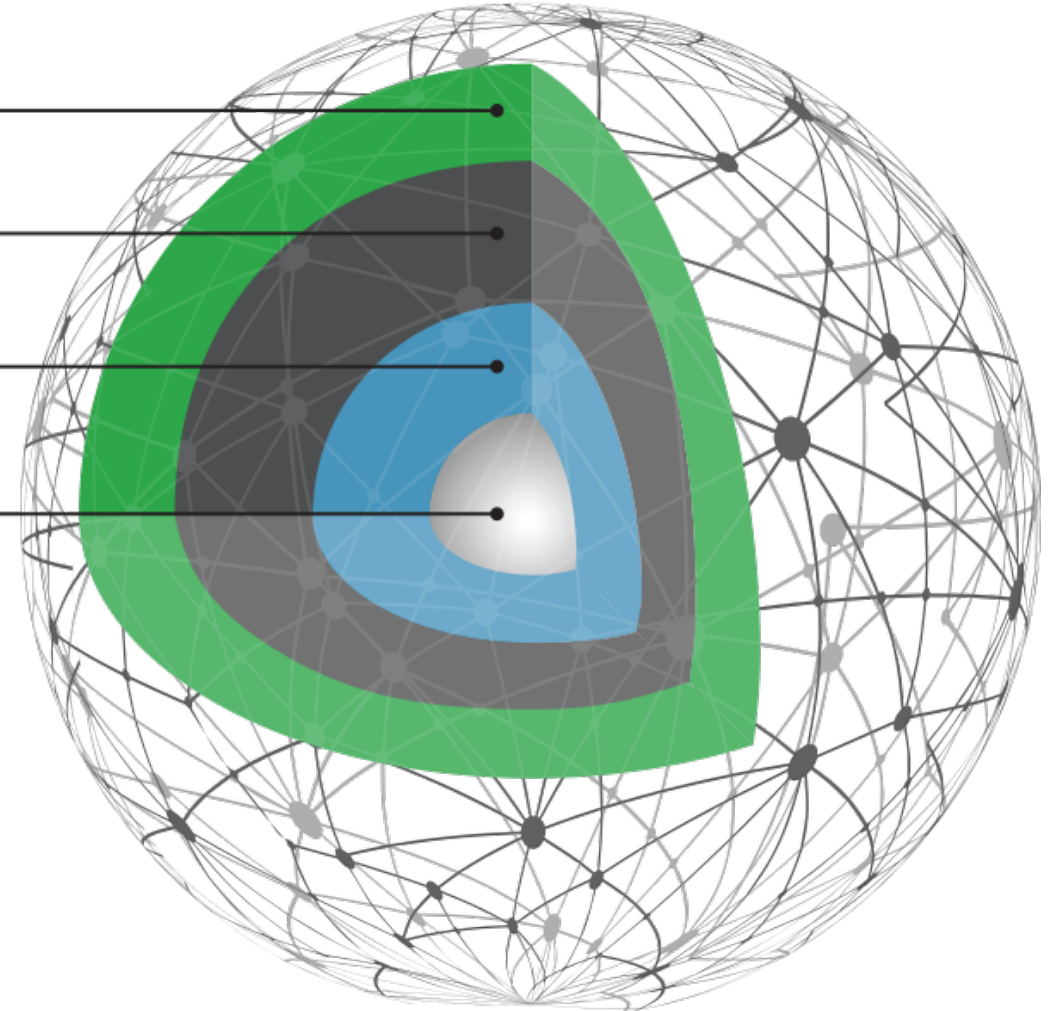
Explore your personal determinants of health and wellbeing
Focus on "What Matters?"

The Center of the COVID CRISIS

- **Alan Roth, DO**, chair, Dept of Family Medicine, Jamaica Hospital Medical Center, Queens, NY
  - Most diverse city in American
  - Cares for 1.2 million patients
  - 75% Medicaid or no insurance
- 2019 — Started placing **integrative health practices** (IHP) into their care in a safety net hospital
- 2020
  - Center of the first COVID surge
  - Launched a post-COVID clinic using IHP

Source: *AP Photo/ Seth Wenig/*
AP News – Jan 19, 2021 - https://apnews.com/article/new-york-jamaica-coronavirus-pandemic-new-york-city-74bbc1b8433e936ba6a31c25d5f36873

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whole PERSON HEALTH DURING COVID-19

Dr. Wayne Jonas
Executive Director
Samueli Integrative Health Programs

- [Avoiding Burnout](#)

- [Enhancing immune system](#)
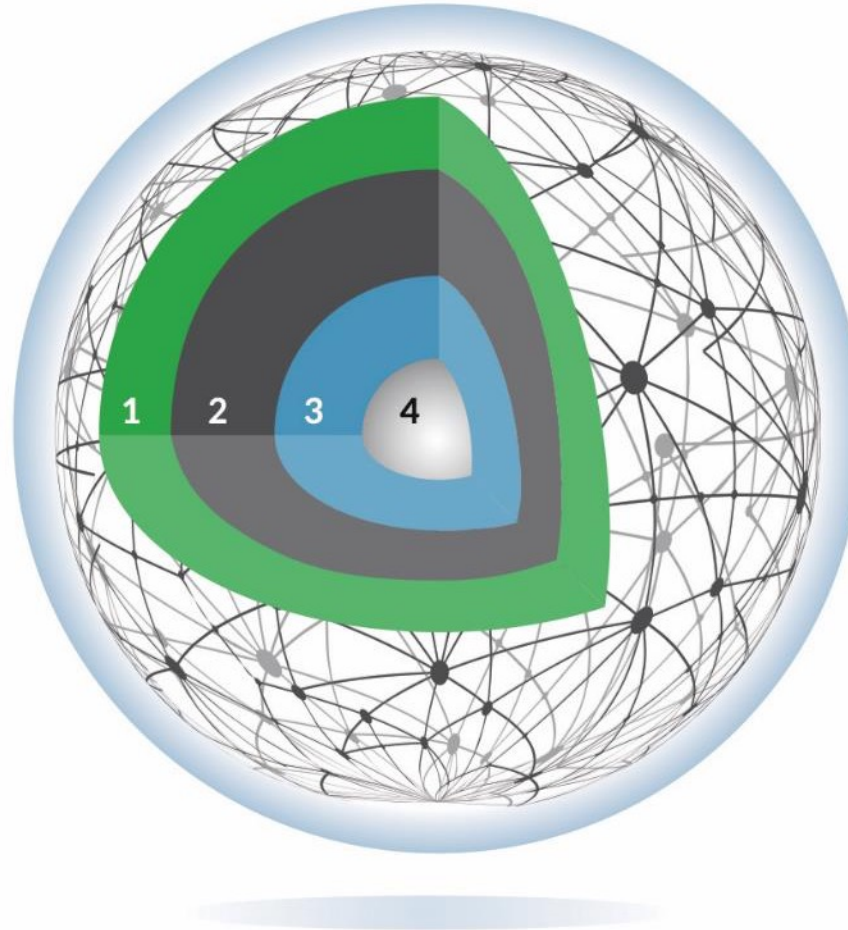
- [Building Resilience](#)

2-minute Self-Assessment

1 BODY & EXTERNAL

- Wash hands, PPE
- Follow CDC guidelines
- Get outside

2 BEHAVIOR & LIFESTYLE

- Get extra sleep
- Eat nourishing foods
- Manage stress
- Stay physically active

3 SOCIAL & EMOTIONAL

- Connect with others
- Stay social while distancing
- Keep your personal space

4 SPIRITUAL & MENTAL

- Practice gratitude
- Focus on what you can control (it's not your fault)
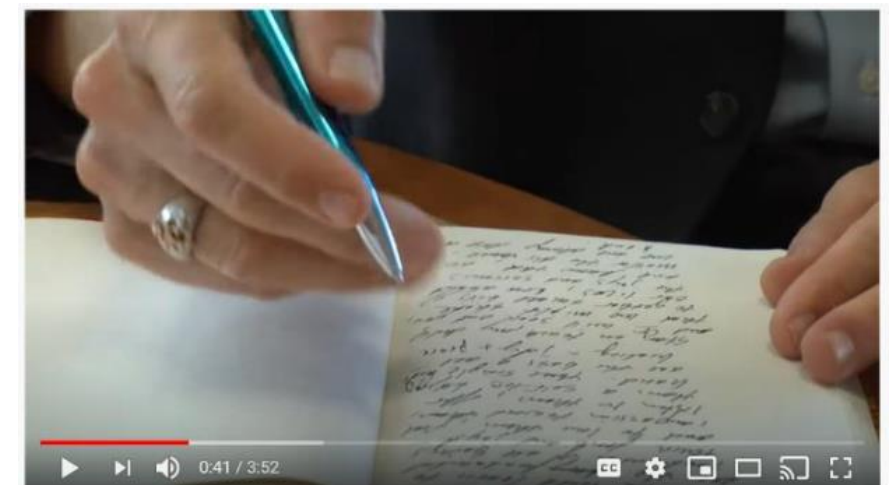- Limit news

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What's one thing you can improve today?

1. DO A MIND-BODY PRACTICE
- **once a day**

2. GRATITUDE JOURNALING
- **at the end of the day - LINK**

Journaling

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THE SCIENCE SAYS…

- Loneliness increases inflammation in the body (c-reactive protein) and can lead to the worsening of chronic conditions
- Loneliness can weaken the immune system and increase vulnerability to infection
- Loneliness increases the risk for mental and physical health
- Suicide and death increased

YOUR ROLE IS TO…

- **Listen and connect**
- **Help patients learn about the resources in their area**
- **Identify what changes they are ready to make**

A HEALING PRESENCE

RESOURCES AND LINKS DURING COVID

HEALING PATIENTS IN THIS TIME OF LONELINESS AND SOCIAL ISOLATION

- https://drwaynejonas.com/healing-patients-in-this-time-of-loneliness-and-social-isolation/

Healing Oriented Practices & Environments

1

PREPARATION

Preventing and managing chronic disease requires considering all aspects of a person's life—focusing not just on treating disease, but also on promoting health. This requires fully integrating preventive care, complementary care and self-care into the prevention and treatment of disease, illness, and injury. Learn how and how to pay for it.

LEARN MORE

2

HOPE VISIT

HOPE consists of a set of questions geared to evaluate those aspects of a patient's life that facilitate or detract from healing. The goal is to identify behaviors that support healing and serve as a tool for delivering integrative health care through a routine office visit. Download tools to get you started.

LEARN MORE

3

CONTINUING SUPPORT

After an integrative health visit, the hard work will begin for the patient. You can make it easier by connecting the patient's priorities and health goals to medical advice, and offering support in implementing the changes. Access resources that will help your patients with making behavior changes.

LEARN MORE

Resources available at *drwaynejonas.com/hope*

Clinical Implementation

The HOPE Note | A TOOL FOR ADDING INTEGRATIVE HEALTH CARE TO A ROUTINE OFFICE VISIT

A robust suite of resources and tools including:
- Evidence summaries
- Electronic Health Records
- Coding and billing
- Patient encounter scripts
- Patient tools and resources
- Frameworks for team care
- Patient outcome measurement tools

integrative health during COVID

PROVIDERS	PATIENTS	COMMUNITY
Self-care *Stress Management*	*Support Healing* *Build resilience*	*Preventative Care* *Loneliness* *Trauma*

Start Now

Samueli FOUNDATION

how healing works

WAYNE JONAS, MD

GET WELL AND STAY WELL using your hidden power to heal
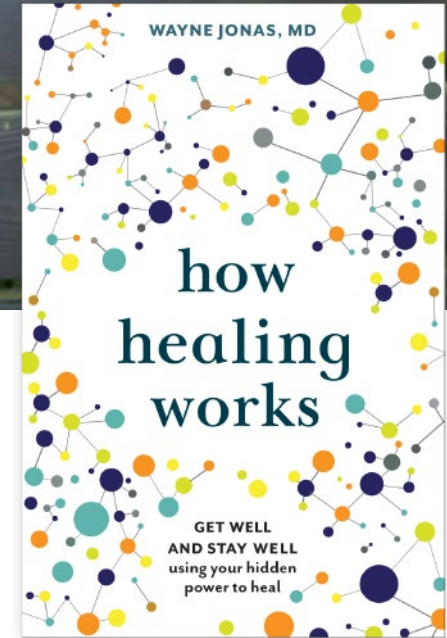
Wjonas@samueli.org

Or visit DrWayneJonas.com/signup to receive our newsletter, videos and commentaries.

Implementation

Ashley Bacot
Risk Manager
Rosen Hotels and Resorts

Mental Health – Implementation

Ashley Bacot – President ProVinsure/Risk Manager Rosen Hotels & Resorts, Inc.

Mental Health Implementation

- History
  - Rosen Hotels & Resorts, Inc
  - Provinsure
  - Rosen Medical Center
- Services
  - Traditional
    - Face-to-face counselling
    - Educational materials
    - Mindfulness resources

  - Pandemic Focus and shift
    - Telephonic counselling
    - Telehealth counselling
    - Text messaging counselling

Mental Health Implementation

Outreach/Removing the Stigma
- Conducted live webinars to educate leaders and managers
  - What signs/symptoms to be looking for in employees at work.
  - What to do/who to contact with concerns.
  - Removal of mental health stigma education.
  - Reminders of the various services offered and available
- Rosen medical center
  - Mental health is assessed during visits
  - Phone lines in each exam room to start mental health services if needed
  - Prescriptive medical treatment available as needed
- Continues education
  - Weekly electronic reminders to all associates
  - Monthly mental health education topics

ROSENCARE™

Wrap up • Q&A • Survey

Thank you!!

National Alliance
of Healthcare Purchaser Coalitions
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