



AN UNCONVENTIONAL BLOOM

The Jewish Healthcare Foundation  
confronts a pandemic

ROOTS

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The nation's healthcare workers stand on the front lines during the COVID-19 pandemic, persevering under extraordinary circumstances.

Facing the challenges of limited resources, uncertainty about the virus, and fear of becoming ill themselves, they sacrifice their own health, emotional well-being, and time with loved ones to do the essential work of caring for those stricken by the virus.

Their skill, their compassion, their commitment, and their strength form a lifeline throughout this crisis.

This publication is dedicated to them.



## **About the Jewish Healthcare Foundation**

The Jewish Healthcare Foundation (JHF) is a public charity that offers a unique brand of activist philanthropy to advance healthcare innovation, advocacy, collaboration, and education in the interest of better population health. To accomplish its goals, JHF created three supporting organizations—the Pittsburgh Regional Health Initiative (PRHI) in 1998, Health Careers Futures (HCF) in 2003, and the Women’s Health Activist Movement Global (WHAMglobal) in 2017. Together these organizations develop and manage programs, research, training, and grantmaking to advance the quality of clinical care and health of populations.

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# Foreword

When we were elected as Chairs of JHF, neither of us ever imagined we'd be serving in this role during a pandemic. It's fair to say, however, that we were confident that our staff and Board would pull together as we always have done during times of crisis and attempt to solve as many COVID-19–related problems as possible with all the financial, operational, and staff resources we possess. Unfortunately, the danger has never been as great and our country's leadership so fragmented. Our obligation to do what we do best was clear: think creatively, propose innovative solutions, convene key players, make strategic grants, educate where needed and requested.

At no time in our history has our purpose become so critical to an immediate public health crisis, with the COVID-19 pandemic disproportionately affecting elderly and under-resourced or already-vulnerable persons and simultaneously interrupting every level of health care and social services.

At the beginning of the pandemic – starting on day one of the lockdown – the JHF Board and executive leadership began conversations about how JHF could allocate the necessary resources to quickly respond to emerging issues. In unprecedented fashion, the Board rapidly designated not one but three emergency grants to meet critical needs across our region. JHF has a long history of establishing emergency funds, but never at such scale and speed.

At the same time, JHF staff pivoted priorities to address the pandemic's impact across the Commonwealth and the nation. Never could we have foreseen how crucial JHF's focus areas would become, with many of the core issues JHF has pursued for decades quickly being exacerbated by the pandemic and taking center stage. Our expertise, our programs, and our networks created an impact even more valuable than the monetary response we were able to provide.

In our combined role during the pandemic as the outgoing and then newly appointed Board Chair of JHF, our job was consistently clear: to aid and enable the incredible leadership and foresight of Karen Wolk Feinstein and her senior team. It is also clear that their efforts would

not have yielded much success without the full support of the JHF staff and trustees. There have been numerous heroic actions by countless healthcare and frontline workers, but within this document you will find the story of many behind-the-scenes health activists and healthcare policy leaders doing all that they could to develop a way forward through the chaos.

We knew we had to chronicle this unprecedented journey. Looking back, we find inspiration in the way in which the Foundation's recent efforts have been guided by the underlying important mission and purpose of supporting the healthcare needs of both the Jewish and the general community. We wish to thank the dedicated staff and our Board colleagues for this extraordinary work.

Sincerely,



**Debra L. Caplan, MPA**

Board Chair (2021–present)

Vice Board Chair (2018–2020)



**David H. Ehrenwerth, JD**

Board Chair (2018–2020)



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*“Everybody knows that pestilences have a way of recurring in the world; yet somehow we find it hard to believe in ones that crash down on our heads from a blue sky. There have been as many plagues as wars in history; yet always plagues and wars take people equally by surprise.”*

– Albert Camus, *The Plague*



# Introduction

Not long after the COVID-19 pandemic froze the world in March 2020, it became frighteningly clear that the U.S. federal government did not intend to take command. All the critical components—supplies, logistics, precautions, regulations, and support for the basic functions of daily life in quarantine—were devolved to states and localities.

For the Jewish Healthcare Foundation (JHF), a philanthropic and activist organization in Pittsburgh, the pandemic pandemonium that ensued reinforced longstanding concerns and dismal statistics about the national safety net. An already fractured system was further stressed and exposed, and on top of the imminent threat of disease from the SARS-CoV-2 virus, many of the Foundation's focus areas were brought into the spotlight. JHF's three nonprofit operating arms, each with a governing board, engaged their combined 120 staff and Board members to launch a response.

JHF saw an opportunity to create both immediate and long-term solutions in patient safety, senior living, pregnancy care, teen behavioral health, and HIV/AIDS care. However, this would go beyond grantmaking and business as usual. The staff and Board members deployed their collective skills and knowledge to respond to a health crisis like no other.

JHF's work over the past year ranged from regional programs to statewide networks, to advocacy efforts for national policy transformation. The Foundation proposed solutions to prove that progress is possible; engaged key stakeholders and started action groups; advanced the work of community and regional partners; and expanded interest and communicated plans broadly.

As we enter the next stage of living and working through a pandemic, we take pause for a moment of reflection on this journey and how JHF found opportunities in 18 months of chaos.

# An Unprecedented Opportunity for a Full Court Press

In 2020, business as usual simply would no longer suffice. The double turmoil of a pandemic during a presidential election year opened opportunities for change, a moment to address some of the nation's most concerning health issues laid bare by the crisis. Accordingly, JHF launched a one-year concentrated effort to advance three major areas of health policy, called the Full Court Press.

JHF convened experts among Foundation staff, Board members, friends, and partners from across the country to form three Full Court Press Teams to: (1) establish a National Patient Safety Board to address the persistent issue of medical error, (2) create a new model for senior residential living to address longstanding issues in senior care, and (3) establish more comprehensive pregnancy and postpartum care, redefining what constitutes a “successful birth.”

The first three sections of this publication examine the pursuit of these three Full Court Press objectives within their defined focus areas. The final three sections cover additional work that has occurred simultaneously to address other critical issues during the pandemic.



SECTION I.

# Patient Safety

Lead JHF Staff: Karen Wolk Feinstein and Robert Ferguson

## Swerving Toward a Bold Patient Safety Solution: Tackling America's Medical Error Problem

As Americans have suffered devastating consequences from a global pandemic, they also suffer annually from preventable medical errors and harm. Prior to COVID-19, medical mishaps were the third leading cause of death in the U.S., contributing to at least 250,000 deaths per year, with some estimates of half a million. JHF first began tackling medical error in 1998, when the Foundation created the Pittsburgh Regional Health Initiative (PRHI). The Institute of Medicine drew national attention to the problem with their 1999 report *To Err Is Human*. Despite the two decades of action that followed, from PRHI and other regional healthcare improvement collaboratives, the government, and consumer activist groups, steady and meaningful improvements in patient safety have yet to emerge. The nation's healthcare systems have failed to successfully adopt the core safety science processes, technology, and information systems that other industries deploy to protect their workers and customers. Progress in reducing medical harm is stuck.

The intensity heightened as the COVID-19 pandemic further exacerbated medical harms. The stress on the healthcare system from the extended and extensive COVID-19 crisis created staffing, supply, and equipment shortages and worker burnout. While a pandemic might be expected to bring more attention to infection control and safety measures, a September 2021 analysis in *Infection Control & Hospital Epidemiology* showed that, due to various challenges related to the COVID-19 pandemic, incidence of healthcare-associated infections increased significantly in 2020 after years of steady declines.

PRHI did not want to endorse a heavier dose of the tonics that had not worked and, instead, sought a new direction and moved into high gear. The first step: finding a worthy new path to improvement. As JHF President and CEO Karen Wolk Feinstein, PhD, often says, “revolutions are born of hope and not despair,” and PRHI needed a vision and action plan for reform.

### Proposing a Solution

Beginning in 2019, PRHI revived a long-held dream. Before the pandemic, and over several decades, PRHI and others have called for the formation of an independent federal agency to oversee patient safety – including a 2010 *Pittsburgh Post-Gazette* op-ed penned by Dr. Feinstein. Nine years later, PRHI partnered with the Network for Excellence in Health Innovation (NEHI) to launch *SWERVE*, an initiative to push for a new direction in patient safety reform. *SWERVE* convened a coalition of leading public health and safety experts. Then the pandemic gave *SWERVE*'s agenda renewed urgency.



Pittsburgh Post-Gazette  
op-ed, January 10, 2010.

With input from leaders across the country, PRHI received broad endorsement for a new central independent agency focused on patient and worker safety, using the well-established National Transportation Safety Board (NTSB) as a model.

The proposed National Patient Safety Board (NPSB), like the NTSB, would advance a data-driven, non-punitive, collaborative, interdisciplinary-research approach to reducing harm and protecting patients and workers. Similar to the NTSB, the NPSB would exist as an independent agency at the federal level, reporting its results and “solutions” to a host of U.S. Department of Health and Human Services agencies, such as the Centers for Medicare & Medicaid Services, the Office of the National Coordinator for Health Information Technology, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, the U.S. Food and Drug Administration, and the National Institutes of Health, with a parallel mandate to receive a response within 90 days. It is worth noting that 84% of NTSB recommendations to the Department of Transportation, its Federal Aviation Administration, and others have been adopted.

Again, like the NTSB, the NPSB would study adverse events with multi-disciplinary “Go Teams” that identify root causes and lead to a host of solutions, such as necessary education, process redesign, and new technologies for autonomous corrections that prevent mishaps before they occur. To do this, the NPSB would coordinate with other agencies to access existing data from electronic health records, allowing for a better understanding of the preconditions for error, which permits anticipation and early intervention. While saving lives, an NPSB also would reduce the cost of care (related to extra bed days, work/family disruption, litigation, wasted effort and supplies, etc.). Another advantage is to alleviate the serious problem of worker burnout by centralizing and automating data collection, enabling real-time safety monitoring, hazard prediction, and corrective action.

## Allowing Study and Reflection

With the help of partners Wendy Everett, ScD, special advisor at NEHI, Ken Segel, MBA, CEO and managing director at Value Capture, and Steve Irwin, JD, PRHI Board co-chair and JHF Board secretary, *SWERVE* held three day-long national conversations with select healthcare leaders in Boston, Washington D.C., and San Francisco to shape a national patient safety strategy. The first and second in Boston and Washington, D.C. happened just before the pandemic



Initial *SWERVE* meetings. (top) Boston on January 22, 2020. (bottom) Washington, D.C. on February 24, 2020.



was declared, and the third in San Francisco was converted into a virtual session, which allowed for additional participants. These three initial *SWERVE* conversations jumpstarted new discussion on the NPSB and brought the proposal to life.

Energized by these early brainstorming sessions, PRHI convened three virtual summits in summer 2020 to plan for the details and messaging of an NPSB proposal. The 83 participants spanned leaders in patient safety, health systems, insurance, academia, foundations, and technology. The NPSB took shape as participants explored strategies for approval and implementation.

### Forming an Action Group and Engaging Key Partners



The JHF Board approved a new Patient Safety Full Court Press Team of Board members from both JHF and PRHI and, thanks to the convenience of virtual meetings, key national experts. Consultants helped the team shape an evolving vision for an NPSB. Michael McShea, MS, MBA, group chief scientist at the Johns Hopkins Applied Physics Lab in the Health and Human Systems group of the National Health Mission Area, provided critical insights for automating patient safety from his pioneering work on battlefield interventions. Another essential partner and consultant, David Classen, MD, MS, professor of medicine at the

University of Utah, contributed intuitive understanding of the potential to extract meaningful electronic health record data, which is essential to autonomous error prevention and interventions.

Former NTSB Chairman Robert L. Sumwalt, MAS, contributed much wisdom and led the team to Hassan Shahidi, PhD, president and CEO at the Flight Safety Foundation, and Wally Feerrar, MBA, senior principal at MITRE, which houses the Aviation Safety Information Analysis and Sharing (ASIAS) system. Both Dr. Shahidi and Feerrar helped the Patient Safety Full Court Press Team to learn more about the transportation industry's methods for developing a culture of data sharing.

As the Full Court Press proceeded, more experts joined the cause. The team is grateful for the insights of all, including José-Alain Sahel, MD, chair and distinguished professor of the Department of Ophthalmology at the University of Pittsburgh School of Medicine; Robert Ball, MD, MPH, ScM, deputy director of the Office of Surveillance and Epidemiology, Center for Biologics and Evaluation Research of the U.S. Food and Drug Administration; Lee Fleisher, MD, chief medical officer and director



of the Centers for Medicare & Medicaid Services; Jonathan Gleason, MD, executive vice president and James D. and Mary Jo Danella chief quality officer at Jefferson Health; former NTSB Chairman Christopher A. Hart, JD; Martin Hatlie, JD, CEO of Project Patient Care and co-director of the MedStar Institute for Quality and Safety; Regina Hoffman, MBA, RN, executive director of the Patient Safety Authority; Jeanne Iasella, chief solutions officer at TeleTracking; Chris Johnson, MBA, president and co-CEO of TeleTracking; Gary Kaplan, MD, chairman and CEO of Virginia Mason Health System; Wayne Loschen, MS, software engineer/project manager at the Johns Hopkins University Applied Physics Laboratory; David Mayer, MD, CEO of the Patient Safety Movement Foundation and executive director of the MedStar Institute for Quality and Safety; Tom Mitchell, PhD, MS, E. Fredkin University professor at Carnegie Mellon University; Lisa Simpson, MB, BCh, MPH, FAAP, president and CEO of AcademyHealth; Paul Tang, MD, MS, adjunct professor at the Stanford Clinical Excellence Research Center and member of the National Academy of Medicine Division Committee; Lisa Tutterow, MS, deputy FFRDC director at MITRE; and John Zimmerman, MDes, Tang Family professor of artificial intelligence and human-computer interaction at Carnegie Mellon University, among many others.



## Launching a Campaign

With the proposal well-defined, in February 2021 a national coalition formed to push for the NPSB policy at the legislative and executive levels. The NPSB Advocacy Coalition engaged with James Gelfand, JD, senior vice president of health policy at the ERISA Industry Committee (ERIC), for strategic insight in bringing NPSB legislation to life and building a wider coalition of provider, consumer, and purchaser organizations. The NPSB Advocacy Coalition shaped NPSB draft legislation with additional guidance from government relations and industry experts and prepared to deliver a proposal to federal officials. Gelfand and Christina Ciconte, staff associate of health and retirement policy at ERIC, set up scores of productive meetings with the staff of key U.S. Senators and Representatives and new administration officials to build relationships and support on the Hill and in the capital. Patient Safety Full Court Press Team Co-Chairs Steven Irwin, JD, and Mark DeRubeis, MBA, and JHF Chief Policy Officer Robert Ferguson, MPH, made immense contributions to advance the work of the coalition and the Patient Safety Full Court Press.

Dr. Feinstein moderated a breakout session, “A Full Court Press to Advance Patient Safety & Reduce Pandemic Harm,” at the



Clockwise from top left: Laurie Zephyrin, Karen Wolk Feinstein, Terry Fulmer, and David Classen present during the AcademyHealth Conference.

See the Appendix on pages 58-63 for op-eds in *Health Affairs*, *Modern Healthcare*, and the *Pittsburgh Business Times*.

AcademyHealth Health Datapalooza and National Health Policy Conference in February 2021. In April 2021, JHF brought on communications consultant Jack Horner to prepare a national campaign to market the NPSB proposal. Media coverage has drawn attention to the issue, with articles appearing in *Health Affairs*, *Forbes*, *Modern Healthcare*, and the *Pittsburgh Business Times*.

As the NPSB built momentum over the past year, JHF extended its patient safety work in other ways. For the 2020 edition of JHF's annual summer Patient Safety Fellowship, the Foundation brought the pandemic into virtual Zoom rooms and tasked a cohort of nationwide Fellows (the largest-ever) with mapping responses to imagined future public health emergencies, to prepare the next generation of patient safety leaders. This and JHF's other fellowships were made possible with the contributions and dedication of JHF Program Associate Steven Guo.

For more information on the JHF Healthcare Safety Challenge and Liftoff PGH, see page 52.

To spark further patient safety transformation, JHF partnered with Pittsburgh-based Innovation Works, providing a \$160,000 grant to create a 2021 JHF Healthcare Safety Challenge. The global competition received over 125 submissions from 15 different countries and showcased innovative technology solutions to reduce medical harm against the backdrop of the world's largest healthcare crisis in a century. In the spirit of JHF's Liftoff PGH health innovation initiative, the competition was intended to encourage Pittsburgh's emergence as an epicenter for healthcare-safety technology innovation, highlighting three different Pittsburgh-based startups.

## Progress to Date



The initiative to establish an NPSB has gained momentum during the pandemic. Anticipating a change in the White House that might open the gates to more health reforms, PRHI began to “think big.” What started in 2019 as an attempt to revive an idea that had circulated for three decades grew into a national movement with a Coalition of over 50 organizations representing all the key stakeholders in health care. With all focus now on urging the 117th U.S. Congress and the Biden Administration to create an NPSB, JHF staff have held over 50 meetings with legislative and administrative personnel to promote this reform. Borrowing shamelessly from the model of the NTSB—a credible “research and development” agency that is prized for its effective solutions to potential and real harm—JHF has enlisted two leading former NTSB Chairmen to guide our work.

To accomplish remarkable achievements in safety, the NTSB assembles multi-disciplinary teams and works on the frontiers of computer science, engineering, artificial intelligence, machine learning, and analytics to

devise autonomous solutions that alleviate the burden from pilots, drivers, space travelers, and mechanics. JHF organized a Patient Safety Full Court Press Team of local and national experts to explore the translation of these same breakthroughs to health care in monthly meetings. A key accomplishment has been the identification of some of the brightest minds in safety engineering and analytics to guide our work. JHF also inaugurated two awards (one global and one regional) in healthcare safety technology to identify even more entrepreneurial ideas.

In September 2021, JHF launched a broader awareness campaign to invite the public to “get on board” with the NPSB, which drew national attention in a September 2 [Wall Street Journal article](#) and a September 22 [Modern Healthcare article](#), both featuring JHF’s work and the NPSB proposal. As part of the campaign, JHF produced a series of podcasts, called [Up Next for Patient Safety](#), convening experts in health care and technology to examine the best paths to uncovering the best interventions. In conversation with Dr. Feinstein, the first three episodes feature former NTSB Chairman Robert Sumwalt, Dr. David Classen, Michael McShea, Jessica Brooks, president and CEO of the Pittsburgh Business Group on Health and CEO and founder of US Health Desk, and Nancy Giunto, executive director of Washington Health Alliance, along with Harry Litman, host of the Talking Feds podcast, as special guest host of the inaugural episode. On September 17, stakeholders in the patient safety community discussed approaches more broadly during a World Patient Safety Day 2021 panel on the “Patient Safety Moonshot,” a movement to cure medical harm by 2030. Dr. Feinstein outlined the concept of a NPSB as part of the effort to address medical error in the United States using advanced analytics and technology. In addition, Dr. Feinstein published an October 2021 op-ed in the *Pittsburgh Business Times* advocating for the city to combine its “meds, eds, and tech” resources to create a Center for Healthcare Safety.

Through this campaign, JHF is exploring the intersection of pandemic preparedness, public health transformation, and the reduction of medical error. While we have yet to establish a new federal agency focused solely on patient and worker safety, we are raising aspirations, kindling new collaborations, educating ourselves and others, and “modernizing” our nation’s approach to patient protection. And we persevere.



See the Appendix on page 66 for the op-ed in the *Pittsburgh Business Times*.



SECTION II.

# Senior Care

Lead JHF Staff: Nancy Zionts

## What COVID-19 Exposed in Long-Term Care

Some things are totally predictable, such as the potential for the rampant spread of contagion in confined spaces where the oldest and frailest reside. During a pandemic, the only barriers to tragedy in nursing homes are an abundance of protective supplies and equipment, a connected clinical care team, and special infection control expertise on site. Fragile senior residential facilities had none of these, and when they were most needed, they weren't made available.

Even the best skilled nursing facilities' clinical capacity had been weakened by forces beyond their control: years of inadequate resources, underfunding, and a slower-than-needed response from health systems and public health authorities. Reimbursement and regulation had not allowed for sufficient staffing, training, or infection control. As a result of these factors and the nature of COVID-19, long-term care facilities became ground zero for the pandemic, contributing to [nearly 40% of U.S. COVID-19 deaths and 50% of Pennsylvania deaths](#). As JHF watched with horror, COVID-19 ravaged the residents and staff of long-term care facilities, and the Foundation recognized an urgent need for both immediate and long-term solutions.

## A Short-Term Solution for Long-Term Care

JHF immediately leveraged decades of experience in long-term care education to respond to the pandemic. JHF was well-positioned to do so, having spent the previous eight years as lead educator for the RAVEN (Reduce AVOIDable Hospitalizations using Evidence-based interventions for Nursing facilities) Initiative, funded by a grant from the [Centers for Medicare & Medicaid Services](#) (CMS) and led by [UPMC](#). As a result of the RAVEN Initiative, which concluded in 2020, JHF developed a wealth of educational resources for facilities, as well as partnerships that have led to relationships with CMS and departments within the Pennsylvania government. In addition, JHF has served as the statewide lead trainer for Dementia Friends, PA-POLST (Physician Orders for Life Sustaining Treatment), and the CNA and Nursing Home Champions Programs.

These past experiences and partnerships were the basis for JHF's involvement in several state-led efforts to aid long-term care facilities during the pandemic. In early 2020, JHF worked with the Pennsylvania Department of Human Services to launch the ESCCP (Educational Support and Clinical Coaching Program). The statewide network of over 1,200 personal care homes and assisted living residences was designed to help facility residents and staff stay informed and safe during the COVID-19 public health crisis. JHF was asked to be lead educator





and offered twice-weekly educational webinars for over 3,000 frontline workers. The webinars focused on preparedness, infection control best practices, proper use of personal protective equipment, advance care planning, and special care considerations (e.g., for persons with dementia or behavioral health concerns). JHF offered ESCCP participants an extensive and evolving web-based community platform ([Tomorrow's HealthCare™](#)), as well as over 200 COVID-19–related resources. As a result, long-term care frontline workers have gained access to best practice lessons and feedback from peers, experts, and partners across the Commonwealth.

In addition to timely education, the ESCCP connected long-term care sites to health systems throughout the Commonwealth. Participants had daily calls with Department of Human Services leaders and health systems staff, including [Temple University](#), [University of Pennsylvania](#), Penn State [Hershey Medical Center](#), the [Wright Center](#), [University of Pittsburgh Medical Center](#), [Geisinger](#), [Lake Erie College of Osteopathic Medicine](#), and [Allegheny Health Network](#). The ESCCP presented an important platform to advance learning and care in long-term settings, a key agenda of JHF.

As the pandemic's devastating effects were realized in nursing facilities, senior advocates, including the members of the Pennsylvania Health Funders Collaborative (PHFC), called for the formation and funding of rapid response teams.

Building on the success of the ESCCP, in summer 2020 JHF was invited to be lead educator for the RRHCP (Regional Response Health Collaborative Program), a partnership between the [Pennsylvania Department of Human Services](#), the [Pennsylvania Department of Health](#), the [Federal Emergency Management Agency](#), and key healthcare organizations and health systems across the Commonwealth. Six new Regional Response Health Collaboratives (RRHC) were fielded to provide COVID-19 testing for residents and staff of long-term care facilities, form teams to quickly respond to COVID-19 outbreaks, coordinate training and provision of equipment, and more.

For RRHCP, JHF hosted educational webinars on 40 different topics for over 1,800 skilled nursing and assisted living/personal care facilities in western Pennsylvania, and JHF saw 3,500 individual RRHCP participants join the community on the Tomorrow's HealthCare™ platform. JHF created online resources and real-time opportunities for RRHC field staff from across the Commonwealth to learn from each other. In southwestern Pennsylvania, JHF collaborated with longtime partners [UPMC](#), [Allegheny Health Network](#), and the [Healthcare Council of Western Pennsylvania](#) to form the two local RRHCs. With sustainability in mind, JHF developed educational toolkits for facilities to help their staffs become more self-sufficient when the RRHCP ended. Based on



demonstrated need across the Commonwealth, RRHCP was extended in November 2020 and continued through the end of the year. During its seven months of existence, the RRHCP implemented universal COVID-19 testing and on-site visits across 100% of facilities and completed 13,900 missions for providers to conduct assessment, testing, and consultation for COVID-19.

JHF initially began this work without the promise of funding to address urgent needs across Pennsylvania. As federal funding became available, it enabled the aging team to maintain their high level of engagement in education and coaching.

In early 2021, a limited version of RRHCP, the Regional Congregate Care Assistance Teams (RCAT), was created to provide COVID-19 outbreak aid to long-term care facilities. JHF continued to conduct on-demand statewide webinars, drawing over 1,000 attendees from personal care homes and assisted living facilities, this time focused on improving campaigns and uptake for staff vaccinations and reducing vaccine hesitancy. JHF staff were invited to present on vaccine hesitancy at state webinars outside of RCAT as well.

All three programs convened educational, academic, and government leaders to help personal care homes, assisted living facilities, and long-term care facilities during the COVID-19 pandemic. With this experience, JHF is well-positioned to continue addressing facility staff's needs for tailored educational resources into the future.



## **Prove that Progress Is Possible: Reimagining the U.S. Senior Living Model**

Even as JHF worked to mitigate the immediate concerns of COVID-19 and provide quality, customized education and key resources, it became clear that long-term care's problems would not vanish with the pandemic's end. Early in 2020, JHF and the Pennsylvania Health Funders Collaborative invited renowned health services/aging researcher Vincent Mor, PhD, MEd, professor at the Brown University School of Public Health, to speak at two webinars. Dr. Mor shared his research on COVID-19 and skilled nursing facilities, reporting that staffing levels and quality rankings have little to do with the spread of COVID-19 in facilities (contrary to popular belief). COVID-19 exposed long-standing issues in nursing home structure and financing, he said, demonstrating the need to envision new solutions for senior care.

Dr. Mor's findings informed JHF's early understanding of the pandemic's impact on seniors and the possibilities for improvement. The Foundation saw COVID-19's utter devastation of the senior community as a wake-



Vincent Mor, PhD, MEd,  
professor at the Brown  
University School of  
Public Health.

up call for everyone to renew commitment to finding a solution. With this knowledge, JHF began broader calls to raise awareness of COVID-19's impact on seniors. In May and August 2020, Dr. Feinstein and COO and Chief Program Officer Nancy Zionts, MBA, joined the Pittsburgh Technology Council's webinar program, *Business as Usual*. They called over 100 listeners' attention to the pressing needs of older adults during COVID-19 and discussed the Foundation's initiatives to respond.



LeadingAge LTSS Center  
@UMass Boston's  
*What is Happening to  
Pennsylvania's Nursing  
Homes?* published in  
January 2021.

Such initiatives included JHF-commissioned research to define the current state of nursing homes and develop a foundation for a better senior living model. In spring 2020, JHF engaged Marc Cohen, PhD, and researchers at the LeadingAge LTSS Center @ UMass Boston to complete a study documenting the critical role that nursing homes play in the care of older and vulnerable adults in Pennsylvania. The resulting report, published in early 2021, entitled [\*The Case for Funding: What is Happening to Pennsylvania's Nursing Homes?\*](#), characterizes issues, including changes in Medicaid reimbursement, that will affect the financial viability of nursing homes in the Commonwealth. JHF backed a forthcoming second study, [\*The Quality of Care in Nursing Homes\*](#) by the National Academies of Sciences, Engineering, and Medicine, which will present policy priorities to redesign current skilled nursing models. The study is convening a Committee on the Quality of Care in Nursing Homes over one year to examine how the United States delivers, regulates, finances, and measures quality of nursing home care.

## Start an Action Group and Engage Key Partners

With research underway, JHF made senior living the second pillar of the Full Court Press initiative and formed a second team of Board members and outside experts to transform programmatic, financial, and regulatory policies in order to redesign residential services for frail seniors.

Valuable partners in this effort included Stuart Altman, PhD, MA, former dean of the Heller School at Brandeis University and former chairman of the Massachusetts Health Policy Commission; Mercè Boada Rovira, MD, PhD, chief medical officer at Fundacio ACE; Alice Bonner, PhD, RN, FAAN, director of strategic partnerships at the Center for Innovative Care in Aging of the Johns Hopkins Bloomberg School of Public Health and the Institute for Healthcare Improvement; Stuart Butler, PhD, MA, senior fellow in economic studies at The Brookings Institution; Jackie Dunbar-Jacob, PhD, RN, FAAN, dean of the University of Pittsburgh School of Nursing; Margarita Estévez-Abe, PhD, associate professor at Syracuse University; Bobbie Gray, MPA, senior director at Presbyterian Senior Care; Ken Ho, MD, MPH, assistant professor at the University of Pittsburgh; Emily Jaffe, MD, VP and executive medical director at Highmark Home and Community Services; Molly Langford, MSN, CRNP, senior director of clinical practice at Genesis Physician Services; David Nace, MD, MPH, chief medical officer at UPMC Senior Communities; Tricia Neuman, ScD,

MS, senior vice president of the Kaiser Family Foundation; Valerie Njie, retiree, previously of Bidwell Training Center; Bruce Vladeck, PhD, MA, former administrator of the Health Care Financing Administration (now the Centers for Medicare & Medicaid Services); and especially Senior Living Full Court Press Team Lead Eric Rodriguez, MD, MPH, of the University of Pittsburgh/UPMC.

## Expand Interest and Communicate Broadly

To engage the larger aging community, JHF had to venture deeper and examine what really happened in nursing homes during the pandemic, to tell the true and full, gut-wrenching story. In 2020, JHF produced a short documentary film, *What COVID-19 Exposed in Long-Term Care*, which examines how the COVID-19 crisis has devastated many American long-term care facilities, regardless of quality and safety records. The documentary engaged experts from across the country to discuss how even the best skilled nursing facilities' clinical capacity has been weakened by forces beyond their control, and what must be done to build a better future for seniors in the United States. WQED hosted the film's Pittsburgh online premiere, and the film has been shown to several organizations, including the Jewish Funders Learning Network, the Southwestern PA Partnerships for Aging, the Pennsylvania Geriatrics Society – Western Division, and the Coalition for Quality at End of Life. In 2021, the documentary won the Jury's Choice Award at the A Show for a Change Film Festival and was selected for the Manhattan Film Festival, the Marina del Rey Film Festival in Los Angeles, Sacramento, CA's Life Film Festival, and the FlickFair online film festival.



Film poster for *What COVID-19 Exposed in Long-Term Care*.

The film features insight from long-term care experts including Marc Cohen, PhD, co-director of the LeadingAge LTSS Center @UMass Boston; Terry Fulmer, PhD, RN, FAAN, president of The John A. Hartford Foundation; Ashish Jha, MD, MPH, dean of the Brown University School of Public Health; Daniel Haimowitz, MD, geriatrician; Christopher Laxton, CAE, executive director of AMDA – The Society for Post-Acute and Long-Term Care Medicine; Vincent Mor, PhD, MEd, professor at Brown University; Katie Smith-Sloan, MPPA, president and CEO of LeadingAge; David Thimons, DO, geriatric and palliative medicine specialist and co-founder of Personal Care Medical Associates; Paul Winkler, president and CEO of Presbyterian SeniorCare Network; Deborah Winn-Horvitz, MS, president and CEO of the Jewish Association on Aging; and Louis Woolf, MBA, president and CEO of Hebrew SeniorLife, among others.

To inspire discussion of senior care innovations and technology, JHF produced a podcast mini-series, High Tech + High Touch Health Care. The episodes are available on the Pittsburgh Technology Council's [TechVibe Radio channel](#). Guests included Danny Rosen, PhD, MSW, professor of social work at the University of Pittsburgh and the founder



Betsy Hawley, executive director at Pediatric Palliative Care Coalition, at the 3<sup>rd</sup> Session of the 2020 Death and Dying Fellowship at UPMC Children's Hospital of Pittsburgh on February 10.

of Wellbridge Health; Dan Swayze, DrPH, MBA, MEMS, vice president for community services at UPMC Health Plan; Judith Black, MD, MHA, medical advisor for JHF; Dr. Emily Jaffe; and Dr. Eric Rodriguez, with hosts Health Careers Futures Board Member Mildred Morrison and Nancy Zions.

During the summer 2021 Patient Safety Fellowship, JHF engaged early-career healthcare professionals in exploring new long-term care solutions. Throughout the fellowship, participants learned about the complex arena of long-term care, where safety challenges and opportunities exist, and the key components that could establish a brighter future for aging Americans. In groups, fellows designed and presented four alternative and novel models of safer, better options for seniors across a variety of care and living contexts.

In addition, JHF's aging work during the pandemic also focused on end-of-life care, a topic that COVID-19 suddenly and unfortunately made all the more relevant.

JHF wove COVID-19 into the Death and Dying Fellowship, which abruptly but successfully transitioned to a virtual model in 2020 that continued for the 2021 edition. The fellowship, in its sixth and seventh years, respectively, allowed a multi-disciplinary group of participants to learn, confront, and discuss the legal, medical, social, cultural, familial, and spiritual aspects of death and dying in a low-pressure environment. Against the backdrop of the pandemic, these trainings and conversations took on heightened urgency and emotion.

Building on the Death and Dying Fellowship, Nancy Zions presented a two-hour continuing education session entitled "Grief in an Era of COVID-19" for over 200 funeral directors gathered in Cleveland, Ohio, in September 2020. In addition to sharing the components of JHF's *Closure* initiative and the Death and Dying Fellowship, Zions focused her presentation on how COVID-19 has changed the process of death and dying, the access of families to their ill loved ones, communal grief, grief interrupted or postponed, and the importance of professionals' self-care.

As the founder and statewide coordinator for the [Coalition for Quality at End of Life](#) and PA POLST (Pennsylvania Orders for Life Sustaining Treatment), JHF began work to expand end-of-life training for healthcare professionals. In 2021, JHF was awarded a \$50,000 grant from the McElhattan Foundation to develop a virtual curriculum for PA POLST. The initiative will expand the reach of POLST training for healthcare providers across the Commonwealth, building on JHF's [Liftoff PGH](#) initiative, which included discussion of innovation in end-of-life care and was sponsored by the McElhattan Foundation. This critical work gave current leaders and the next generation of end-of-life practitioners and advocates the skills and experience to deal with the crises of today and tomorrow.

## Progress to Date

With insight from the Senior Living Full Court Press Team, JHF is exploring multiple model options that would better serve the sub-groups of the senior population, based on factors such as health status, income, and seniors' preferred residential setting, and create an environment better equipped to respond to both everyday and emergency needs.

In partnership with [The John A. Hartford Foundation](#) and the [Henry L. Hillman Foundation](#), JHF announced a pilot of the Revisiting the Teaching Nursing Home Initiative to trial and validate a better model of residential care for the Commonwealth's frailest residents. JHF operating arm [Health Careers Futures](#) will launch three teaching nursing home partnerships in Pennsylvania. In support of the pilot, Health Careers Futures received three grants totaling \$974,110 from The John A. Hartford Foundation, the Henry L. Hillman Foundation, and JHF. The project will revive a model of care that proved successful in the 1980s: a "teaching" environment where students, academics, and healthcare workers collaborate to improve care for residents. This model provides opportunities for researchers to experiment with new methods of care and for students to foster careers in nursing homes and geriatrics.

The Revisiting the Teaching Nursing Home Initiative commenced July 1, 2021, and will run through 2023 in three regions of Pennsylvania (Eastern, Central and Western). The pilot will engage key academic partners at the [Pennsylvania State University College of Nursing](#), [University of Pennsylvania School of Nursing](#), and [University of Pittsburgh School of Nursing](#), and nursing home partners The Willows of Presbyterian SeniorCare, UPMC Canterbury Place, Wesley Enhanced Living, and Centre Crest Care. The partnerships will equip existing nursing facility staff with clinical, training, research, and quality improvement resources, creating a critical bridge between bedside care and academic innovation and clinical expertise. With increased opportunities to learn first-hand and in a real-life setting, students and staff will enhance their clinical skills while improving the functioning and health status of seniors. Project leaders hope the results of the pilot will inform a better model for ongoing clinical quality improvement and safety in long-term care.

JHF's statewide collaborative work and the state grants the Foundation was awarded demonstrate state leaders' value of JHF's experience in long-term care education. With the state's partnership, JHF provided valuable resources to long-term care facilities across Pennsylvania, while working to address the underlying issues facing senior living and senior care and generate widespread interest in collaboration. As JHF's work in aging continues, the Foundation looks forward to a future where senior care and living are redesigned to take on these challenges and truly fulfill the entirety of residents' and seniors' needs.







SECTION III.

# Maternal Health

Lead JHF Staff: Robert Ferguson and Julia Och



## Proposing a Comprehensive Approach to Pregnancy and Postpartum Care

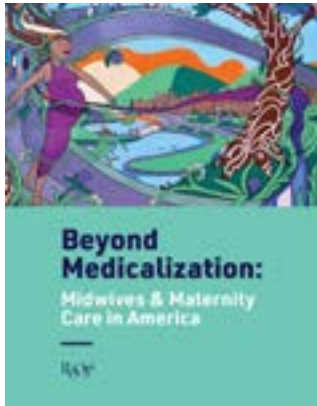
Under the threat of the COVID-19 pandemic, the world rapidly moved into a new era of healthcare delivery, and birthing families braved unprecedented challenges as they navigated a path already filled with apprehension and anxiety. Across the country, maternal healthcare policies changed daily to ensure birthing families had access to safe care. Hospitals called on birth centers and midwives to help create alternative safe spaces, while birth providers and advocates worked tirelessly to support people giving birth—both physically and mentally. Maternal healthcare systems rapidly responded and changed policies around birth worker licensure, [availability of telemedicine, and their care delivery models](#). These seismic shifts happened out of necessity, and the United States is now faced with critical questions about the future response to birthing families' needs, as Mary-Ann Etiebet, MD, MBA, lead and executive director of Merck for Mothers, emphasized in a May 2020 [op-ed](#) for *Scientific American*. Once the threat of COVID-19 abates, maternal health leaders will be left with a choice: to return to previous models of care or to innovate with the pandemic's lessons.

JHF and operating arm Women's Health Activist Movement Global (WHAMglobal) used this time of uncertainty and disruption to consider what, under ideal conditions and normal circumstances, represents the safest, most satisfying, and natural environment for people to give birth. Leaders from around the country and the world tried to answer the ultimate question: If pregnant people were to design the perfect childbirth experience, for themselves and their partners and infant, from preconception to successful family bonding, would it resemble today's reality?

The answer is most certainly “no”—there remains much to be done. In America, the overmedicalization of childbirth runs rampant, complicated by implicit bias, racism, and thorny policies that present barriers to alternative birthing options and quality nutrition. Responses to maternal depression, severe hypertension, substance use disorder/neonatal abstinence syndrome, and maternal and child mortality rates require attention, as do associated racial/ethnic disparities—especially in Pittsburgh, where Black mothers die at a rate higher than those in 97% of other U.S. cities. In 2020 and 2021, JHF took up the charge to advance the conversation and push for change on these key issues.



## Proving that Progress Is Possible



JHF's *Beyond Medicalization: Midwives and Maternity Care in America* published in April 2020.

When the World Health Organization declared 2020 the Year of the Nurse and Midwife, JHF was further inspired to honor the timeless profession of midwifery and examine America's approach to pregnancy and delivery over the past century. In early 2020, JHF published a ROOTS report, [\*Beyond Medicalization: Midwives and Maternity Care in America\*](#), to explore the decline of midwifery and the shift to "overmedicalized" childbirth, where important techniques for complex deliveries became the norm for everyone. JHF considered how activists pushed back and achieved numerous successes in making the childbirth experience more satisfying and even safer for women and families.

In many ways, the timing was right in 2020 for further concentrated action on maternal health policy. Driven by WHAMglobal's previous work and the widespread energy around reimagining pregnancy and childbirth, JHF named maternal health as the third pillar of the Full Court Press initiative, to pursue a comprehensive approach to pregnancy and post-partum care. JHF focused on the most critical and actionable targets for policy change locally and across the Commonwealth: expanding the scope of work for midwives, certifying and reimbursing community health workers and doulas, and increasing enrollment in the Women, Infants and Children (WIC) Nutrition Program in Pennsylvania.

JHF was well-suited to take on these challenges, based on a history of dedicated effort to train, certify, and establish community health workers as integral partners in healthcare delivery. JHF has convened national and statewide community health worker summits, co-authored an [issue brief](#), [championed](#) the PA Community Health Worker Steering Group that led to a community health worker certification program in Pennsylvania, piloted Pennsylvania's first Certified Community Health Worker Apprenticeship Program, and organized several community health worker and doula [programs](#) for various populations. In addition, JHF has been working to reinvigorate the WIC Program in Pennsylvania since the beginning of 2019. Connections—at home and abroad—with maternal health stakeholders, health systems, and state leadership created a solid network, from which JHF formed a new Maternity Full Court Press Team to jumpstart action in 2020.

## Start an Action Group and Engage Key Partners

The new Maternity Full Court Press Team explored federal and state policy targets. Early conversations covered legislative priorities to address barriers to licensure that midwives experience; federal and state policy targets to promote a comprehensive and more equitable Pennsylvania WIC Program; and policy levers to certify and reimburse

perinatal community health workers and doulas in Pennsylvania, possibly through amended Medicaid payment models. The insights of key guest speakers were essential to understanding the opportunities available, existing barriers, and successful models from other states and regions. The team is grateful for the contributions of guest speakers, including the following:

Darlena Birch, MBA, RDN, senior public health nutritionist at the National WIC Association; Debra Bogen, MD, director of the Allegheny County Health Department; JHF Board Chair and WHAMglobal Board Chair Debra Caplan, MPA; Pennsylvania Women's Health Caucus Co-Chair Representative Mary Jo Daley; Carrie Dinsmore, president of the Pennsylvania WIC Association; Geri Henchy, MPH, director of nutrition policy and early childhood programs at the Food Research and Action Council; Wandy Hernandez-Gordon, AA, BDT (DONA), CLC, CCE, co-chair of the Founding Board for the National Association of Community Health Workers; Wendy Leonard, MD, AAHIVS, executive director of TIP Global Health; Emily McGahey, CNM, MSN, state legislative committee co-chair of the American College of Nurse-Midwives Pennsylvania Affiliate; Pennsylvania Majority Whip Representative Donna Oberlander; Marcus Plescia, MD, MPH, chief medical officer at the Association of State and Territorial Health Officials; Pennsylvania Women's Health Caucus Co-Chair Senator Judith Schwank; Maternity Full Court Press Team Lead Pat Siger; Nan Strauss, JD, director of policy and advocacy at Every Mother Counts; Ann Torregrossa, JD, executive director of the PA Health Funders Collaborative; and Laurie Zephyrin, MD, MPH, MBA, vice president, delivery system reform at The Commonwealth Fund, among many others.

From these conversations emerged key strategies and objectives: the formation of a Perinatal Community Health Worker & Doula Advisory Group to gain consensus on certification standards and financing recommendations, the creation of regional WIC Action Groups, and an education and advocacy blitz.

Inspired by the recommendation of the Maternity Full Court Press Team, in April 2021 WHAMglobal convened a statewide Doula and Perinatal Community Health Worker Advisory Group of over 100 members to create more equitable access to doulas and to develop a statewide infrastructure to reinforce the work of doulas across Pennsylvania, with the partnership of the Pennsylvania Department of Human Services.



To spur action on Pennsylvania's WIC program, JHF partnered with the Pennsylvania Health Funders Collaborative in October 2020 to host Pennsylvania's first WIC Stakeholders' Collaborative Summit. Over 300 WIC statewide leaders, advocates, and other stakeholders discussed innovative best practice models from across the country that have proved effective during the COVID-19 pandemic and identified strategies to advocate for and apply these best practices in the different regions of Pennsylvania. Together they examined key challenges and opportunities related to improving WIC services, especially the ongoing decrease in WIC enrollment rates throughout Pennsylvania.



See the Appendix on page 64 for the *Pittsburgh Business Times* op-ed.

In 2021, Pennsylvania's WIC status became more dire. The disruptive request for applications process to renew WIC agency funding, conducted in 2020 at the height of the pandemic, threatened the status of WIC agencies across the state. If this trajectory was followed, the Allegheny County Health Department would no longer be the local WIC provider after December 2021 unless additional action was taken. The second largest WIC eligible population in Pennsylvania would have then been overseen from another largely rural county.

Similar effects would be felt across the state. The Maternity FCP Team explored these issues and potential solutions for Pennsylvania WIC, including local and state-level WIC advisory groups, and the *Pittsburgh Business Times* published an op-ed by Dr. Feinstein urging action for Pittsburgh's working families. The Pennsylvania Department of Health ultimately decided to cancel the WIC request for applications (RFA) process, maintaining existing WIC agencies. The Maternity FCP team immediately launched statewide WIC workgroups so that WIC agencies and stakeholders may better collaborate.

Through the WHAMglobal Board, JHF further engaged women leaders around the world to examine COVID-19's disproportionate effect on women and efforts to address the problems that the pandemic exacerbated globally, including employment instability, rises in domestic violence and reproductive coercion, and limited access to health care and community health services.



## Engaging State and Local Partners in Maternal Health

To jumpstart efforts on maternal health in the Pittsburgh region, in fall 2020 JHF granted Allegheny Health Network (AHN) \$75,000 to create a new payment and care delivery model for women and infants. This model includes incorporating social workers into AHN maternity care to improve patient outcomes and reduce high-risk complications during pregnancy and sustaining this role through a maternity value-based payment model.

JHF drove quality improvement in birthing centers and hospitals across Pennsylvania through the Pennsylvania Perinatal Quality Collaborative (PA PQC), launched by WHAMglobal in 2019 as an action arm of Pennsylvania's Maternal Mortality Review Committee. Sixty-one birth sites and neonatal intensive care units and 14 health plans across the Commonwealth are actively identifying perinatal processes that require improvement and quickly adopting best practices to achieve the common aims. Focus areas include maternal opioid use disorder, neonatal abstinence syndrome, contraceptive care, maternal depression, severe hypertension, reducing racial/ethnic disparities, and increasing access to long-acting reversible contraception during the immediate postpartum period.

Key leaders for this work include Robert Ferguson and Moving on Maternal Depression Task Force Co-Chairs Chaunda Cunningham, LSW, clinical practice and home visiting manager of [Healthy Start, Inc.](#), and Saleemah McNeil, CLC, MS, MFT, reproductive psychotherapist and founder/CEO of [Oshun Family Center](#). The PA PQC is supported by the Pennsylvania Department of Drug and Alcohol Programs, the Henry L. Hillman Foundation, the Maternity Care Coalition through the PA Pritzker Prenatal-to-Age-Three initiative, the Pennsylvania Department of Human Services, and the U.S. Health Resources and Services Administration.

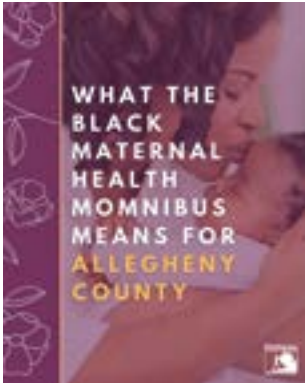
JHF continued work on Merck for Mothers' [Safer Childbirth Cities Initiative](#) to support community-based organizations in U.S. cities with a high burden of maternal mortality and morbidity to implement evidence-based interventions and innovative approaches to help cities become safer and more equitable places to give birth. In 2019, Pittsburgh joined nine other cities across the country for the inaugural cohort, and JHF was chosen to coordinate a \$1 million, multi-year grant to help address disparities in maternal health, in collaboration with local nonprofits and health systems. With funding from the [Heinz Endowments](#) and Merck for Mothers, in 2020 the WHAMglobal Pittsburgh: A Safer Childbirth City Community Fund awarded grants to five community-based organizations working to improve maternal health in Allegheny County. The grants aim to build collaborative partnerships, coordinate services, share best practices, receive training and technical assistance, and build consensus on priorities for improving maternal health outcomes in communities hardest hit by maternal health disparities. The grantees joined a Learning Collaborative managed by WHAMglobal, and each receives coaching from a JHF staff member.



## Expand Interest and Communicate Broadly

To draw legislative attention toward these issues, Robert Ferguson presented remarks to the Pennsylvania Senate and House Democratic





WHAMglobal's *What the Black Maternal Health Momnibus Means for Allegheny County* published in April 2021.

Policy Committee, and JHF partnered with [AcademyHealth](#) to host a closed-door virtual policy discussion on maternal health priorities. JHF Community Engagement and Policy Associate and City of Pittsburgh Gender Equity Commission member Morgan Overton, MSW, wrote a policy guide to introduce the Maternity Full Court Press Team to policy levers within the Momnibus, a comprehensive package of federal legislation aimed at addressing the Black maternal health crisis in America.

A few weeks in advance of the 2020 election, WHAMglobal convened expert health and policy leaders for a town hall, *What's at Stake for Women+*. This event provided a forum for discussion of crucial health issues and policy points affecting women and people who identify as transgender or outside of the gender binary, as well as those affected by racial, ethnic, and linguistic disparities. Over 50 attendees joined via

Zoom, and 1,442 people were reached via Facebook Live. The town hall highlighted that much is at stake for pregnant, birthing, and parenting people in national elections that select leaders who will make policy for years to come.



*What's at Stake for Women+* on October 15, 2020 featuring women's health leaders from across Pennsylvania.

JHF further recognized the Year of the Nurse and Midwife with the fall 2020 Salk Health Activist Fellowship, which gave fellows the skills to effectively advocate for maternal health issues. Fellows had the chance to present their final projects to Pennsylvania State Representatives and Senators.

WHAMglobal and the PA PQC joined broader conversations about maternal mental health in 2021. The PA PQC partnered with the Pennsylvania Department of Health to present an event for Black Maternal Health Week, "Maternal Health, Birth, and Reproductive Justice," for nearly 400 leaders. WHAMglobal and the PA PQC hosted a [Maternal Health Awareness Day](#) program in partnership with the Pennsylvania Section of the American College of Obstetricians and Gynecologists for over 520 attendees. This year's program kicked off the PA PQC's Moving on Maternal Depression initiative and highlighted maternal mental health during the pandemic and innovations to address the rising needs of Pennsylvania's birthing persons and their care teams.

## Progress to Date

The Maternity FCP team has made progress on key policy objectives for doulas and the WIC program during COVID-19. The Doula Alliance gained consensus on core competencies for certification and is now working with the Pennsylvania Department of Human Services and the PA Certification Board to develop the reimbursement and certification policies. The Pennsylvania Department of Health also decided to cancel the WIC RFA process, and they acknowledged the tremendous support



and commitment that the WIC stakeholders demonstrated throughout the RFA and appeal process. Immediately after the announcement about the cancellation of the WIC RFA process, the Maternity FCP team launched statewide workgroups to create recommendations for any new RFA that may occur and for improving the use of technology and data in the WIC program. The Maternity FCP team looks forward to enacting the reimbursement and certification policies with doulas and the recommendations from the WIC work groups, including the formation of state and regional WIC advisory groups.



SECTION IV.

# Teen Mental Health

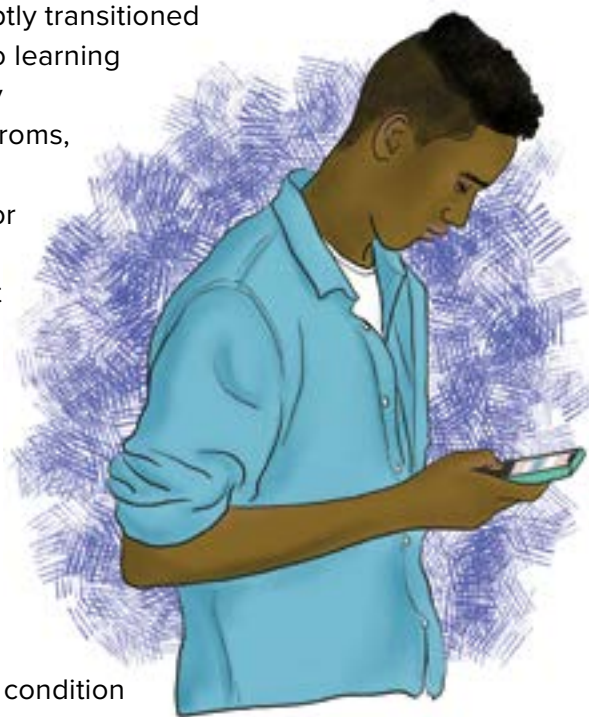
Lead JHF Staff: Deborah Murdoch

## A Growing Concern: Isolation Compounds Increased Pressures for American Teens

Before COVID-19, the state of adolescent mental health in the United States was already troubling. In 2019, childhood behavioral disorders, anxiety disorders, depressive disorders, drug use disorders, and self-harm were among the [top five causes](#) of disease in adolescents. Suicide was the [second leading cause](#) of adolescent death. Adolescents in the U.S. were dying at a [rate](#) of 7.77 per 1,000 children, compared to rates ranging from 2.3 to 4.62 in other affluent countries.

The pandemic made a bad situation worse as teens abruptly transitioned to online schooling, creating new technological barriers to learning and isolation from friends, teachers, and counselors. They missed key milestones like high school sporting events, proms, graduations, and drama and music performances as they experienced frustrating and changing school schedules for almost 16 months, compounded by increasing economic instability, responsibilities of caring for younger siblings at home, nutritional challenges, and incidences of domestic violence and abuse as a result of the lockdowns. Concerns about teens' own health were exacerbated by worries about friends and loved ones.

These changes led to worsening teen mental health across the country, as documented by the [C.S. Mott Children's Hospital National Poll on Children's Health](#) at Michigan Medicine. Almost half of parents surveyed said their teen experienced a new or worsening mental health condition after the pandemic started, and pandemic restrictions made it difficult to seek help. Many students obtaining mental health services pre-pandemic received some or all of it at school, according to a 2020 *JAMA Pediatrics* [study](#). With schools shifting online, barriers to accessing these services increased, impacting students already receiving counseling and those who needed these services for the first time. Furthermore, adolescents in racial and ethnic minority groups were disproportionately likely to experience interruptions in accessing mental health services.



## Forging a Community-Based Solution

Prior to the COVID-19 pandemic, JHF had worked for five years to develop a teen mental health initiative, taking a community-based approach in response to data showing health concerns and personal

stories from families and teens in the Pittsburgh area. A major component was later established to address the trauma young people experienced after the violent, unprecedented act of anti-Semitism at the Tree of Life Synagogue in Squirrel Hill on October 27, 2018. Inspired by the Headspace youth mental health model in Australia, JHF sought to create a drop-in mental health space, called [UpStreet](#), for teens in the Squirrel Hill neighborhood. The aim was to build a neighborhood safety net from the bottom up. Jewish Family and Community Services (JFCS) was tasked with establishing the space, developing teen mental wellness programming, and providing brief intervention and walk-in services.



As a consequence of COVID-19 restrictions, in March 2020 UpStreet pivoted its focus from developing a physical drop-in space to virtual engagement. In 2020, JHF awarded a total of \$100,000 to JFCS to begin developing UpStreet

and offering services and programming to local teens.

JFCS designed and implemented an accessible online, text-based resource for Pittsburgh teens to promote improved access to mental health services through a licensed counselor and virtual wellness programming. UpStreet was so successful that JHF awarded JFCS additional funding to hire another psychotherapist. In addition to JFCS counselors, interns

from local universities staff the online live chat function to provide brief interventions and referrals to follow-up care. UpStreet offers a peer mentoring program, training workshops, and a blog on their website, and JFCS uses social media to engage youth.

In the summer of 2020, as the COVID-19 pandemic persisted, the JHF Board and staff recognized that extraordinary efforts were required to address the trauma of living during a pandemic, and to reach teens beyond Squirrel Hill. Accordingly, JHF issued a request for proposals from organizations providing connection and engagement for teens during the COVID-19 pandemic, using the emergency fund established for teen mental health following the Tree of Life shooting.

These grants, totaling \$318,000, were intended to provide emotional support, interactive experiences, and connection during this uncertain time. In particular, the grants funded local agencies that engage youth in their communities to address the feelings of isolation that accompany virtual learning and social distancing.

The emergency grants were awarded to Allegheny Health Network – The CHILL Project, Alliance for Refugee and Youth Support and Education,

Boys and Girls Club of Western PA, Center of Life, Children's Hospital Pittsburgh – Juvenile Justice Involved Youth, Gwen's Girls, Homewood Children's Village, Repair the World, Steel Smiling, The Neighborhood Academy, A+ Schools, Jewish Community Center of Greater Pittsburgh, and Friendship Circle-Pittsburgh. The youth-driven programs used various approaches, including music, mindfulness, podcasts, puppetry, and peer support, creating environments in which teens can build resiliency, leadership skills, and new relationships to guide themselves and others through the pandemic.

All grant recipients were invited to participate in a new Teen Mental Health Collaborative managed by JHF, where they had the opportunity to complete trainings and share program ideas and expertise. The Collaborative is a trailblazer for convening organizations that share this focus. JHF staff manage the Collaborative, with the insights of JHF Board members, who serve as advisors.



## Activating the Existing Advocacy Group and Engaging Key Partners

Since 2018, JHF has sponsored and managed the PA Youth Advocacy Network, which is composed of representatives from 26 high schools and over 10 community partners who mobilize youth voice and effectively advocate for change around teen mental health. The Network remained active during the pandemic by organizing and connecting with local and state stakeholders. Network representatives include the Beaver County Youth Ambassadors Program, Friendship Circle-Pittsburgh, the Mentoring Partnership, PA Care Partnership, Stand Together, The Second Floor at the JCC, UpStreet, the Western PA American Foundation for Suicide Prevention, Youth MOVE PA, JHF staff, and youth advocates.



JHF further engaged youth advocates through a summer 2020 internship program. Together with Partner4Work, Jewish Family and Community Services, and UPMC Children's Hospital of Pittsburgh, JHF hosted a Learn & Earn summer internship for 14 high school students interested in mental health. The internship introduced youth to mental health concepts and career pathways in the mental health field. Students learned about mental wellness, conducted research on mental health disorders, and identified coping strategies and actionable ways to help a struggling friend. They learned about using art and research data for advocacy and had the opportunity to share their perspectives with community stakeholders.





## Expanding Activism and Communicating Broadly



A teen-led activity during the Youth Mental Health Advocacy Workshop at the Dan Miller Disability and Mental Health Summit on March 3, 2020.

Despite the challenges of communicating and meeting during the pandemic, JHF leveraged community partnerships and opportunities to promote youth concerns about teen mental health. In one of the Foundation's last in-person events before COVID-19 restrictions set in, JHF coordinated a Youth Mental Health Advocacy Workshop for the 2020 Dan Miller Disability and Mental Health Summit at the Pittsburgh Convention Center. The workshop gathered perspectives from 144 students representing 26 school districts. Youth presented questions and concerns to Pennsylvania legislators and advocated for change.

In a continued push for greater attention among elected officials, JHF organized small group virtual meetings between youth advocates and state legislators. In summer 2020, youth advocates met virtually with Pennsylvania Representative Sara Innamorato and Pennsylvania Senator Lindsey Williams to share their concerns and suggestions.

Building on the success of the 2020 summit, JHF organized a [virtual panel](#) for the April 2021 Dan Miller Disability and Mental Health Summit, where five Pittsburgh teens shared their experiences of attending school during a pandemic. With help from the JHF team, the youth shared models to implement in schools and communities across Pennsylvania. These include establishing peer support groups like those at Pittsburgh Creative and Performing Arts School and [Friendship Circle-Pittsburgh](#), training students and teachers to regularly destigmatize mental health through

programs like [Stand Together](#), increasing resources for guidance counselors to achieve the recommended ratio of 250 students:1 counselor at all Pennsylvania districts; and increasing students' mental health service options through programs like [UpStreet](#).

In spring 2021, the JHF adolescent behavioral health team guided youth advocates to draft a proclamation to declare May 23 as Teen Mental Health Awareness Day in the City of Pittsburgh and Pennsylvania. Pennsylvania Governor Tom Wolf and Pittsburgh City Council approved the proclamation, and Pennsylvania Lt. Governor John Fetterman and City of Pittsburgh Councilperson Erika Strassburger presented the youth with the proclamations during an in-person celebration at the Jewish Community Center of Greater Pittsburgh. The event garnered [press attention](#) and jumpstarted conversations around teen mental health needs before, during, and after the pandemic. These proclamations inspired action in neighboring Beaver County, where the Beaver County Commissioner



Teen Mental Health Awareness Day on May 23, 2021 at the JCC of Greater Pittsburgh, hosted by the PA Youth Advocacy Network. (bottom) Youth advocates with PA Lt. Governor John Fetterman and City of Pittsburgh Councilperson Erika Strassburger.

acknowledged the day with a celebration led by the Beaver County Youth Ambassador Program.

From 2020–2021, JHF funded a University of Pittsburgh research project for eight youth to create a series of films on mental health. Using a research method called [Collaborative Filmmaking](#), the young filmmakers were trained to create, analyze, and [screen their own films](#) to explore mental health stressors and supports in their lives. JHF recruited teens from the PA Youth Advocacy Network and community partners, adapted to COVID-19 restrictions, and identified opportunities to use the films for advocacy and program design. The films' screening drew [media attention](#) and present an opportunity for further advocacy going forward.

## Progress to Date

JHF's work in teen mental health over the past year has built new partnerships and provided critical emergency funding that launched projects and engaged teens. The PA Youth Advocacy Network has engaged youth to speak for themselves and their peers, creating opportunities for teens to present their concerns directly to elected officials, the media, their schools, and their communities. The Network's efforts have drawn statewide attention to teens' calls-to-action and have enriched the perspectives of school leaders, parents, and legislators. In summer and fall 2021, the Network built a teen committee to propose policy changes to benefit teen mental health and will continue work through 2022 with renewed funding from JHF.

The Teen Mental Health Collaborative brought together a diverse group of youth-serving organizations to share creative solutions to the pandemic's teen mental health emergency. Through the Collaborative, JHF built lasting relationships with and among a strong network of local organizations. Their work fulfills a need for programs that promote mental health as a part of overall health and provide community and peer support during a time characterized by isolation. As opportunities for safer in-person activities and schooling increase, these connections and investments will be vital in ensuring that teens have the resources they need to maintain mental health and wellness as they transition from this pandemic year.

JHF is revisiting pre-pandemic plans to create a pilot for a dedicated teen mental health space modeled on Australia's Headspace program and in August 2021 awarded Friendship Circle a two-year, \$100,000 grant in



The Beaver County Youth Ambassadors Program helped to organize an event to recognize teen mental health in May 2021.

support of the creation of a drop-in community space. Centrally located in the Squirrel Hill neighborhood of Pittsburgh, Friendship Circle will provide a safe, stigma-free place for teens to engage in mental wellness programs and connect to higher levels of mental health supports when needed. Programs will include regular classes in wellness and mindfulness for teens, roundtable discussions and expert panels, and trainings that explore wellness topics, self-discovery, and self-expression. The space will be open to teens in middle school and high school as well as young adults.

JHF aspires to build a network of drop-in spaces across the City of Pittsburgh and will continue to foster collaboration among community-based organizations, schools, and health systems to strengthen the safety net for teen mental health.



SECTION V.

# HIV/AIDS

Lead JHF Staff: Richard Smith

## Sustaining a Community Facing an Epidemic within a Pandemic

As of 2021, JHF has worked for 29 years to address the needs of people living with HIV/AIDS across the southwestern Pennsylvania region. JHF serves as the area's fiscal agent for federal HIV funding through the Ryan White Part B, State 656, HUD HOPWA (Housing and Urban Development—Housing Opportunities for Persons with AIDS), and the [Minority AIDS Initiative](#) (MAI). JHF serves as the fiscal agent for AIDS Free Pittsburgh (AFP), a public health initiative to end the HIV/AIDS epidemic in Allegheny County, Pennsylvania. JHF organizes funding streams for the delivery of supportive and housing services to eligible individuals living with HIV/AIDS so that they may access health care with fewer or no barriers and for prevention and health education services to at-risk populations to reduce the spread of HIV. During the pandemic, these services—and the community agencies that provide them—became increasingly crucial to serve a marginalized community of people living with HIV (PLWH) across the region.



COVID-19 poses an especially significant threat to immunocompromised people, including PLWH, making even the most essential of journeys away from home increasingly dangerous. When COVID-19 first appeared in Pittsburgh, the JHF HIV/AIDS team and community partners were concerned about the risk posed to the PLWH they serve, and how this community would cope with increased isolation during the pandemic.

Compounding this was the increased need for supportive services among the aging PLWH population, as people are living longer with HIV today. The development of more effective HIV medications has dramatically increased life expectancy at diagnosis, making HIV a manageable chronic disease. New prevention options, such as pre-exposure prophylaxis (PrEP), a one-a-day pill regimen, have also played a part in reducing HIV transmission. As a result, medical care of PLWH has changed from addressing acute coinfections to providing holistic care that includes more than just maintaining a low viral load. Providers are now focused on understanding how common chronic conditions affect PLWH, including mental illness, substance use, and the side effects of early HIV treatment regimens.

Through the work of JHF and AFP's partners, Pittsburgh's support system for PLWH had grown and strengthened prior to the pandemic, and it has become even more essential for the community since March 2020. COVID-19 exacerbated many of the problems faced by PLWH in southwestern Pennsylvania, as individuals who normally accessed



resources and care through community spaces suddenly found themselves having to seek services remotely. COVID-19 restrictions eliminated walk-in appointments and put a strain on services, including HIV testing. Healthcare providers connected to JHF quickly adapted, and community partners took creative approaches to maintain their services. Through all this, JHF, AFP, and partner organizations worked tirelessly to provide safe supports and to re-engage people into care.

Much work remains to ensure PLWH have lifelong access to community services. Resources are often rerouted from communities most in need, and these populations include PLWH. As stakeholders reimagine public health for the Pittsburgh region, the ingenuity and collaboration JHF and AFP have witnessed can serve as a roadmap for the future of HIV programs and services.



## Supporting Community Partners

Throughout the COVID-19 pandemic, JHF leveraged years of experience engaging and convening organizations that serve PLWH, aiding providers who were adapting to restrictions and finding innovative ways to serve clients. Case management personnel helped clients adjust to telehealth, delivered food to people who could not risk a trip to the grocery store, and provided safer transportation to necessary medical appointments. Through the Ryan White Learning Collaboratives, JHF provided training opportunities virtually to grantees and those who provide services to PLWH outside of the Ryan White Part B grant. These learning sessions gave organization leaders and their frontline staff the space to discuss how they adapted to the pandemic, sharing challenges, successes, and best practices for better serving clients.

[True T PGH](#), a Ryan White grantee since 2019, is a community space for LGBTQ resource sharing, queer arts, activism, and entertainment, with a focus on queer and trans people of color and youth populations. Working within COVID-19 restrictions, True T PGH partnered with AFP to hold their annual HIV awareness event, *Too Hot for July: Black AF*, in August 2020. True T PGH Co-CEO John Easter said the vision to create opportunities for Black Queer people to connect in a safe, virtual space “inspired [True T PGH and AFP] to do this whole week of events, because we felt we were creatively attached to something that could make a difference ... we want to do virtual things that are meaningful. It made us all more hopeful for what we all do and what’s happening.” The program was divided into three events over three days, which included a combination of physical and remote components to ensure the safety, health, and wellness of the community while still providing meaningful, high-quality opportunities for connection. Programming included an HIV mini-conference (which



Above: Rebecca Pope and Skip Sanders of Hear Corp in their command center directing DJ Taylor Waits at *Too Hot for July Black AF: A Quarantine Ball*. Below: Kha'DJ prerecords their DJ set for *Too Hot for July Black AF: A Quarantine Ball*. Photos courtesy of True T PGH.

bridged communication between providers and the community), a Queer State of the Union, and a quarantine vogue ball. Over 6,000 people viewed the events on Facebook and Twitch. Sponsors for the events included [Allies for Health + Wellbeing](#), [Central Outreach Wellness Center](#), [Macedonia FACE](#), University of Pittsburgh's HIV Treatment and Prevention Research Clinic, and [Planned Parenthood of Western Pennsylvania](#).



Shepherd Wellness Community staff prepares meals for distribution.  
*Image by Renee Rosensteel for the Pittsburgh Foundation.*

[Shepherd Wellness Community](#), another Ryan White grantee, provides community meals, health education, and social interaction to improve wellness for people living with HIV/AIDS, many of whom are long-term survivors. The pandemic necessitated stopping the in-person meals, but Shepherd Wellness Community swiftly adapted to continue providing meals and opportunities for connection. “The Jewish Healthcare Foundation has been very supportive, enabling us to transition to frozen pick-up meals,” said Shepherd Wellness Community Executive Director Richard Krug. The organization doubled the number of meals distributed, ultimately providing 8,848 meals for the 2020-21 fiscal year. Social interaction, while much more limited, still existed during meal pick-up hours and via newly created online support groups, as well as through supplementary outdoor social activities. With these changes, Shepherd Wellness Community engaged new members beyond Allegheny County, extending throughout the southwestern Pennsylvania region, as well as those who experience barriers to attending an evening meal. As Shepherd Wellness Community resumes in-person meals later in 2021 and plans to celebrate its 35th anniversary next year, members who cannot gather in person will be included, thanks to innovative technology that immerses virtual attendees in a physical meeting space with a 360-degree camera and microphone.

During the pandemic, Shepherd Wellness Community strengthened ties with partner agencies and received new members from partners like Macedonia FACE, a collaboration both organizations hope will continue.



The Macedonia FACE Meals on Wheels team delivered healthy meals to over 200 seniors during the pandemic, through all weather conditions. *Photo courtesy of Macedonia FACE.*

[Macedonia FACE](#) is a Ryan White grantee and faith-based organization based in the Hill District/Bloomfield-Shadyside area, serving the community of Pittsburgh with an emphasis on racial disparities. The organization continued to provide case management, food access, and transportation during the pandemic, serving 44 clients. Macedonia FACE supplied consumers experiencing food insecurity with groceries, household essentials, and grocery store gift cards. Case managers coordinated Uber transportation to clients' essential medical appointments to aid in treatment adherence. To address social isolation in the community, Macedonia FACE provided activity mailings, conducted health and wellness calls, and pivoted to hold virtual mental health and wellness programs, including art therapy.

When COVID-19 vaccines became available, Macedonia FACE recognized their community experienced a gap in securing vaccine appointments. Partnering with other community organizations in a mission-driven effort, Macedonia FACE Chief Program Officer Tinisha Hunt, MS, said, “We turned our office into a call center ... all of our staff, from our front office staff up to our CEO, were engaged in the process.” Macedonia FACE and partners organized a vaccination clinic in the Hill District of Pittsburgh, vaccinating 1,000 individuals through the Allegheny County Health Department. They contributed access to life-saving vaccines by providing transportation to other vaccination clinics as well, and, as a United Way 211 provider, have helped to address financial and housing insecurity in Allegheny County.

In this phase of the pandemic, Macedonia FACE looks forward to eventually holding safe in-person events again.

Each of these organizations’ resiliency and creativity helped them to weather the pandemic and continue to serve the needs of PLWH. Their successes not only are a testament to the trust their communities hold in them but also highlight how crucial these organizations are to the Pittsburgh region’s health and wellness.



### **Engaging Regional Partners: The Minority AIDS Initiative**

As a fiscal agency, JHF launched the MAI in 2012 and since has worked with 20 AIDS Service Organizations (ASOs) across the Commonwealth of Pennsylvania to connect with individuals living with HIV who have not yet been engaged in or have fallen out of care. MAI grantees provide outreach and health education and risk-reduction services—which shifted during the pandemic to include help with accessing healthcare services via technology. Case managers worked tirelessly to remain in contact with clients and provided necessary assistance, such as attending medical appointments, addressing food insecurity and emergency needs, opening communication channels for individuals who are incarcerated, and advocating for patients.

During the pandemic, MAI grantee AIDS Resource Alliance strived to strengthen its rapport with clients in Williamsport and the surrounding rural areas by increasing client services and communication. Due to COVID-19 restrictions, the agency instituted a food and hygiene delivery program and went virtual with client appointments. Case managers delivered education on telehealth and virtual appointments, and the agency provided clients with technology to help them stay engaged in care. The agency educated clients on mental health hygiene and COVID-19 mitigation efforts through the Health Education/Risk Reduction component JHF provided. AIDS Resource Alliance collaborated with

a local clinic to obtain vaccine appointments at a time when vaccine availability was limited and provided transportation to these appointments.

MAI grantees who provide services to PLWH who are incarcerated shifted their work during the pandemic. When people held in prisons and jails were rapidly released, PLWH among them needed pathways to access medical care upon release. Organizations like Philadelphia FIGHT, Action Wellness, and Allies for Health & Wellbeing had been providing outreach to incarcerated populations pre-COVID-19, but the need grew rapidly because of the pandemic. Limits on in-person visits for services at the prisons presented a barrier, but providers transitioned to paper mail and virtual visits where possible to share information and assistance with their clients.

Through the MAI, JHF used an established peer learning network to set a standard of communication among ASOs across the Commonwealth. In spring 2020, JHF commenced MAI virtual learning sessions for participating agencies. Grantees shared their best practices and challenges and held dialogue regarding how they were adapting to service provisions under COVID-19 restrictions. Providers in urban centers learned communication strategies from rural providers, and vice versa. JHF organized speakers for the learning sessions who could address the intersection of COVID-19 and HIV and the associated risks and issues PLWH may experience. One statewide session in early summer 2021 featured Ken Ho, MD, MPH, founder of the UPMC PrEP clinic and advisor to JHF's HIV/AIDS work. Dr. Ho has been part of COVID-19 vaccine trials and shared information with HIV provider organizations from southwestern Pennsylvania and statewide grantees on issues surrounding COVID-19 and HIV, as well as strategies to have engaging conversations about COVID-19 vaccines with those who are hesitant.

## Expanding Interest and Communicating Broadly

Since launching in 2015, AFP has strived to support and improve care for PLWH and those at risk for acquiring HIV, while raising awareness and building collaboration among community stakeholders. AFP activates government agencies, healthcare systems, and community organizations to normalize HIV testing, increase access to PrEP, and improve linkage to care. Surveillance data collected by AFP indicates that significant strides have been made in reducing HIV incidence and AIDS diagnoses in Allegheny County. In recognition of local stakeholders' confidence in AFP's work, AFP received a renewed joint \$1.5 million funding commitment from Allegheny Health Network and UPMC in 2020 to finance operational costs to implement the second phase of the AFP project over five years (2020–2025).

In 2021, AFP received new project funding from the Highmark Foundation to advance its work toward ending the HIV/AIDS epidemic in



JHF HIV/AIDS Team member Cindy Johnson, CPA, and Sherri Karas Certo of the University of Pittsburgh's CRS HIV Treatment and Prevention Program staff the Millvale PRIDE information table on June 26, 2021.

Allegheny County, specifically through the expansion of HIV testing. AFP and the Highmark Foundation awarded four Allegheny County healthcare providers mini-grants to pilot innovative HIV testing projects for high-risk populations. Grantees, which included Community Human Services—Project Silk, UPMC St. Margaret Family Medicine Residency, Allies for Health + Wellbeing, and Planned Parenthood of Western Pennsylvania, received a combined \$90,000 in funding. The projects aim to increase access to HIV testing in healthcare- and community-based settings through innovative service delivery models.



Allies for Health + Wellbeing held a free HIV testing mobile clinic in March 2021.

*Photo courtesy of Allies for Health + Wellbeing.*

State stakeholders expressed their confidence in JHF's and AFP's work as well. In 2021, JHF's Ryan White program received a \$900,000 grant from the Pennsylvania Department of Health, which will fund a health marketing campaign to raise awareness of services available to PLWH across southwestern Pennsylvania as well as provide HIV prevention messaging. This effort will build on AFP's existing media campaign and expand it beyond Allegheny County to reach rural areas in the 11-county southwestern Pennsylvania region. The JHF HIV/AIDS team, led by Chief Relationship Officer and HIV/AIDS Project Director Richard Smith, MSW, will manage the grant and partner with organizations across southwestern Pennsylvania to reach a broader audience. The media campaign will aim to reach communities disproportionately impacted by HIV as well as PLWH who are unaware of available services.

In addition to funding for the marketing campaign, the Ryan White Program received overall increased funding from the state for case management, housing, the food bank, and oral health, as well as for MAI outreach. The City of Pittsburgh and state also increased funding for Housing Opportunities for Persons With AIDS (HOPWA), for emergency assistance and additional permanent housing resources. These two programs now receive a total of over \$8.5 million.

## Progress to Date

While the pandemic presented many challenges to PLWH, JHF and AFP's community partners persevered and used creative solutions to continue providing vital services. Through the Ryan White program and MAI, JHF and AFP look forward to building on relationships with regional partners to expand outreach to and better support PLWH. Funding commitments from UPMC, AHN, the Highmark Foundation, and the Pennsylvania Department of Health indicate the level of trust in JHF and AFP's work from these state and local partners. This presents a significant opportunity for AFP and JHF to implement new HIV/AIDS projects to raise awareness, connect people to services, and increase access to HIV testing, and to continue growing connections with regional partners. With these resources and partnerships, AFP and JHF are well-positioned to continue addressing HIV/AIDS in Allegheny County and across southwestern Pennsylvania.





SECTION VI.

# **Additional Regional & Statewide Work**

## Emergency COVID-19 Funds and Community Grants

In a prompt response during the early days of the pandemic, the JHF Board approved the establishment of a COVID-19 emergency fund. JHF worked closely with other local foundations, the Jewish Federation of Greater Pittsburgh, and other existing partners to assist with meeting the most urgent needs within the community. JHF focused on delivering funding to its longtime community partners in the Pittsburgh region to address the primary needs to protect the community, aid workers who save lives, and demonstrate an immediate impact.

JHF's largest contribution to the community was a \$2.5 million grant to the Jewish Federation of Greater Pittsburgh's emergency fund, earmarked for the Jewish Community Center of Greater Pittsburgh (JCC) for their essential community work during the pandemic. Due to months-long business closure mandates, the JCC lost an estimated \$6 million in revenue. Although the JCC had successfully pursued Paycheck Protection Plan loans/grants, those funds fell short of enabling the organization to maintain its required level of staffing without a further infusion of funds from philanthropic donors. JHF funds enabled the JCC to maintain a full complement of staff, keep programming intact, and ensure that the organization could continue to respond with creativity and flexibility under the stressors of the pandemic. The JCC successfully re-opened on-site programs, in part due to help from PRHI, which provided coaching in implementing COVID-19 protocols based on CDC guidelines.

Through grants to the Jewish Association on Aging, Central Outreach Wellness Center, the Association of Jewish Aging Services, and a contribution to the Allegheny Conference on Community Development's Protective Mask Fund, JHF assisted with staffing challenges, community outreach, and providing personal protective equipment and meals to frontline workers. Funds were disbursed to promote wellness of families and teens in the region through grants to the Allegheny County Parks Foundation, A+ Schools, and Allegheny Intermediate Unit, among others. These funds provided the community with safe and open spaces in which to exercise, support for creative programs to meet the needs of families and students, and assistance for student connection and activities. JHF also enabled connection and engagement for teens during the COVID-19 pandemic through emergency teen mental health grants provided to over a dozen Allegheny County community organizations.



JCC Staff helping to feed one of their most vulnerable populations, seniors, with their AgeWell "Meals to Go." They modified their regular food service programs in the safest and most creative ways, ensuring their continued support of the community during the pandemic. *Photos courtesy of the JCC.*



In spring 2020, JHF authorized a grant to the research team of Toren Finkel, MD, PhD, and Bill Chen, PhD, at the [Aging Institute](#) of UPMC Senior Services and the University of Pittsburgh as they worked to identify U.S. Food and Drug Administration–approved compounds to treat COVID-19. Dr. Finkel and Dr. Chen’s [paper](#) on this work was published in the June 2021 issue of *Nature Communications*.

In August 2021, JHF approved a two-year grant in support of the Digital Twin Eye project at the UPMC Eye and Ear Institute, a pioneering technology initiative that brings the frontiers of predictive analytics to health care. Digital Twin Eye will use big data to provide more effective, personalized treatment for conditions that lead to blindness.



### Southwestern Pennsylvania COVID-19 Consortium

The Southwestern Pennsylvania (SWPA) COVID-19 Consortium was launched by JHF in May 2020 as the first regional consortium that worked to strengthen contact tracing in the Commonwealth, in collaboration with the Pennsylvania Department of Health and Allegheny County Health Department. Robert Ferguson was a key player in convening the Consortium’s 100 members, which include community-based organizations, health organizations, counties, and social service agencies, among others. The Consortium is managed by JHF and funded by the Henry L. Hillman Foundation.

The Consortium members joined forces to better equip the region to scale the state’s plan for deploying and backing contact tracers. The Consortium monitored the number of available versus needed contact tracers, helped to recruit contact tracers to match the region’s diversity, and coordinated efforts to advance the ongoing skill development of contact tracers. The Consortium meetings provided a collaborative space for stakeholders across the southwestern Pennsylvania region to share ideas, learn from one another, understand how to help deploy a contact tracing plan, and hear valuable updates on the status of COVID-19 in Allegheny County and from the state department of health. These efforts built on months of work to organize a contact tracing response for Pennsylvania. The Pennsylvania Health Funders Collaborative began advocating for contact tracing in April 2020. The group wrote a series of letters to the Commonwealth, recommending that the Commonwealth build a racially and geographically diverse corps of outreach workers and operationalize contact tracing efforts through public/private partnerships.

When COVID-19 cases spiked around Thanksgiving, the contact tracers were unable to reach everyone with COVID-19 and had to prioritize. The SWPA COVID-19 Consortium realized that they needed to mitigate

the spread of COVID-19 to assist with the efforts of contact tracers. In response, the Consortium quickly shifted its focus to disseminating key messages about isolation, quarantine, and guidelines for individuals who have tested positive for COVID-19 or may have been exposed to COVID-19. The members of the Consortium—trusted organizations and members in communities across SWPA—disseminated these unified messages through weekly campaigns organized by the Consortium.

In early 2021, JHF conducted community outreach to encourage mask-wearing through a lawn sign partnership with the Pittsburgh Steelers. Two thousand signs were posted throughout southwestern Pennsylvania featuring Steelers players and coaches wearing masks. This effort was strengthened by the Consortium members, the JHF Board Communications Committee, and JHF Board member Jim Rooney, whose guidance was essential to the success of this campaign. Giant Eagle adapted the campaign and ran a parallel effort within 113 stores to further encourage mask-wearing.

When COVID-19 vaccines became available, the Consortium developed a communications campaign around vaccination. Reports by Carnegie Mellon University's Center for Informed Democracy & Social - cybersecurity on vaccine disinformation spread in Pennsylvania informed the Consortium's messaging campaign.

This is an example of SWPA's collaborative spirit and history. When there is an urgent need, stakeholders and partners convene around a common (virtual) table to spark a unified response.

## Dementia Friends Pennsylvania

JHF is the state administrator for Dementia Friends Pennsylvania, an initiative to raise awareness about dementia and decrease stigma surrounding dementia. Dementia Friends statewide coordinators and JHF Senior Quality Improvement Specialists Stacie Bonenberger, MOT, OTR/L, and Anneliese Perry, MS, NHA, swiftly transitioned to a virtual format. From March 2020 to September 2021, Dementia Friends Pennsylvania delivered 204 Dementia Friends Information Sessions and 28 Dementia Friends Champion Trainings. These efforts led to 3,137 new Dementia Friends and 120 new Dementia Friends Champions across Pennsylvania. In 2020, the program expanded access to information sessions, champion trainings, and resource materials by translating the content into the most commonly spoken languages in Pennsylvania. In addition, Dementia Friends Pennsylvania engaged seven communities to enhance existing and develop new Dementia Friendly Community initiatives across the Commonwealth during the pandemic.



Debra L. Caplan, JHF Board Chair, with her Winners Wear Masks sign featuring Steelers Coach Mike Tomlin. Photo courtesy of Debra Caplan.



A September 2020 Information Session was held for staff at Jefferson Hospital by Dementia Friends Champion and Jefferson Hospital nurse Kathryn Lawrence, MSN, RN-BC, pictured on the far left.

Dementia Friends Pennsylvania hosted a series of five sessions in partnership with the Pennsylvania Department of Aging (PDA) for Area Agencies on Aging staff. In a great sign of confidence in Dementia Friends Pennsylvania's work, the PDA renewed funding for Dementia Friends Pennsylvania in summer 2020 and 2021, and Dementia Friends Pennsylvania was included in the Commonwealth's 2020–2024 State Plan on Aging. This plan, created by the PDA every four years, provides a vision and direction for Pennsylvania's network of aging services.

## PCMH and Centers of Excellence Learning Networks

Robert Ferguson led PRHI's efforts on two statewide learning networks to improve equitable care for physical, mental, substance use, and social needs that were exacerbated by COVID-19.

With support from the Physical Health Managed Care Organizations (MCOs), the HealthChoices Patient-Centered Medical Home (PCMH) Learning Network aids PCMH providers in achieving expectations associated with value-based payments, such as deploying community-based care management teams. With the Health Federation of Philadelphia, PRHI coordinated the PCMH Learning Network across Pennsylvania and held quarterly regional learning collaborative sessions. In 2020 and 2021, the Learning Network focused on best practices for PCMHs to identify and respond to depression, social determinants of health, substance misuse, and racial/ethnic disparities, among other topics. Sessions included time for report-outs from PCMH providers and MCOs to collaboratively discuss successful strategies and break through common challenges as they worked toward the shared aims.

PRHI also works with the University of Pittsburgh School of Pharmacy Program Evaluation and Research Unit (Pitt PERU) to organize learning sessions for the Commonwealth's Centers of Excellence (COEs), which ensure effective treatment and care coordination for patients with an opioid use disorder. The Learning Network is part of Pitt PERU's Opioid Use Disorder COE Technical Assistance Project, which provides technical assistance to these COEs. The COE Learning Network Sessions in 2020 and 2021 included topics of ending substance use disorder stigma, building rapport with clients, addressing implicit bias, opioid use disorder in pregnancy, and motivational interviewing.

## Supporting Local Seniors

The Virtual Senior Academy (VSA) ramped up its programs to counter increased isolation among older adults. JHF founded the VSA in August 2017 as a free live-streaming platform using Zoom to connect seniors to interactive courses on a wide range of topics. During the



past three years, over 1,000 seniors have joined the growing online community, which has hosted over 500 classes to date. In 2020, the VSA partnered with community organizations across the region and nation to broadcast in-person programming to the comfort of seniors' homes. With a grant from JHF, the VSA transitioned to a new home at AgeWell at the JCC to reach more seniors in need and doubled the number of participants in 2020.



Attendees join a Coffee Hour event on the Virtual Senior Academy in March 2020.

JHF granted Venture Outdoors funds to expand the Fit with a Physician series through 2022 and beyond. The Venture Outdoors Again program series continued to offer outdoor walks when possible and adapted the program for the VSA during the COVID-19 pandemic, with the assistance of JHF Board member and program champion Terry Starz, MD.

JHF finished the first chapter of GRAN: An Intergenerational Reading Program in summer 2020, which gathered seniors and children to engage in meaningful conversations about ethics while sharing the pleasure of reading. The program trained and matched 19 GRAN volunteers with 50 pre-kindergarten and early elementary school children at two community after-school programs in the Hazelwood neighborhood of Pittsburgh, [Propel Hazelwood K-8](#) and [Center of Life](#). At each session, children had the choice to read one of two books with their GRAN, discuss the book's values, and complete an activity that reinforced the lessons of the day. The GRAN program empowered senior volunteers in passing down wisdom to the next generation and connecting with others in their community.



Dr. Terry Starz pictured with the bench dedicated to him by JHF through the Pittsburgh Parks Conservancy in honor of his service to the community. Photo courtesy of Terry Starz.

GRAN's programming is based on the Heartwood Ethics Curriculum, originally developed by the Heartwood Institute in Pittsburgh in 1991 by former criminal attorney Eleanor Childs and three elementary school teachers, Patricia Flach, Barbara Lanke, and Patricia Wood. At completion, the program gifted 420 books to participating children and engaged GRAN volunteers for a total of 108 volunteer hours. To engage additional children and families in the GRAN program, JHF partnered with the Greater Hazelwood Family Center, Kids Plus Pediatrics, and the Squirrel Hill Food Pantry to provide 60 take-home GRAN packets monthly, featuring the same books and activities offered during in-person sessions. Children were encouraged to connect with a senior in their family or their neighborhood. The at-home portion of the program also had great success: all participants who completed the take-home survey said they would recommend GRAN to others. The GRAN program was funded by the Heinz Endowments and was coordinated by JHF Senior Quality Improvement Specialist Anneliese Perry with assistance from Senior Quality Improvement Specialist Stacie Bonenberger.

# Liftoff PGH: Sparking Local Healthcare Innovation

As the Pittsburgh region's first virtual healthcare innovation summit, Liftoff PGH was designed to propel Pittsburgh to the frontiers of cutting-edge health care and new solutions to the biggest health problems. As the COVID-19 pandemic unfolded during preparation for the summit, JHF constantly reevaluated plans to ensure the initiative would fulfill its mission of catalyzing collaboration and innovation. The result was ongoing virtual programming and conversations throughout 2020 that culminated in over 700 participants joining for Liftoff PGH's marquee events in the first two weeks of December.

The vision for Liftoff PGH began more than five years ago with a trip to Las Vegas for the Consumer Technology Association's annual trade show, CES, the largest conference in the world, which showcases the newest and most cutting-edge technologies across industries. JHF wanted to recreate that same immersion into inspiration in Pittsburgh, home to international leaders in artificial intelligence, robotics, machine learning, virtual reality, computer science, and medical research. Pittsburgh has the assets to elevate its health innovation hub to a global status. Liftoff PGH sought to amplify Pittsburgh's innovation work and highlight additional opportunities for cross-collaboration among industries. Virtual programming and indispensable partnerships allowed speakers to join from across the country, inspiring new ideas and sparking creativity in the Pittsburgh region.

This was not a typical Zoom conference. At Liftoff PGH 2020, attendees were transported to the Liftoff PGH virtual conference center with access to more than 50 engaging webinars, workshops, and networking sessions, which all built to a two-day live broadcast with dozens of innovation experts. Participants were offered entertaining augmented reality social media tools, an immersive in-person art exhibit, and kits of goodies in addition to an array of online sessions and networking opportunities. Each Liftoff PGH attendee could personalize their daily conference experience using the custom Liftoff GO mobile app, developed with Carnegie Mellon University's Entertainment Technology Center department.

Liftoff PGH offered digital content throughout 2020, culminating in a month's worth of programming in December. The summer Liftoff PGH in Motion speaker series featured a lineup of entrepreneurs and innovators from across the Pittsburgh region. The initiative served to spotlight the depth and breadth of ingenuity thriving throughout the



Liftoff PGH Speaker Dr. Abdesalam Soudi of the University of Pittsburgh (far right) at a *Liftodrop* in Oakland with Innovation Manager Megan Butler and the Liftoff Astronaut.



Behind the scenes during the live broadcast of Liftoff PGH 2020.



Liftoff PGH attendee Valerie Rodgers shows off her *Liftodrop* box during the live broadcast.



The *Streaming Space Station* public art installation created by artists Alisha Wormsley and Ricardo Iamuuri Robinson in the 7th Street Trust Oasis.

pandemic, providing an insider's look into the world of rapid research and commercialization. As a part of this speaker series, Liffoff PGH partnered with the Pittsburgh Technology Council's *Business as Usual* program to present an August 2020 weeklong summit, *Generation Fempreneur: Women+ in the Age of Innovation*, to explore the experiences of women and non-binary professionals in spaces of invention.

In total, over 70 local and national speakers—including keynote speaker Shankar Vedantam, host of the hit podcast *Hidden Brain*—challenged health innovators' thinking to imagine how Pittsburgh could seize opportunities and become a global healthcare innovation leader. Partnerships were essential to Liffoff PGH's success as the event convened myriad speakers across industries and created a space for Pittsburgh's leaders to reimagine health innovation together.



(left) Shankar Vedantam, host of *Hidden Brain*, delivers the keynote address during the live broadcast. (right) Adam Butchy, chief strategy officer of HEARTio, showcases their winning health tech innovation during the Ideathon Pitch competition from the live broadcast studio.

To create a novel opportunity for undergraduate and graduate students in health innovation, Liffoff PGH launched the Ideathon Pitch competition, which awarded a total of \$50,000 in prizes to three interdisciplinary teams to develop their big-picture solutions to some of the major problems facing health care. To help teams develop their pitches and launch innovations, Liffoff PGH held a 10-week entrepreneurship bootcamp virtually during summer 2020, which 27 student teams completed. The three finalists were selected from a pool of 22 semi-finalists who pitched their ideas in October. HEARTio was declared the winner of the Ideathon, receiving \$25,000 in prizes for their tech, which empowers the most used cardiac test, the electrocardiogram, with a robust algorithm to assess a patient's risk for cardiac-related death. MindTrace Tech came in second place with a prize of \$15,000. MindTrace Tech protects the minds of brain tumor and epilepsy patients by simulating surgical resections and predicting post-operative cognitive outcomes—all before the first incision. The product includes a testing platform and a 3D imaging and mapping model, all precision based. LittleMoochi received a third-place prize of \$10,000 for their solution to the growing childhood obesity crisis

## Thank you to our Liffoff PGH sponsors:

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triggered by increasingly unhealthy eating habits. These entrepreneurs represent the best and brightest of the Pittsburgh region's next generation of innovators, and all possess great potential to change the course of health innovation in their respective focus areas.

Into the new year, Liffitt PGH spurred several collaborations and projects to further engage the community on health innovation. As a natural step after the Ideathon, JHF partnered with Pittsburgh-based Innovation Works to create a new, international arm of the 2021 "Hardware Cup" called the JHF Healthcare Safety Challenge. Startups from around the world competed for a total \$60,000 in cash prizes to uncover new ideas and address the U.S. health system's pressing need for patient safety solutions.



Dr. Arup Roy-Burman, Founder & CEO of Elemeno Health, the first prize winner of the JHF Healthcare Safety Challenge.

Technology innovators at Elemeno Health from Oakland, California won first place, receiving \$25,000 for their cloud-based, customized microlearning 24/7 service to provide frontline healthcare teams with immediate point of care training and communication, so they can provide safer care at the bedside or in practice precisely when needed. Medsix from Boston, Massachusetts took second place (\$7,500) for their novel sensors for surgical drain monitoring, including a software dashboard with predictive analytics for improved patient outcomes after surgery. Third place (\$2,500) went to READE.ai from Pittsburgh, who developed innovative machine learning software to detect and alert a surgical team of stroke during surgery. Finalists included

Pittsburgh-based ResTec Solutions, who apply disinfection technologies in healthcare settings much as automatic dishwashers do for dishes. The JHF Healthcare Safety Challenge recognized five kicker prize winners, Pittsburgh's Lumis Corp among them, with \$5,000 prizes for their potential to apply their technology to health safety.

To educate the next generation of health innovation students, in summer 2021 JHF launched the Young Innovators Healthcare Fellowship, JHF's first-ever fellowship for high school students, funded by grants from the Grable Foundation and the Benedum Foundation. From neighborhoods across the Pittsburgh region, youth explored healthcare careers and designed technology solutions for current healthcare problems, while gaining entrepreneurial skills and engaging with young professional mentors.

JHF again partnered with the Pittsburgh Technology Council to produce a new webinar series, "High Tech + High Touch Health Care," in 2021. The mini-series built on JHF's health innovation work and continued conversations that Liffitt PGH produced, highlighting how technology can enable high touch care.

Throughout the life of Liffitt PGH and beyond, an incredible community of experts took up the call to action, both to recognize Pittsburgh's current potential and to stake Pittsburgh's rightful claim as an emerging innovation hub. A mission of this kind could never have been done alone, and JHF is grateful to everyone who decided to board the rocket ship, including partners, sponsors, speakers, networking hosts, attendees, and more. Following the energy and inspiration of Liffitt PGH, JHF will continue to explore opportunities in health technology through the Full Court Press health policy initiative, to highlight how innovation can promote patient safety and quality senior care.



## Conclusion

As the JHF staff and Board reflect on these past several months of collaboration and convening, we are grateful to allies at the state level, especially the Pennsylvania Departments of Health, Human Services, Aging, and Drug and Alcohol Programs. Their partnership in JHF's projects and programs for maternal health, senior care, HIV/AIDS, teen mental health, and dementia have augmented the effects of JHF's work. With their backing, JHF has made a significant impact in the Pittsburgh region and across the Commonwealth. JHF has contributed to the work of the Allegheny County Health Department and the Pennsylvania Department of Health, especially through the regional COVID-19 support programs for long-term care and COVID-19 contact tracing and communications.

But this work is far from over. At the time of publication, COVID-19 continues to threaten lives and health and will impact systems across the Pittsburgh region, state, and nation for an incalculable amount of time. The United States must re-evaluate its public health infrastructure and safety nets to avert a worsening of this crisis. JHF will continue efforts to aid and advance improvement in these areas.

This publication serves not as a bookend to an era, but as an opportunity to pause and glean insight from what has transpired. As a learning organization, JHF will continue to reflect on what this pandemic has challenged us to accomplish. JHF hopes that we can continue to learn from others and our experiences, so that the Foundation is better equipped to respond to COVID-19 and its aftermath, and to future public health emergencies.



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# Appendix - Op-Eds

## COVID-19 has exposed the urgent need for a National Patient Safety Authority

### Modern Healthcare

By Karen Wolk Feinstein

September 17, 2020

For this year's World Patient Safety Day (Sept. 17), we must acknowledge what the pandemic has exposed: the U.S. fails in using its extraordinary technology and information system capabilities to keep its patients and healthcare workers safe. The current crisis only emphasizes what our annual death rate from preventable medical error—upwards of 250,000 people a year—reveals. We are not resilient, resourceful or prepared to protect patients or workers.

The problems could be addressed with a strong national agency that can, at once, overcome a lack of preparedness for a pandemic as well as reduce our annual death toll from medical errors. Such an agency or authority would deploy a centralized, intelligent engineering system to anticipate shortages of supplies, test kits, and medications; correct our inefficient distribution system; rapidly extract best practices from our electronic health records and share them with front-line clinicians; and create a national and global safety learning network. What could be accomplished autonomously and virtually through available technologies would be deployed.

Think of NASA and all that went into landing a man safely on the moon. And those lessons are from more than 50 years ago. NASA needed to anticipate every conceivable harm and disaster and create corrective autonomous prevention systems. Human

and technical error are both minimized when technology is applied to every conceivable glitch before takeoff. A command and control center assembles all the necessary expertise and data to continuously monitor a journey for signs of dysfunction and remotely resolve as many errors as possible. Where human life is concerned, harm and failure aren't acceptable. And after every major event, all major glitches or incidents are investigated intensely, solutions identified and not repeated. This is what fail-safe systems do routinely. This is what we don't do so well in healthcare.

We're safer when we travel on highways, on tracks, and in the air because the National Transportation Safety Board performs these same functions. Using available data, technology and expert incident investigators, the NTSB proposes policy solutions (e.g., school bus construction guidelines), behavior changes (e.g., smoke detectors) or autonomous systems (e.g., airbags). The Department of Transportation, the Federal Aviation Administration and other regulators have adopted 90% of these recommendations. James Fallows asks in the June 29 issue of the Atlantic, "Imagine if the National Transportation Safety Board investigated America's response to the coronavirus pandemic?" I know what would happen. We'd create a National Patient Safety Authority.

Why not? Why not protect patients and healthcare workers with the same focus and innovation that we've used to mitigate the risks from transportation, nuclear power, bioterrorism and cyberattacks? Right now, in the U.S., we collect data on patient or worker safety from 15 federal agencies, 80 state patient-safety organizations and

numerous independent agencies. But we lack a centralized entity to capture and align these data for rapid, reliable and seamless flows of information to our front lines of care. We have yet to fully take advantage of our \$30 billion investment in electronic health records to identify the anomalies that tell us about best and worst practices—in real time, and we do not apply our learnings widely to save lives.

By not relying on new technologies such as predictive analytics, machine learning, artificial intelligence, and robotics, we have failed to relieve our clinicians of more reporting, longer checklists and inadvertent harms.

If we ask, what can the U.S. do to create the same safety and risk-avoidance protections that we do for our astronauts, those who work or live in proximity to nuclear power plants, and all travelers and pilots, we make an obvious suggestion: Create a National Patient Safety Authority.

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# What COVID-19 Exposed In Long-Term Care

## Health Affairs

By Karen Wolk Feinstein

November 5, 2020

COVID-19 uncovered deep flaws in the long-term care system that have been worsening for decades. Consistent with the neglect that caused these flaws, the federal government offered beleaguered nursing homes weak and inconsistent aid to save lives when the pandemic predictably ravaged senior communities across the country. We should have expected a swift and robust effort to provide all the necessary resources (funding, supplies, adequate testing and staffing, shared clinical expertise) to protect our seniors. This did not come.

We might have assumed as well a vigorous policy response to the problems that make senior facilities so vulnerable: the chronic underfinancing, inadequate clinical services, and fragile staffing that are all endemic to skilled nursing facilities. But, similarly, that response is yet to come. We've seen these underlying factors contribute significantly to the COVID-19 death toll in these facilities. The consequences of this: nearly 40 percent of US COVID-19 deaths were among seniors in all long-term care facilities.

## CMS Report On COVID-19 In Nursing Homes

In late September 2020, the federal government had an opportunity for powerful intervention. The Coronavirus Commission for Safety and Quality in Nursing Homes, established by the Centers for Medicare and Medicaid Services (CMS), released a report detailing its response to COVID-19 in nursing homes. However, the report, issued six months after our nation was aware of the death toll in nursing homes, failed to present a bold new vision for skilled nursing care.

Although this cautious response is a disappointment, it comes as no surprise. The federal government followed a standard process: assemble academics, researchers, and thought leaders in a commission; charge them with determining consensus recommendations; publish a report; and hope that something will happen as a result.

This is not what the circumstances demand. With some residential facilities experiencing “killing field” mortality rates, a major reexamination and reinvention of the very flawed senior living model should be accompanied by immediate action. Instead, despite producing a 186-page report containing more than 100 action steps and twenty-seven recommendations, the commission failed to demand a swift upheaval in the current services, regulations, clinical care, and financial base that make senior facilities—and their residents and workers—so vulnerable.

## Jewish Healthcare Foundation Long-Term Care Efforts

The Jewish Healthcare Foundation (JHF) believes that this is the time to promote revised regulations and payment mechanisms to guarantee the comfort, well-being, and safety of residents in long-term care. We are supporting a new National Academies of Sciences, Engineering, and Medicine study that will present policy priorities that, at their most effective, will be more direct, more urgent, more comprehensive, and ultimately more successful in redesigning current skilled nursing models. To do this, recommendations will have to be disruptive, challenge the status quo, and boldly request the necessary funding and medical resources (including equipment, personnel, and skilled advisers).

The JHF has invested in improvements to the long-term care system for decades. In 1995 we granted \$35 million to develop a comprehensive regional network of long-term care services for seniors ranging from home-



delivered meals to day care, assisted living, low- and moderate-income independent senior living, and skilled nursing. In 2012 we initiated a six-year advocacy effort to establish a state program in Pennsylvania for community-based care for frail seniors and the disabled, and then we helped launch the pilot Community Health Choices program here in Southwestern Pennsylvania (where the foundation is located). We also participated as the lead educator in an eight-year CMS program to reduce hospitalizations of residents in long-term care facilities.

Since March 2020 JHF staff have provided statewide education and training to more than 1,800 long-term care facilities in Pennsylvania under the Coronavirus Aid, Relief, and Economic Security (CARES) Act during the COVID-19 pandemic. We also hosted two webinars, in partnership with the Pennsylvania Health Funders Collaborative, which featured Vince Mor from Brown University, a well-known researcher on health services and aging. He focused on COVID-19's impact on long-term care and how to fix long-term care in the future.

Recently, we commissioned a study from the LeadingAge LTSS Center @UMass Boston to build a case for increasing Medicaid reimbursement for long-term care facilities. (LTSS is long-term services and supports.) We are also funding a new documentary film, *What COVID-19 Exposed in Long Term Care*, which will be released in the coming weeks. The film, which includes interviews with some of long-term care's best researchers and experts—as well as frontline workers and managers, highlights how the pandemic's "killing fields" in nursing homes were preventable. The tepid federal response stems from the same societal indifference to the care of our frailest citizens that created underfunded, under-resourced, vulnerable skilled nursing communities.

COVID-19 will not be the last virus to plague our country's long-term care sector. One other critical initiative I would suggest for the country would address the serious logistical problems that led to so many unnecessary mortalities in senior residential facilities. A National Patient and Provider Safety Authority could promote the rapid and equitable distribution of critical resources, including personal protective equipment and testing, staffing, and funding required in a public health emergency resulting in mass casualty situations. We have much to learn in this regard from Singapore, Japan, South Korea, and other countries with strikingly low death rates. It is time to acknowledge that we aren't equipped to do this distribution well. The establishment of a National Patient and Provider Safety Authority would serve as a start.

This crisis, and the particular tragedy that is the number of deaths in our nursing facilities, should occasion a bipartisan opportunity for humane reforms—powerful solutions that will anticipate and prevent harm in the future. We can't bring back the dead, but we can honor their memory with decisive reforms.

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## Wolk Feinstein's Viewpoint: Vaccines won't cure nursing homes' ills

**Pittsburgh Business Times**

By Karen Wolk Feinstein

January 15, 2021

While it is true that anywhere from 40%-60% of all deaths from Covid-19 occurred in long-term care facilities for seniors, where less than 1% of the population reside, vaccines are not the solution to nursing homes' problems.

They will reduce the sky-high death rates, but they will do little to alleviate the underinvestment in care for our frailest citizens that fueled the mortalities. Covid-19 only added fuel to a bonfire (as explained in the Jewish Healthcare Foundation's recent documentary, *What Covid-19 Exposed in Long-Term Care*). Post-pandemic, the fallout from this crisis in supporting adequate care will only grow.

The frontline of the baby boomer wave reaches 85 in 2030. For the first time, they will outnumber our children. Seniors wonder who will care for them and at what price when they cannot live independently. One in three will need residential care for some time, and three in four will require a high level of care for a long period. If readers think this is mainly a problem for our "silver tsunami," they are misguided.

This is a problem for the nation, for the 30-, 40-, and 50-somethings who will have to manage the care for their parents, grandparents, aunts and uncles, and cannot find acceptable, affordable options. This is a problem for their employers and their children. Residential facilities are short on funding and therefore on staffing, supplies, clinical services, amenities; up to two out of three are considering closure.

They have limped along for years on a meager Medicaid reimbursement rate that

covers 63% of the cost of decent care and yet represents, on average, 70% of their residents. But the cost of Covid wiped out their margins (on average, from 0.5% to -2.4%.) The business model doesn't work. Many families will reject the quality and safety of homes that are run on a shoestring, where competent, committed workers cannot survive on subpar wages, and sufficient clinical care is sorely lacking.

There are creative, uplifting options to the hospital model of nursing homes to which we've become accustomed. We also have technologies that could support more seniors to age independently at home, even with serious health conditions. All of these models are unlikely to spread unless we address the regulation, financing and policy impediments. The cost of care for our frailest citizens will sink many middle-income families — including those who will have to provide home caregiving themselves — unless we remove the obstacles to reform.

The question is: who will advocate for the right care for Americans who cannot advocate for themselves? We have solutions that should be put on the table: Medicare expansion, Medicaid waivers, Federal Long-Term Care Insurance, minimum staffing requirements for residential care and minimum pay for nursing assistants and community health workers, PACE models that include food and housing, repurposed hospitals, smaller "greenhouse" options and senior villages. We are not short on solutions. We are short on the critical federal study commission, reform legislation, advocates and actions that will address an urgent national crisis.

Yes, the vaccines are wonderful. Now we need to address another "virus" for which there is no vaccine: indifference.

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## Feinstein's Viewpoint: There's a better way to protect patients

**Pittsburgh Business Times**

By Karen Wolk Feinstein

March 26, 2021

Imagine that you have had chronic discomfort for over two decades from allergies, backaches or migraines. Your doctor, a pleasant chap, simply doubles or even triples a medication from which you get no relief. As a wise person, would you look for a new remedy from a new doctor?

I'm in that position now, and I'm determined to find a solution to a chronic condition of our national health care system: the 250,000 people who die each year from preventable medical errors that cause even more widespread serious harm. The solution can't be a double dose of the same interventions that haven't worked to make significant improvements over the 22 years since the Institute of Medicine began to quantify the "disease." It can't rely solely on the same institutions that have yet to relieve the pain.

The Covid-19 pandemic revealed a great flaw; we have eight different federal agencies (CDC, CMS, FDA, HRSA, SAMHSA, AHRQ, VA and NIH) with only a piece of the patient and health care worker safety responsibility and none of which are solely dedicated. And there is no one to organize, centralize or direct their efforts in safety.

Add to that the additional smorgasbord of independent agencies and over 90 patient safety organizations that are also tasked. Is it any wonder that we confronted this pandemic with panic, missteps, confusion, inconsistencies and major inadequacies? We were unprepared, unable to rapidly mobilize and, as a result, we have exceeded every other nation in our death toll. Medical error has reached new heights, and we're only beginning to understand the implications. To dramatically swerve our course, we must look to other industries for a solution.

What do aviation and transportation have that has created, for them, a continuous upward trajectory to safer transport over many decades? One central agency: one nonpartisan, neutral, credible, independent authority — the National Transportation Safety Board. It does not punish, penalize or regulate. It does not replace valuable agencies that provide a critical piece of the ongoing safety net. Instead, the board assembles the appropriate experts from different disciplines to investigate thoroughly the preconditions for a major accident and mishap.

The theme is never again. Where it is possible, they may recommend available technologies and sophisticated analytics for autonomous solutions that actually prevent harm before it occurs (think airbags, stabilizers, anti-collision equipment, autopilot, automatic shutoff valves), as well as new training, new procedures and new engineering. Congress requires that our major regulatory, oversight and quality assurance federal agencies respond formally to their recommendations within 90 days. As a result, 80% of their recommended solutions have been adopted — removing root causes of harm one by one.

To prevent those incidents where health care goes awry, to provide that central coordinating body to ensure continuous progress on eliminating the sources of harm — especially when we face exceptional conditions like a pandemic — we need a National Patient and Provider Safety Authority. We need something new, that thing that has been missing. We cannot have this response to a future pandemic, and we cannot continue to lose hundreds of thousands to preventable errors.

We are alerting Congress: We need it now, and we aren't alone. We've established a broad coalition of different stakeholders who share our concerns. You are welcome to join.

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## Wolk Feinstein's Viewpoint: For Pittsburgh's working families, reopening requires WIC support

**Pittsburgh Business Times**

By Karen Wolk Feinstein

May 28, 2021

We stand at a point, with the end of the pandemic on the horizon, when the supply of jobs in the Pittsburgh region and the nation may outstrip demand.

The best solutions may come from social work rather than traditional labor economics if the root cause involves family dynamics more than market mechanisms or preferences for work versus leisure. All families with children face severe challenges in a return to work without sufficient attention to their parental responsibilities.

But working mothers of young infants with considerable financial, nutritional, health and social challenges are most vulnerable.

Fortunately, the federal government allocates funds to the states to confront some of these issues. For decades, Allegheny County has provided nutritional and financial supports through the Pennsylvania Special Program for Women, Infants, and Children (WIC).

WIC receives its funding levels based on participation rates of eligible moms and families in each state. Greater participation provides higher funding levels. Here in Pennsylvania and in Allegheny County we have not achieved even the national average of participation among the eligible population; we are well below those states and regions with the most comprehensive programs.

WIC poses greater potential for Allegheny County because of our longstanding problem of unusually high maternal and infant mortality

and morbidity, particularly among low-income and women of color. The rate of Black women dying in childbirth in Allegheny County is 3.7 times higher than that of white women; this exceeds the 2.7 maternal mortality disparity in Pennsylvania. In addition, Black pregnant women in Pittsburgh are more likely to experience low birth weight and to miss critical prenatal care in the first trimester.

Knowing the potential WIC can offer, the Jewish Healthcare Foundation published a white paper in May 2018 to reinvigorate the WIC Program in Pennsylvania and to guide statewide innovations and reform. In October 2020, we convened a unique and well-attended state WIC Stakeholders Summit to reach consensus on strategies to extend proper childhood nutrition and other services. The intent was to guarantee the healthy pregnancies and postpartum family stability central to a return to work.

As an external benefit, we are rallying support for expanded WIC fresh fruit and vegetable vouchers, which will return tens of millions in federal reimbursement to our Commonwealth's grocers and farmers.

However, we fear that progress could be in jeopardy and that our local WIC program (and others across the state) could be set back just when they are most needed. In 2020, the WIC agencies were required by state dictate to competitively submit applications to continue their services beyond September 2022. Because Allegheny County Health Department (ACHD), the county's WIC agency, did not receive this contract, local WIC services would be orchestrated by another agency from a different county.

This transition is scheduled to occur between October 2021 and September 2022; the potential for significant local job loss, confusion and decreased enrollment is real. It is particularly puzzling as our County Health Department has new leadership with deep

expertise in maternal and child health and a commitment to innovation and reform.

There is a window now to question this transition which removes WIC accountability and responsibility from a county with a disproportionately-large eligible population and a Health Department with a commitment to strengthen its current programming.

Many of our local legislators and administrators are equally baffled and have spoken up. Support from the business community would be welcome. We all want our moms to be healthy, to achieve family stability after childbirth, and to know that their infants are thriving when they return to work.

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## Wolk Feinstein's Viewpoint: Rallying the region to protect patients from medical errors

**Pittsburgh Business Times**

By Karen Wolk Feinstein

October 1, 2021

Pittsburgh has become a powerhouse in autonomous safety technology and medical research, but we're missing a critical opportunity to link the two assets.

In 1984, Pittsburgh's signature industry — steel — had collapsed, displacing 100,000 workers and disrupting every sector of the region. That is when I chose to return to my hometown from Boston to teach at Carnegie Mellon University. And it's also when the business community hired me to do an environmental scan, predicting Pittsburgh's economic future. I guessed eds, meds and tech.

A good assumption, but how was I to know that Pitt would eventually rank in the top five for medical research; that UPMC would form and become the largest employer in the state; that Highmark would become a major health provider; and that CMU would become a global leader in robotics, artificial intelligence and machine learning, in addition to its supremacy in computer science. Or that I, with a dissertation in labor economics, would come to lead a health foundation (that didn't exist until 1991) and eventually establish a regional collaborative, the Pittsburgh Regional Health Initiative (PRHI), that would gain worldwide recognition for its work on reducing medical error.

While the region maintained its edge in eds, meds and tech, PRHI's early wins soon stalled. Estimates of deaths from (mostly preventable) medical error in the U.S. have skyrocketed from 98,000 people a year to 250,000. That doesn't include those disabled from medical harm or the spike in errors that has come from the pandemic. While harm in health care settings

grows, other high-risk, complex industries have gotten dramatically safer.

Other industries have owned their safety problems, established a culture of safety and — above all — embraced the gains that the frontiers of technology afford. Indeed, autonomous safety systems, where harm is prevented automatically without direct human intervention, can send astronauts to the moon, robots to Mars and millions of airliners to safe takeoffs and landings.

Is it time to apply Pittsburgh's outsized edge in eds, meds and tech to patient safety? The new report on Pittsburgh's position in autonomous mobile systems from the Regional Industrial Development Corporation of Southwestern Pennsylvania and the Greater Pittsburgh Chamber of Commerce shows Pittsburgh as a national center of autonomous technology, but there is an opportunity to extend to autonomous health care safety as well. I'm proposing an interdisciplinary, collaborative Center for Health Care Safety and Technology to better understand the preconditions for harm, to invent and develop autonomous safety devices and to commercialize these discoveries and advance regional entrepreneurship. We could build on the work of local companies, such as TeleTracking Technologies Inc. and Aethon Inc., to use hospital sensors, autonomous technology, monitors and access to the 'big data' in electronic health records.

We should call on our universities, our health systems and our burgeoning tech sector, our outstanding scientists, researchers, health professionals and inventors, to collaboratively redefine our global reputation as a center of rancorous 'health wars' between our major health systems into a center for collective regional reform.

Our business community members have a stake in this for their own personal health care safety and for that of their workforce, and also as investors, regional boosters and trustees of

the critical partnering organizations. The center could bring in impressive grant funding and investment. It could provide extensive education and training opportunities, keep talented graduates in the region, provide an outlet for the creative energies of our youth, researchers at our existing autonomous safety companies and our health and technology professionals.

It could even make our region healthier by rebuilding trust in our health care systems to deliver the best care as safely as possible.

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