



April 2020 | Jewish Healthcare Foundation news, events, milestones, & more

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Thank You to Our Funding Partners

Why should it take a pandemic to realize that many of our usual projects can be adapted for even more impact in a situation that is decidedly unusual—and to appreciate their merits beyond what we originally envisioned? As we do this, as we realize that there are applications to the work started here at JHF that are extraordinarily valuable right now in the middle of a crisis, we are aware that we couldn't have started these “jewels” without the support of other funders. We couldn't have made these contributions without the partners whom we honor now.



For isolated seniors and the disabled, our **Virtual Senior Academy** offers connections to resources and friendship beyond our greatest original aspirations. We now partner with the Jewish Community Center of Greater Pittsburgh, the Holocaust Center of Pittsburgh, Aetna, Venture Outdoors, the Jewish Association on Aging, and Age-Friendly Greater Pittsburgh to bring engaging classes and relevant information to participants. VSA would never exist without the support of [the Highmark Foundation](#) and [Consumer Technology Association Foundation](#) who have helped supplement JHF's original investment. They believed in VSA; now we can justify their faith in the concept.

For the many digital and technological entrepreneurs who enliven our region, **Liftoff PGH** intended to showcase their ingenuity and resourcefulness to solve problems and enhance the human experience. We hoped to inspire educators, their institutions, and our health care systems to form collaborations to put our region on the map of centers of discovery. This ingenuity has never been more obvious than now as the pandemic has forced institutions and individuals to innovate to survive and meet changing demands. Within this rush of innovation, Liftoff PGH is a vehicle to display what a region with imagination can accomplish in a pandemic. It is more important now than ever and we look forward to the summit in December. Thank you to the many community foundations and organizations that have joined us in this work including [McElhattan Foundation](#), [the Pittsburgh Innovation District](#), [the Benedum Foundation](#), [PNC Healthcare](#), [the Richard King Mellon Foundation](#), and many others.

For persons living with dementia, we brought **Dementia Friends** to Pennsylvania. A pandemic creates opportunity for more confusion, fear, and disorientation, and it becomes even more essential to have communities sensitive to the needs of people with dementia. Dementia Friends Pennsylvania has begun offering their training virtually, and we're grateful for [the Jefferson Regional Foundation](#)'s commitment to support people living with dementia.

For young children bewildered by the dramatic change in their lives, the unprecedented loneliness and isolation, and for grandparents without a child to hug, our **GRAN Intergenerational Reading** program is now able to provide connection, storytelling, and mentoring from the comfort of your home through the Virtual Senior Academy. Thanks to [the](#)

[Heinz Endowments](#), GRAN remains committed to connecting the generations through value-based learning.

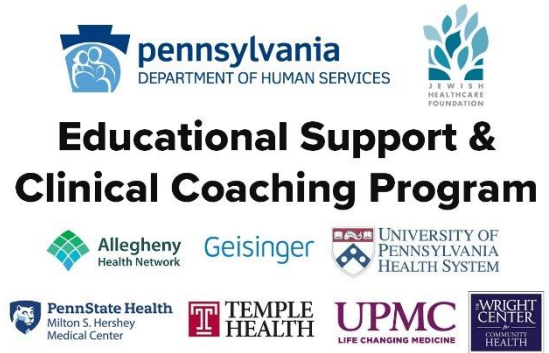
For community health workers (CHW), JHF is leveraging the lessons learned during the **Certified CHW Apprenticeship Program** and participation on the PA CHW Steering Group and Task Forces on Policy, Training, and Employment to look at further opportunities for using and training CHWs to help during the COVID-19 crisis. The Certified CHW Apprenticeship Program that completed in January would not have been possible without the funding from [the Pittsburgh Foundation](#). CHWs are now envisioned as a critical component of the essential contact tracing required to 'reopen' society, and JHF is working to ensure this workforce is well trained and prepared for helping during the COVID-19 pandemic.

For mothers giving birth during a pandemic, **Pittsburgh's Safer Childbirth City** initiative and the **Pennsylvania Perinatal Quality Collaborative** (PA PQC) are both working to improve the quality of care among maternity service providers. Safer Childbirth City partners are engaged on the frontlines of the COVID-19 pandemic, and they are actively supporting birthing and parenting families as they navigate their new normal. The initiative would not be possible without the investment of [Merck for Mothers](#) and [the Heinz Endowments](#), and Safer Childbirth City will continue to expand connections between clinical and community organizations to improve care. The PA PQC, supported by the Hillman Family Foundations, has taken on the critical role of sharing best practices between maternal units across the commonwealth and looking at ways to use quality improvement to address issues arising from the COVID-19 pandemic.

For persons living with HIV and AIDS, the region continues to provide modified services such as tele-case management, behavioral health, and medical visits because of the **JHF AIDS Fiscal Agency, Planning Collaborative, and AIDS Free Pittsburgh**. The region has been able to provide clients with masks and other supplies to help them keep safe, in addition to gift certificates for purchasing food. HIV providers have experience in emergency response and did not miss a beat in adapting to the change. We are grateful for our grantee's quick response and willingness to serve. We'd like to extend our gratitude to the [Pennsylvania Department of Health](#) for their on-going support and commitment to providing quality care to clients in the southwest region.

JHF Helps PA Rapidly Launch Statewide COVID-19 Long-Term Care Support Network

Leveraging over twenty years of experience providing education in long-term settings, the Jewish Healthcare Foundation (JHF) has worked with the Pennsylvania Department of Human Services (DHS) to rapidly launch the [Educational Support and Clinical Coaching Program](#) (ESCCP). The statewide network of over 1,200 personal care homes and assisted living residences is designed to help residents and facility staff stay safe during the COVID-19 public health crisis.



The participating facilities provide care to over 65,000 Pennsylvanians, but many of them do not have access to the clinical staff that is more typical of nursing facilities. With a population highly vulnerable to serious illness and death due to COVID-19, Pennsylvania needed to mobilize quickly to provide added support and education.

In the first weeks of April, JHF launched the ESCCP, offering twice weekly educational webinars, an extensive and evolving web-based community platform ([Tomorrow's HealthCare](#)), daily calls with DHS leadership, and services to connect long-term care staff to clinical experts from across the Commonwealth. The webinars, facilitated and hosted by the Jewish Healthcare Foundation, focus 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.

In addition to timely education, the ESCCP also connects long-term care sites to health systems throughout the commonwealth. Participants have daily calls with DHS leaders, and health systems including Temple University, University of Pennsylvania, Penn State Hershey Medical Center, the Wright Center, University of Pittsburgh Medical Center, Geisinger, and the Allegheny Health Network.

The ESCCP has already provided critical information to sites and clinical partners, including that the elderly residents with COVID-19 often may not report typical symptoms, such as the standard threshold of a high fever or respiratory symptoms. Sites must pay closer attention to lower-temperature thresholds in their residents and still test residents without symptoms. In the event of a resident or staff member exhibiting symptoms of COVID-19 or testing positive for the virus, the ESCCP will provide support and guidance in coordination with local health systems and the State Department of Human Services. Health systems across Pennsylvania have also benefited by sharing best practices through the new learning network.

The ESCCP presents an important platform to advance learning and care in long-term settings, a key agenda of the JHF that will extend beyond the current crisis. Building on the lessons learned and [addressing key gaps in funding](#) will be critical in advancing care for seniors in Pennsylvania and across the nation.

New ROOTS, *Beyond Medicalization: Midwives and Maternity Care in America*

Introducing the Jewish Healthcare Foundation's new ROOTS publication, [*Beyond Medicalization: Midwives and Maternity Care in America*](#).

Under the threat of the COVID-19 pandemic, the world is rapidly moving into a new era of healthcare delivery. Across the country, maternal healthcare policies are changing daily in order to ensure birthing families have access to safe care. Hospitals are making rapid decisions about whether birthing in the hospital is the right decision for healthy families during a pandemic. They are building auxiliary units and calling on birth centers and midwives to help them create alternative safe spaces.



We use this time of uncertainty and disruption to consider what, under ideal conditions and normal circumstances, represents the safest, most satisfying and natural environment for women to give birth. We try to answer the ultimate question: if women were to design the perfect childbirth experience, for themselves and their partners and infant, from preconception to successful family bonding, would it look like what we have today? If we cannot say “yes”, then let’s begin the conversation. And, the timing is right.

The World Health Organization has declared [2020 the Year of the Nurse and Midwife](#). In honor of the timeless profession of midwifery, we sought to examine America’s approach to pregnancy and delivery over the past century. The report explores the decline of midwifery and the shift to possibly “over-medicalized” childbirth, where important techniques for complex deliveries became the norm for everyone. We consider how activists pushed back and achieved numerous successes in making the childbirth experience more satisfying and even safer for women and families. As of today, many champion a new, redesigned and comprehensive model of care. This model of care values the role of the obstetrician and the technological advances made to rescue precarious births, while respecting the appropriate role of midwifery and adding critical prenatal and postnatal services for families.

View the new publication [here](#).

Remembering Paul O'Neill: Patient Safety Loses One of its Revolutionaries

By Karen Wolk Feinstein, PhD

Many obituaries have commemorated the exceptional life of an unusual leader, Paul O'Neill. The listings of his positions and accomplishments, however, hardly capture the aura of a man who changed the way we think about safety and quality in a sector where he never worked. This is an attempt to explain how some people leave a lasting mark on everything they touch.

Great Leaders Lead. Paul had many of the usual attributes of extraordinary innovators. He was multi-faceted—intrigued by engineering, science, management, architecture, design, history and technology. He had charisma; although he wasn't strikingly tall or handsome like John Kennedy or Bill Clinton, he connected with such intensity, communicated with clarity, and emitted so much energy that he created his own kind of glow. He could visualize a solution to almost any problem, transmit his idea persuasively and execute that solution.

So far, Paul resembles many great innovators. But the others didn't, at once, shape a new management system using analytics to guide decision making (Program Planning Budgeting System) in alignment with his friend Robert McNamara; create the safest corporation in the world (Alcoa); help design an award-winning world headquarters building in what was, then, a neglected riverside neighborhood; take Alcoa to a peak of high performance; and re-envision the delivery of health care. I will have more to say about that later.



Paul O'Neill and Karen Feinstein in 2013.



Paul O'Neill and Karen Feinstein in 2018.

To think of Paul as an achievement machine is to miss his decidedly non-mechanistic streaks of disruption, compassion, and moral certainty. During his first week at Alcoa, the young executive was asked to sign a plethora of checks to private clubs that prized their "exclusivity." Paul asked, "do any of these clubs deny membership to women, Jews, African Americans and homosexuals?" When he was told that they do, but that is just the way of Pittsburgh private clubs, Paul refused to sign checks to any club until they admitted a diverse membership.

Paul spoke slowly and distinctly and posed a lot of questions. At the start of every meeting, he would ask attendees if they were aware of the safety exits. His speeches invariably contained his three-part query of attributes that marked an organization prepared for excellence: "Do all employees feel respected? Do all employees believe their work has value? Do people get rewarded for excellence?"

Bringing Disruption to Health Care. This should set the stage for Paul when he turned his gaze to ‘fixing’ health care. In 1997, the Jewish Healthcare Foundation was a relatively new entity taking on causes that others didn’t. Then we became aware of the work of a surgeon/professor at Harvard School of Public Health named Lucian Leape. (We didn’t know then that that Paul and Lucian were friendly.) Lucian’s research indicated that upwards of 100,000 people died each year in the US from preventable medical error. This is before the Institute of Medicine published “To Err is Human.” We were horrified but not sure what to do. We did know that up the street from our offices was the world headquarters of the safest corporation in the world.

I knew Paul from our joint membership on the Allegheny Conference on Community Development (ACCD), a unique collection of corporate and civic CEOs, but not well. It was a bold move for me and a couple of young staffers to march over to his office and ask him if he would help us fix health care. He listened intently (that is a hallmark) and then explained that, while at the Office of Management and Budget, he got to know the VA health system well. He believed that the health sector was ripe for the kind of quality engineering practices that had made Alcoa’s safety record possible. He said he would help.

With funding from the members of the Allegheny Conference, the [Pittsburgh Regional Health Initiative](#) (PRHI) was born with Paul and I as co-chairs and PRHI structured as a supporting organization of the Jewish Healthcare Foundation. I was sent to Alcoa University, along with another staff person and some physician leaders, to learn the fundamentals of the Toyota Production System (a method of lean quality engineering).

Paul believed we could make Western Pennsylvania the safest region in the world to receive health care. We formed a coalition of leaders from every corner of the health sector—including our state Attorney General. People came out of respect for Paul’s achievements at Alcoa. And curiosity.

We set dramatic reductions in Central Line Bloodstream Infection as our first goal. Many physician friends told us quietly that this couldn’t be done. “Infection is an unavoidable byproduct of health care.” We engaged 38 hospitals and reduced CLABSI by 68%... and we were off.

Over the next few years we took on every kind of healthcare problem from errors in pathology sampling and interpretation to back-ups in autism clinics, HAIs with unpronounceable names, medication error etc. In every instance, we achieved remarkable success because health care isn’t that precious. The same basic quality improvement techniques that work in other sectors work in health care: *When*, and this is central, *when* we had a dedicated leader at the hospital unit level and a competent coach.

A book, *The Pittsburgh Way*, captured our successes and won the Shingo Prize. But we had already gained notoriety. Paul and I were asked to present our work around the country and even abroad. Eventually, I would speak in S. Korea, England, Canada, South Africa and Austria and when I referred to lean in health care, audiences would all nod. Paul went to Treasury for two years, in the middle of all this, but he never forgot our Initiative. He returned

for a visit to PRHI with Senators Frist and Kennedy, journalists and Secretaries to see our work. Paul assembled over 20 top White House leaders in the Roosevelt Room for one and a half hours to listen to me extol the value of bringing quality engineering to health care.

Paul came back to PRHI when he left Treasury and became CEO. But there were rumblings of the turmoil and disappointments that would cause Paul to conclude that PRHI would not make our region the safest place in the world to receive care. When we pulled our coaches out of a unit, and if the internal quality/safety champion left, the unit's performance returned to baseline. Over and over, we would see our dramatic achievements melt. Culture kept frustrating change. Leadership, in too many institutions, was only tepidly committed. We received much attention and financial support, but it was too fast and we made some bad hires.

Paul was frustrated and I was frustrated; it was time for a reorganization. Paul and a few staff left to form a consulting firm, Value Capture, to work with hospitals where the leadership would make a total commitment to quality. I reorganized PRHI with new staff and a new direction. Frustrated with progress in hospitals, we decided we could be more successful keeping people *out* of hospitals. The Obama years rewarded us with significant grants where we could demonstrate the wisdom of this new direction.

Paul was gracious to people beginning their careers and to the support staff and frontline workers that make every organization hum. He refused to have an office that differed from the average workstation. But he was quick to give credit to other leaders who displayed unusual talent. Although he was already a renowned national figure when he became Secretary of the Treasury, he delighted in walking the halls, pointing out the portraits and offering little bios of famous predecessors like Alexander Hamilton, Albert Gallatin, Andrew Mellon and Henry Morgenthau with awe and respect.

Paul and I and the staff at Value Capture have stayed friendly and collegial. We work together on projects even today. We've both had different successes as we focus on different aspects of health reform, but PRHI owes a debt of gratitude to Paul that is immeasurable.

COVID Reveals What We've Known for 20+ Years: Our Nation Can't Keep Patients Safe

It took a pandemic to demonstrate vividly that although our nation has at least 17 associations, agencies, organizations, and consumer groups responsible for keeping healthcare patients and workers safe, we do a bad job. Although it's documented that over 180,000 patients die each year from *preventable* medical errors, the holes in the safety net were made visible by a virus during a crisis.



The *Swerve* initiative was created months ago to protect patients and healthcare workers by advancing new directions to add urgency and spur action. Three conversations were held with 75 national academic, delivery system, policy and advocacy leaders to shape a national strategy for coordination, regulation, and transparency. But we didn't imagine the urgency that COVID-19 would add to our efforts. Now we move from talk to action shaped by two virtual conversations held in April with Action Groups made up of 'superstars' from our three conversations.

Actual examples from Asia and other countries, and our own pandemic experts, shouted for extreme emergency preparedness measures as early as December, but instead we dawdled and basic PPEs, tests, ventilators, and guidelines are sorely lacking. Patients and workers have died as a result of a spectacular lack of coordination and inability to marshal resources (human and material) in a disaster.

With the [Network for Excellence in Health Innovation](#)'s Wendy Everett as a key partner, Pittsburgh Regional Health Initiative's next phase focuses on creating a body that can assure national coordination for patient and worker safety with the speed and urgency it deserves. The agenda is ambitious; the need justifies.

Health Foundations in PHFC Move with Alacrity to Identify Best Practices for COVID-19 in Long-Term Care Facilities and Contact Tracing

The [PA Health Funders Collaborative](#) (PHFC) held its monthly meeting on April 15 to identify immediate priorities for COVID-19, including scaling up the contact tracing workforce and increasing testing, PPE, and Rapid Response Teams in long-term care facilities. Following the meeting, health foundations in PHFC moved into action, researching best practices for these priorities and developing policy recommendations for the Commonwealth. In a series of letters, PHFC members sent these recommendations to key policy makers about one week after the monthly meeting.



The foundations in PHFC collaborated rapidly since, tragically, 65% of COVID-19 [deaths in Pennsylvania](#) have occurred in long-term care facilities. PHFC has long identified frail seniors as a key priority for its members, and its foundations quickly worked together to share best practice recommendations. The residents in these facilities with COVID-19 may not report typical symptoms, and about half of skilled nursing facility residents and staff with a positive COVID-19 test may be asymptomatic, contributing to further infections. In the letters, PHFC highlighted the need to: test seniors for COVID-19 before transferring them to senior living facilities; call on hospitals to contribute personnel, PPE, testing, and infectious disease consults in the form of Rapid Response Teams when COVID-19 appears in long-term care

facilities; and recommend testing all residents and staff in COVID-19 positive long-term care facilities via state resources. Other states, such as WV, NJ, and MA, are putting these types of policies into action to reduce COVID-19 infections and deaths among seniors.

There is also an urgent need to significantly scale up the contact tracing workforce to at least 1,000 as the Commonwealth moves towards re-opening regions. To create an army of contact tracers, PHFC members recommended to build a racially and geographically diverse Corps of Outreach Workers comprised of Community Health Workers, BSW social workers, retired healthcare workers, medical assistants, and members of AmeriCorps and Peace Corps. The Corps would be available on a long-term basis. This would allow the public health system to re-direct the Outreach Worker Corps to address a variety of other public health priorities as COVID-19 recedes as a top public health hazard over time. PHFC's recommendations for the well-trained, supervised, committed network of outreach workers were informed by JHF's Minorities AIDS Initiative (MAI), which deploys outreach workers.

PHFC also recommended that the [Statewide Contact Tracing Plan](#), which was released on May 1, could be operationalized regionally through public/private partners. The Commonwealth has a successful track record with rolling out new programs through these types of partnerships. For example, PHFC mobilized multi-sector partners in regions across the Commonwealth to prepare for the rollout of managed long-term care (Community HealthChoices).

PHFC and JHF look forward to continuing its partnerships with state and county governments to inform and implement best practice policies during the COVID-19 pandemic.

JHF Supports Healthcare Workers & Families with COVID-19 Emergency Fund

During the largest and most urgent public health crisis of our time, the Jewish Healthcare Foundation (JHF) is working closely with local partners to meet immediate needs of healthcare workers and families in the community.

JHF is focusing its funding efforts primarily through its longtime community partners in the Pittsburgh region in accordance with the greatest identified needs that 1. may save lives, 2. support workers who save lives, 3. demonstrate immediate impact and have short term implications, and 4. do not replace government funding.



Masks being delivered to Pittsburgh as part of the Protective Mask Fund – photo courtesy of Allegheny Conference on Community Development

Following this criterion over the past month, JHF has supported frontline workers 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](#). These contributions provide additional PPE to essential workers, assist with staffing challenges, and provide meals and assistance to frontline workers.

Funds have also been designated to support the wellness of families in the region through grants to the Allegheny County Parks Foundation, A+ Schools, and Allegheny Intermediate Unit. These funds support the community with safe and open spaces in which to exercise, creative programs to meet the needs of families and students, and help with student connection and activities.

Beyond these immediate, short-term grants, JHF has issued a grant to The LeadingAge LTSS Center at the University of Massachusetts Boston to develop a short, fact-based, and action-oriented case that details how nursing homes and other long-term care facilities are dramatically underfunded. This supports both the response to the COVID-19 pandemic and the long-term vision of supporting and improving care for frail seniors.

Seniors are also being supported through grants to Venture Outdoors and the Jewish Community Center (JCC) of Greater Pittsburgh. Venture Outdoors has received funding to expand the *Fit with a Physician* series which invites participants on walks through local parks with a healthcare provider as the guide. Outside activity is more important than ever, particularly for isolated seniors, and in the short-term Venture Outdoors have begun offering virtual walks on the Virtual Senior Academy. The JCC will receive funding to ensure the long-term sustainability and increased programming of the Virtual Senior Academy, a community resource that grown in value and scale for the many isolated residents in Allegheny County.

JHF also issued a \$101,000 grant to support 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 work to identify FDA approved compounds that can treat COVID-19. In what may be the most rapid and effective near-term approach to treat COVID-19, the research aims to identify current FDA approved drugs that can be repurposed to block viral entry and infectious spread.

The fight to protect lives and end this virus will continue over the days and months ahead, and JHF will continue to identify efforts with its community partners that can make an immediate impact.

Virtual Senior Academy featured in Statewide Survey Report, Launching New Intergenerational Programming with City of Pittsburgh

When Kylea Covaleski took over managing the [Virtual Senior Academy](#) in 2019, she could never have imagined a situation with the entire community isolated in their homes.

“The Virtual Senior Academy was created to connect seniors across Pittsburgh and reduce social isolation,” said Kylea Covaleski, program assistant at the Jewish Healthcare Foundation. “But who could have imagined our current situation when it was founded? Now more than ever we need social connection, and I’ve been amazed at how the Virtual Senior Academy makes it possible during this difficult time of social distancing.”



A young participant joins the new GRAN sessions on the Virtual Senior Academy.

The Academy offers free daily virtual classes on everything from line dancing to astronomy to medication management. All the classes are live in order to foster community and conversation with the participants. New classes are being added every week, with new community partners joining to allow members on lockdown to still participate in their programs – and attract new participants. Since the Allegheny County entered quarantine, class sizes have doubled, and the Academy consistently adds new users every day.

On April 30, the Pennsylvania Department of Aging (DOA) and the Pennsylvania Council on Aging (PCoA) released findings of a [statewide survey](#) to assess the needs of older adults during the COVID-19 pandemic. Of the 3,700+ responses, over 20 percent of seniors are interested in virtual connections, including the Virtual Senior Academy which was called out as a potential program to reduce isolation across the commonwealth.

As Virtual Senior Academy works with the DOA and PCoA to further ramp up services and address critical needs for connection and engagement, new classes are being added focused primarily on socializing.

“Age-Friendly Greater Pittsburgh typically holds [#CoffeeConnectPGH](#) events at coffee shops, but during COVID-19, we’ve offered them on Virtual Senior Academy. The platform has allowed people of all ages to connect in real-time, share about their day and, most importantly, find community,” said Laura Poskin, director of United for Seniors & Age-Friendly Greater Pittsburgh.

In total, thirteen new organizations have joined the Virtual Senior Academy in the past month, creating a whole host of new classes for participants. The Jewish Healthcare Foundation has also translated its GRAN Intergenerational Reading program into a class on the Virtual Senior Academy while schools are shutdown. This has allowed for the Academy’s first youth participants and created new opportunities for participating seniors, including reading with and

mentoring young folks. The team is working with Councilperson Erika Strassburger and the City of Pittsburgh's Department of Parks and Recreation to connect to more than twenty youth serving organizations to launch new intergenerational programming this month.

"Facilitating classes on the Virtual Senior Academy is the highlight of my day. I am able to meet people I otherwise wouldn't come across in daily life and that is the magic of the live online classes," said Kylea Covaleski. "The Virtual Senior Academy can connect people across Pittsburgh and beyond. With many organizations turning to virtual programming during this time, I have been able to train these organizations to provide classes on the Virtual Senior Academy and expand the learning opportunities and services available to participants while providing the organizations a needed platform."

Read the TribLIVE's coverage of the Virtual Senior Academy published on May 3: ['Virtual Senior Academy' expands to connect more older adults during pandemic](#)

Join a class today! Register on www.virtualsenioracademy.org.

Liftoff PGH in Motion

Almost overnight, the [Liftoff PGH](#) mission has become the rallying cry of this entire region. Businesses, communities, and individuals are jumpstarting innovative solutions to every aspect of life, and the pace of change is only accelerating. To capture this unprecedented spirit of ingenuity, JHF has launched Liftoff PGH in Motion, a series of weekend newsletters featuring local changemakers from every industry. The series aims to reflect the week's most inspiring stories, while providing an in-depth diary of leaders navigating the COVID-19 pandemic. With profiles of such distinguished experts as Don Burke, creator of the FRED mapping system, and Sean Luther, Executive Director of the Pittsburgh Innovation District, Liftoff PGH in Motion positions the initiative as a leader in healthcare innovation.



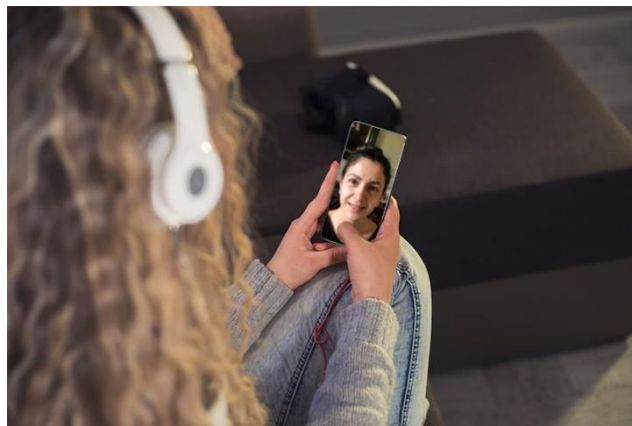
In addition to highlighting regional accomplishments, Liftoff PGH is strengthening the entrepreneurship pipeline with its upcoming micro-internship bootcamp. As many students struggle to secure summer opportunities, Liftoff PGH has opened a 10-week interactive training program for all local universities. Students will conduct market research, develop their own business plans, and learn how to create a compelling pitch, all in preparation to apply for the Ideathon pitch competition. Weekly live coaching sessions will take place using Google Classrooms, and students will apply their latest skills with at home assignments.

To receive more updates about innovation in Pittsburgh, sign up for the Liftoff PGH newsletter at liftoffpgh.org/the-event. Please also send along any surprising solutions from your community, either by emailing us at groundcontrol@liftoffpgh.org or tagging our social media @LiftoffPGH.

Local Teen Mental Health Advocacy and Support Continues as PA Legislation Shows Progress

On April 27, Pennsylvania announced progress on legislation that would improve mental health insurance for residents, including teens. This comes at a time when many teens must face unique challenges during the COVID-19 pandemic that further expose the lack of available mental health resources.

Teens who participate in JHF's youth advocacy efforts recently shared new factors impacting their mental health during the COVID-19 pandemic, including loss of connections to trusted teachers and counselors, increased isolation and family stress, and grief over the potential loss of important milestones such as graduation.



Virtual Teen Drop-Ins now available with Jewish Family and Community Services – photo courtesy JFCS

“During this time, I have learned that I was not as emotionally stable as I thought. It never occurred to me that I went through each day working on school, clubs, and other activities, yet I thought nothing of myself,” said Bina, a junior at Pittsburgh CAPA. “I lacked the ability to cope, so I overworked myself until I could feel no negative emotion. All I wish of this experience is for an understanding community that can get through problems together.”

Youth Advocacy Network members had discussed the legislation during the advocacy workshop in March and expressed the need for progress. The legislation improves Pennsylvania's ability to monitor and enforce federal laws related to mental health parity, and it voted out of the PA House Insurance Committee on April 27. Mental health parity, the equal treatment of mental health conditions and substance use disorders compared to physical health conditions in insurance plans, has been a policy priority for the PHFC and the Jewish Healthcare Foundation (JHF).

Locally, JHF continues to support its youth partners and organizations apart of the youth advocacy network and the *UpStreet* neighborhood-based teen mental health initiative in Squirrel Hill as they provide resources for teens. Now that many support systems are more difficult to access for teens, virtual programming and outreach has become critical.

UpStreet partners, [Jewish Family and Community Services](#) and [Friendship Circle](#), are developing virtual program offerings, such as peer-to-peer texting and [virtual drop-ins](#). They are also recruiting youth to participate in a teen advisory council to inform program strategies and the physical design of a drop-in center for mental health. The [Jewish Community Center of Greater Pittsburgh](#) is hosting virtual mental health and wellness programs for both teens and parents.

Despite the challenges, many of the teens in the advocacy network are finding meaningful ways to spend their time, and they've continued to support their peers by promoting mental health and wellness, and writing their legislators.

Death and Dying Fellows Equipped with Critically Relevant Skills

As health systems across the country scramble to keep pace with the COVID-19 pandemic, one skill in high demand is navigating end of life conversations and decisions. The pandemic has created some new challenges for families, including often being separating from severely ill family members, and healthcare providers must manage this uncharted territory.

On April 6th, the 2020 [Death and Dying Fellowship](#) cohort finished their program prepared to handle these end-of-life conversations. Despite social distancing guidelines, the Death & Dying Fellowship faculty adapted the curriculum to translate the final three sessions into virtual discussions.



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



Dr. Arnold speaks with participants during the Death and Dying Finale on April 6.

As the COVID-19 pandemic emerged, the Fellowship sessions shifted from site visits and in-person discussions at various locations such as Shadyside Hospital and the Highmark Caring Place, to virtual meetings. Guest speakers including Eric Horwith, MSW, LSW, director of growth and business development for Family Hospice, and Dr. Richard Hoffmaster of Longwood at Home answered fellows pressing questions about hospice and palliative care.

The final session of the Fellowship began with a discussion by Dr. Robert Arnold, Chief of Palliative Care and Medical Ethics at the University of Pittsburgh, and Medical Director of the UPMC Palliative and Supportive Institute. Dr. Arnold provided insight about the challenges providers face when having difficult discussions with patients and shared strategies to improve the quality of end-of-life conversations. He encouraged participants to look within themselves and determine how their experience can guide patients when faced with difficult decisions. The

fellows then practiced different conversation scenarios in small breakout groups and received feedback from experts in the field.

Despite the changes, all 33 fellows continued their participation in the program and expressed their appreciation for the ability to complete the fellowship and the newfound skills they gained throughout the past few months.

Dr. Joanne Conroy Mourns the Death of Her Husband as She Manages a Major Health System During a Pandemic

At a time when Joanne Conroy, MD is under immense stress as the President and CEO of Dartmouth-Hitchcock and Dartmouth-Hitchcock Health, and when communal grieving is made almost impossible due to social distancing, JHF extends its deepest sympathy to Joanne on the loss of her husband Douglas, who passed away on April 26 after a brief but fierce battle with bile duct cancer. Joanne has played a large role in advancing JHF's mission of working toward reducing medical error, reforming medical education, and improving maternity care. As founder of [Women of Impact](#), Joanne has been a champion for gender equity and women leadership in all sectors of the health care industry.



Douglas (DJ) Bruce Johnson, husband of Joanne Conroy.

Patient Safety Fellowship Applications Now Open

The 2020 Patient Safety Fellowship will focus on the current COVID-19 pandemic and the unique questions it raises for our patient safety system. Fellows will learn about leadership in a patient safety emergency, examine the patient safety and infectious disease ecosystems in the U.S., and apply their learning to their own unique context. Applications are open until May 6, 2020. [Apply here](#).