

**COVID-19
HEALTHCARE
PROVIDER
UPDATE**
JUNE 26, 2020

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*Our understanding of COVID-19 is evolving rapidly.
This presentation is based on our knowledge as of June 25, 2020, 5 PM.*

OUTLINE



WHERE WE ARE NOW



SAFER SEX DURING COVID-19



RECOGNIZING AND PREVENTING DOMESTIC AND INTIMATE PARTNER VIOLENCE DURING COVID-19



PREVENTING HEAT-RELATED ILLNESS DURING COVID-19



QUESTIONS AND DISCUSSION

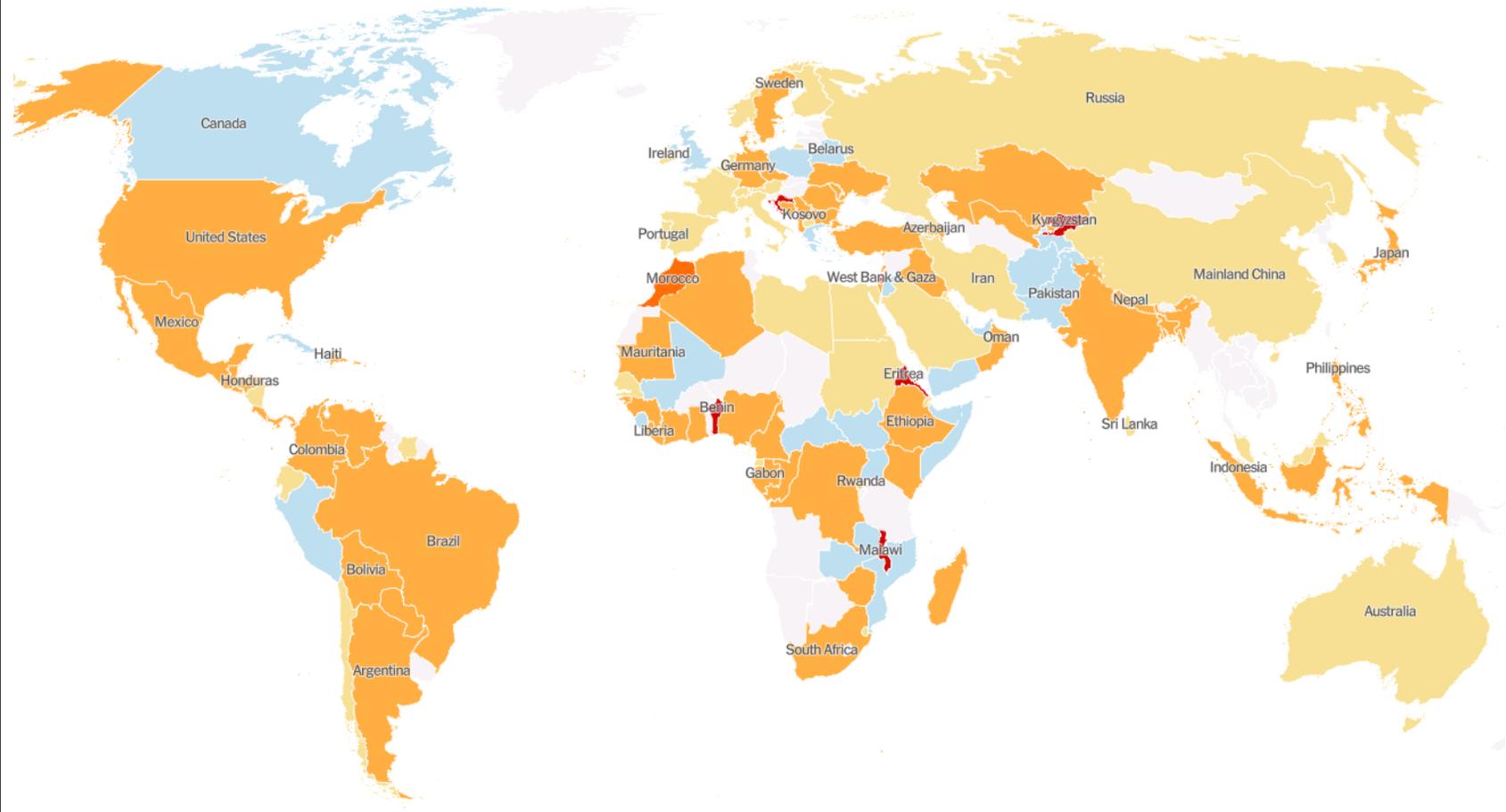
WHERE WE ARE NOW

- The COVID-19 pandemic is accelerating in many low- and middle-income countries
- Globally, new daily case count records continue to be set
- Cases are surging in many U.S. states, especially in the West and South
- New York City (NYC) began Phase Two of reopening on June 21
- Current response strategy: implement suppression measures and monitor impact of reopening

COVID-19 CASES AND DEATHS WORLDWIDE

> 9.1 million cases
> 470,000 deaths

6/25/20



How the number of new cases has changed in the last two weeks



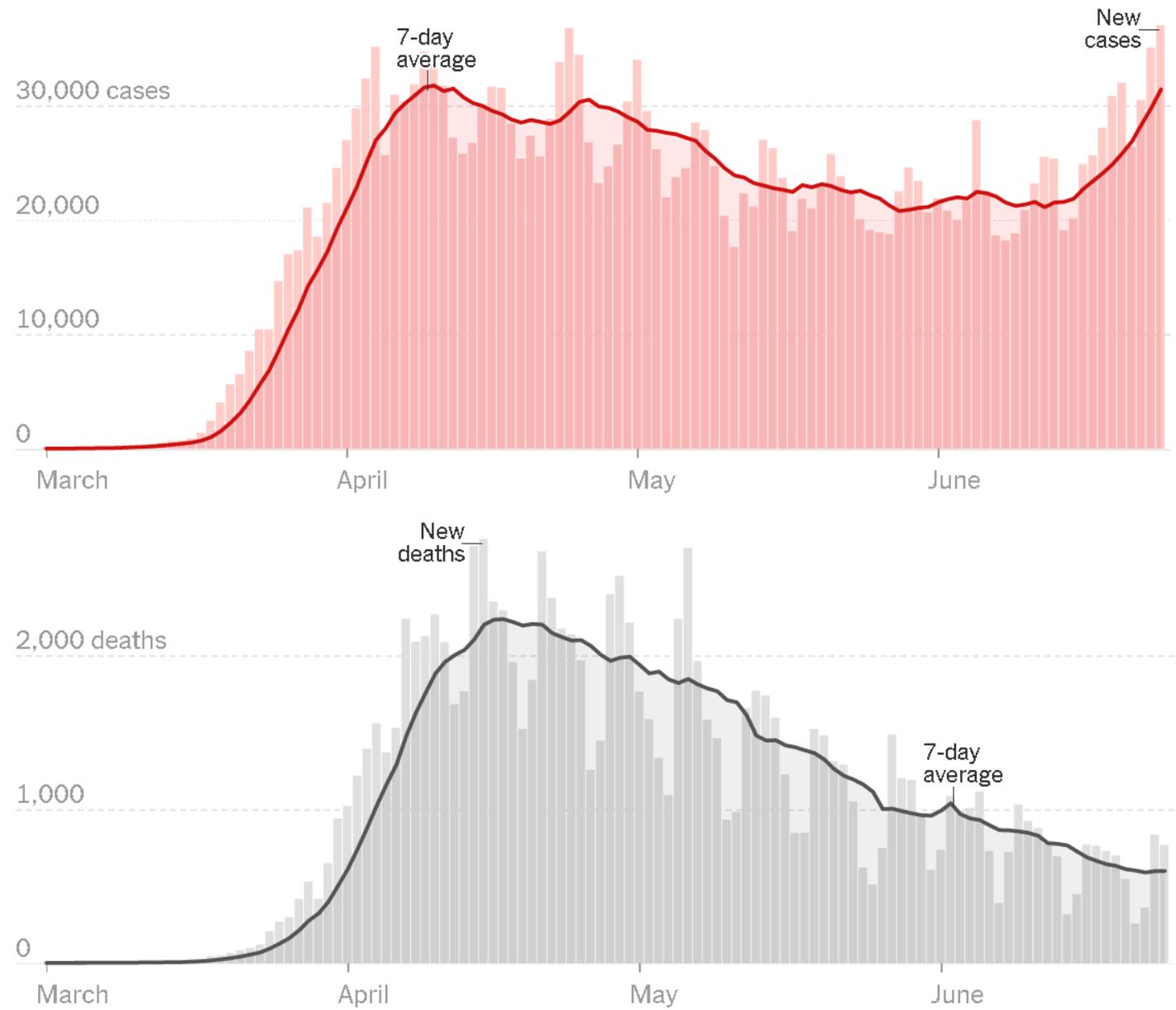
New York Times. Coronavirus map: tracking the global outbreak
<https://www.nytimes.com/interactive/2020/world/coronavirus-maps.html>

CUMULATIVE CASES AND DEATHS, U.S.

6/25/20

> 2.4 million cases
(~26% of confirmed global cases)

122,226 deaths
(~26% of reported global deaths)

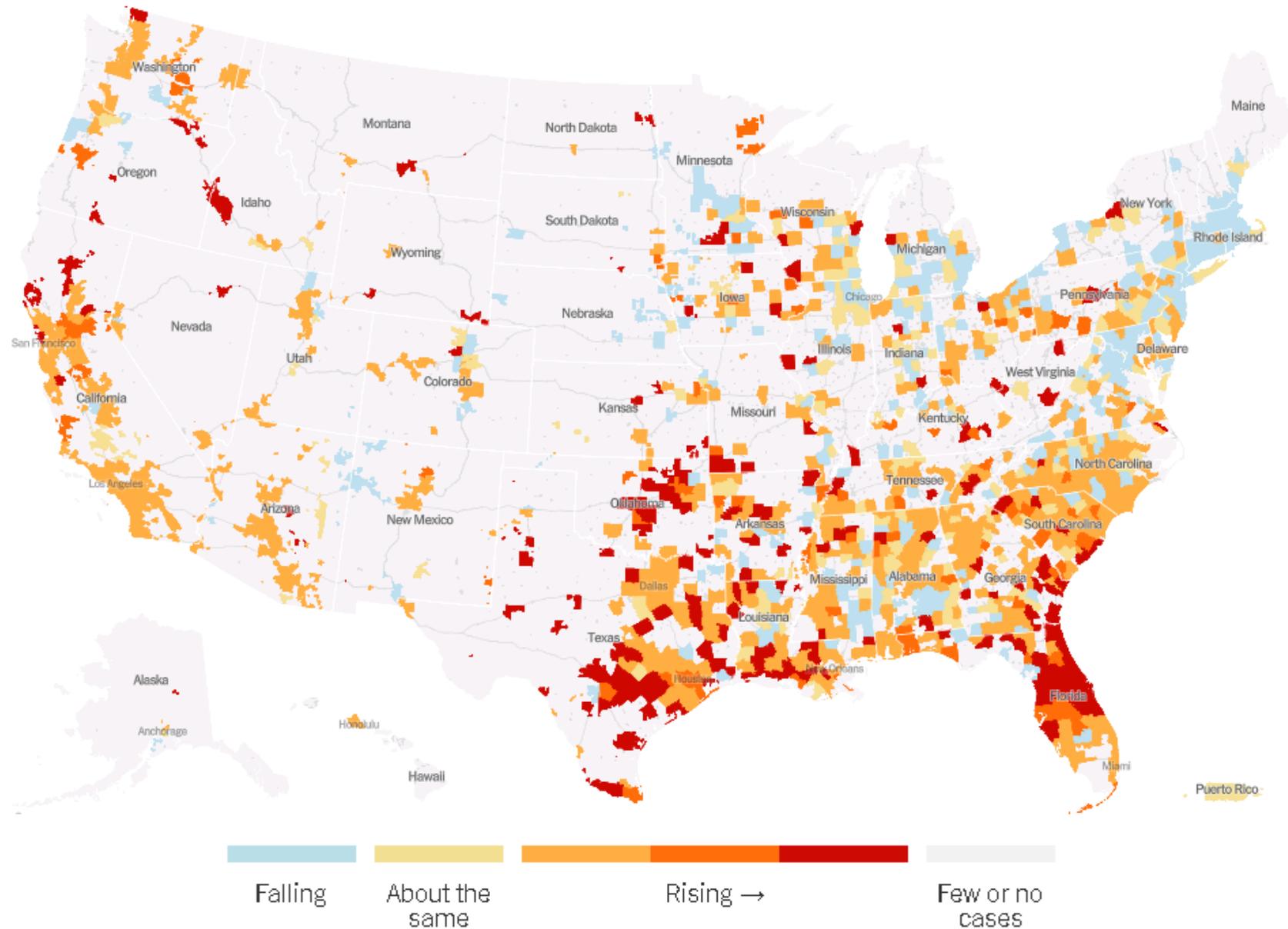


New York Times. Coronavirus in the U.S.: latest map and case count.

<https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>

CHANGE IN NUMBER OF NEW CASES IN THE U.S. IN THE PAST TWO WEEKS

6/25/20



New York Times. Coronavirus in the U.S.: latest map and case count.
<https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>

COVID-19, NYC

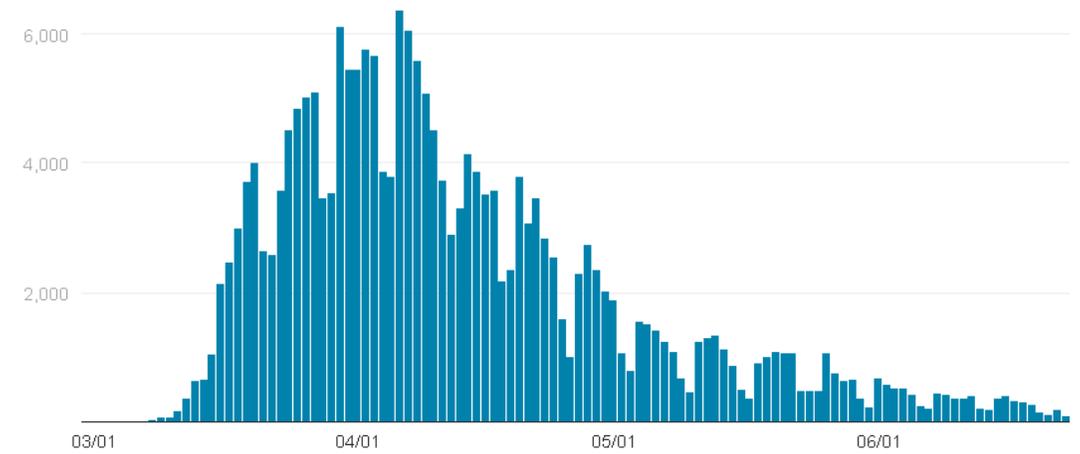
3/3/20 – 6/25/20

Cumulative counts:

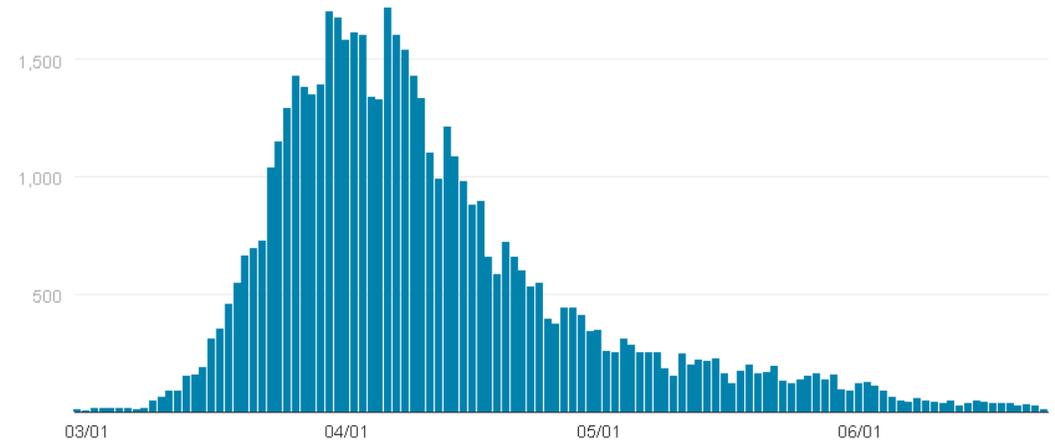
- Cases: 210,523
- Hospitalizations: 54,564
- Confirmed deaths: 17,715
- Probable deaths: 4,669

Figures show number of daily COVID-19 cases, hospitalizations, and deaths

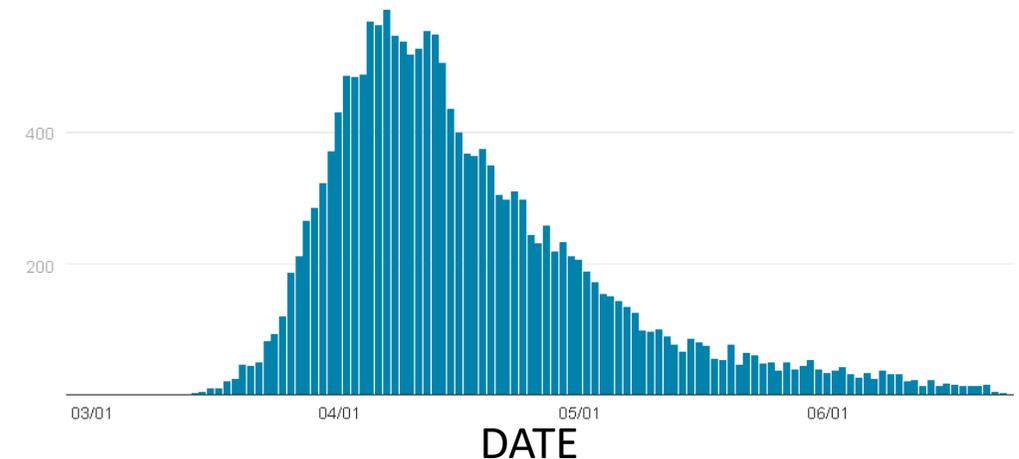
CASES



HOSPITALIZATIONS



DEATHS

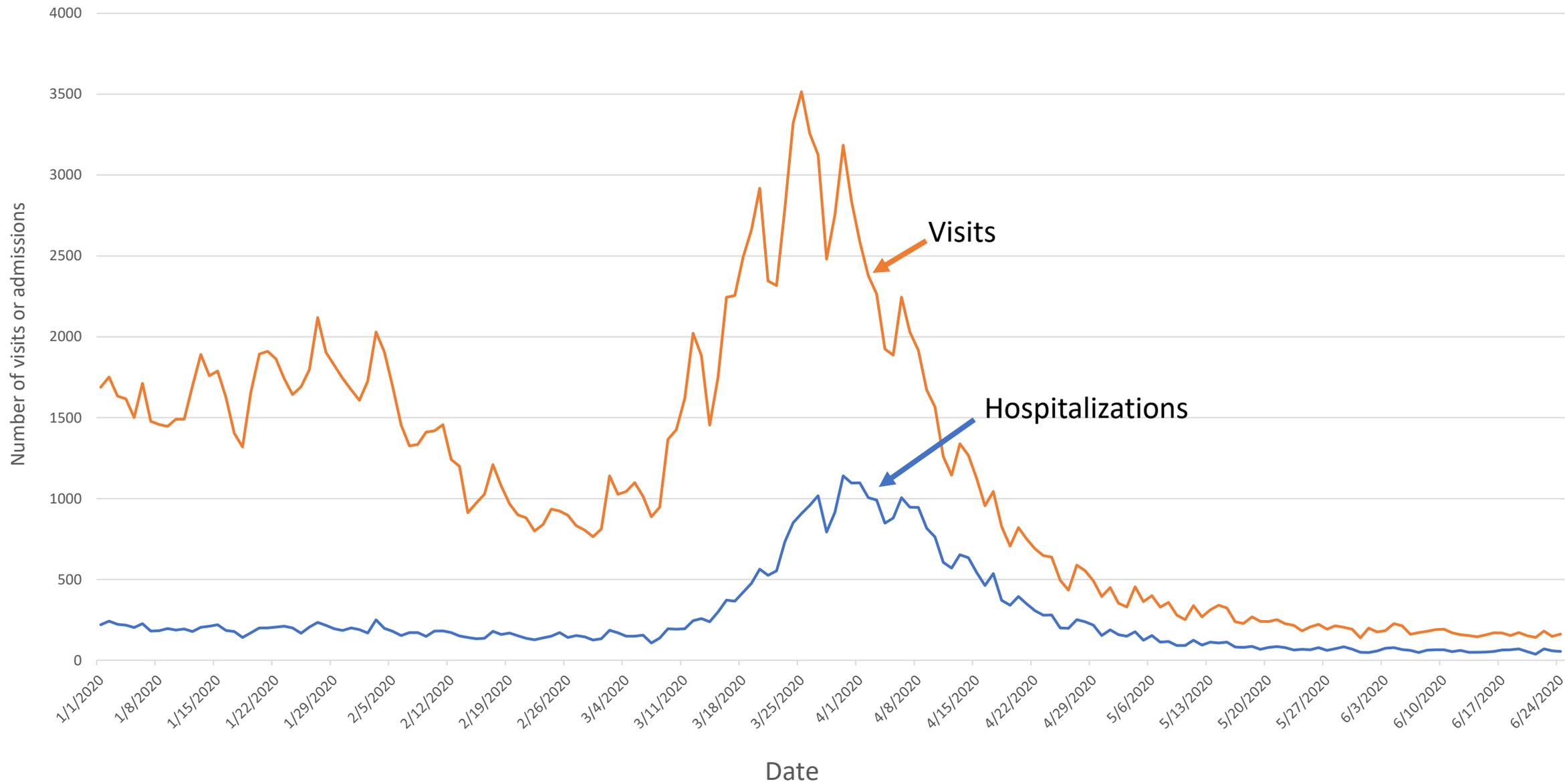


NYC Health Department. COVID-19: data.

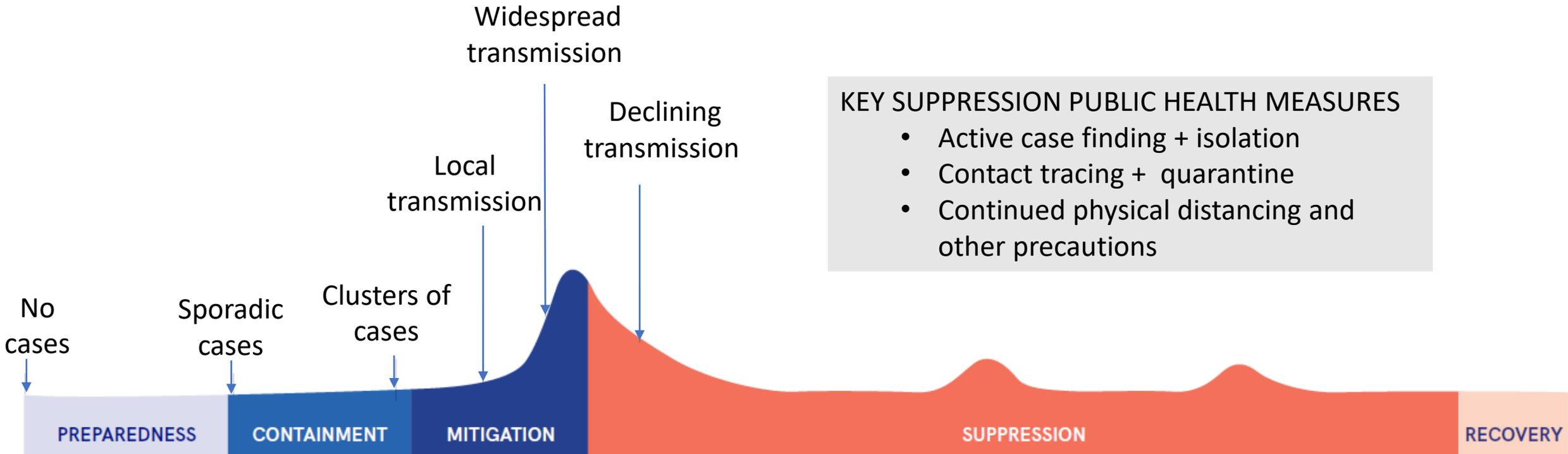
<https://www1.nyc.gov/site/doh/covid/covid-19-data.page>

NUMBER OF HOSPITAL VISITS AND ADMISSIONS FOR INFLUENZA-LIKE ILLNESS OR PNEUMONIA

NYC, 1/1/20 – 6/24/20



NYC HAS ENTERED THE SUPPRESSION PHASE



UPDATED GUIDANCE FOR HEALTHCARE PERSONNEL

- During suppression, it will be important to identify and exclude healthcare personnel (HCP) who have had worksite exposures to COVID-19
- Prevention of healthcare exposures must take asymptomatic and pre-symptomatic transmission of COVID-19 into account
- In this context, NYC issued Health Advisory #20 with recommendations for HCP on:
 - Personal protective equipment (PPE)
 - Identifying COVID-19 exposures in the workplace
 - Exclusion after a workplace exposure
- Aligned with updated CDC guidance:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

NYC Health Department. Health Advisory #20.

<https://www1.nyc.gov/assets/doh/downloads/pdf/han/advisory/2020/covid-19-health-care-ppe-restrictions.pdf>

UPDATED PPE GUIDANCE

- Everyone entering healthcare facilities should wear a face covering or mask
- In addition to masks, the CDC now recommends that all HCPs use eye protection (goggles or a face shield) for all patient encounters
- N95 respirator or higher should be worn for any procedure that can generate aerosols
 - Given ongoing N95 shortages in NYC, prioritize respirators for aerosol-generating procedures (e.g., intubation, suctioning, high-flow oxygen, nebulizer) or locations where they often occur (e.g., ICU)
- For evaluation of patients with possible or confirmed COVID-19, clinicians are still advised to use gloves, gown, face mask (or N95 respirator), and eye protection

NYC Health Department. Health Advisory #20.

<https://www1.nyc.gov/assets/doh/downloads/pdf/han/advisory/2020/covid-19-health-care-ppe-restrictions.pdf>

UPDATED EXPOSURE AND EXCLUSION GUIDANCE

- Asymptomatic HCP with a workplace exposure to a patient, visitor, or other HCP with confirmed COVID-19 should be excluded for 14 days
- Exposure is defined as any of the following:
 - HCP did not wear a face mask/respirator and spent ≥ 15 minutes within 6 feet of a person with confirmed COVID-19
 - HCP did not wear eye protection and spent ≥ 15 minutes within 6 feet of a person with confirmed COVID-19 who was not wearing a face covering/mask
 - HCP did not wear all recommended PPE (gloves, gown, N95 respirator, and eye protection) during a procedure that can generate aerosols

NYC Health Department. Health Advisory #20.

<https://www1.nyc.gov/assets/doh/downloads/pdf/han/advisory/2020/covid-19-health-care-ppe-restrictions.pdf>

SAFER SEX DURING COVID-19



“Lovers,” wall painting by street artist Pobel, Bryne, Norway, March 2020. As appears in: Lucie Steinzova, Mural Masks: Coronavirus Inspires Global Graffiti, Radio Free Europe Radio Liberty, April 6, 2020. <https://www.rferl.org/a/mural-masks-coronavirus-inspires-global-graffiti/30527353.html>

NYC HEALTH DEPARTMENT SAFER SEX GUIDANCE



Safer Sex and COVID-19

All New Yorkers should stay home as much as possible and minimize contact with others to reduce the spread of COVID-19.

Sex is a normal part of life and should always be with the consent of all parties. This document offers strategies to reduce the risk of spreading COVID-19 during sex. Decisions about sex and sexuality need to be balanced with personal and public health. During this extended public health emergency, people will and should have sex. Consider using harm reduction strategies to reduce the risk to yourself, your partners, and our community.

But can you have sex?

Yes! Here are some tips for how to enjoy safer sex and reduce the risk of spreading COVID-19.

1. Know how COVID-19 spreads.

- **You can get COVID-19 from a person who has it.**
 - The virus spreads through particles in the saliva, mucus or breath of people with COVID-19, even from people who do not have symptoms.
- **We still have a lot to learn about COVID-19 and sex.**
 - The virus has been found in the semen and feces (poop) of people with COVID-19.
 - We do not know if COVID-19 can be spread through vaginal or anal sex.
 - We know that other coronaviruses do not easily spread through sex. This means sex is not likely a common way that COVID-19 spreads.

2. Have sex only with people close to you.

- **You are your safest sex partner.** Masturbation will not spread COVID-19, especially if you wash your hands (and any sex toys) with soap and water for at least 20 seconds before and after sex.
- **The next safest partner is someone you live with.** Having close contact — including sex — with only a small circle of people helps prevent spreading COVID-19.
 - Have sex **only** with **consenting partners**.
 - To learn more about consent, visit on.nyc.gov/consent.
- **You should limit close contact — including sex — with anyone outside your household.** If you do have sex with others outside of your household, have as few partners as possible and pick partners you trust. Talk about COVID-19 risk factors, just as you would discuss PrEP, condoms, and other safer sex topics. Ask them about COVID-19 **before** you hook up.
 - **Do they have symptoms or have they had symptoms in the last 14 days?** Most people with COVID-19 have symptoms, but asymptomatic spread is possible. Fever, cough, sore throat, and shortness of breath are symptoms to ask about. Note that asking about symptoms is not a perfect way to know whether someone has COVID-19.
 - **Have they been diagnosed with COVID-19 using a nasal swab or saliva test?** People who have recovered from COVID-19 at least 10 days from the day their symptoms started **and** who have not had fever for at least three days are likely no longer infectious.

<https://www1.nyc.gov/assets/doh/downloads/pdf/mm/covid-sex-guidance.pdf>

- Patient-friendly document that encourages healthy sexual behaviors
- Provides information on risk and precautions



<https://nypost.com/cover/june-11-2020/>

IS IT SAFE TO HAVE SEX DURING COVID-19?

- Sex during COVID-19 can be risky because of how the virus spreads:
 - Close contact (within about 6 feet)
 - Particles in the saliva, mucus, or breath of people with COVID-19
- Currently no evidence of transmission via semen, vaginal fluid or feces

SARS-CoV-2 IN SEMEN AND VAGINAL FLUID

- Other coronaviruses aren't easily spread through semen or vaginal fluid but we don't know about SARS-CoV-2 yet
- Cohort study of men hospitalized for COVID-19, Shangqiu, China¹
 - Of 38 participants who provided a semen specimen, 6 (16%) had semen sample positive for SARS-CoV-2
 - 4 of 15 patients (27%) who were at the acute stage of infection
 - 2 of 23 patients (9%) who were recovering
 - Authors note that researchers have found 27 viruses associated with viremia in human semen, but the presence of viruses in semen may be more common than currently understood
- Study of 10 women hospitalized for severe COVID-19 in Wuhan, China who were tested for SARS-CoV-2 in vaginal fluid²
 - All samples tested negative

1. Li D, Jin M, Bao P, et al. Clinical characteristics and results of semen tests among men with coronavirus disease 2019. *JAMA Netw Open*. 2020;3(5):e208292. <https://doi.org/10.1001/jamanetworkopen.2020.8292>

2. Qui L, Liu X, Xiao M, et al. SARS-CoV-2 is not detectable in the vaginal fluid of women with severe COVID-19 infection. *Clin Infect Dis*. April 1, 2020. <https://doi.org/10.1093/cid/ciaa375>

SARS-CoV-2 IN FECES

- SARS CoV-2 has been found in feces, but not clear yet if transmissible
- Meta-analysis of gastrointestinal manifestations of COVID-19 (included 23 published and 6 preprint studies):
 - Fecal tests positive for SARS-CoV-2 reported in 8 studies
 - Viral RNA shedding detected in feces in 41% (95% CI, 27-55%) of patients with confirmed COVID-19
- One study (Xiao et al.) found that 17 patients (23% of the sample) had stool samples PCR positive for SARS-CoV-2 despite having respiratory samples PCR negative for SARS-CoV-2
- Findings suggest:
 - Fecal-oral transmission could be a **potential** source of infection spread
 - Testing for the virus in feces by real-time RT-PCR could be helpful in disease monitoring and surveillance

Parasa S, Desai M, Chandrasekar VT, et al. Prevalence of gastrointestinal symptoms and fecal viral shedding in patients with coronavirus disease 2019: a systematic review and meta-analysis. *JAMA Netw Open*. 2020;3(6):e2011335.

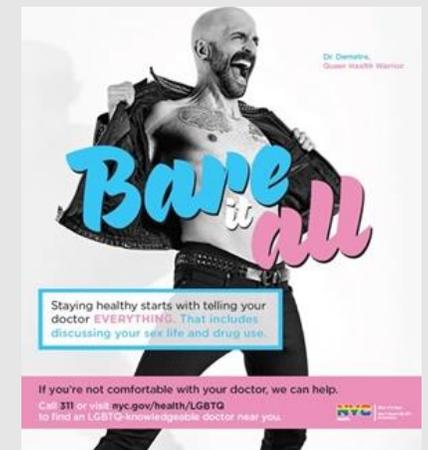
<https://doi.org/10.1001/jamanetworkopen.2020.11335>

SHOULD PEOPLE HAVE SEX DURING COVID-19?

- YES! During this extended public health emergency, **people will and should have sex!**
- Sex is natural and a big part of how we connect with others, and is important for physical and mental health
- There are ways to have safer sex during COVID-19

HOW PROVIDERS CAN HELP

- Educate patients about COVID-19, including:
 - Symptoms, transmission, who is at high risk for severe illness, isolation, and length of infectious period
 - Meaning of diagnostic and antibody test results
- Have open conversations with patients about risks and harm reduction strategies so patients can make informed decisions and be as safe as possible
 - Encourage patients to “Bare It All” – i.e., be open and honest about their sex life
 - Ask patients who they are having sex with and how
 - Tailor advice to the patient: consider age, underlying health conditions, sexual orientation, and lifestyle
 - Engage in shared decision-making
- Direct patients to sexual health care and resources



PARTY OF ONE



Discuss ways to stay sexually active while physical distancing, especially with those who are at higher risk of severe COVID-19 illness:

- Masturbation
 - Wash hands and any sex toys with soap and water for at least 20 seconds before and after sex
 - If masturbating with a partner, maintain increased physical distance as heavier breathing may increase particle spread
- Virtual sex
 - Use video dates, sexting, chat rooms, and video conferencing parties with consenting partners
 - Disinfect keyboards and touch screens

TWO'S COMPANY



Advise patients:

- Household sex partners are the safest
- Limit the number of external sex partners
- Have sex with people who they trust to be honest about any possible COVID-19 risks

THREE (OR MORE...)'S A CROWD



- Some patients are going to engage in riskier sexual activity no matter what
- Don't shame patients – instead, give them the information they need to be as safe as possible
- Advise patients:
 - Keep groups as small as possible
 - Attend gatherings with a consistent sex partner
 - Pick larger, more open, and well-ventilated spaces
 - Wear a face covering, avoid kissing, and do not touch eyes, nose, or mouth with unwashed hands
 - Bring alcohol-based hand sanitizer

LET'S TALK ABOUT SEX

Encourage patients to:

- Talk about COVID-19 risk factors with their partners, just as they would discuss PrEP, condoms, and other safer sex topics
- Ask their prospective partners:
 - Do you have symptoms?
 - Have you had symptoms in the last 14 days?
 - Have you been diagnosed with COVID-19 using a nasal swab or saliva test? When?
 - Have you been practicing physical distancing?

KEEP YOUR
PANTS ON!

Advise patients:

- Avoid sex altogether (especially kissing) if they or their partners:
 - Have any COVID-19 symptoms, no matter how mild
 - Tested positive for SARS-CoV-2 via a molecular or antigen test in the last 10 days
- When it is safe to have sex again – for most people:
 - At least 10 days from the day symptoms started + prior 3 days fever free + overall reduction in symptoms, OR
 - If asymptomatic, 10 days from date positive specimen was collected
- If 50 years or older (and especially 65 years or older) or have an underlying medical condition that puts them at higher risk for severe COVID-19 illness, consider avoiding sex; be extra careful in terms of precautions

OTHER SAFER SEX TIPS FOR PATIENTS

- Avoid kissing and use a mask or face covering
- Avoid rimming (mouth on anus)
- Use condoms or dental dams to reduce contact with saliva or feces, especially during oral or anal sex
- Wash up before and after sex
 - Wash hands often with soap and water or use hand sanitizer
 - Wash sex toys with soap and warm water
- Make it kinky!
 - Be creative with sexual positions and physical barriers, like walls, to prevent face-to-face contact

USING COVID-19 TEST RESULTS

- A prior positive diagnostic test (PCR or antigen) or antibody test means the patient likely had COVID-19 and may be less likely to be re-infected
- But we don't know how strong that protection is or how long it lasts
- Advise patients to be cautious in using these tests to make decisions about who they have sex with and what kind of sex they have

ROOM SERVICE

- The NYC Health Department has created unique service offerings during the COVID-19 public health emergency
- Free safe sex products are available for home delivery through the **Door 2 Door** initiative:
 - Wide variety of condoms and lubricant packs
 - Products come in multiples of 30 and are delivered in discreetly packaged envelopes
 - Order form available at nyc.gov/condoms
- HIV testing at home with the **Community Home Test Giveaway Virtual Program**
 - Participants receive coupon codes from partner organizations to redeem online for a free OraSure OraQuick HIV self-test kit delivered to their home address
 - Get a coupon code for a testing kit through a participating community provider: <https://sforce.co/2WRtinY>

SEXUAL HEALTH CARE DURING COVID-19

- Numerous private practices and clinics have re-opened, but many people have concerns about seeking care
- Continue to use telemedicine to the extent feasible
 - Preserves PPE and reduces risk of exposure
 - Fewer in-person visits enables physical distancing
- Reassure patients who need STI testing or other in-person services that they can safely get care and should do so, especially if:
 - They may have been exposed to HIV or need HIV PrEP
 - They have symptoms of an STI or think they may have been exposed
- Reach out to patients who are overdue for care or who may be at higher risk of exposure to STIs or COVID-19

WHERE TO GET SEXUAL HEALTH CARE

- NYC Health Department Sexual Health Clinics
 - Chelsea and Fort Greene have some in-person services
 - For hours and available services: www1.nyc.gov/site/doh/services/sexual-health-clinics.page
 - Telehealth services available via NYC Health Department Sexual Health Clinic Hotline: **347-396-7959**, Monday-Friday, 9 a.m. to 3:30 p.m.
- Visit nyc.gov/health/coronavirus and go to “Community Services” to find sexual and reproductive health provider directories by borough
- Visit NYC Health Department Health Map at nyc.gov/health/map to find HIV, sexual health, and LGBTQ health services
- 24/7 NYC PEP Hotline: 844-4-PEPNYC (844-373-7692) to start PEP

NYC HEALTH DEPARTMENT COVID-19 SEXUAL HEALTH RESOURCES

[nyc.gov/health/coronavirus](https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-providers-pep-prep.pdf)

Providers

- HIV PrEP and PEP: Best Practice During COVID-19:
<https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-providers-pep-prep.pdf>
- Treating Sexually Transmitted Infections (STIs) During COVID-19:
<https://www1.nyc.gov/assets/doh/downloads/pdf/imm/dear-colleague-letter-sti.pdf>
- Maintain HIV and STI Services and Minimize In-Person Care During the COVID-19 Outbreak: <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-maintain-hiv-sti-services.pdf>

NOTE: Some recommendations more applicable to mitigation phase of pandemic

Patients

- Safer Sex and COVID-19:
<https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-sex-guidance.pdf>
- COVID-19 and People with HIV:
<https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-guidance-for-people-with-hiv.pdf>
- COVID-19 Testing: Frequently Asked Questions:
<https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-testing-faq.pdf>
- Citywide Sexual and Reproductive Health Provider Directory:
<https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-sexual-health-provider-directory.pdf>

DOMESTIC
VIOLENCE AND
INTIMATE PARTNER
VIOLENCE

*IDENTIFICATION,
EMPOWERMENT AND
RESOURCES DURING
THE PANDEMIC AND
BEYOND*

Catherine Stayton, MPH, DrPH

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OBJECTIVES

Build

- Build an anti-oppression framing and establish definitions

Describe

- Describe the scope of domestic violence/intimate partner violence (DV/IPV) as health concerns

Illuminate

- Illuminate experiences of DV/IPV survivors during the COVID-19 pandemic

Guide

- Guide providers to identify DV/IPV, adapting the principles of CUES (Confidentiality, Universal Education, Empowerment and Support)

Share

- Share City and community-based resources and services during COVID-19 pandemic and beyond

DEFINING AND FRAMING

TERMS AND ROOT CAUSES

- **Domestic Violence (DV)** is an overarching term that encompasses both Intimate Partner Violence and Family Violence.
- **Intimate Partner Violence (IPV)** is a pattern of coercive and abusive behaviors used by one partner to maintain power and control over another partner in an intimate relationship. This includes current or former romantic involvement. IPV occurs across any gender identity or sexual orientation.
- **Structural inequities** exacerbate the impact of violence. Risks mount for IPV at the intersections of multiple oppressive forces, including racism, sexism, transphobia, gender discrimination, ableism, heteronormativity and documentation status.

DEFINING AND FRAMING

POWER AND CONTROL MAY BE EXERTED THROUGH:

- Verbal abuse (e.g., belittling, gaslighting, name-calling, insulting)
- Coercive behaviors to threaten, monitor and/or control (e.g., stalking, isolating, financial abuse)
- Physical violence including hitting, slapping, shoving, choking, kicking, shaking or otherwise physically harming someone, and sexual and reproductive violence
- ***During COVID-19 pandemic:*** intentional exposure of a partner to the virus, blaming survivor for contracting the virus or for exposing the household, control over child custody, exploiting the stay-at-home order to restrict movement and social supports, obstructing access to care

SCOPE: HEAVY HEALTH TOLL, NOW AND HISTORICALLY, AMONG WOMEN OF COLOR

- COVID-19 challenges include grief, economic struggle and mounting physical and mental health concerns
- Exacerbated for New Yorkers confined to homes where IPV already existed or where pandemic conditions heightened exposure to abuse or emerged as a new risk factor
- People who are oppressed or marginalized face elevated risk of COVID-19 and IPV – e.g., sexual and gender minorities, immigrants and women of color – and diminished access to culturally and linguistically-specific supports as a result of stay-at-home order
- IPV occurs across different life stages and delivers **disparate, lasting, accumulating negative health impacts**; in extreme cases premature death results

Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, Rubin GJ. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*. 2020; 395(10227):912-920. [https://doi.org/10.1016/s0140-6736\(20\)30460-8](https://doi.org/10.1016/s0140-6736(20)30460-8)

Capaldi DM, Knoble NB, Shortt JW, Kim HK. A systematic review of risk factors for intimate partner violence. *Partner Abuse*. 2012;3(2):231-280. <https://doi.org/10.1891/1946-6560.3.2.231>

Black MC. Intimate partner violence and adverse health consequences: implications for clinicians. *Am J Lifestyle Med*. 2011;5(5):428-439. <https://doi.org/10.1177%2F1559827611410265>

Johnson MP, Leone JM. The differential effects of intimate terrorism and situational couple violence: findings from the National Violence against Women Survey. *J Fam Issues*. 2005;26(3):322-349. <https://doi.org/10.1177%2F0192513X04270345>

SCOPE:
NYC FINDINGS
FROM HEALTH
SURVEY,
PSYCHOLOGICAL
AND PHYSICAL
IPV

- 17% of NYC adults reported ever experiencing psychological abuse
- 10% reported ever experiencing physical abuse from an intimate partner
 - For both types of abuse, women more likely than men to have reported experiencing it
 - For Latina women, higher prevalence of physical violence than White women (16% vs. 10%)

Data Source and Statistical Analyses: Community Health Survey (CHS) 2018. The CHS is conducted annually by the NYC Health Department with approximately 10,000 non-institutionalized adults ages 18 years and older. Data are age-adjusted to the U.S. 2000 standard population. For more survey details, visit nyc.gov/health/survey.

SCOPE:
NYC FINDINGS
FROM HEALTH
SURVEY,
PSYCHOLOGICAL
AND PHYSICAL
IPV

- People who reported ever experiencing psychological or physical IPV were nearly 3 times as likely to report depression compared to those who didn't experience IPV
- Not getting needed mental health treatment during the past year (even pre-COVID) was four times higher among adults experiencing IPV

Data Source and Statistical Analyses: Community Health Survey (CHS) 2018. The CHS is conducted annually by the NYC Health Department with approximately 10,000 non-institutionalized adults ages 18 years and older. Data are age-adjusted to the U.S. 2000 standard population. For more survey details, visit nyc.gov/health/survey.

HEALTHCARE SYSTEM + HEALTHCARE PROVIDER GOALS DURING COVID-19 (AND BEYOND)

- **Elevate intersectionality** by acknowledging and addressing how racism, classism, sexism and other oppressions impact IPV/DV experiences
- **Empower healthcare providers to identify IPV/DV** and **create an inviting, culturally competent, safe space** for survivors to present, disclose and seek help (while acknowledging risks)
- Inform healthcare providers about **resources and options available to survivors**, including support mechanisms for moments of restricted movement/access

CUES PRINCIPLES

CUES = Confidentiality, Universal Education, Empowerment and Support

Confidentiality

- Always see patients alone for at least part of the visit.
- It is unsafe to discuss relationships if their partner, friend, or family member is with them.
- *“Before we get started I want to let you know that I won’t share anything we talk about today outside of the care team here unless you were to tell me about ...”*

CUES PRINCIPLES

Universal Education + Empowerment

- *“Because relationships can affect our health, let’s talk about what healthy and unhealthy mean”*
- Normalizing this conversation as a health issue

Healthy	Unhealthy
<ul style="list-style-type: none">– Physical safety– Respect– Shared decision-making– Sexual respect– Emotional freedom– Financial liberty– Freedom to spend time as wanted/ needed	<ul style="list-style-type: none">– Physical danger– Disrespect– Executive decision-making– Sexual control– Emotional control– Financial control– Isolation

CUES PRINCIPLES

Universal Education + Empowerment

- Provider *and* patient empowerment
- Providers do not have to fix/cure.
- Patients:
 - **Are experts** about their own safety
 - **Have the power** to make choices about optimal approaches to meeting their needs

CUES PRINCIPLES

Support

- When a patient says “**yes...** this happened/is happening to me”
 - Validate... *“Thank you for sharing this with me, I am so sorry this is happening. This is not your fault. You didn’t do anything to deserve this.”*
 - Offer resources... *“What you’re telling has me worried about your safety and health.... Would you like me to share some options and resources that folks with similar experiences are often interested in hearing about? I would be happy to connect you if you are interested.”*
- When a patient says “**no...** this hasn’t happened/isn’t happening to me”
 - Offer resources... *“I want to share some resources information you can also share with people in your networks who you think may need it.”*

NYC IPV/DV RESOURCES (GENERAL)

Mayor's Office to End Domestic and Gender-based Violence (ENDGBV) operate the City's **Family Justice Centers**. NYC Family Justice Centers buildings are temporarily closed as part of the City's response to COVID-19. Services and support for survivors are available by phone, M-F, 9-5. Call volume is high; callers may have to await a returned call.

- **Bronx: 718-508-1220**
- **Brooklyn: 718-250-5113**
- **Manhattan: 212-602-2800**
- **Queens: 718-575-4545**
- **Staten Island: 718-697-4300**

NYC IPV/DV RESOURCES (GENERAL)

In the evenings or weekends

- Call NYC's 24-hour Domestic Violence Hotline: **800-621-4673**
- Visit the NYC HOPE Resource Directory online at www.nyc.gov/NYCHOPE

You can also

- Chat on a secure website with a Safe Horizon advocate who can offer information, advocacy and support through [SafeChat](#), Monday to Friday, 1 p.m. to 6 p.m. (except for holidays)
- For help with stress and anxiety, please call NYC Well, **888-692-9355** or text "**WELL**" to **65173**
- For emergencies, call 911

NYC IPV/DV RESOURCES (MORE HELPLINES)

NYC Anti-Violence Project (AVP), crisis counseling and advocacy for LGBTQ and HIV-affected survivors

- 24/7 hotline: **212-714-1141**

Sanctuary for Families

- Helpline, Monday-Friday, 9 a.m.-5 p.m., for counseling, shelter, legal advocacy: **212-349-6009**

Womankind (formerly New York Asian Women's Center)

- 24/7 survivor hotline (including Chinese, Korean, Japanese, Tagalog, Hindi, Urdu, Bengali, Vietnamese): **888-888-7702**
- Text message, Monday-Friday, 9 a.m.-5 p.m. (English: **929-207-5907**; Chinese: **929-207-5901**)

NYC IPV/DV RESOURCES (MORE HELPLINES)

Violence Intervention Program, Inc (VIP): vipmujeres.org

- 24-hour bilingual hotline for counseling
- Emergency shelter and safety planning for Latina survivors: **800-664-5880**

SOVRI (of Mount Sinai Beth Israel, for Orthodox Jewish survivors)

- Helpline, Monday-Thursday, 9:30 a.m.-5:30 p.m. and Friday, 9:30 a.m.-1:30 p.m.: **888-613-1613**.

Barrier Free Living's Secret Garden program for survivors with disabilities and survivors who are Deaf

- Helpline, Monday-Friday, 9 a.m.-5 p.m.: **212-533-4358**

Sakhi for South Asian Women

- Helpline, Monday-Friday, 10 a.m.-5 p.m., **212-868-6741**

SUPPORT & EMPOWERMENT FOR PROVIDERS – ADDITIONAL CUES, TIPS AND TAKEAWAYS

TIP Find access to professional interpreters, if possible; do not rely on family or friends to interpret.

TIP Offering information about healthy relationships ensures that everyone gets access to information about relationships, not just those patients who choose to disclose DV/IPV.

TIP Know resources are available in your area for DV/IPV survivors, including for LGBTQ, immigrants or youth. Partnering with local resources makes all the difference.

TIP Survivors may not disclose initially, but may do so over time as the provider builds trust.

SUPPORT & EMPOWERMENT FOR PROVIDERS - RESOURCES

LOCAL



City Health Information

Volume 36 (2017) The New York City Department of Health and Mental Hygiene No. 2; 9-16

INTIMATE PARTNER VIOLENCE: ENCOURAGING DISCLOSURE AND REFERRAL IN THE PRIMARY CARE SETTING

- Intimate partner violence (IPV) is often an invisible concern that can seriously threaten health and safety.
- Consider screening patients with the 4-question Abuse Assessment Screen
 - at initial or routine visits,
 - when a patient discusses a new relationship,
 - when a patient presents with trauma or concerning symptoms,
 - at prenatal and immediate postpartum visits (for female patients).
- Encourage disclosure of IPV through culturally sensitive inquiry and routine dialogue.
- If abuse is disclosed, validate patient experiences, provide a safety and clinical assessment, and document findings thoroughly.

<https://www1.nyc.gov/assets/doh/downloads/pdf/c/c/hi/chi-36-2.pdf>

NATIONAL

<https://www.futureswithoutviolence.org/health>



City of New York, Dept of IT & Telecommunications [US] <https://www1.nyc.gov/site/doh/providers/reso>

- Information on coronavirus
- Agency service suspensions/reductions
- Report a social distancing violation

NYC Health 311 Search all NYC.gov websites

Promoting and Protecting the City's Health

NYC Health

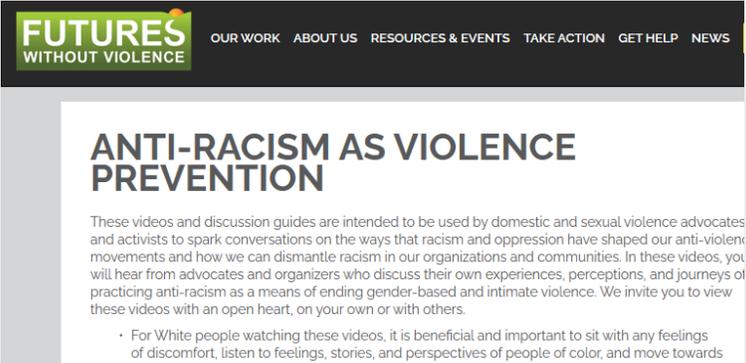
Home COVID About Our Health Services Providers Data Business Search

Reporting and Services Health Topics Resources Emergency Prep

Health Alert Network (HAN)

Public Health Detailing Action Kits

<https://www1.nyc.gov/site/doh/providers/resources/public-health-action-kits.page>



FUTURES WITHOUT VIOLENCE

OUR WORK ABOUT US RESOURCES & EVENTS TAKE ACTION GET HELP NEWS

ANTI-RACISM AS VIOLENCE PREVENTION

These videos and discussion guides are intended to be used by domestic and sexual violence advocates and activists to spark conversations on the ways that racism and oppression have shaped our anti-violence movements and how we can dismantle racism in our organizations and communities. In these videos, you will hear from advocates and organizers who discuss their own experiences, perceptions, and journeys of practicing anti-racism as a means of ending gender-based and intimate violence. We invite you to view these videos with an open heart, on your own or with others.

- For White people watching these videos, it is beneficial and important to sit with any feelings of discomfort, listen to feelings, stories, and perspectives of people of color, and move towards

CREATING AND SUSTAINING CHANGE...

IPV is a manifestation of oppression and of societal norms about who has a right to use power and how.

Solutions reside ultimately in dismantling systems, structures, institutions that enable the abuse.

Providers have a role in shifting emphasis from law enforcement to public health approach to violence intervention/prevention.

DOHMH

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Kiara Cruz
Anisha Gandhi
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Elizabeth Mello
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Thank you!

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PREVENTION OF
HEAT-RELATED
ILLNESS DURING
THE COVID-19
PANDEMIC

Seth Guthartz

Director, Office of Emergency Planning and Operations
Division of Environmental Health
NYC Department of Health and Mental Hygiene

BACKGROUND: HEAT-RELATED ILLNESS AND COVID-19

- Heat-related illnesses are a concern each summer in NYC
- Most hyperthermia victims are overcome in their homes and do not have or do not use air conditioning
- Staying home/indoors to avoid COVID-19 exposure may increase risk of heat-related illness if air conditioning is unavailable
- Financial strain related to COVID-19 may add concern about using air conditioning

NYC Health Department. Health Alert #19. <https://www1.nyc.gov/assets/doh/downloads/pdf/han/alert/2020/covid-19-heat-illness-prevention.pdf>

HEAT ADVISORIES IN NYC

The following trigger activation of the NYC Heat Plan:

- Predicted heat index $\geq 100^{\circ}$ F for ≥ 1 day OR
- Predicted heat index $\geq 95^{\circ}$ F at any point for ≥ 2 consecutive days

The City will consider additional **excessive heat actions** if the following is forecast:

- Predicted heat index of 105° F for any duration OR
- Predicted heat index of 95° F for ≥ 4 days

IDENTIFY PATIENTS AT INCREASED RISK FOR HEAT-RELATED ILLNESS

- People who do not have or do not use air conditioning and have ≥ 1 of the following have an increased risk of heat-related illness and death:
 - Chronic health conditions
 - Cardiovascular, respiratory, or renal disease
 - Diabetes
 - Obesity (BMI > 30)
 - Serious mental illness (e.g., schizophrenia, bipolar disorder)
 - Cognitive or developmental disorders
 - Conditions/medications that impair thermoregulation
 - Drug or alcohol misuse
 - Social isolation or limited mobility
- Black New Yorkers and adults age ≥ 60 years are more likely to have a combination of these factors
- Many of these factors also increase risk for severe COVID-19

NYC Health Department. Health Alert #19. <https://www1.nyc.gov/assets/doh/downloads/pdf/han/alert/2020/covid-19-heat-illness-prevention.pdf>

ADVICE FOR HEAT- VULNERABLE PATIENTS

- Remind patients of the danger of heat
- Advise them to:
 - Monitor weather alerts
 - Use air conditioning (set to 78° or “low” cool to conserve energy)
 - Remain hydrated
 - Work with caregivers and support network to develop check-in plan
- Resources for those without air conditioning:
 - Air conditioning assistance programs
 - Consider family, friends, neighbors who can offer brief respite

SPECIAL CONSIDERATIONS DUE TO COVID-19

- When seeking temporary relief from heat in another household, take steps to avoid COVID-19 exposures
- Avoid visiting households where members:
 - Have symptoms of possible COVID-19
 - Are in isolation or quarantine related to COVID-19
- When visiting another household:
 - Maintain ≥ 6 feet distance from others
 - Use a face covering if distancing is not possible
- Remind patients not to visit another household if they have symptoms of possible COVID-19 or are in isolation or quarantine

NYC AIR CONDITIONING ASSISTANCE

- Eligibility:
 - Low-income households
 - ≥ 1 resident aged ≥ 60 years without air conditioning
- Approximately 74,000 units will be provided
- NYC case managers are identifying and contacting income-eligible New Yorkers

NYC Health Department. Health Alert #19. <https://www1.nyc.gov/assets/doh/downloads/pdf/han/alert/2020/covid-19-heat-illness-prevention.pdf>

NEW YORK STATE HOME ENERGY ASSISTANCE PROGRAM (HEAP)

- Provides funds to purchase and install air conditioners
- People who meet income and other criteria can apply
- Provider patients with written documentation of increased risk for heat-related illness
- Advise them to call 311 to request a HEAP air conditioner application

NYC Health Department. Health Alert #19. <https://www1.nyc.gov/assets/doh/downloads/pdf/han/alert/2020/covid-19-heat-illness-prevention.pdf>

NYC COOLING CENTERS IN THE COVID-19 ERA

- Cooling centers will:
 - Provide needed respite from the heat
 - Be safe
 - Be hygienic
 - Screen individuals
 - Provide universal access for all well individuals
 - Be fewer in number than in previous years

ADDITIONAL RESOURCES ON COVID-19

NYC Health Department

- Provider page: <https://www1.nyc.gov/site/doh/covid/covid-19-providers.page>
- Data page: <https://www1.nyc.gov/site/doh/covid/covid-19-data.page>
- Weekly webinars: Fridays, 2 p.m. (sign up on provider page)
- Dear Colleague COVID-19 newsletters (sign up for *City Health Information* subscription at: [nyc.gov/health/register](https://www1.nyc.gov/site/doh/covid/covid-19-providers.page))
- NYC Health Alert Network (sign up at <https://www1.nyc.gov/site/doh/providers/resources/health-alert-network.page>)
- Provider Access Line: **866-692-3641**
- Neighborhood resource snapshots: <https://www1.nyc.gov/site/doh/covid/covid-19-communities.page>

NYC COVID-19 Citywide Information Portal

- Includes information on > 150 testing sites in NYC: [NYC.gov/covidtest](https://www1.nyc.gov/site/doh/covid/covid-19-communities.page)

Other sources

- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

QUESTIONS?
