



Interim Strategy Map: COVID-19

This strategy map outlines the **priority strategies** the City and its partners will focus on to address HealthyNYC's loss in life expectancy related to COVID-19. This map is not inclusive of all possible strategies; it is a living document and will be updated as new research, initiatives, and interventions are identified.

Content experts have identified the top three to five modifiable contributing factors of high mortality rates for each HealthyNYC driver and the key strategies to address these factors. This strategy map will be used to track metrics over time within the NYC Health Department, across City agencies, and across sectors and to inform the priorities of the HealthyNYC campaign. It will also be used as an accountability tool to ensure the City is staying on track.

HealthyNYC Goal for COVID-19

Reduce COVID-19 deaths by 60% by 2030.

Contributing Factors and Priority Strategies

The top contributing factors to increased deaths due to COVID-19 and our strategic interventions for each are:

1. Contributing factor: Lack of access to and use of tests and treatment.
 - Priority strategy: Increase access to and use of tests and treatment, especially among groups at higher risk for severe outcomes (based on age, underlying conditions), and address underlying health conditions associated with severe outcomes.
2. Contributing factor: Low vaccination coverage, especially with updated and current vaccines, and distrust of vaccines from misinformation.
 - Priority strategy: Increase up-to-date vaccine coverage, especially among groups at higher risk for severe outcomes (based on age, underlying conditions), and create and disseminate tailored communications through health care providers, trusted community partners, and public health education campaigns.
3. Contributing factor: Indoor settings that promote COVID-19 transmission, especially in congregate settings with marginalized residents.
 - Priority strategy: Reduce opportunities for indoor transmission of COVID-19.
4. Contributing factor: Inability to stay home when sick and to avoid spreading illness to others.
 - Priority strategy: Support and improve opportunities to isolate and stay home when sick.

- 5. Contributing factor: Health care facility strain, especially during COVID-19 surges and alongside increases in other respiratory illnesses such as flu and RSV.
 - Priority strategy: Strengthen and maintain a flexible citywide health care system.

Sources Informing Our Priority Strategies

Sources that inform the City’s strategies surrounding the loss in life expectancy due to COVID-19 include:

- Centers for Disease Control and Prevention’s [COVID-19: How to Protect Yourself and Others](#)
- Centers for Disease Control and Prevention’s [Morbidity and Mortality Weekly Report \(MMWR\): COVID-19–Associated Hospitalizations Among U.S. Adults Aged ≥65 Years — COVID-NET, 13 States, January–August 2023](#)
- Centers for Disease Control and Prevention’s [Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals](#)
- Zhilkova, Alsabahi, Olson et al. [Hospital segregation, critical care strain, and inpatient mortality during the COVID-19 pandemic in New York City](#). medRxiv, 2023.

Strategy Map for COVID-19 by Priority Strategy and Sub-strategy, Including Actor and Activity

Reduce COVID-19 deaths by 60% by 2030.			
Priority Strategy	Sub-strategy	Actor	Activity
1. Increase access to and use of COVID-19 tests and treatments, especially among groups at higher risk for severe outcomes (based on age, underlying conditions), and address underlying health conditions associated with severe outcomes.	1.1 — Increase access to testing and treatment.	Policymakers and government agencies	<ul style="list-style-type: none"> • Change New York State (NYS) law to enable pharmacists to administer point-of-care COVID-19 testing without reliance on federal approval. • Change NYS law to enable pharmacists to prescribe COVID-19 treatment without reliance on federal approval. • Advocate for insurance plans to cover COVID-19 testing and treatment, including over-the-counter tests, with no cost sharing.
	1.2 — Increase health care provider awareness of the importance of treatment, risk factors for severe illness (including socioeconomic and underlying medical conditions), and inequities in treatment use for both long COVID and acute covid symptoms.	Health systems and clinical providers	<ul style="list-style-type: none"> • Implement a provider education campaign, including engaging with hospital and Federally Qualified Health Center (FQHC) CEOs, and share strategies from other initiatives such as the Ending the HIV Epidemic plans from NYS and NYC and the Plan to Eliminate Viral Hepatitis as a Major Public Health Threat in NYC by 2030.

	1.3 — Increase and maintain public awareness of the importance of early testing and how to get treatment, prioritizing older adults and Taskforce for Racial Inclusion & Equity (TRIE) priority neighborhoods.	Policymakers and government agencies	<ul style="list-style-type: none"> • Implement a multimedia campaign to increase public awareness of treatment, including tailored messages to priority populations (older adults, people with underlying medical conditions, people in TRIE neighborhoods). • Ensure labs include information about treatment on lab results. • Advocate to the FDA to ensure at-home test kit manufacturers include information about treatment in the instructions.
		Health systems and clinical providers	<ul style="list-style-type: none"> • Increase the use of telehealth services to review treatment options when an individual’s self-test is positive.
		Community supports	<ul style="list-style-type: none"> • Increase community knowledge of the importance of early testing for marginalized populations and how to access treatment through on-the-ground information dissemination and outreach by community health workers, community- and faith-based organizations, and other community groups.
2. Increase up-to-date vaccine coverage, especially among groups at higher risk for severe outcomes (based on age and underlying conditions), and create and disseminate tailored communications through health care providers, trusted community partners, and public health education campaigns.	2.1 — Monitor citywide vaccination rates.	Policymakers and government agencies	<ul style="list-style-type: none"> • Require reporting of all adult vaccinations to the Citywide Immunization Registry (CIR). • Survey New Yorkers about vaccination in the NYC Health Department’s Community Health Survey.
		Health systems and clinical providers	<ul style="list-style-type: none"> • Support voluntary reporting of adult vaccinations to the CIR, with consent.
	2.2 — Increase public awareness of the importance of vaccination, including efficacy, risks, and benefits, as well as where and how to get vaccinated, prioritizing older adults and TRIE neighborhoods, with a focus on addressing misinformation.	Policymakers and government agencies	<ul style="list-style-type: none"> • Implement a multimedia campaign informing the public about vaccinations, including tailored messages to priority populations (older adults, people with underlying medical conditions, people in TRIE neighborhoods) and addressing misinformation.
		Community supports	<ul style="list-style-type: none"> • Increase community knowledge of the importance of vaccine coverage for marginalized populations through on-the-ground information dissemination and outreach by community health workers, community- and faith-based organizations, and other community groups.

	2.3 — Increase access to COVID-19 vaccines, especially for uninsured and underinsured New Yorkers, older adults, and people in TRIE neighborhoods.	Policymakers and government agencies	<ul style="list-style-type: none"> • Advocate for a permanent federal Vaccines for Adults program. • Change NYS law to permanently enable pharmacists to administer COVID-19 vaccine for people younger than age 18. • Advocate for and implement universal health coverage. • Mandate coverage of vaccine counseling by health insurance plans, including NYS Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) plans.
		Community supports	<ul style="list-style-type: none"> • Increase employment-based vaccination support, including on-site vaccination clinics and time off and incentives to get vaccinated. • Encourage pharmaceutical companies’ adoption of vaccine manufacturer patient assistance programs that reduce or eliminate co-pays and increase vaccine access for the uninsured and underinsured.
	2.4 — Increase vaccine confidence, especially in communities with institutional distrust due to experiences of discrimination and disinvestment.	Policymakers and government agencies and community supports	<ul style="list-style-type: none"> • Combat vaccine misinformation and disinformation through tailored communications from trusted community partners and influencers.
		Community supports	<ul style="list-style-type: none"> • Engage in tailored community engagement, including by directly funding community-based organizations as trusted leaders.
	2.5 — Continue research around other vaccine options and improved vaccines (such as pan-coronavirus vaccines, vaccines with greater and longer protection against infection, nasal vaccines, combined flu/COVID vaccine).	Policymakers and government agencies	<ul style="list-style-type: none"> • Advocate for expanded federal and private investment in pharmaceutical company research and development.
	3. Reduce opportunities for indoor transmission of COVID-19.	3.1 — Improve indoor air quality, especially in congregate settings such as workplaces, schools, public transport, and residential congregate settings (shelters, long-term care facilities, correctional facilities).	Policymakers and government agencies and community supports

	3.2 — Improve access to quality, affordable housing.	Policymakers and government agencies	<ul style="list-style-type: none"> • Produce more quality housing for New Yorkers, at a wider range of incomes, and allocate those homes to the residents who need them most as quickly and equitably as possible. • Increase housing services, including those that prevent displacement, and rental assistance opportunities for marginalized groups (homeless New Yorkers, older adults, New Yorkers with disabilities). • Promote healthy quality housing through enhanced enforcement of high standards for affordable housing, and promote efforts that sustain and improve quality of existing housing.
4. Support and improve opportunities to isolate and stay home when sick.	4.1 — Increase access to sick leave benefits for members of the workforce experiencing COVID-19 symptoms and to their families.	Policymakers and government agencies	<ul style="list-style-type: none"> • Increase required employment sick leave benefits (not limited to COVID-19). • Implement flexible work standards, such as work from home and staggered schedules for people with COVID-19 (in addition to other respiratory viruses, as indicated by CDC guidance). • Implement five days of paid sick leave for all employees, subject to a mandatory or precautionary quarantine or isolation order related to a public health emergency. • Encourage or require masking based on institutional and jurisdictional policies in effect.
5. Strengthen and maintain a flexible citywide health care system.	5.1 — Increase capacity building and resources to allow health care systems to respond to emergent health concerns while providing crucial care for chronic conditions, such as long COVID.	Policymakers and government agencies	<ul style="list-style-type: none"> • Reduce health care segregation and improve Medicaid reimbursement. • Resource and prioritize safety-net hospitals.