Dear Drs. Chokshi and Katz:

As members of the New York City health and human services community and of the COVID-19 Working Group – New York, we write to request a meeting to discuss the needs of New Yorkers with chronic conditions that increase their vulnerability to poor COVID-19 outcomes, as well as those who require ongoing post-COVID care to treat emerging long-term impacts of SARS-CoV-2 infection. We are providers and advocates with a range of experiences serving vulnerable populations and medically underserved communities. We are pleased by the announcement that Health + Hospitals will open three COVID-19 Centers for Excellence in communities hard hit by the pandemic that will provide increased resources for long term post-COVID follow-up and care. We would like to recommend other activities to comprehensively address the chronic disease impact of the pandemic—by ensuring adequate monitoring and care for people recovering from acute COVID-19 disease, and by improving clinical care for the underlying conditions that will place New Yorkers at enhanced risk in the event of a second wave of SARS-CoV-2 spread in our city. We hope that this meeting will serve as a first step in an ongoing collaboration with community members, including the COVID-19 Working Group, to address chronic disease as both a risk factor and potential outcome of the pandemic.

We recommend that the Department of Health and Mental Hygiene (DOHMH) and Health + Hospitals (H+H) undertake the following activities with respect to chronic disease impact and post-COVID health:

**DOHMH**

- **Public Data Tracking of COVID-19 Chronic Disease Impact**: DOHMH should enhance or develop systems for public health surveillance to monitor chronic conditions (including
diagnoses and key metrics) that increase vulnerability to COVID-19 (including but not limited to asthma, depression, type 2 diabetes mellitus, serious heart conditions, sickle cell disease, hyperlipidemia, hypertension, immunocompromised states, COPD, obesity, and kidney disease); Include data on these chronic conditions and their impact on COVID-19 outcomes in ongoing SARS-CoV-2 surveillance; and use public surveillance systems to track post-COVID-19 health status (including but not limited to continuing symptoms of the vascular, cardiac, cognitive, neurological, pulmonary, and gastro-intestinal systems) as well as the prevalence of myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) among COVID-19 “long haulers.”

- **Clinical Guidance**: DOHMH should research, develop, and publish clinical guidelines for the assessment, diagnosis, monitoring, and treatment of post-COVID-19 symptoms based on the best available evidence-based clinical knowledge.

- **Clinical Education**: DOHMH should offer comprehensive clinical education with continuing education credits on post-COVID-19 conditions (including ME/CFS), the impact of the SARS-CoV-2 virus on those with chronic illnesses, and clinical management of both.

- **Comprehensive Chronic Disease Control and Prevention**: Unfortunately, as COVID-19 has highlighted, chronic disease control and prevention has been historically fragmented and under-resourced in New York City. We urge DOHMH to undertake a robust program of evidence-based chronic disease prevention and control which particularly engages the most impacted communities in themselves implementing proven strategies.

**H+H and DOHMH**

- **Consumer-Facing Outreach and Education Materials**: H+H and DOHMH should develop and widely distribute culturally appropriate consumer-facing public health education materials to foster public awareness of risk factors for novel coronavirus infection and poor health outcomes, and the potential impacts of COVID-19 on health for those recovering, including those with chronic conditions and “long haulers” – and inform the public of the services offered by the COVID-19 Centers for Excellence. H+H and DOHMH should work with community members to develop said materials.

**H+H**

- **Peer Support and Education**: H+H should develop a comprehensive Peer Support and Education program within each Center for Excellence to facilitate patient education about disease management and health, including opportunities for patients to learn about chronic disease management, post-COVID19 complications, and self-care, as well as

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programming to ensure access to the technology required in order to participate in self-help support groups and Tele-health services.

- **Tele-health Services**: Each COVID-19 Center for Excellence should establish a Tele-health service to enable patients to access necessary technology and health care services and supports in order to reduce SARS-CoV-2 exposure and accommodate non-medical needs.

Thank you for considering our request for a meeting regarding our recommendations. Please contact Kimberleigh Joy Smith at ksmith@callen-lorde.org to schedule. We look forward to a fruitful discussion and will contact your offices to schedule a suitable time.

Sincerely,

The COVID-19 Working Group

cc New York City Council Speaker Corey Johnson
New York City Council Health Committee Chair Mark Levine