



**Nassau County  
Department of Human Services**

Laura Curran  
County Executive

Dr. Carolyn McCummings  
Commissioner

***THE HUMAN TOUCH***

Volume 3

Issue 2

IN THIS ISSUE

# Industry Voices—The post-COVID-19 morbidity crisis: Why everyone should be concerned about Behavioral Health

By Ellen Herlacher, LRVHealth



COVID-19 has created a perfect storm for behavioral health. Our society has experienced enormous social and economic stress, pushing more people into depressive, obsessive and anxious states, and worsening the conditions of those who already struggled with mental health. At the same time, access to behavioral healthcare—which had already been limited due to resource shortages and stigma—is even more limited. There are a number of reasons why the nation, and world, should expect a morbidity crisis in the aftermath of COVID—and behavioral health will be a key part of the solution. That's why payers and providers, perhaps more than anyone else, should be accelerating their efforts to address behavioral health issues.

## **Money is flowing, but where is it going?**

Capital markets have already identified the need for behavioral health in response to the pandemic, and have ramped their investment in products and services which aim to expand access

through telemedicine or automated interventions. By the time we hit the midpoint of 2020, investors had already put more money into behavioral health than in any previous year. What remains to be seen, however, is whether the investment dollars actually reach the people who need help and translate into increased access and better outcomes. Are healthcare sponsors buying digital solutions? Are consumers actually using them? The answer to the first question is yes. Sponsors have been purchasing digital solutions for several years now. However, much of the purchasing activity has occurred in the self-insured employer space, where employers have relied on behavioral health solutions to fulfill operational as well as healthcare objectives. Not only can behavioral health solutions lead to reductions in medical cost, but they may also lead to improvements in workforce performance indicators, such as employee attrition

and absenteeism. In a pre-COVID world, where unemployment sat below 4% and benefits packages were relatively rich, employers played a meaningful role in narrowing the access gap.

However, we are now six months into the pandemic, and over 50 million people have filed for unemployment. These individuals are enduring the sort of trauma that can trigger a mental health episode and at the same time, may have lost their employer-sponsored healthcare coverage and associated healthcare services. As a result, there is a significant coverage gap that, if ignored, could lead to an unprecedented mental health crisis and a resurgence of substance abuse behavior that had begun to plateau. Now, there are plenty of direct-to-consumer options in the market (anyone else seen Michael Phelps promoting TalkSpace?), so theoretically, the average consumer could self-serve. However, the reality of the problem is that it's systemic and we cannot assume that this crisis will be solved in the consumer market. To achieve the level of completeness that is required, we'll need to see payers and providers accelerate their sponsorship of behavioral health.

### **Payer and provider involvement, pre-COVID**

It's important to point out that payers and providers haven't been sitting on the sidelines. Prior to the pandemic, they were each at various stages of piloting and deploying digital behavioral health services. Among payers, the business case has essentially always been there. For members with one or more chronic condition, the introduction of a mental health complication significantly impacts the total cost of care. For example, a commercial member with diabetes and a non-severe mental health condition costs 50% more per month than an equivalent member without a mental health condition. And diabetics with serious mental health or substance-use-disorder cost over 100% more. Things get even more dire as you look at Medicare and Medicaid populations. Overlay all of this with the shortage of mental health professionals in most markets and the digital space becomes increasingly appealing, if not necessary, in creating adequate supply. However, some payers have been hesitant to adopt. While there is now a body of clinical evidence that's found that many digital offerings are just as, if not more, efficacious than their face-to-face counterparts, and while additional economic studies show that they are effective in bringing down medical cost, it's taken many years for these findings to yield the level of consensus required for general acceptance.

Slower payers may have waited for the body of evidence to materialize and for other payers to "beta test." In addition, from payer to payer, there are varying degrees of willingness to enter care delivery, especially when it comes to mental health. Some payers have simply been uncomfortable with the notion of competing with their provider network, while others are reluctant to assume the risk associated with sponsoring care delivery, especially for a population that is inherently higher risk. From the provider perspective, health systems that have moved forward with digital behavioral health solutions have done so to optimize care delivery—they've used digital behavior health solutions to create virtual capacity, allowing them to deliver care to patients in the most appropriate setting (i.e. referring lower acuity patients to digital environments and reserving face-to-face appointments for higher acuity patients). They have not, however, viewed digital behavior health solutions as a means for boosting reimbursement. Many digital therapeutics simply aren't covered under existing billing codes, meaning health systems can't bill for the virtual care that they are sponsoring. As a result, what we've seen is that employers have been relatively enthusiastic, payers are following, and providers are adopting on a case by case basis. However, if we look back at what we've seen with COVID and project what's to come, there's good reason for payers and providers to catch up to where employers have been.



### **Consumers demand digital options, while our healthcare system prepares for heightened morbidity**

In a matter of weeks this spring, digital care went from "early adoption" to "general acceptance" as people were forced to choose between continuing care in digital environments or skipping care altogether. And while the choice is no longer so stark, consumers have warmed enough to digital care that they will expect to have a virtual option where possible. As a result, the lack of digital options may cause members to switch health systems or, if possible, health plans. And from a bottom-line perspective, digital behavioral health may be essential for managing the costs associated with an increasingly morbid population. We are still in the early innings of COVID-19, and there is much more that we will learn about the disease and its impact on our health. However, one issue that is emerging as a chief concern for payers and providers is the effect of the disease on the morbidity of our population. With people deferring diagnostics and therapies as a result of the shutdown or loss of employer coverage, the number of people considered morbid is likely to increase and the severity of morbid conditions that already existed is likely to worsen. In addition, as I write this article, there are 6 million confirmed COVID survivors in the U.S., with millions more unconfirmed.

While most COVID survivors had mild cases or were even asymptomatic, hundreds of thousands of people have had severe cases that were serious enough to require hospitalizations. It is unclear what life after COVID looks like for these survivors, but we are seeing evidence that some will experience long-term effects of the disease, such as loss of lung function, chronic fatigue and post-traumatic stress. As a result, we should expect that, in the years that follow COVID, we are more morbid and medically complex than we were before, and that keeping us healthy will be more expensive. This is obviously problematic for payers, but it is also a problem for providers when you consider the fact that they are unlikely to be fully compensated for the additional complexity that they will be managing. The chronic and morbid conditions that are likely to worsen (diabetes, chronic kidney disease, hypertension, obesity, COPD) are already health system loss leaders. Increases in prevalence or complexity will not only be devastating to our families and communities, but they will be financially unsustainable for health systems that have already been hit hard financially by COVID. Overlay the increased morbidity with a higher prevalence of behavioral health conditions and a less favorable payer mix, and health systems will need to make mental health access a top priority, if for no reason other than to defend their complex populations from additional complexity. It is for this reason that the moment for broad-based provider adoption of digital behavioral health has arrived. By the time we see evidence of a post-COVID morbidity crisis, it may be too late to reverse course. Instead, we should assume our population will come out of COVID less healthy and more morbid. We should further assume our morbidity will be worsened by anxiety, depression, or other mood disorders. We should be encouraged that patients are open to addressing mental health conditions in digital environments and accept the body of evidence that supports the efficacy of digital solutions. And payers and providers should accelerate the development and deployment of digital behavioral health strategies so that everyone who needs it has access to mental health services.



## Should seniors take extra precautions against COVID-19 this fall? Experts weigh in

Experts recommend that senior citizens and those at high risk for coronavirus complications limit their social bubbles.

By Kerry Breen



As the coronavirus pandemic continues and flu season begins, leading to concerns of a "twindemic" in the United States, health experts are urging those who are high-risk for either or both illnesses to limit their social bubbles to stay healthy. Dr. Anthony Fauci, the top infectious disease expert in the country, said on Sept. 10 that people needed to prepare to "hunker down and get through this fall and winter." "We've been through this before," Fauci said. "Don't ever, ever underestimate the potential of the pandemic. And don't try and look at the rosy side of things." Despite Fauci's "cautious optimism" that a coronavirus vaccine will be developed this year, experts say that for those who have underlying health conditions or are over the age of 60, it's extremely important to limit your social bubble during the next few months.

### Why should you limit your social bubble now?

Even if you've been having more social interaction over the past few months, it's important to start carefully considering your contacts now. One reason is because of the increased risk of flu and coronavirus and the complications that accompany those illnesses. There's also concern that as the weather gets colder, more indoor activity will take place. Research has shown that the virus is less likely to spread in an outdoor environment. "We have to assume that there's going to be some level of increased transmission and increased risk, so for those people who are in high-risk groups, it's important that the people that they're interacting with have some type of discussion about what types of activities other people are going to be doing," said Dr. Amesh Adalja, a senior scholar at the Johns Hopkins Center for Health Security in Baltimore, Maryland. Dr. Dean Winslow, a professor of medicine at the Stanford University Medical Center in Stanford, California, also cautioned about asymptomatic transmission from younger contacts. "Young people are capable of spreading both the flu and COVID-19, even if they themselves are not seriously ill or have no symptoms at all," Winslow explained. "It just makes sense for everyone to really redouble their efforts to do what we're supposed to be doing right now, which is continuing to maintain social distancing and wearing face



coverings." Winslow agreed with Adalja's concern about indoor activities. "The risk of transmission with both flu and COVID-19 is highest in the indoor environment," he said.

### **Who should be especially careful this winter?**

According to Adalja, there is a lot of overlap between people who are at risk for coronavirus and flu complications. "For those in older age groups or with comorbid conditions, heart and lung disease, diabetes, immunosuppressed status, there seems to be overlap," Adalja said. The flu affects two groups that the coronavirus does not, he said: Pregnant women and young children may be at risk for influenza complications, though they are not likely to experience severe coronavirus symptoms.

### **How can high-risk people protect themselves?**

In addition to wearing masks, social distancing, and limiting contact with people, the best way people who are at high risk for either the flu or coronavirus can protect themselves is to get a flu shot. "I really would encourage absolutely everyone to get the flu vaccine," said Winslow, adding that he himself was planning to get the vaccine within the next few days. Dr. S. Patrick Kachur, a professor of population and family health at the Columbia University Medical Center, also advised getting the flu vaccine "as soon as it's available," and said that it's important to consider "additional measures" to ensure limited contact with others.

"In multi-generational households, I think not only the elderly and people with underlying conditions ought to be concerned, the younger adults who live in the household should probably be extra mindful during the coming cold and flu season," Kachur said. "...If you are going to be at home and you're at risk of severe disease or you're living with somebody who is, you really do want to make sure that you carefully identify a bubble with whom you associate." "I think we are back at the situation where people really do need to carefully consider who they interact with," Kachur continued.



### **How can people get social interaction safely?**

If you are at risk but are choosing to interact with people, experts recommend keeping an eye on state and county websites, which often share information about how many cases are in a given area. Use that data to gauge the risk of a social interaction. "Most states are now setting up a dashboard that includes information about the number of cases but also the test positivity rates," Kachur said. "The positivity can give you a quick idea... If the proportion of people being tested is positive, that often indicates that transmission is increasing."

### **How can high-risk people maintain their mental health?**

During the pandemic, there have been concerns about isolation and loneliness and the toll that that can take on mental health. In July 2020, 86-year-old psychotherapist Katharine Esty shared some tips that senior citizens and other high-risk people can use to avoid feeling isolated even while limiting their social interactions. "The main thing is to reach out," she told TODAY. "When you're feeling really blue, call a friend who is worse off than you. There's nothing that will make people feel better than doing something nice for somebody else." She also recommends creating a routine that you can stick to, which can help people feel "calm, peaceful and steady in this time." Other great tips include starting a new hobby or activity, or even adopting a pet. "There are lots of people who are alone and it's been really hard... it's just devastating," Esty, who lives in a retirement community in Concord, Massachusetts, told TODAY.

# This woman is making masks more accessible for people with hearing loss

By Kate Whiting



Many people around the world now wear masks regularly, but for people with hearing disabilities they can create a real challenge. Without seeing people's lips, they don't know if they are being addressed. Tiffany Yu, a World Economic Forum Global Shaper, is distributing windowed masks around the US for free, allowing people to see others' mouths. The masks aren't just for people who are deaf or hard of hearing - everyone benefits from being able to see when others smile. Faces half obscured with plain pale blue or colourful fabric have become a familiar sight. On streets, in shops and on public transport, wearing masks has become compulsory in many countries. The life-saving potential of face coverings is becoming more widely researched - but every mask presents a communication challenge for someone who is deaf or hard of hearing. "If they can't hear and they can't see your lips moving, then they don't know that they're being addressed," says Tiffany Yu, CEO & Founder of Diversability. More than 5% of the world's population is deaf or hard of hearing, according to the World Health Organization - and by 2050, it's estimated 900 million people will have hearing-related disabilities. Yu, a World Economic Forum

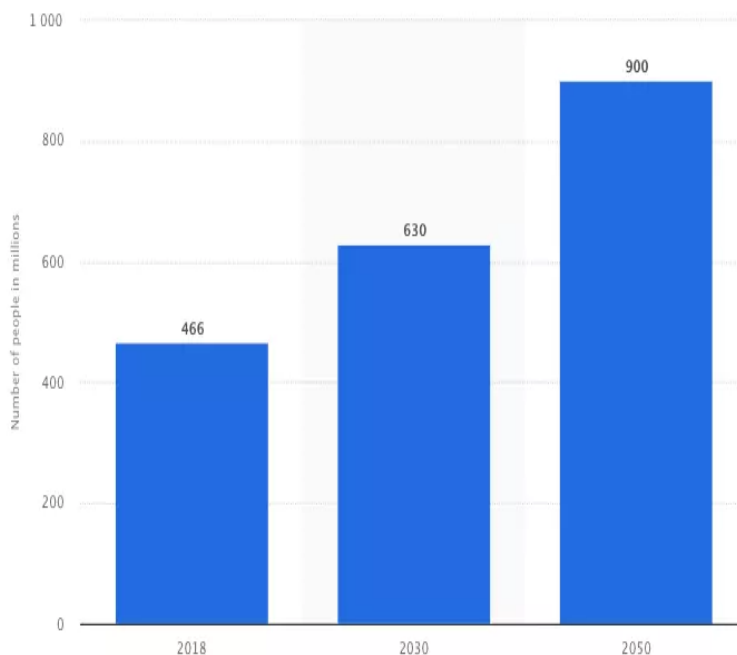
Global Shaper, wants to promote the wearing of masks with see-through windows that allow people to read lips. She has set up #Masks4Disability - an initiative to distribute these masks across the United States for free. Hundreds of masks have already been given out - and now the idea is catching on in places like Sri Lanka too. Here she explains how it came about and why more accessible masks benefit everyone.

## Where did the idea come from?

Tiffany Yu: The Forum's Equity and Inclusion Steering Committee was hosting a webinar on COVID-19 response, and we had breakout groups related to different different types of communities that were impacted. I started hearing a lot of messages around the fact that masks weren't accessible. There are inequities that are presented by current N95 masks or current cloth coverings, because a lot of people who are deaf or hard of hearing need to be able to see facial expressions or read lips in their communication. It made me realize that a lot of large cities like Chicago, San Francisco and New York have launched mutual aid efforts during COVID-19. But what about the smaller cities where you don't have access to a mutual aid network? And some people who are disabled may prefer not to have to go out and collect masks. So that's why we decided the best way to do this would be to ship them. We partnered with a sustainable fashion brand in Uganda named Kimuli Fashionability to distribute these windowed facemasks to anyone in the US.

## How do accessibility solutions benefit us all?

This is one of the things I try and highlight in my work: when you design things for people with disabilities, you actually design things that are better for everybody. Mainly, these masks are for people who are deaf or hard of hearing, who rely on being able to see your lips moving so they know they're being addressed. But they're helpful for everyone. That is at the root of inclusive design. Windowed masks let others know that you are smiling or talking to you, even if they can hear well. It's the little things that matter right now, when



Projected number of people with disabling hearing loss worldwide in 2018, 2030, and 2050.

we're not as social as we used to be, like being able to go out and smile at someone, not just through your eyes, but also through being able to see your mouth. What inspired you to set up Diversability? I was involved in a car accident as a kid where my Dad, who was driving, unfortunately passed away. It was a single vehicle car accident. And I acquired a spinal cord injury - known as a brachial plexus injury - that would end up paralyzing one of my arms. Growing up, I just felt like I didn't really have support. And part of the reason why I started my organization was really wanting to root myself in a community. Once I rooted myself in a disability community, I became really proud of my disability identity. But what it also made me realize was that I wanted to use whatever power and privilege I had to fight for more disability equity and more disability justice.

#### What's next?

We are just planning to continue shipping out as many masks as we can in the US. We will ship out masks until we have no more. Other cities and countries are interested too - for example, in Colombo, Sri Lanka a Global Shaper is looking to do something similar. I've had requests through from other people who want to start something similar in Uganda. I want to spread awareness that our current mask culture does create inequities. A windowed mask is better for people who are deaf or hard of hearing, but also better for everyone.



## COVID Collaborative Summer Course for Youth



Over the summer the Office of Youth Services and Columbia University held a COVID Collaborative Summer Course for Youth.

70 middle and high-school students from across our County who met every day for one week on Zoom to hear from Public Health and Infectious Disease Experts (Dr. Eisenstein), Epidemiologists, Public Health Educators (Dr. Hyden), The Disney Company (Ms. Caines), Mental Health Practitioners and Researchers (Dr. Woods-Giscombe) so that they could

become COVID Ambassadors for their communities. They also became certified Contact Tracers through Johns Hopkins University and received instruction in designing and producing educational videos and spreading information, not COVID, in their communities.

As a final product, these young people created TikTok and PSA videos that can help teach others about preventative measures to stop the spread of COVID-19; based on the most current CDC guidelines and recommendations from our own Department of Health in Nassau County. We have sent these videos to the NC school districts so they may be shared with other teens throughout the county.

For any additional information, please contact Dana Boylan, Executive Director, Nassau County Office of Youth Services.



# Governor Cuomo Updates New Yorkers on State's Progress During COVID-19 Pandemic

*Excerpt from Sunday, September 20, 2020*



Governor Andrew M. Cuomo Sunday updated New Yorkers on the state's progress during the ongoing COVID-19 pandemic. The number of new cases, percentage of tests that were positive and many other helpful data points are always available at [forward.ny.gov](https://forward.ny.gov).

"Our numbers continue to look good, and our infection rate is again below one percent. Our progress is thanks to the hard work of New Yorkers who came together and rose to the occasion like no other community," Governor Cuomo said. "But this pandemic is far from over, and with flu season approaching it's especially critical we remain vigilant: wash your hands, wear a mask, socially distance, and above all, stay New York Tough."

Yesterday, the State Liquor Authority and State Police Task Force visited 1,585 establishments in New York City and Long Island and observed 7 establishments that were not in compliance with state requirements. A county breakdown of yesterday's observed violations is below:

**Bronx - 1**

**Brooklyn - 1**

**Manhattan - 1**

**Nassau - 4**

Sunday's data is summarized briefly below:

**Patient Hospitalization - 468 (+1)**

**Patients Newly Admitted - 72**

**Hospital Counties - 31**

**Number ICU - 132 (-12)**

**Number ICU with Intubation - 60 (+0)**

**Total Discharges - 76,179 (+78)**

**Deaths - 2**

**Total Deaths - 25,427**

Of the 100,355 test results reported to New York State yesterday, 862, or 0.86 percent, were positive.





## \*\*\*Commissioner's Corner\*\*\*

# Nutritional Support for Your Immune System

What integrative health MDs are recommending right now to build immunity during the COVID-19 outbreak.

By Courtney Helgoe | Experience Life



The best defense when it comes to protecting our health is a good offense, so physical distancing and rigorous handwashing remain the critical first steps in defending against the COVID-19 virus. At the same time, you want your body to have the resources it needs to marshal its best immune response in an encounter with any virus. One of the key ways to build your immunity is to be well nourished: A strong nutritional baseline can help your body ward off illness — and can make your body more capable of recovery if you do get sick. We surveyed some integrative-health experts to learn which vitamins, minerals, and foods they're suggesting to optimize health and nutrition during the COVID-19 outbreak. These are the top five they recommend.

### Vitamin C

"We can't make our own vitamin C, [and] when we get sick, vitamin C needs to increase," explains functional-medicine physician Terry Wahls, MD. She adds that nutritional biochemist Linus Pauling, PhD, became known for his work on the effect of vitamin C on shortening colds, and the cold is also caused by a type of coronavirus.

All the practitioners we surveyed recommended increasing daily intake of vitamin C with food and supplements. Good food sources of vitamin C include citrus fruits and brightly colored vegetables. Sauerkraut is another good source, advises Wahls, and it offers the additional benefit of supporting your gut microbiome. To supplement with vitamin C, these experts recommend anywhere between 250 mg and 1,000 mg a day. (If you get loose stools, back off a bit.)

### Vitamin D

Sometimes known as the "sunshine vitamin," vitamin D plays a critical role in immune function. Experts have even speculated that one reason we're more vulnerable to illness in winter is that our vitamin D levels drop from lack of sunlight. Because many of us are spending more time indoors now, and immunity is a central concern, it's even more critical to ensure adequate vitamin D levels. Good food sources of vitamin D include salmon and tuna (including canned tuna) as well as egg yolks, especially from pastured eggs. If you're not presently symptomatic (see note below), supplementing can also be a supportive choice. "Studies have shown that supplementing with vitamin D can reduce colds and flu by 42 percent," notes functional-medicine physician Mark Hyman, MD. Wahls and Kara Parker, MD, a functional-medicine family physician, both advise adding a vitamin D<sub>3</sub> supplement to ensure your body has an optimal level. Parker suggests at least 2,000 IU daily for adults and up to 5,000 IUs. Hyman recommends starting children at 1,000 IU. The panel of integrative physicians strongly cautioned against supplementing with immune-activating agents like vitamin D if you develop COVID-19 symptoms. This sounds counterintuitive, but during advanced stages of viral infection the immune system can begin to attack the body's organs — what's called a "cytokine storm" — and vitamin D can activate the release of a cytokine protein. The panel also recommends avoiding the herbal remedies elderberry and echinacea if you get sick, for the same reason.

### Vitamin A

Integrative physician Robert Rountree, MD, recommends vitamin A to support lung health, because it's a critical nutrient for building and repairing lung tissue. Most of us can get enough from brightly colored vegetables and fruits, he says, but he recommends supplementation for anyone with lung issues. Parker recommends everyone supplement with vitamin A right now because "it helps protect your respiratory hair cells, called cilia, that the coronavirus infects." She suggests taking 10,000 IU daily for one week, then once or twice a week to maintain your stores. (Be careful not to over supplement, as hypervitaminosis can occur at high levels with this vitamin.)

### Zinc

This mineral is another potent immune supporter. A recent panel of integrative physicians, including Andrew Weil, MD, of the Andrew Weil Center for Integrative Medicine, has noted that "coronavirus appears to be susceptible to the viral inhibitory actions of zinc." They're careful to emphasize that this is a potential risk-reduction measure — not a cure — and suggest that supplementing with zinc lozenges so that you're getting 15–30 mg a day may help protect the upper respiratory tract. Parker and Hyman also both recommend



making sure you have optimal zinc at this time. Hyman notes that oysters, red meat, and pumpkinseeds are all excellent zinc sources. Parker suggests getting 20 mg daily, taken apart from vitamin A for best absorption.

**Garlic**

Garlic is a powerful antimicrobial and antiviral, and studies have found that fresh garlic extract has strong inhibitory effects even on antibiotic-resistant bacteria like MRSA. Wahls suggests consuming extra garlic to support immunity because it helps boost natural killer immune cells.



LAURA CURRAN  
COUNTY EXECUTIVE



NASSAU COUNTY  
OFFICE OF  
HISPANIC AFFAIRS

AMY FLORES  
EXECUTIVE DIRECTOR



**PSEG Long Island to Reimburse Customers for Food and Medicines Spoiled During Tropical Storm Isaias**

PSEG Long Island will reimburse residential customers up to \$250 for food spoilage and commercial customers up to \$5,000 if their service was interrupted for 72 hours or more because of Tropical Storm Isaias.

Separately, customers will be reimbursed for losses, of up to a maximum of \$300, for prescription medications that spoiled due to lack of refrigeration.

**DEADLINE TO FILE CLAIM: SEPTEMBER 30TH**

 @NCExecutive @NCHispanicAffairs
 @CountyExecutiveCurran @NCHispanicAffairs
 @NassauExecutive @NassauCountyOHA

LAURA CURRAN  
COUNTY EXECUTIVE



NASSAU COUNTY  
OFFICE OF  
HISPANIC AFFAIRS

AMY FLORES  
EXECUTIVE DIRECTOR



**PSEG Long Island Reembolsará a los Clientes por Alimentos y Medicamentos malogrados durante Tormenta Tropical Isaias**

PSEG Long Island reembolsará a los clientes residenciales hasta \$250 y clientes comerciales hasta \$5,000 por alimentos malogrados si su servicio fue interrumpido por 72 horas o más debido a la tormenta tropical Isaias.

Por separado, los clientes serán reembolsados por pérdidas, de hasta un máximo de \$300, por medicamentos recetados que se estropearon debido a la falta de refrigeración.

**ULTIMO DIA PARA SU RECLAMO: 30 DE SEPTIEMBRE**

 @NCExecutive @NCHispanicAffairs
 @CountyExecutiveCurran @NCHispanicAffairs
 @NassauExecutive @NassauCountyOHA




**Support Services for Immigrant Communities  
NOW & After COVID-19**

- How can I protect my family from COVID-19?
- Where can I get tested for COVID-19?
- How can I get medical care if I have no insurance?
- I am sad and anxious- what should I do?

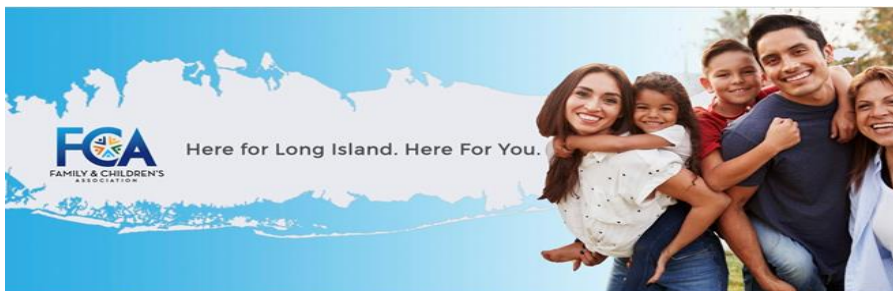
**FCA COVID-19 Crisis Helpline: 516-546-0357**

**Services**

- Spanish and English Services Available
- Crisis Support Hotline
- Medical Advocacy and Guidance
- Support Services
- Translation Assistance
- Referrals for food, legal assistance and more!
- All services are free.

**You Are Not Alone.**  
**Contact FCA Today at 516-546-0357**

	31 Main Street, Hempstead, NY 11550 P: 516-485-4600	info@FCALL.org FCALL.org	Facebook: FamilyAndChildrensAssociation Twitter: @fca_daily Instagram: @fca_daily
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**Servicios de Apoyo para las Comunidades Inmigrantes AHORA y después del coronavirus (COVID-19)**

- ¿Cómo puedo proteger a mi familia del virus COVID-19 ?
- ¿Dónde puedo recibir pruebas para detectar COVID-19?
- ¿Cómo puedo obtener atención médica, si NO tengo seguro?
- ¿Estoy solo, triste y ansioso, ¿qué debo hacer?

**LINEA DE AYUDA 516-546-0357**

**Lunes - Viernes de 9am - 5pm**

**Servicios bilingües:**

- Línea de Ayuda de Crisis
- Guía e información de tratamiento médico
- Consejería y servicios de apoyo
- Asistencia para traducir información en inglés al español
- Referidos: Asistencia de alimentos, legal, y más.
- Todos los servicios son gratis

**¡No están solos, FCA está aquí para ayudarte!**

	31 Main Street, Hempstead, NY 11550 P: 516-485-4600	info@FCALL.org FCALL.org	Facebook: FamilyAndChildrensAssociation Twitter: @fca_daily Instagram: @fca_daily
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**MAKE YOURSELF COUNT!**

# **CENSUS DAY**



**SATURDAY, SEPTEMBER 26**

**11 AM – 3 PM**

**Location: Kennedy Park**

**335 Greenwich st, Hempstead, NY 11550**

What to Bring:

- FACE MASK (must be on at all times)
- Address, names and date of birth for all people living at the residence

**ALL INFORMATION PROVIDED IS CONFIDENTIAL!**







**LAURA CURRAN**  
NASSAU COUNTY EXECUTIVE

# CORONAVIRUS/COVID-19 “KNOW YOUR RIGHTS”

**DISCRIMINATION/HATE CRIMES**

- County Executive Curran established an Anti-Hate Task Force, prior to COVID-19, to help protect our residents from discriminatory and hateful activities.
- Protections against discrimination under Nassau County and New York State law remain in effect during this crisis and extend to places of employment, in housing, and in “public accommodation” (such as restaurants, grocery stores, medical facilities).
- Acts of harassment and intimidation of our residents based on their ethnic backgrounds and or fears and stigma associated with COVID-19 will not be tolerated.

**HOUSING/TENANT RIGHTS:**

- The County Executive’s moratorium on evictions was adopted by Governor Cuomo and protects tenants from eviction for non-payment of rent through June 20, 2020.
- Landlords cannot discriminate against renters who have contracted the Coronavirus or live with someone who has, or because the landlord thinks a person may have had it.

- Landlords cannot treat you unfairly or differently because you are from or look like you are from a country where there has been a serious COVID-19 outbreak.

**EMPLOYMENT AND PUBLIC ACCOMMODATION:**

- Employers must be sure their policies and practices, including work from home policies, do not discriminate against or treat workers less well based on their protected status, such as race, national origin, citizenship, immigration status, and disability.
- It is illegal for staff at restaurants and other such establishments to kick someone out, refuse to serve, or otherwise treat any customer less well because of fears or stigma around COVID-19, including harassment or discrimination because of race, national origin or disability.

**IMMIGRANT SERVICES:**

- Residents can seek and receive medical care regardless of immigrant status or lack of health insurance.
- During the COVID-19 crisis the Federal Government has stopped immigration enforcement at or near health care facilities, including hospitals, clinics, urgent care, and doctors’ offices.

**TO REPORT POSSIBLE CASES OF DISCRIMINATION/HARASSMENT**

If you are threatened with physical harm, **please call 911 immediately.**

New York State Bias and Discrimination Hotline ..... 1-888-392-3644  
 Nassau County Human Rights Commission ..... 516-571-3662

**ADDITIONAL RESOURCES:**

Nassau County Bar Association ..... covidhelp@nassaubar.org or visit www.nassaubar.org  
 Nassau County Office of Minority Affairs ..... 516-572-2240  
 Nassau County Office of Asian American Affairs ..... 516-572-2245  
 Nassau County Office of Hispanic Affairs ..... 516-572-0750



For any information, please contact:  
**Carl DeHaney, MPA,**  
 Nassau County Department of Human Services  
 P: (516) 227-8529  
 F:(516) 227-7076  
[Carl.dehaney@hhsnassaucountyny.us](mailto:Carl.dehaney@hhsnassaucountyny.us)

