

## **COVID-19 Effort in Red Hook: Information for medically-trained volunteers**

The community of Red Hook, Brooklyn, is organizing a preparedness response to COVID-19. Reminiscent of the [community-led medical response during Hurricane Sandy](#), with leadership from [City Council Member Carlos Menchaca](#) and the [Red Hook Initiative](#), the goal is to survey the neighborhood for medically fragile individuals and link them to appropriate care - with a strong focus on pre-hospital resources and prevention. Red Hook is a large, high density population, including many underinsured and senior citizens, with chronic conditions who are at particular risk to COVID-19 and/or during quarantine while the health system is overwhelmed - asthmatics, insulin-dependent diabetics, dialysis patients, on supplemental oxygen, etc. Red Hook has the largest NYCHA housing development in Brooklyn - this population is our particular focus.

We have developed a [screening survey](#) to assess current symptoms, medical fragility, food insecurity, and financial instability. This survey is being called to as many Red Hook phone numbers as possible. The data is being recorded at a single secure site with an individual's documented consent. The data is being analyzed by computational scientists (help from [here](#), [here](#), and [here](#)) to flag and triage individuals' responses for risk stratification, creating a short-list of high-priority follow ups, and allowing for summary statistics of COVID-19's impact on the community. Depending on the duration of COVID-19, we can re-screen the community periodically with this tool and adapt to changing conditions over time.

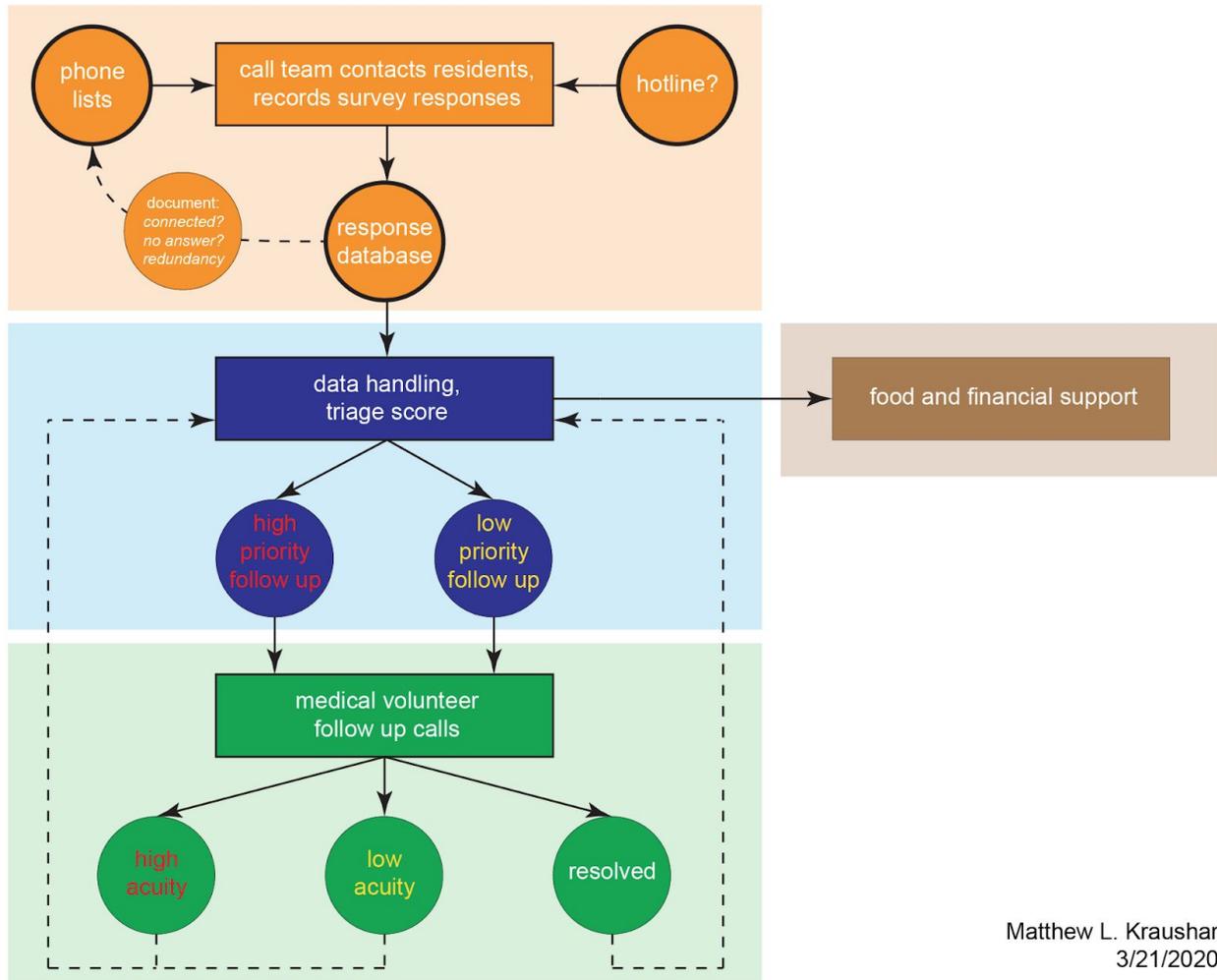
We are seeking support from medically-trained professionals to help make follow up calls to individuals flagged for medical needs. In the same vein as telemedicine, these calls would include a more detailed risk assessment, helping facilitate an individual's access to primary care resources, telemedicine/outpatient or emergency/inpatient as appropriate, and utilize limited medical resources efficiently. Of concern, our preliminary data indicates the majority of this community does not have a primary care physician, the first-tier resource for COVID-19 care recommended by the CDC.

Our community would greatly appreciate your support in this pivotal moment. Please reach out to the following contact for more information or to volunteer, do not hesitate to call.

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## COVID-19 community response workflow



Matthew L. Kraushar  
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Phone contact lists will be used by a volunteer phone team to contact as many residents in Red Hook as possible. Volunteer callers will have access to an [online survey](#) from which to ask a series of questions and record responses, including consent from the called individual. All recorded survey data will be populated in a single, secure database. Efforts will be made to document whether calls were connected successfully, or unsuccessful and require reattempts.

Anonymized data from the surveys will be analyzed by a team of data scientists, with an algorithm to risk stratify individuals in need of medical follow up. For example, a 70 year-old individual with chronic lung disease who is now febrile and coughing would be flagged for follow up. Summary statistics of this data will allow our effort to understand the population's needs as a whole, and recruit further resources as necessary.

A short-list of individuals flagged for medical follow up will be called by medically-trained volunteers. Similar to “telemedicine,” these follow up calls will include a more detailed medically-focused risk assessment, helping facilitate an individual's access to primary care resources, telemedicine/outpatient or emergency/inpatient as appropriate, and utilize limited healthcare resources efficiently. For example, two possible follow ups:

*High acuity*

A 70 year-old with history of COPD is coughing, has shortness of breath, and a fever  
→ connect to primary care doctor or Emergency Department immediately, as appropriate based on stability assessment.

*Low acuity*

A 25 year-old asthmatic, runs out of inhaler/nebulizer, asymptomatic, self-isolating, and anxious  
→ convey resources to refill Rx and/or contact information for primary care/telemedicine, educate about worsening signs and symptoms.

The outcome of these encounters will be logged in the original database, and earmarked for possible future follow-up depending on the duration of COVID-19 pandemic conditions. Likewise, if future conditions demand, the initial large-scale survey screening can be re-called to those initially identified as low priority or stable, to check for destabilization.

Finally, this volunteer effort is scalable while maintaining social isolation. Volunteers call from isolated locations with access to the survey remotely online, likewise for the data analysis and follow up procedures. Thus, by design, this effort may be applicable in other communities, and we are eager to share our experience in Red Hook.