COMMUNITY-CENTERED SOLUTIONS FOR ADDRESSING COVID-19 AMONG RACIAL AND ETHNIC MINORITY POPULATIONS

Meeting Community Members Where They Are
Advancing the Response to COVID-19: Sharing Promising Programs and Practices for Racial and Ethnic Minority Communities
A Virtual Symposium Hosted by the HHS Office of Minority Health

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2020
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PRESENTERS

• **Moderator: Kimberlydawn Wisdom**, MD, MS, Senior Vice President, Community Health & Equity, Chief Wellness & Diversity Officer, Henry Ford Health System

• **Hannah Sehn**, Executive Director, Community Outreach and Patient Empowerment

• **Gabriel Chamie**, MD, MPH, Associate Professor, Division of HIV, Infectious Diseases and Global Medicine, University of California San Francisco, Unidos en Salud/United in Health – San Francisco Project

• **Carina Marquez**, MD, MPH, Assistant Professor, Division of HIV, Infectious Diseases and Global Medicine, University of California San Francisco, Unidos en Salud/United in Health – San Francisco Project

• **Denise Octavia Smith**, MBA, CHW, PN, Executive Director, National Association of Community Health Workers
OBJECTIVE

• Highlight promising community-centered, place-based approaches for COVID-19 response for racial and ethnic minority populations.
COVID-19 Response on Navajo Nation: A Partnership Perspective from COPE

HANNAH SEHN, MMSC

OFFICE OF MINORITY HEALTH VIRTUAL SYMPOSIUM

SEPTEMBER 2020
Navajo Nation’s Strong COVID-19 Response

COPE partners to provide COVID-19 support

- Medical Supplies (including PPE to local partners)
- Community Support (including food, cleaning supplies, masks, gloves, toiletries, etc.)
- Support to Stores (PPE, cleaning supplies, educational materials, etc.)
- Support for unsheltered Individuals
- Travel support for volunteer medical personnel staffing Navajo Nation health facilities
- Contact Tracing/Case Management
- Educational materials (videos, flyers, posters)
- Technical support

Photo Credits: COPE – R. Alsburg
Navajo Nation COVID-19 Case Management Strategy

Expanded Testing
Contact Tracing
Home Support
Safe Isolation

https://time.com/5838271/utah-navajo-health-system-coronavirus/
https://www.youtube.com/watch?v=9zB_wJIPJBE
There are four key components to coordinate across the COVID-19 response cascade:

**Testing**
- Passive surveillance of all symptomatic cases
- Active surveillance with a focus on high-risk groups and exposed contacts

**Case Investigation**
- Providing guidance on safe isolation, monitoring symptoms, etc., and linking to resources
- Obtaining exposed contacts from positive cases

**Contact Tracing**
- Assessing exposed contacts for symptom onset, testing/care needs, and safe quarantine capacity

**Safe Quarantine & Care Coordination**
- Ensuring safe quarantine of exposed contacts and linkage to care resources (testing, social supports, etc.)
“We can outlive this virus. But we have to look at each step to be more creative.” Loucinda Charleston, CHR
Contact Tracing on Navajo Nation

Partnership highlights
- Coordinate effort under HCOC
- Outreach to sites to learn and listen

Contact Tracing strategies
- SOPs and Guides
- Workforce Projections
- Tailored CommCare App
- Volunteer Contact Tracers

COPE’s Role: Navajo Nation Expanded Contact Tracing Initiative

Program Goals

- Fulfill the vision and meet the needs identified by Navajo Nation Department of Health
- Create a flexible workforce to meet the unpredictable, dynamic needs of the COVID-19 pandemic
- Create professional development opportunities for future Diné public health leaders

Contact Tracing Goals

- Reduce transmission and control COVID-19 spread
- Improve health outcomes by monitoring and referring to care
- Support wellbeing by connecting to resources and emotional support
Volunteer Contact Tracers

Contact Tracing Volunteer program
- Diné and regional public health students
- Training
  - Online: ASTHO / IHS HIPAA
  - Webinars: Navajo context, 1:1 role play
  - Weekly refreshers: layer additional skills
- Register in ESAR-VHP portal

Field support
- CommCare allows team communication
- Case Management huddles
- Team / 1:1 check-ins

Future goals
- Certification / academic credit / work study
- More certified Navajo callers
CommCare COVID-19 System

CommCare System
- Navajo Epidemiology Center as the repository for all data
- Opportunity for better site access and visualization of their own data
- Referrals across sites
- Can work online and offline
- Open-source, HIPAA secure
- Ongoing updates for Navajo Nation
  - Add Navajo-specific questions
  - Ensure I/Q Follow-up in the community
  - Reporting functions
- Allows virtual callers to support team
Acknowledgements and Disclaimers

Disclosures:
Hannah Sehn serves as the HCOC Commcare Transition Co-Lead for Navajo Nation and the Executive Director for COPE.

Ahéhee’
To all of our partners, without whom none of this work would be possible!

hannah@copeprogram.org
SARS-CoV-2 Community Transmission During Shelter-in-Place in San Francisco and the Unidos En Salud Test to Care Model

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University of California San Francisco
On behalf of the Unidos en Salud/United in Health – San Francisco project
Disclosures

• No conflicts of interest to report
Part 1: Low Barrier Community-wide Testing
*Unidos en Salud ‘Test and Respond’ Study*
SARS-CoV-2 infections at the community level

- Hospitalizations and deaths represent a small fraction of the total SARS-CoV-2 infections in a community
- The burden of community SARS-CoV-2 infections has been difficult to ascertain due to focus on symptomatic people and lack of accessible testing for most heavily affected communities
- Communities of color disproportionately affected by COVID-19 across US
  - >50% of COVID-19 cases in California are among Latinx people, who make up 39% of the state’s population
- Urgent need to understand dynamics and risk factors driving ongoing transmission during shelter-in-place, as communities ease restrictions
Unidos en Salud – San Francisco

• **Objective**: To characterize community SARS-CoV-2 transmission in a densely populated, majority Latinx US census tract during San Francisco’s shelter-in-place mandate

• **Intervention**: Mass, low-barrier SARS-CoV-2 reverse transcription-PCR and antibody (Abbott ARCHITECT IgG) testing to all community members, regardless of symptoms, at outdoor, community-mobilized events - in partnership with the Latino Task Force for COVID-19 - over four days

• **Eligibility**: Census tract residents (>4 years) and non-resident workers
Setting: Mission District
April 25-28 – 6 weeks into shelter in place

The Mission, San Francisco

Census Tract 022901*
4,087 adults (>20 years)
58% Latinx
34% HH Income < $50K

This census tract in the Mission is the **second most dense** in San Francisco of all census districts >5,000 persons (and the highest with a significant Latinx population).

*2018 American Community Survey (U.S. Census Bureau)
Images: [https://statisticalatlas.com](https://statisticalatlas.com)
Study Outcomes

1. Burden of SARS-CoV-2 Infection at community level
   • Point prevalence of active infection (PCR+)
   • Cumulative incidence of SARS-CoV-2 (PCR+ or Ab+)

2. Evolution of infection during shelter-in-place
   • Recent (PCR+/Ab-) vs. prior (PCR-/Ab+) infection

3. Characterization of asymptomatic cases

4. Phylogenetics to measure strain diversity
Who did we reach for COVID-19 testing?

Total tested: 3,953

Residents: 2,653

Workers: 460

Adjacent Block Residents: 840

53% male

47% female

Adult Census Tract Residents Covered = 60%

- Latinx: 40%
- White: 41%
- Asian: 9%
- Black: 2%
- Other: 7%
SARS-CoV-2 PCR+

**Census Tract PCR+ Prevalence**
Among tested

- **Community Total (residents/workers)**
  - 70/3,048 (2.3%)
  - 27/450 (6.0%)
  - 43/2,598 (1.7%)
  - 13/823 (1.6%)

**Adjacent City Block residents**
- 13/823 (1.6%)

**Latinx residents**
- 70/3,048 (2.3%)
- 27/450 (6.0%)
- 43/2,598 (1.7%)
- 13/823 (1.6%)

**Non-Latinx residents**
- 0.2%

**Among PCR+: 95% identified as Latinx and 76% as male**

**PCR+ 20-fold higher among Latinx vs Non-Latinx residents**
## Risk factors for PCR+

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>PCR+ (N=83)</th>
<th>PCR- (N=3,788)</th>
<th>Univariate Risk of PCR+ (OR, 95% CI)</th>
<th>p value</th>
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</thead>
<tbody>
<tr>
<td>Male sex at birth</td>
<td>76%</td>
<td>53%</td>
<td>2.7 (1.6-4.7)</td>
<td>&lt;0.001</td>
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<tr>
<td>Hispanic/Latinx Race/Ethnicity</td>
<td>95%</td>
<td>39%</td>
<td>28.3 (11.7-83.1)</td>
<td>&lt;0.001</td>
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<tr>
<td>Occupation</td>
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<tr>
<td>Frontline Service</td>
<td>64%</td>
<td>27%</td>
<td>6.6 (3.9-11.6)</td>
<td>&lt;0.001</td>
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<tr>
<td>Unemployed</td>
<td>12%</td>
<td>6%</td>
<td>5.2 (2.2-11.3)</td>
<td>&lt;0.001</td>
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<tr>
<td>Annual Household Income</td>
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<tr>
<td>&lt;$50,000/year</td>
<td>88%</td>
<td>35%</td>
<td>35.4 (11.-216)</td>
<td>&lt;0.001</td>
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<tr>
<td>&gt;$100,000/year</td>
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</tr>
<tr>
<td>Unable to shelter-in-place and maintain income</td>
<td>93%</td>
<td>55%</td>
<td>10.3 (4.6-29.6)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>
What percent of persons have any evidence of infection?

Cumulative Incidence (PCR+ or Ab+)

- Antibody Positive: 4.6%
- PCR Positive: 6.4%
- Evidence of prior viral infection: 182/3,953
- Evidence of current viral infection: 1.1%
- Cumulative Incidence (PCR+ or Ab+): 3.8%

Estimated Cumulative Incidence among tract residents: 6.1% (95% CI: 4.0-8.6%), adjusting for test characteristics and testing participation based on 2018 census.
Prior vs. Recent SARS-CoV-2 Infections

Among all infections: 53% prior vs. 26% recent infections*

Prior infections occurred across ethnic groups, employment types and household income levels, whereas recent infections became increasingly concentrated among low-income, Latinx, frontline workers

*18% Ab+/PCR+, and 3% had PCR or Ab testing alone
Asymptomatic PCR+ Infection

- 52% (43/83) of PCR+ persons were asymptomatic at time of testing
- 1 PCR+ person required hospitalization

No significant difference in levels of virus in asymptomatic vs. symptomatic PCR+/Ab- persons
Phylogenetic Analyses

- SARS-CoV-2 genomes recovered from 59% (49/83) PCR+ samples
- Five SARS-CoV-2 phylogenetic lineages detected, intermixed with samples across San Francisco
Summary & Conclusions

• The estimated point prevalence of PCR+ among Latinx residents (3.9%) was 20-times that of non-Latinx residents (0.2%) six-weeks into shelter-in-place
• Estimated cumulative incidence (PCR+ or Ab+) among residents was 6.1%
• During shelter-in-place, recent infections became concentrated almost exclusively among low-income, Latinx people unable to work from home and maintain income
• Majority of PCR+ infections were asymptomatic at time of testing, and recent infections had high levels of virus regardless of symptoms
  • Testing limited to symptomatic people will fail to limit transmission
• High sequence diversity of SARS-CoV-2 infections suggestive of multiple introductions over time acquired from across the city
Unidos en Salud Community Wellness Team preparing grocery and exit-package deliveries

Part 2: The Response- Test 2 Care Model
Testing is not enough: we need a coordinated response

Test to Care (T2C) model

- Results disclosure, initial clinical and needs assessment, case and contact investigation
- Self-isolation period (at least 10 days)

COVID-19 positive individuals

- Linkage to Primary Care and Insurance
- Home Delivery
- Needs Assessment
- Wellness Calls

Asymptomatic, connected to PCP & community resources

Kerkhoff et al. PLOS One in press
Community Health Workers Models To Address Health Disparities of COVID-19

• Community Health Workers (CHWs), Promotores de Salud share language, ethnicity, community and/or life experiences with the client

• Overcome barriers to engagement and retention in care, improved outcomes in a variety of health domains, such as diabetes, asthma, HIV.

• Momentum around integrating CHWs into contact tracing + wrap around services, CHW models central to addressing COVID-19 health disparities.

T2C Model Care Cascade

- 100% Total COVID-19 PCR-positive Cases: 83 participants
- 96.3% Reached for result disclosure and needs assessment: 80 participants
- 72.3% Requested help and support to safely self-isolate: 60 participants
- 67.5% Provided CHW support and home deliveries: 56 participants
- 65.1% Provided CHW support and home deliveries for entire isolation period: 54 participants

Kerkhoff PLOS One in press
Outcomes and Unmet Needs

Demographics and Outcomes

• 55% without health insurance
• 88% household income <50,000
• 19% disclosed more household contacts after engaging in CHW support
• Over 230 household members supported
• Client feedback: Latinx, Spanish speaking staff was essential

Unmet needs

• Social Protections: Income supplements and job security during isolation and quarantine
• Low barrier link to health care
• Low barrier repeat testing for contacts
Conclusions

• Low barrier, community led testing has a greater reach than traditional approaches and merits expansion.

• Social supports and community-led ‘wrap around services’ can reduce barriers to testing and adhering to isolation and quarantine.

• Community-academic partnerships are generating critical data to drive policy, programming and science
  • Advocacy for community pop-up testing
  • New CHW-led mobile contact tracing approaches
  • Right to Recover – San Francisco wage replacement program for persons diagnosed with COVID-19.
  • Expansion of low-barrier testing programs including at transport hubs
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And many more!

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Building a Movement for Health, Equity and Social Justice during COVID-19

September 17, 2020

Office Of Minority Health Virtual Symposium
Advancing the Response to COVID-19: Sharing Promising Programs and Practices for Racial and Ethnic Minority Communities
VISION: Community Health Workers united nationally to support communities in achieving health, equity and social justice.

ABOUT NACHW

ENGAGE
CHWs, Allies, Supporters, Partners, Sponsors, and Influencers

EXPAND
Membership, Recognition, Opportunities, and Collective Action

EDUCATE
Stakeholders on the Impact of CHWs

ESTABLISH
National Voice and Sustainable Strategies On Issues Related To CHW Workforce

ENHANCE
CHW Leadership Skills and Opportunity
### NACHW MEMBERSHIP DATA 2019-2020

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<th>TOP AREAS OF WORK</th>
<th>PRIMARY AREAS OF EXPERTISE</th>
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<tbody>
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<td>COMMUNITY ORGANIZING + OUTREACH</td>
<td>SOCIAL WELFARE + ECONOMIC OPPORTUNITY</td>
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<tr>
<td>CLINIC/OFFICE</td>
<td>HOUSING + BASIC NEEDS</td>
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<tr>
<td>HEALTH EDUCATION</td>
<td>IMMIGRATION</td>
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<td>CARE COORDINATION</td>
<td>DIABETES</td>
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<td>HOME VISITING</td>
<td>SPECIAL NEEDS POPULATION</td>
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<td>RESEARCH</td>
<td>WOMEN’S HEALTH</td>
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<td>MEN’S HEALTH</td>
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<td>MENTAL HEALTH</td>
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<td>MATERNAL AND CHILD HEALTH</td>
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</table>
NACHW MARCH 2020 NATIONAL POLL
CHW INFORMATION, RESOURCE AND SELF CARE NEEDS

**TOP 3 COVID-19 SOURCES ACCORDING TO CHWs**

- **87%** Centers for Disease Control & Prevention (CDC)
- **71%** State's Health Department
- **47%** World Health Organization (WHO)

Download our materials, infographics and fact sheets at [https://nachw.org/covid-19-resources/](https://nachw.org/covid-19-resources/)
Culturally Appropriate Materials
Black and Latino Americans are at a much higher risk of contracting COVID-19. While the CDC remains a top source for information, only 43% of CHWs polled said the CDC provided culturally appropriate materials.

Finding the Gaps in Resources and Access to Care

Mental Health Support
CHWs reported the need for mental health information, resources, and screenings for themselves, patients, and communities as a top concern.

Access to Basic Needs
Grocery delivery, eating on a budget, preparing for shortages, applying for assistance, and transportation remain a challenge for CHWs' clients and most communities.
NACHW MARCH 2020 NATIONAL POLL

IMMEDIATE COMMUNITY NEEDS

1. Address Socioeconomic Barriers
2. Provide Multilingual or Bilingual Materials
3. Improve Direct Access and Support for Vulnerable Populations

Download our materials, infographics and fact sheets at https://nachw.org/covid-19-resources/
COVID-19 AMPLIFY CHWS

- Classify CHWs as “essential, critical infrastructure workers and pay them to respond to COVID-19
- Mobilize funding to scale CHW Networks and Associations capacity for contact tracing and care coordination training and services
- Recognize CHWs as leaders in COVID-19 community recovery and health systems transformation efforts

Download our materials, infographics and fact sheets at [https://nachw.org/covid-19-resources/](https://nachw.org/covid-19-resources/)
FOUR WAYS CHWS STRENGTHEN PUBLIC HEALTH CAPACITY

01 Develop and provide compassionate community engagement.

02 Screen communities for social and behavioral health needs and help them navigate services.

03 Lead workforce development activities for contact tracing and case investigation.

04 Build community capacity for recovery and rebuilding.

Download our materials, infographics and fact sheets at https://nachw.org/covid-19-resources/
“CHWs – and NACHW – should be front and center as federal and state leaders seek to move out of the pandemic and re-open society.”

Claire Qureshi, Community Health Acceleration Partnership at the World Health Organization
EQUITY AND SOCIAL JUSTICE CAPACITY BUILDING

- Resources to amplify the roles of CHWs during COVID-19
- Recommendations to partner with CHWs to strengthen public health response
- A website curating COVID-19 Information and Resources for CHWs and communities
- Technical Assistance, Networking, Mentoring and Partnership Development
- Webinars to highlight CHW Network Leadership and Innovation during COVID-19
- Town halls to explore how racism exacerbates COVID-19 impact on Black/African Diasporic and Asian American and Pacific Islander communities
INNOVATIVE COVID-19 PROJECTS

• Launch of a Community-Based Workforce Alliance

• A CDC COVID-19 Webpage for CHWs and CHW Employers

• Partnership with the Morehouse School of Medicine to mitigate the impact of COVID-19 on marginalized communities

• Recommendations to SAMHSA NNED National Advisory on asset-based community partnership

• APHA Presentation on the impact of COVID-19 on CHW roles and personal well being
Advancing the Response to COVID-19: Sharing Promising Programs and Practices for Racial and Ethnic Minority Communities
A Virtual Symposium Hosted by HHS Office of Minority Health

Visit the Virtual Resource Hall ➤

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