



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

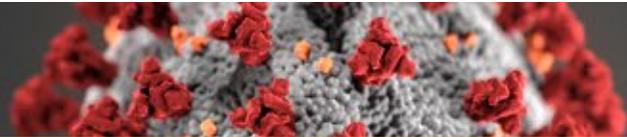
COMMUNITY-CENTERED SOLUTIONS FOR ADDRESSING COVID-19 AMONG RACIAL AND ETHNIC MINORITY POPULATIONS

Meeting Community Members Where They Are



OFFICE OF THE
ASSISTANT SECRETARY FOR HEALTH





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

This virtual symposium is presented 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.



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COVID-19 Response on Navajo Nation: A Partnership Perspective from COPE

HANNAH SEHN, MMSC

OFFICE OF MINORITY HEALTH VIRTUAL SYMPOSIUM

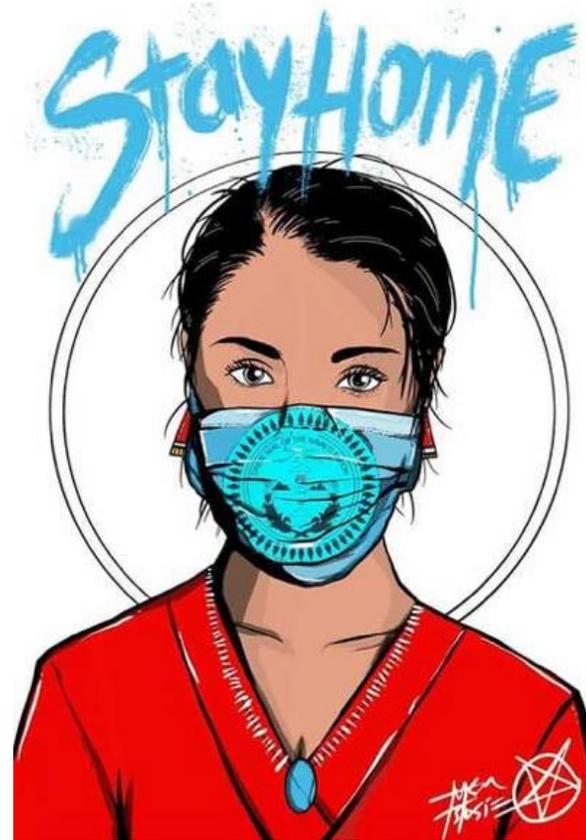
SEPTEMBER 2020





COPE
Community Outreach &
Patient Empowerment

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

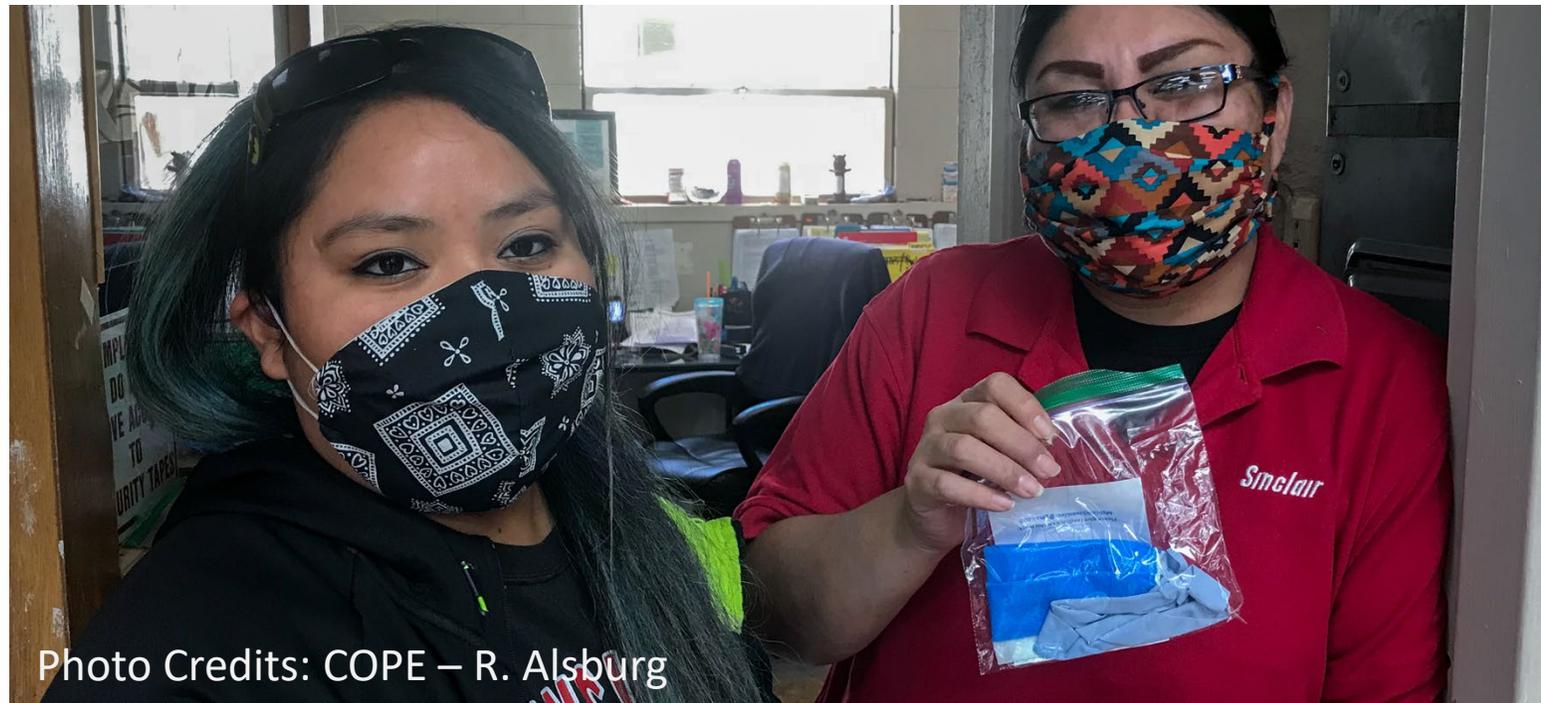


Photo Credits: COPE – R. Alsbury

Navajo Nation COVID-19 Case Management Strategy



Expanded Testing
Contact Tracing
Home Support
Safe Isolation



There are four key components to coordinate across the COVID-19 response cascade



“We can outlive this virus. But we have to look at each step to be more creative.” Loucinda Charleston, CHR



<https://www.wired.com/story/covid-19-is-sweeping-through-the-navajo-nation/>

Contact Tracing on Navajo Nation



Jim Thompson/Albuquerque Journal

Partnership highlights

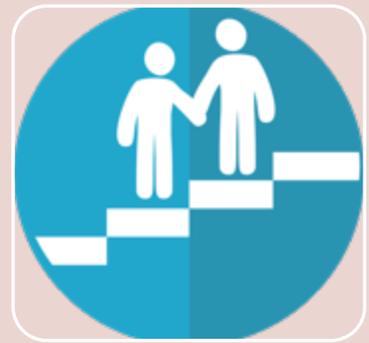
- Coordinate effort under HCOC
- Outreach to sites to learn and listen

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

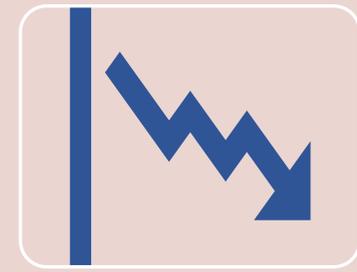


Fulfill the vision and meet the needs identified by Navajo Nation Department of Health

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

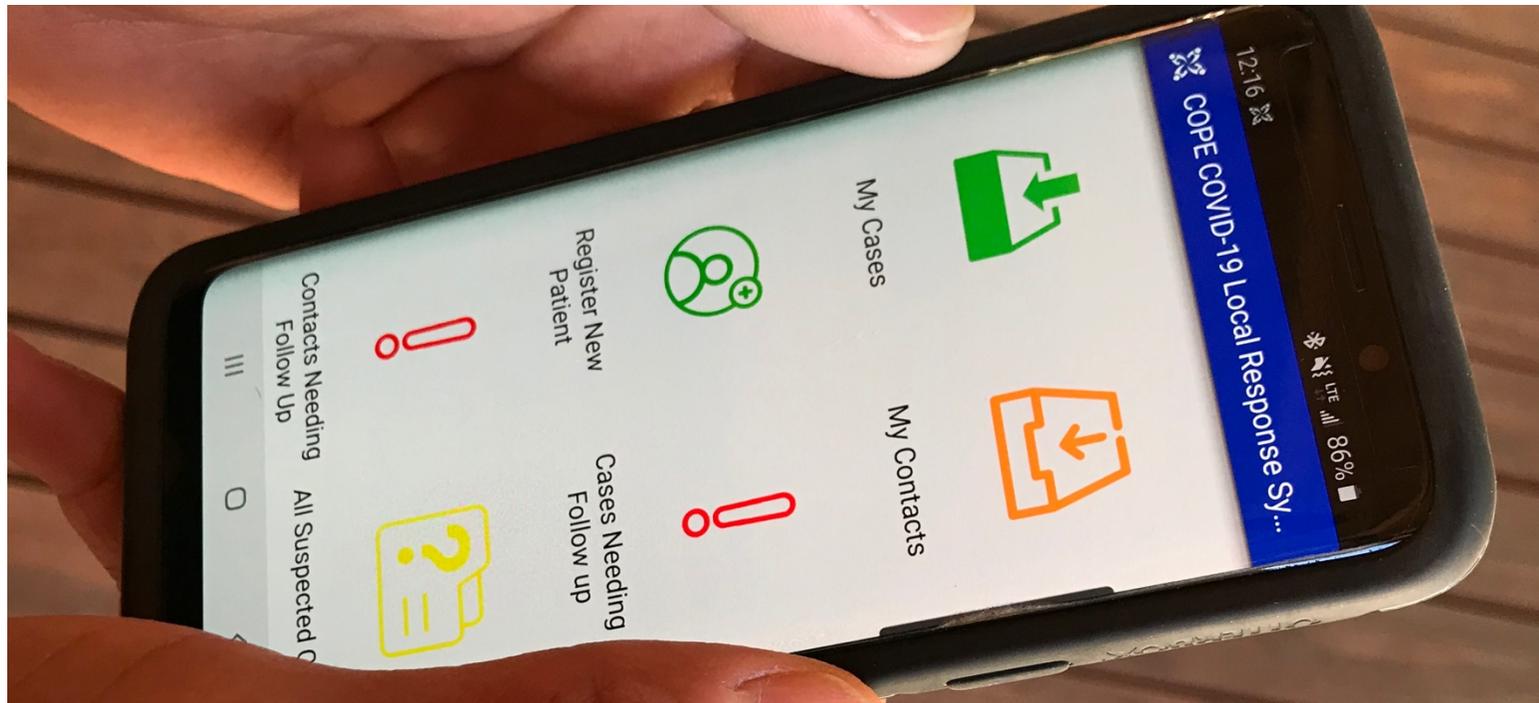
Future goals

- 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





hannah@copeprogram.org

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!*



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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Associate Professor

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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

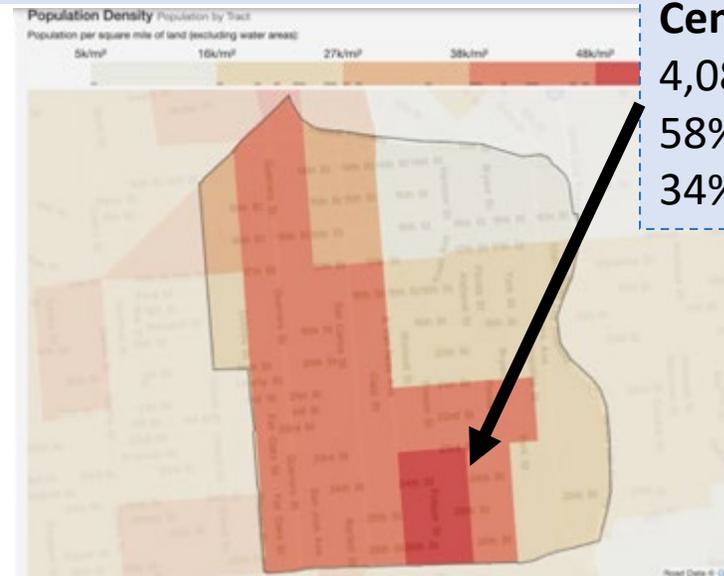
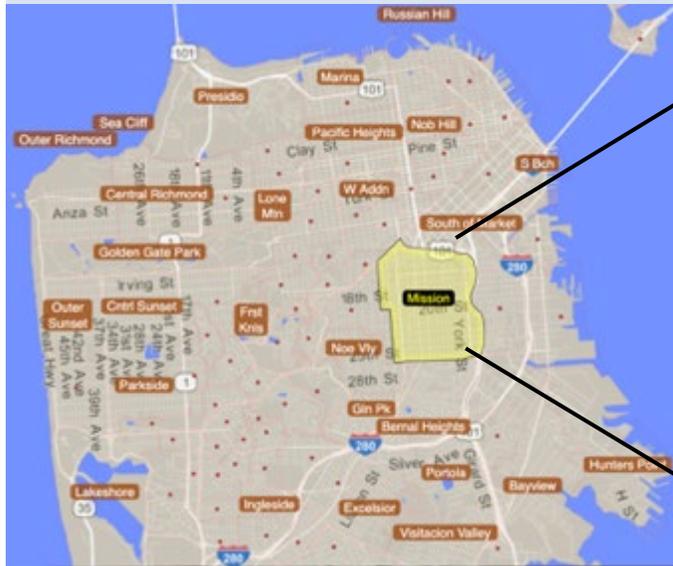
Unidos en Salud – San Francisco

- **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>

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

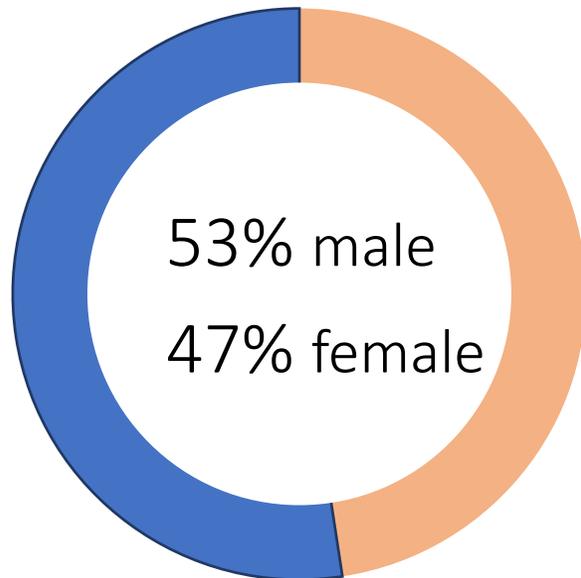
Who did we reach for COVID-19 testing?

Total tested: 3,953

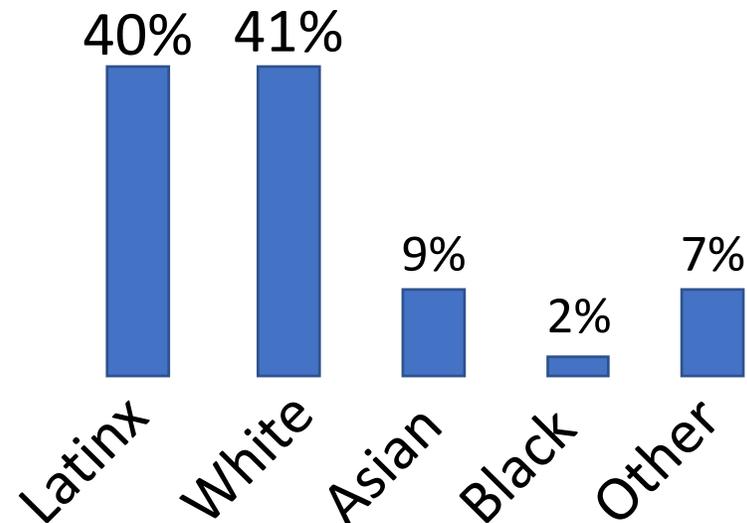
Residents: 2,653

Workers
460

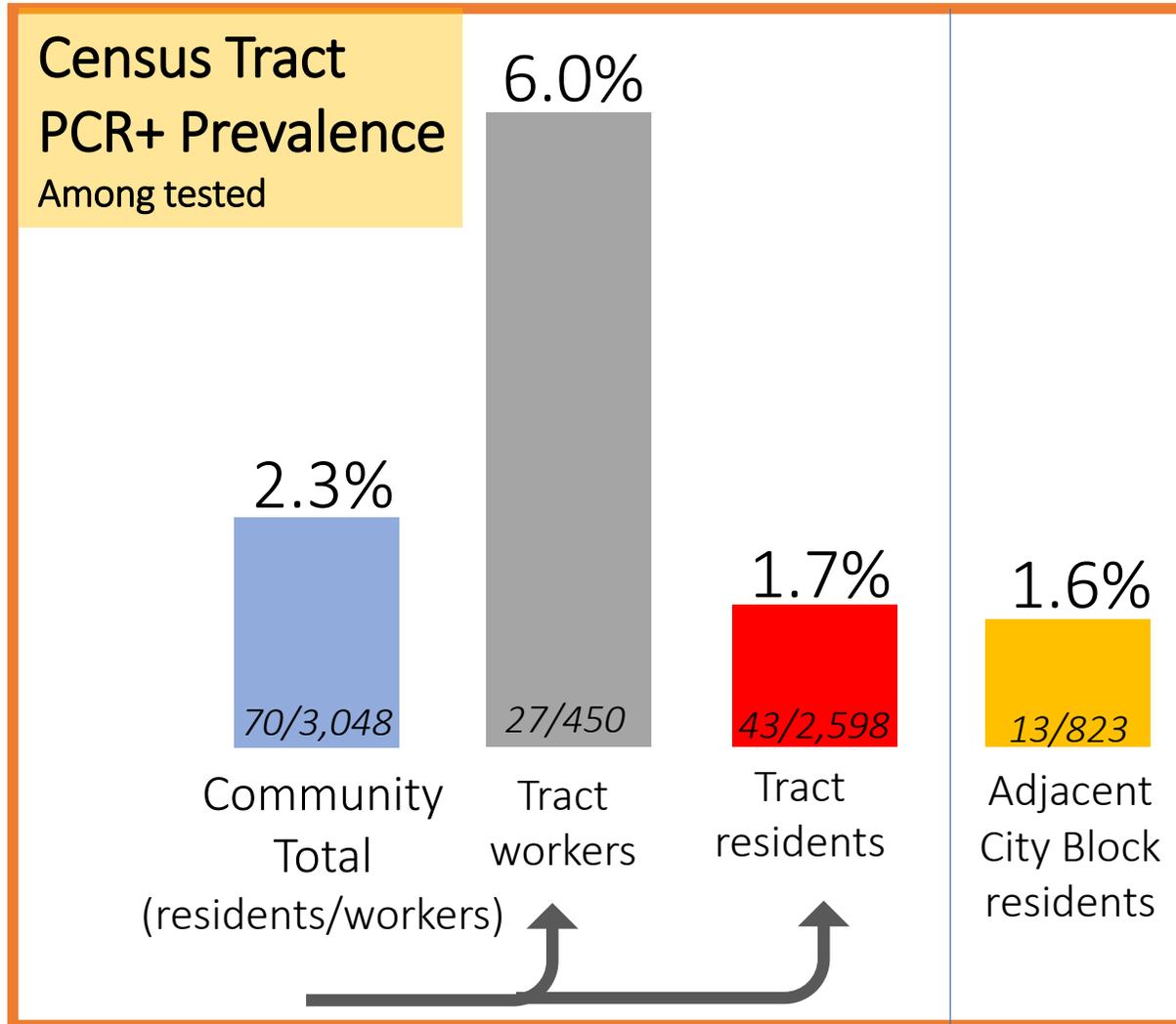
Adjacent Block
Residents: 840



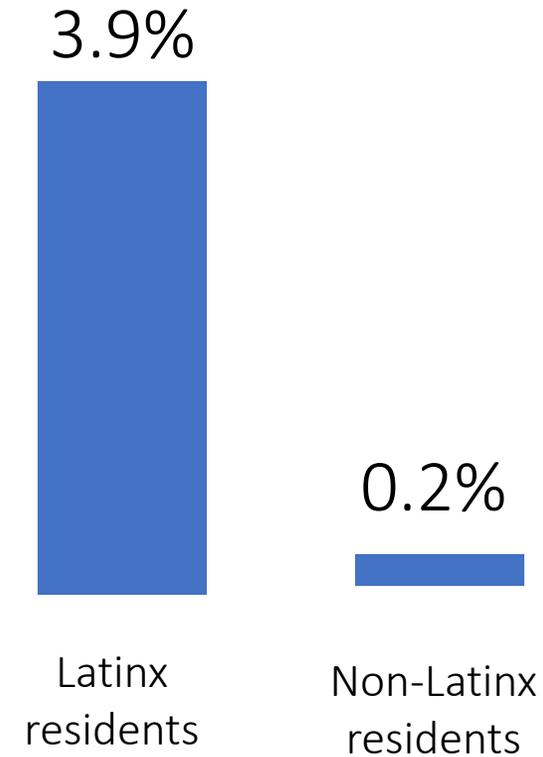
Adult Census Tract Residents Covered = 60%



SARS-CoV-2 PCR+



PCR+ 20-fold higher among Latinx vs Non-Latinx residents

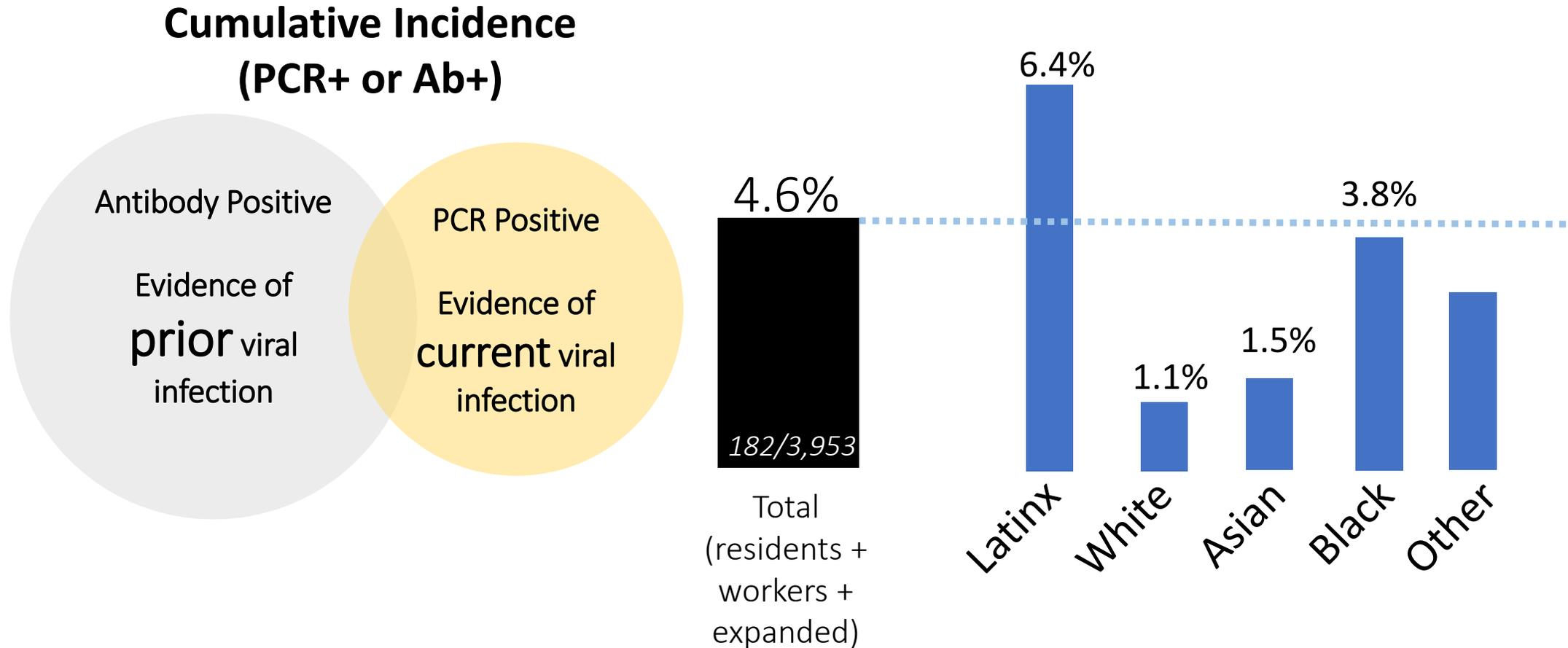


Among PCR+: 95% identified as Latinx and 76% as male

Risk factors for PCR+

	PCR+ (N=83)	PCR- (N=3,788)	Univariate Risk of PCR+ (OR, 95% CI)	p value
Male sex at birth Ref: female	76%	53%	2.7 (1.6-4.7)	<0.001
Hispanic/Latinx Race/Ethnicity Ref: non-Latinx	95%	39%	28.3 (11.7-83.1)	<0.001
<u>Occupation</u>				
Frontline Service	64%	27%	6.6 (3.9-11.6)	<0.001
Unemployed	12%	6%	5.2 (2.2-11.3)	<0.001
Ref: non-frontline service job				
Annual Household Income <\$50,000/year Ref: >\$100,000/year	88%	35%	35.4 (11.-216)	<0.001
Unable to shelter-in-place and maintain income	93%	55%	10.3 (4.6-29.6)	<0.001

What percent of persons have any evidence of infection?



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*

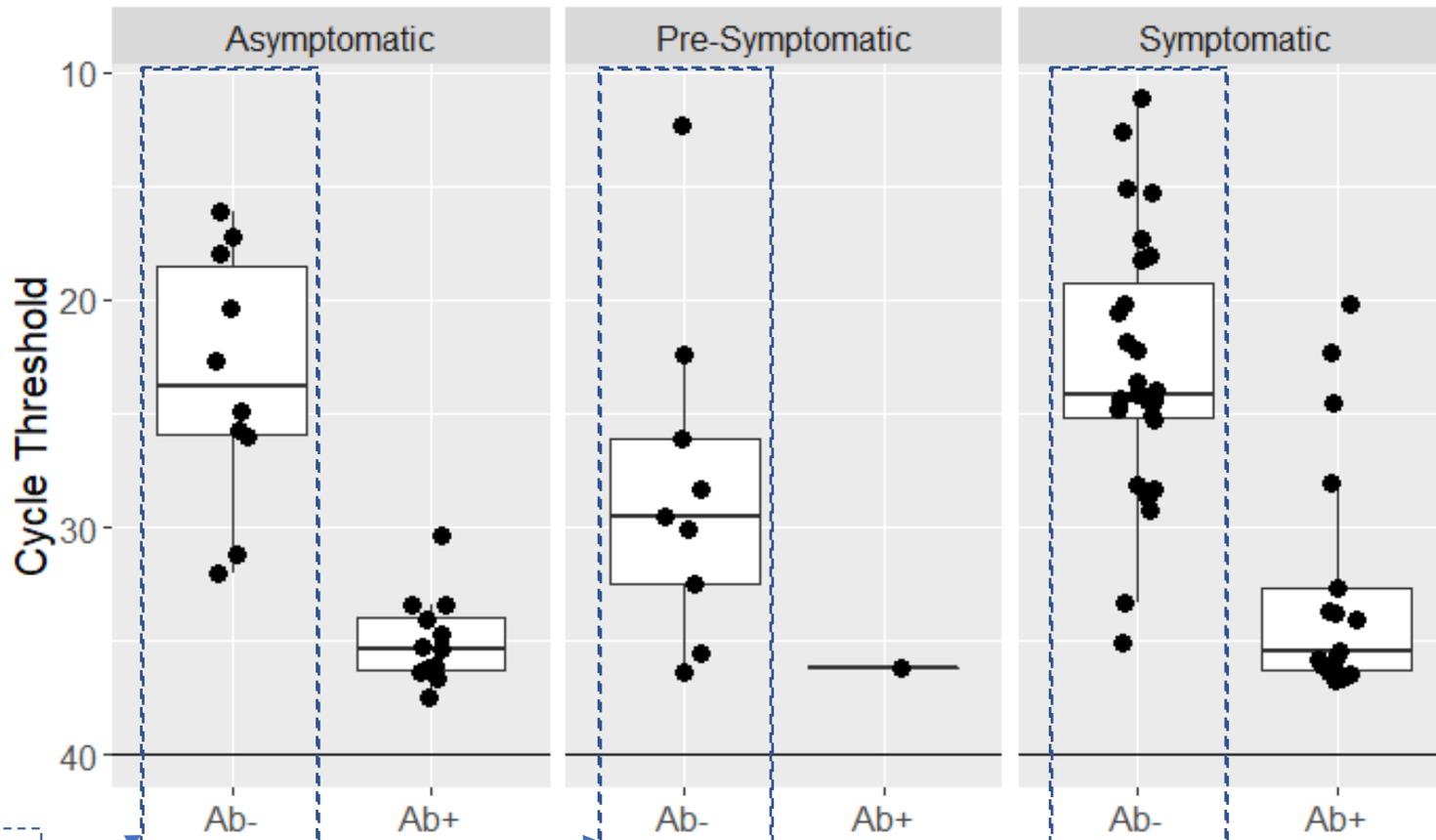


Prior infections occurred across ethnic groups, employment types and household income levels, whereas recent infections became increasingly concentrated among low-income, Latinx, frontline workers

*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

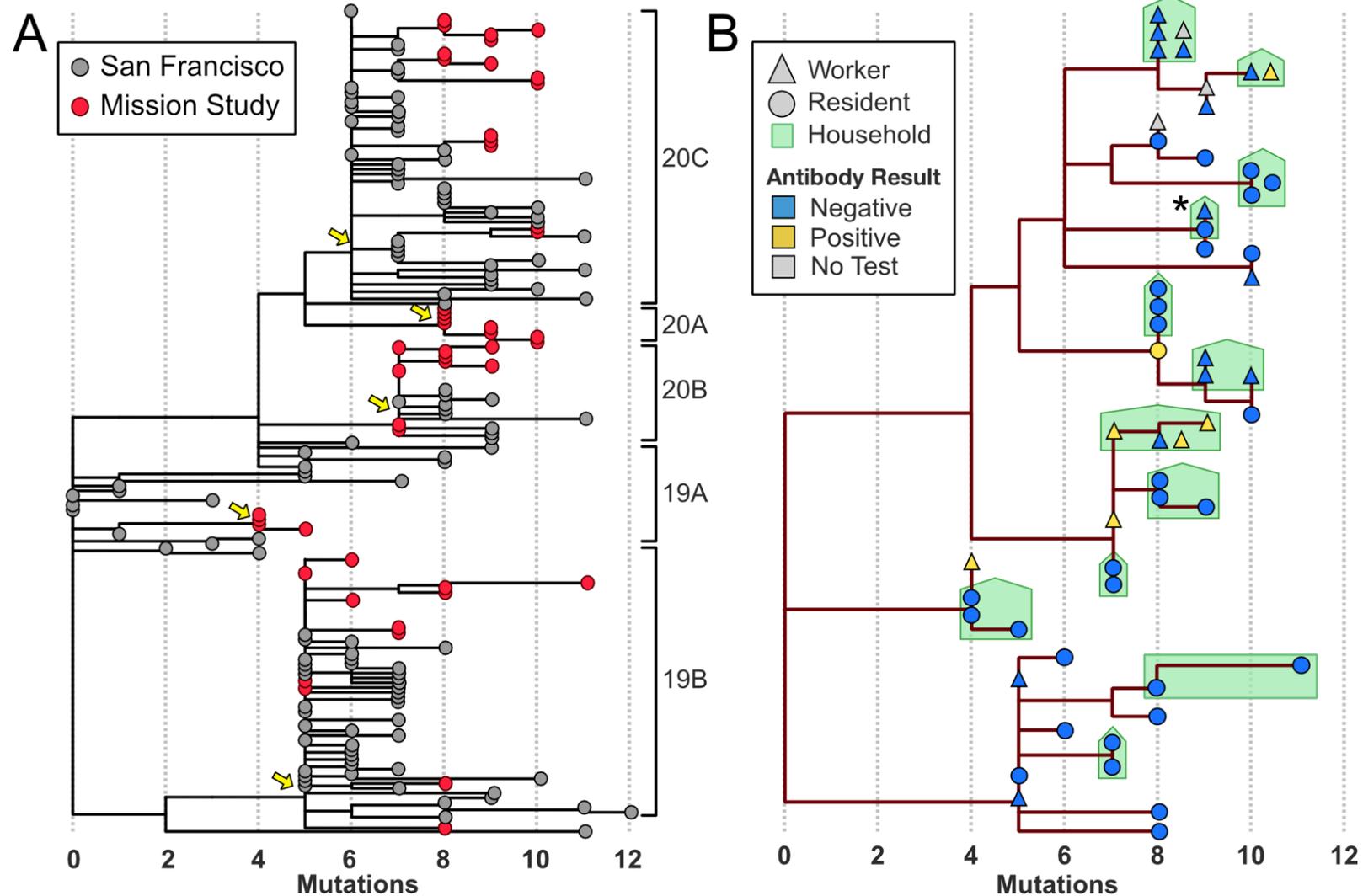


No significant difference in levels of virus in asymptomatic vs. symptomatic PCR+/Ab- persons

Recent Infections

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

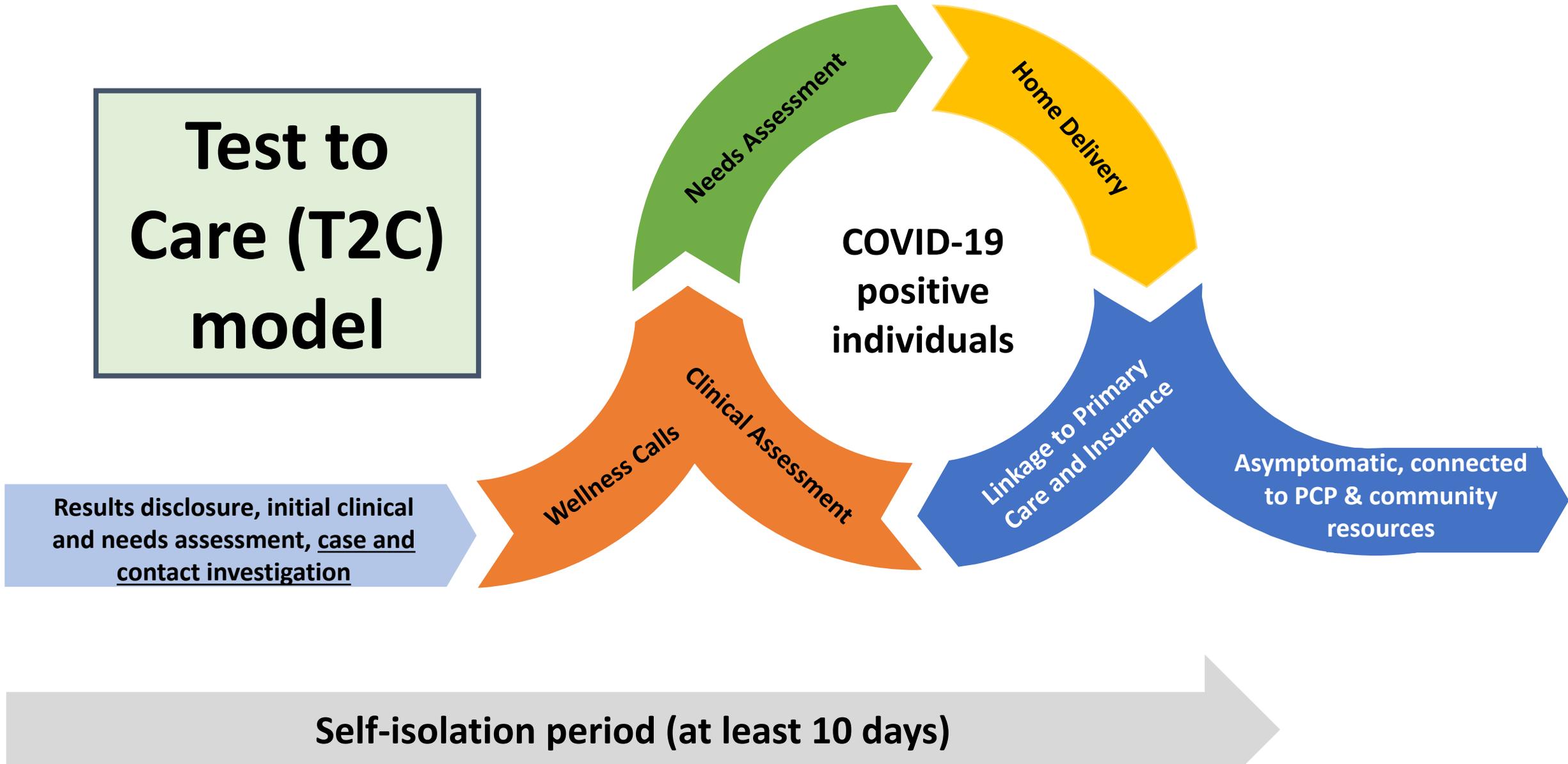


Unidos en Salud Community Wellness Team preparing grocery and exit-package deliveries



Part 2: The Response- Test 2 Care Model

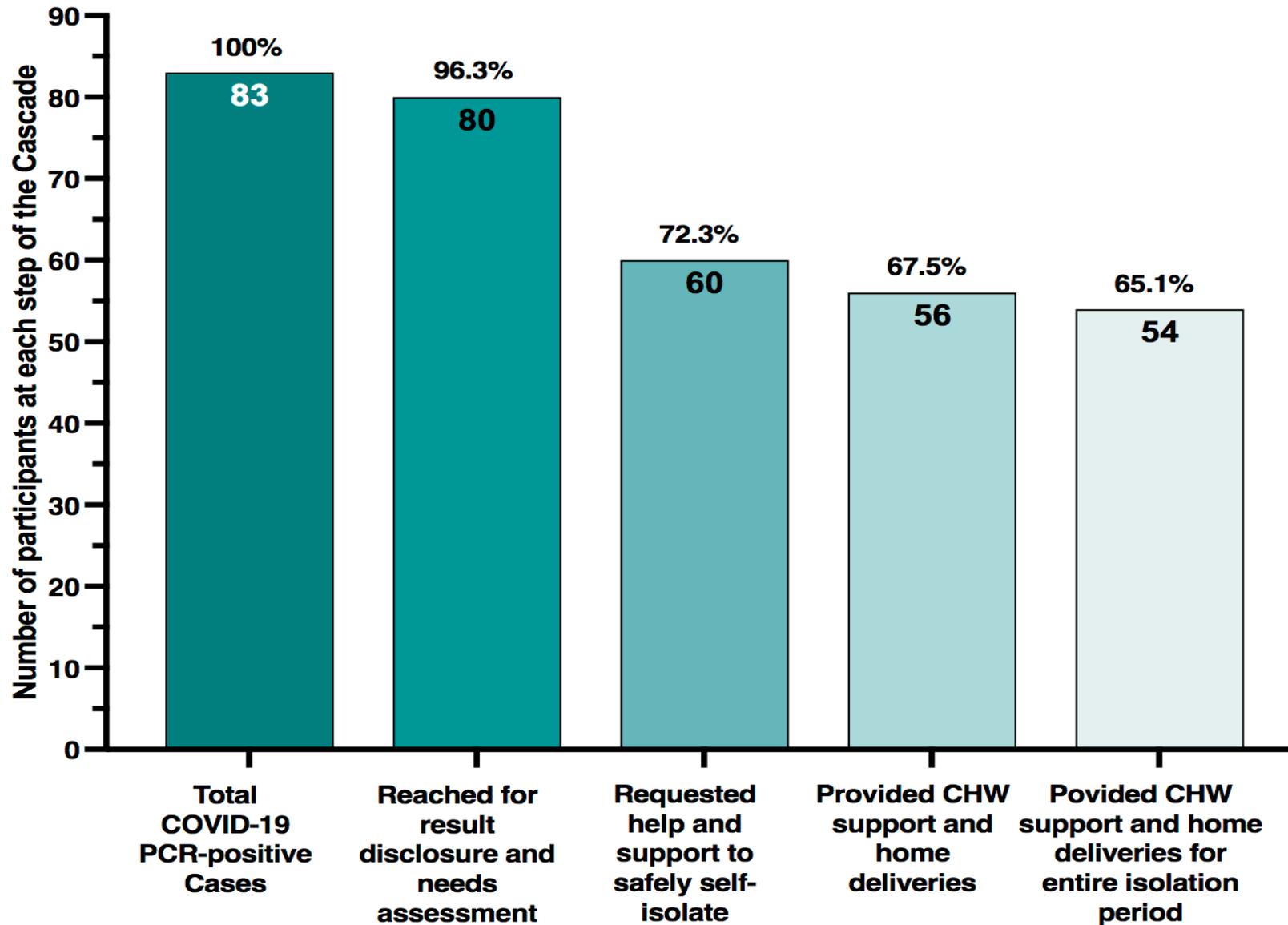
Testing is not enough: we need a coordinated response



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



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



Isolation and Quarantine education, Masks, Gloves, Cleaning supplies, Food (hot meals and supplies), Work excuses



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**

Acknowledgments

UCSF

Diane V. Havlir
Carina Marquez
Bryan Greenhouse
Monica Gandhi
James Peng
Jackie Martinez
Douglas Black
Charles Chiu
Ayesha Appa
Andrew D. Kerkhoff
Vivek Jain
Francesco Sergi

CZ Biohub/UCSF

Joe DeRisi
Emily Crawford
Joshua Batson
David Dynerman
Amy Kistler
Jack Kamm
Samantha Hao
CLIAHUB Consortium

UC Berkeley

Maya Petersen
Joshua Schwab

College of the Holy Cross

Daniel Schwab

Latino Task Force

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Susana Rojas
Susy Rojas
Valerie Tulier-Laiwa
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Unidos en Salud

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And many more!



Questions?:

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NACHW

NATIONAL ASSOCIATION OF
COMMUNITY HEALTH WORKERS



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EXECUTIVE DIRECTOR
NATIONAL ASSOCIATION OF
COMMUNITY HEALTH WORKERS

**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

ABOUT NACHW

VISION : Community Health Workers united nationally to support communities in achieving health, equity and social justice.

ENGAGE

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

EDUCATE

Stakeholders on the Impact
of CHWs

EXPAND

Membership, Recognition,
Opportunities, and Collective Action

ESTABLISH

National Voice and Sustainable
Strategies On Issues Related To
CHW Workforce

ENHANCE

CHW Leadership Skills and
Opportunity

NACHW MEMBERSHIP DATA 2019-2020

TOP AREAS OF WORK	PRIMARY AREAS OF EXPERTISE
COMMUNITY ORGANIZING + OUTREACH	SOCIAL WELFARE + ECONOMIC OPPORTUNITY
CLINIC/OFFICE	HOUSING + BASIC NEEDS
HEALTH EDUCATION	IMMIGRATION
CARE COORDINATION	DIABETES
HOME VISITING	SPECIAL NEEDS POPULATION
RESEARCH	WOMEN'S HEALTH
	MEN'S HEALTH
	MENTAL HEALTH
	MATERNAL AND CHILD HEALTH

NACHW MARCH 2020 NATIONAL POLL

CHW INFORMATION, RESOURCE AND SELF CARE NEEDS

TOP 3 COVID-19 SOURCES ACCORDING TO CHWs



CENTERS FOR DISEASE CONTROL & PREVENTION (CDC)



STATE'S HEALTH DEPARTMENT



WORLD HEALTH ORGANIZATION (WHO)

NACHW MARCH 2020 NATIONAL POLL



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



www.nachw.org

COVID-19 RESPONSE

Strengthening public health emergency
response with Community Health Workers



**“Testing millions of people
per week will require hiring a
large number of Community
Health Workers.”**

The Rockefeller Foundation, 2020

3 Ways to Amplify the Work of CHWs



Classify CHWs as “essential, critical infrastructure workers” and pay them to respond to COVID-19.



Mobilize funding to scale CHW networks and association capacity for contact tracing and care coordination training and services.



Recognize CHWs as leaders in COVID-19 community recovery & health system transformation efforts.



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COMMUNITY HEALTH WORKERS

Community Health Workers (CHWs) united nationally to support communities in achieving health equity & social justice.
www.nachw.org

COVID-19 AMPLIFY CHWS

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Download our materials, infographics and fact sheets at <https://nachw.org/covid-19-resources/>

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COMMUNITY HEALTH WORKERS

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.

FOUR WAYS CHWS STRENGTHEN PUBLIC HEALTH CAPACITY

Download our materials, infographics and fact sheets at <https://nachw.org/covid-19-resources/>

NATIONAL PARTNERSHIPS

 American Diabetes Association

The role that CHWs play as first responders in the outbreak of COVID-19

Expert Panel

Betsy Rodriguez, BSN, MSN, DCES Centers for Disease Control and Prevention	Colleen Barbaro, PhD Centers for Disease Control and Prevention	Denise Octavia Smith, MBA, CHW, PN National Association of Community Health Workers
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 **ASTHOExperts**

Community Health Workers (CHWs) and COVID-19: The Importance of Recruiting CHWs into State COVID-19 Responses

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

▶ 0:05 / 7:51

Recording

Role of community health workers and COVID-19





HEALTH AFFAIRS BLOG

RELATED TOPICS:
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To Strengthen The Public Health Response To COVID-19, We Need Community Health Workers

Denise O. Smith, Ashley Wennerstrom

MAY 6, 2020

10.1377/hblog20200504.336184



“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

COMMUNITY BASED WORKFORCE ALLIANCE



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



In a recent poll conducted by the National Association of Community Health Workers (NACHW), CHWs from across the United States provided insight into the best resources and biggest challenges in community healthcare amidst the COVID-19 pandemic.

TOP 3 COVID-19 SOURCES ACCORDING TO CHWs



FINDING THE GAPS IN RESOURCES AND ACCESS TO CARE



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IMMEDIATE COMMUNITY NEEDS

- 1 Address Socioeconomic Barriers
- 2 Provide Multilingual or Bilingual Materials
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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

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OMH[™] U.S. Department of
Health and Human Services
Office of Minority Health

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Sharing Promising Programs and Practices for
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A Virtual Symposium Hosted by HHS Office of Minority Health***

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