Lessons Learned from the COVID-19 Response in San Francisco

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A little bit of background...

• I provide primary care to people living with HIV at SF General Hospital Ward 86 clinic, located in the Mission District of San Francisco

• I also act as Deputy Director for the CDC-sponsored HIV Prevention Capacity Building Assistance (CBA) program at SF Department of Public Health (SFDPH)

Since March 2020, I have been deployed to the COVID-19 response at SFDPH
Agenda

• COVID-19 in San Francisco

• Impact on the Latinx Community in San Francisco

• SFDPH lessons learned: COVID-19 and the HIV workforce
COVID-19 and Health Inequities

• COVID-19 reveals the historical and ongoing legacy of structural racism and inequality

• Responding to COVID-19 requires responding to the social determinants of health
Bay Area orders ‘shelter in place,’ only essential businesses open in 6 counties

March 16, 2020

Six Bay Area counties announced “shelter in place” orders for all residents on Monday — the strictest measure of its kind yet in the continental United States — directing everyone to stay inside their homes and away from others as much as possible for the next three weeks in a desperate move to curb the rapid spread of coronavirus across the region.
COVID-19 in San Francisco

Data as of 5/30/20

Total Cases: 2,558
Total Deaths: 42
Impact on the Latinx Community in SF

• The Latinx community is disproportionately affected by active COVID-19 infections and hospitalizations

• Intersectional risk: essential work, housing conditions, access to healthcare

Cases - Race/ Ethnicity

- Hispanic or Latino/a, all races: 47.3%
- White: 15.2%
- Unknown: 16.1%
- Asian: 12.5%
- Black or African American: 5.1%
- Native Hawaiian or Other Pacific Islander: 1.2%
- Multi-racial: 1.2%
- Other: 0.9%
- Native American: 0.4%

https://data.sfgov.org
Unidos en Salud / United in Health

• UCSF-led study in partnership with the Latino Task Force on COVID-19 and SFDPH

• Offered free community-based COVID-19 testing to all residents of one census tract in the Mission District neighborhood during a 4-day period, April 2020

• Aimed to determine active (PCR) and prior (antibody) COVID-19 infection for testing participants

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**Tract 022901**

**PCR+ Prevalence**

Among tested:

- Community Total (residents/workers): 62/2,959 (2.1%)
- Tract workers: 26/426 (6.1%)
- Tract residents: 36/2,533 (1.4%)

**Total Tested Population by Ethnicity**

- White or Caucasian: 44.1%
- Black or African American: 37.8%
- Hispanic or Latino/Latina: 11.4%
- Asian or Pacific Islander: 0.2%
- Native American: 2.9%
- Other: 3.5%

**Percentage of Positive Results (N=61) by Ethnicity**

- White or Caucasian: 95.1%
- Black or African American: 0%
- Hispanic or Latino/Latina: 0%
- Asian or Pacific Islander: 0%
- Native American: 0%
- Other: 0%

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Positive PCR Results by Socioeconomic Factors

<table>
<thead>
<tr>
<th>Working from Home</th>
<th>Annual Income Level</th>
<th>Total Household Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot Work From Home</td>
<td>Less than $50,000</td>
<td>1 to 2 people</td>
</tr>
<tr>
<td>90%</td>
<td>7.4%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Can Work From Home</td>
<td>$50,000 - $100,000</td>
<td>3 to 5 people</td>
</tr>
<tr>
<td>10%</td>
<td>3.7%</td>
<td>28.8%</td>
</tr>
<tr>
<td></td>
<td>Above $100,000</td>
<td>Over 5 people</td>
</tr>
</tbody>
</table>
COVID-19 and Health Inequities

• COVID-19 reveals the historical and ongoing legacy of structural racism and inequality

• Responding to COVID-19 requires responding to the social determinants of health

• How can we use our experiences from HIV prevention to address the COVID-19 pandemic, and vice versa?
HIV frontline workers have the needed skills

- Experience discussing stigmatized conditions (HIV, STD’s)
- Experience working with marginalized populations
- Developing culturally responsive services and communication strategies
- Providing counseling and health education, including in the setting of medical mistrust
- Harm reduction approach
- Deep relationships with community based organizations at the center of the response
HIV frontline workers mobilized to the COVID-19 response

- HIV/HCV testing counselors
- HIV linkage navigators
- HIV PrEP navigators
- Disease Intervention Specialists
- Harm reduction counselors

Luis and Tochia are experienced former HIV/STD Health Workers, now deployed to COVID-19 response
HIV frontline workers mobilized to the COVID-19 response

- HIV/HCV testing trainers and counselors
- HIV linkage navigators
- HIV PrEP navigators
- Disease Intervention Specialists
- Harm reduction counselors

...and hundreds of disaster service workers who are learning new skills from the HIV frontline workforce!
Información sobre el Coronavirus (Covid-19)
Actualizado el 9 de abril de 2020

Quédese en casa durante la epidemia del coronavirus
La Ciudad ha emitido una Orden de Salud Pública para reducir la propagación del coronavirus, que requiere que las personas se queden en casa menos que tengan que salir a realizar actividades esenciales. Esta orden está vigente hasta nuevo aviso. Si mantenemos la distancia social, podemos evitar que el coronavirus se propague y ayudar a salvar vidas. Juntos podemos lograrlo. Necesitamos que todas las personas en San Francisco pongan su granito de arena y nos ayuden durante esta emergencia de salud pública.

¿Qué significa esto?
• Todas deben quedarse en casa, excepto para conseguir alimentos, cuidar a un familiar o amigo, obtener atención médica necesaria o ir al trabajo esencial. Cubra su cara al salir de casa.
• No se mezcla con otras personas. No recibe visitas, no va a fiestas ni va de compras. Las centrales tienen derechos y deberes que están en orden.
• Pueden salir a caminar, siempre y cuando no esté en grupos.
• Si el adulto mayor o tiene una condición médica crónica grave, como diabetes o una enfermedad cardíaca o pulmonar, es especialmente vulnerable y debe quedarse en casa.
• Las funciones esenciales del gobierno local continuarán, incluyendo los servicios de emergencias y ayuda.

¿Qué puedo hacer?
• Mantenga contacto con familiares y amigos por teléfono y correo electrónico, especialmente con los adultos mayores o personas con problemas de salud.
• Puede comprar alimentos, medicamentos o artículos personales en supermercados, farmacias, gasolineras y ferreterías, que permanecerán abiertos.
• Puede cuidar a u,s seres queridos a conocer visitas a sus parientes. Pero no procüe cuidados menos que sea el enfermo.
• Si se siente enfermo, llame a su médico, a la línea directa de enfermería o a un centro de atención de emergencias. No vaya a la sala de emergencias de un hospital a menos que tenga una emergencia real.

Normas de Salud Pública que debe continuar practicando
Lávese las manos con agua y jabón al menos por 20 segundos.
Cubra su cara al salir de casa.
Llame a su doctor si está enfermo.
Manténgase informado.
Envíe un mensaje de texto con la palabra COVID19 al 888-777 para recibir información oficial de la Ciudad.

Para más información
Llame al 311 o visite SF.gov/Coronavirus

City & County of San Francisco
Department of Public Health
Department of Public Health
Le tep' icho' waa máscara unaj u páajtal u p'o'obol ya'ab u téenak yéetel ka yanak ma' chen jump'éeli' tia'al u k'áabetkunsal.
Wrap around services for isolation & quarantine

- Support for isolation and quarantine based on a “whatever it takes” model
  - A place to be safe: isolation/quarantine hotel room
- Food
- Medicines, cleaning supplies, diapers
- Linkage to mental health care and other services

SF COVID-19 Alternative Housing

COVID+: Race/Ethnicity

- Latino/a: 44%
- White: 22%
- African American/ Black: 17%
- Asian: 6%
- Not Asked: 4%
- Multiethnic: 2%
- Refused: 2%

https://data.sfgov.org
Harm Reduction Services

• Harm reduction approach to substance use in the setting of shelter in place, isolation and quarantine

• Harm reduction approach to isolation for COVID-19, including evaluation of:
  • Personal risk
  • Community risk
Case Investigation & Contact Tracing

Step 1
Disclosing test result

Step 2
Responding each clients’ ideas, concerns, expectations

Step 3
Assess ability to isolate at home

Step 4
Assess need for assistance to isolate

Step 5
Eliciting close contact information
Our commitment is to accompany patients on their journey to health and wellness and link them to available social supports.

Doing this as quickly as possible can break chains of transmission and save lives.

Contact Tracing Vision:
To reach every individual with COVID-19 and all their close contacts, linking them with available social supports.
Bringing lessons learned back to HIV prevention

The pressing needs of the COVID-19 response present an opportunity to bring together public health workers, advocates, and historically marginalized communities:

1. Develop and strengthen relationships between DPH, communities and CBOs through partnership and collaboration.

2. Train a sustainable community workforce that can respond to the HIV/HCV/STD epidemics and other health inequities.

“The health of all of us depends on the health of each of us.”

Dr. Alicia Fernandez,
UCSF Professor of Medicine
Next steps

• The COVID-19 response provides an opportunity to build on the skills and experience of HIV frontline workers to address health inequities

• Need to address the challenges of adapting to a rapidly evolving epidemic
  • Communication between the public health departments and CBOs
  • Recognizing intersectionality and bringing antiracism into the work
  • Supporting immigrant populations in the face of structural violence
  • Sustainability: maintaining a vision to invest in relationships and workforce development for the future

• Empowering community organizations and community members to be leaders in the COVID-19 response and beyond
Thank you

• Dr. Jonathan Fuchs and the SFDPH CBA team
• Dr. Monica Gandhi and the UCSF Ward 86 leadership, staff and patients
• Dr. Darpun Sachdev, SFDPH Case/Contact Tracing Team, DOC COVID-19 leadership, and SF community partners