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Impact of COVID-19 on Organizations of Color Providing HIV/STI/HCV Services

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STP 2020 Project Components

National Rapid Assessment of the institutional impact of COVID-19 on organizations led by people of color providing HIV/STI/HCV services

Virtual Strategic Think Tank with community leaders, researchers, policy makers, public health leaders, and providers

Strategic blueprint with research, policy, funding, and practice recommendations that take into consideration health disparities, COVID-19, the 2020 Presidential election, the Census 2020, movements for racial justice and the challenges of the U.S. economy

National Rapid Assessment

National rapid assessment of organizations led by people of color providing HIV/STI/HCV services to racial/ethnic minorities:

- Impact of COVID-19 on the ability of organizations and their workforce to provide HIV/STI/HCV services as well as the strategies enacted to continue providing them
- Institutional and workforce capacity to address the emerging COVID-19-related needs among their clients / consumers
- Institutional capacity to make COVID-19 an added organizational service focus
- Institutional capacity to continue or achieve institutional stability to implement their strategic plans to End the HIV Epidemic

Initial Findings of the National Rapid Assessment

As of 9/25/20 (data presented here)

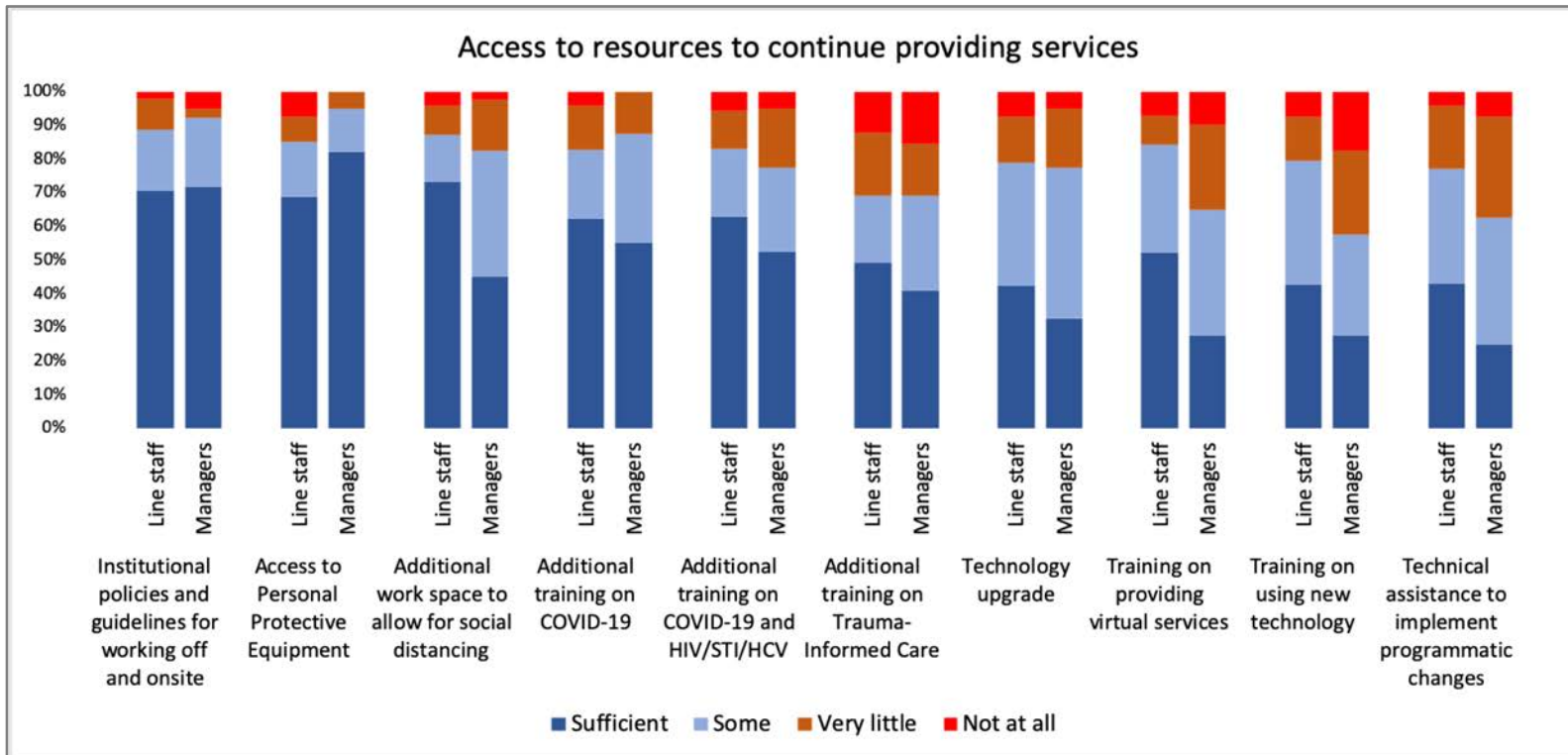
35 interviews of leadership staff

49 surveys of program managers

87 surveys of front-line staff

Access to resources to continue services

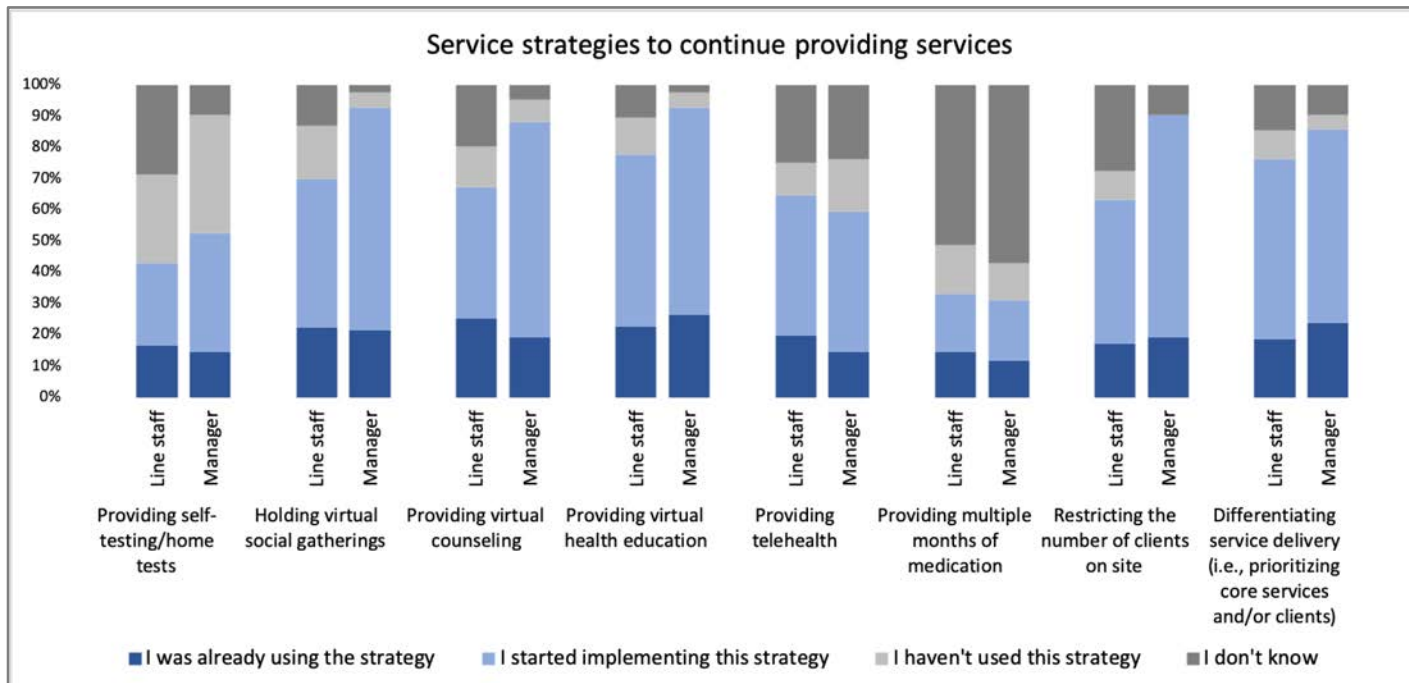
- Most organizations have some or sufficient access to **immediate** resources needed to continue services, including policies and guidelines, PPE, work space, and COVID-19 training.
- However, a significant number of organizations lack **capacity** resources needed to adapt and implement services under the new and uncertain conditions.



We invest a lot of money to clean, disinfect and to customize the locations to allow more physical distancing between employees and clients that begin to visit our centers. I think that is unprecedented. The second piece is to assign and buying equipment for the staff in order to navigate. You need a computer that sync with the latest technologies. You need extra equipment, from lighting, from cameras, webcam cameras, etc., all type of equipment in order to navigate the virtual space.

Service strategies to continue providing services

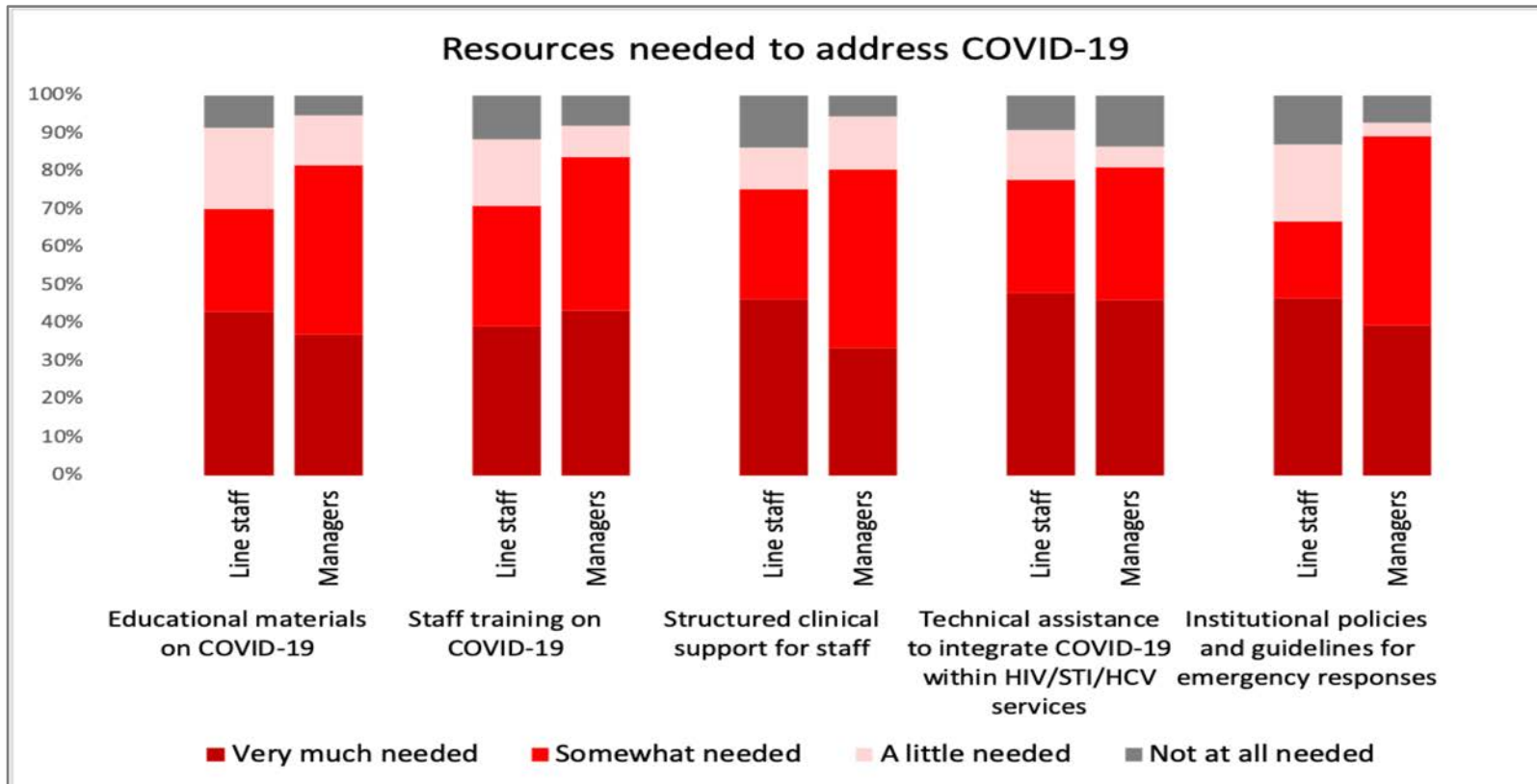
- Most organizations have quickly adopted new strategies to continue providing services, including providing virtual services, mailing home tests, and implementing and Differentiated Service Delivery (DSD).



If we're able to still be around, and if we're able to return to our normal operations, they will have significantly improved in how we can operate because we've been forced to have to adapt.

Resources needed to address COVID-19

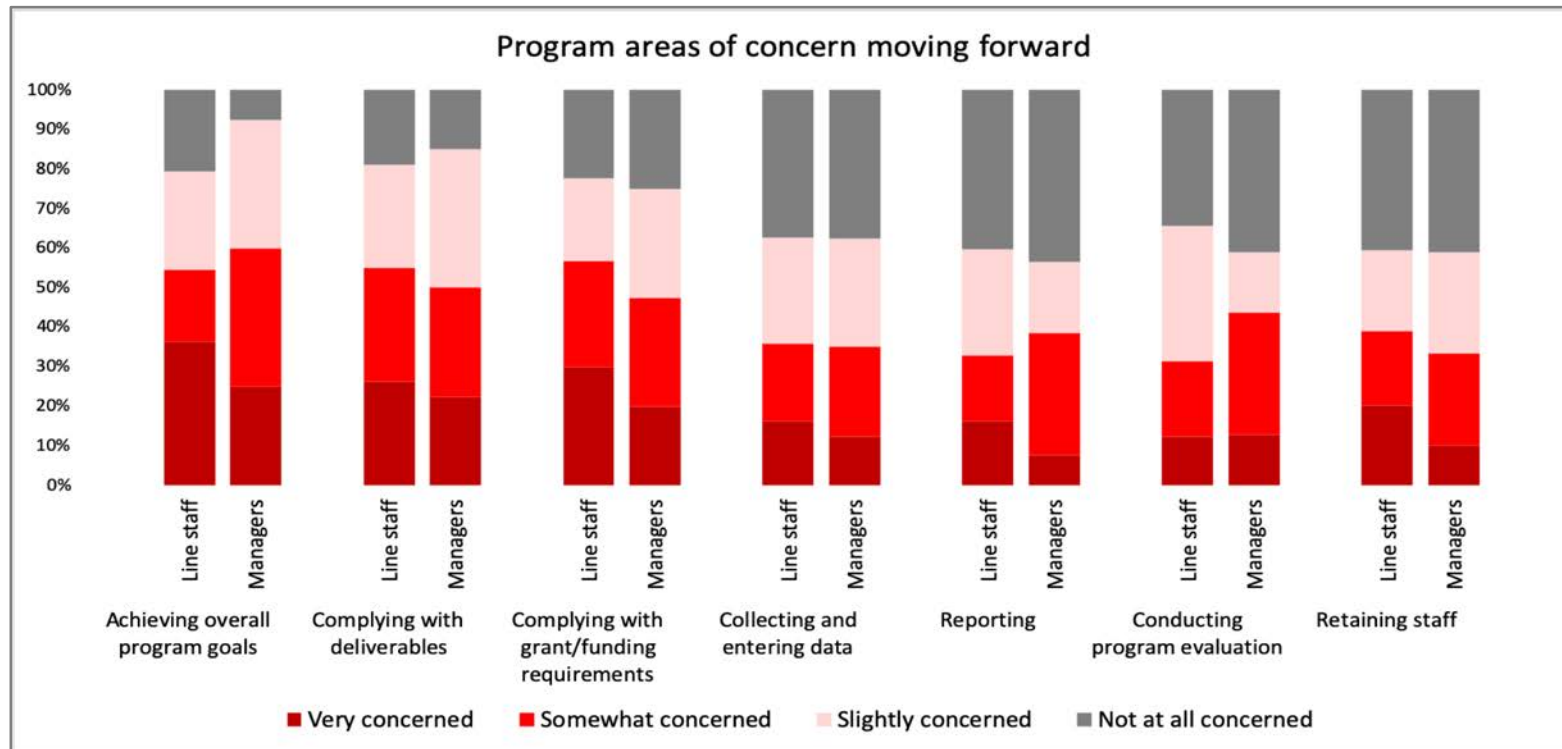
- Overall, organizations are in great need for a variety of resources in order to address emerging COVID-19-related needs among their clients, from educational materials to institutional policies and guidelines for emergency responses.



We're creating a different kind of emergency response team. Emergency response structure that can be activated for whatever impacts the communities that we serve. And so, it isn't going to go away with COVID-19.

Moving forward

- Organizations are concerned about the future availability of funding from HIV and the exacerbation of health inequalities based on geography and populations.
- At the same time, organizations may be permanently adopting many of new strategies being utilized.



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One, we are going to face that this pandemic is going to last us a few years. Numbers two, how this pandemic is going to affect the initiative to End the HIV Epidemic. Number three, how are we going to work, so that there are separate funds, and that we do not see ourselves - as has happened in previous decades - that money from one condition has been used to try to stop another.

I wonder when this is over, if it all is over, how much of these new tools that we've developed we're going to continue to use because there are parts of it that I really like the way that it has connected our staff in [city one] with our staff in [city two...] and I think that includes some of the telemedicine we're doing like these new support groups into rural areas.

Some preliminary recommendations

- Funding should be made available across the U.S. for critical institutional infrastructure enhancement, specially for smaller organizations, including staff development, technology upgrade, financial planning, emergency planning, and program innovation.
- Research support and funding should be made available to organizations for program adaptation and for the development of original virtual interventions.
- Emergency plans at the local, state, and federal levels must be critically assessed and updated to ensure that social determinants of health impacting communities of color are taken into consideration.
- There is a need for engagement of communities of color in policy planning (specially on vaccine education, promotion, and provision) and on the COVID-19 related policies, funding, and research.
- There is a need for policy and practice research with a strong community participation to examine in-depth the ongoing changes in public health occurring as a result of COVID-19.

Next steps

- A blueprint with recommendations and action steps emerging from the Virtual Strategic Think Tank will be available soon after this event.
- Data collection and analysis will continue throughout the next month.
- A final report will be available by December.

For more info about this project,
visit <https://ilhe.org/stronger-together-partnership/>



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Collaboration Acknowledgments

We want to thank:

- Front-line staff, program managers, and leadership staff at 35 organizations that have told us their personal, professional and institutional stories as of September 25, 2020
- Staff at BAI, SFCHC, and LCOA
- Members of the National Convening Committee of the Virtual Strategic Think Tank

Participating organizations in this project (in formation)

We want to thank the following organizations who have so far participated in this timely and needed effort. We apologize for any omission. Abounding Prosperity, AIDS Alabama, AIDS Project of the East Bay, AIDS United, Albuquerque Area Indian Health Board, Alliance of AIDS Services - Carolina, APAIT, APICHA Community Health Center, Arianna's Center, Asian & Pacific Islander American Health Forum, Bienestar Human Services, Black AIDS Institute, Cal-PEP, Center for Pan Asian Community Services, Centro Ararat, Chicanos Por La Causa, Coai, Community Education Group, Destination Tomorrow, Diversity Center of Oklahoma, Entre Hermanos, GALA (Guam), Hawai'i Island HIV/AIDS Foundation, HIV Racial Justice Now, In The Meantime Men, La Clinica del Pueblo, Latino Commission on AIDS, Latino Commission on AIDS - Latinos in the Deep South, Latinos Salud, Maui AIDS Foundation, Multicultural AIDS Coalition, My Brother's Keeper, National Native HIV Network/Begaye Consulting, NMAC, Okla. Area Tribal Epi Center/Southern Plains Tribal Health Board, OutMemphis, PACTA, Poderosos, PR CONCRA, Prevention305, PROCEED, QLatinx, Reach LA, San Francisco AIDS Foundation/Apoyo Latino, San Francisco Community Health Center, Sister Love, Southern Arizona AIDS Foundation, Southside Help Center, Thrive SS, Trans Justice Funding Project, The TransLatin@ Coalition, TransLatinx Network, TruEvolution, Valley AIDS Council, Voces Latinas, We Care TN, Western North Carolina AIDS Project.

Funding partners (in formation)

We want to thank Chevron, Gilead Sciences, Janssen Pharmaceuticals, Merck & Co., and ViiV Healthcare for their generous support for this project. We also want to recognize the amazing support of the Black AIDS Institute, San Francisco Community Health Center and the Latino Commission on AIDS on their seed funding for their amazing comprehensive support to invest in this unique people of color community driven project.



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