

P&S 201 Assignment- Reflection on Service Learning and Social Determinants of Health through the lens of COVID

Group 1:

What was the mission of your community partner and how did COVID impact execution of that work? How did COVID impact your service-learning experience as a student?

Caracole is a non-profit service with the mission to support at-risk individuals in the Tri-state area who are HIV/HCV positive or are at increased risk of contracting HIV/HCV. They do this by providing PrEP, housing services, case management, syringe exchange programs, and support groups for little to no cost. Caracole exemplifies treating the patient as a whole person and understands that HIV and HCV are multifaceted chronic diseases which affect a patient's socioeconomic factors above their medical health.

Facilitating these programs was difficult to implement during COVID for several reasons. Clients who would typically drop in and use services were not able to. This was particularly devastating given that many clients appreciated the psychological benefit of being able to interact with the Caracole team. Programs had to be curtailed given that there were fewer staff members and given that the interaction between staff and clients was limited due to the immunocompromised status of the clients. Additionally, Caracole faced financial limitations: for example, they had to stop HIV/HCV testing due to funding constraints from the government.

Caracole was also initiating a new project right before the pandemic started that had to be postponed. Clients were provided with cell phones so they could contact their providers and staff at Caracole. Caracole was in the process of starting a service similar to Uber that would help clients with transportation to their appointments. These two projects, had they had time to come to fruition, would have been invaluable services for clients to utilize during the pandemic.

The pandemic negatively impacted our Learning Community's ability to interact with the Caracole and the population that they serve and our service project as a result by preventing us from observing caracole services in-person to further understand how to assist. Because most of the clients had immunocompromised statuses, Caracole did not see many people in person and was unable to provide an efficient e-copy making survey collection and analysis difficult to complete. This hindered our ability to further assess how we can directly improve and expand services for Caracole. Despite these limitations, our Learning Community managed to learn about how we, as future physicians, can work with community partners and better support vulnerable populations. Our Learning Community created a longitudinal questionnaire for Caracole and future UC Learning Communities to enact long-standing change in the community when COVID-19 is over. We found that if we are unable to directly help now, we can build the foundation and save time and resources for future Learning Communities to benefit Caracole.

Group 2: *How did COVID impact the community and clients served by your community partners?*

COVID significantly impacted Caracole's clients by limiting access to resources, such as STI testing and syringe service programs, limiting available referrals to clinics, and further isolating an already marginalized community. In addition to limited healthcare services, social isolation was a major problem for the clients served by our community partner; the clinic had been a place where they could interact with other community members and build social connections. Without in-person gathering, Caracole staff increasingly lost contact with regular clients who did not have reliable cell service or internet. Social distancing was imperative in this population because many of Caracole's clients are immunocompromised, which put them at a higher risk

of negative outcomes. STI testing previously allowed for people with limited financial resources to monitor their health status and prevent community spread of STIs, but COVID shut down these testing sites. Additionally, Caracole previously utilized a mobile van which would travel to different communities and provide testing, contraceptives, and other materials for people with limited transportation options, but COVID halted van operations as well.

There have also been issues for Caracole's patients not directly related to the services they were receiving. For instance, they, like other populations, have been adversely affected by social distancing's restrictions on their lives. Quarantine adversely affected access to transportation, ability to travel safely, and employment, as well as emotional and mental health. This last point is particularly difficult for patients already facing other major stressors, such as unemployment, homelessness, difficulties in accessing care secondary to stigma, and substance use disorder.

This population also had difficulty accessing the vaccine and demonstrated some vaccine hesitancy, as reported by our community partner. One specific challenge entailed the difficulty of administering the vaccine, when each vaccine pack had a specific number of doses that needed to be distributed at one time, and it was difficult to ensure a turnout of enough clients to make ordering the vaccine viable.

We (LC15) also experienced limitations when designing a survey for Caracole to gauge client's demographic information, opinion of general healthcare services, and feedback for services and programs provided by Caracole. Without the ability to be physically present in Caracole's facilities, we were not able to witness the interactions between Caracole clients, staff, and medical caregivers first-hand. Community relationships and connections have been negatively impacted by the switch to telecommunications for all of us. It thus is not too difficult to imagine how Caracole clients would feel during the pandemic in accessing healthcare and other services.

Although Caracole's in-person services had to be reduced, the organization was able to adapt to meet the needs of their clients. Caracole was able to move several of their services to a remote format including: case management, education, and medication access. Caracole's Harm Reduction Team provided doorstep delivery of safer injection materials to clients. They also established a harm reduction vending machine outside their Northside office filled with supplies for safer sex, smoking, and injecting kits. This machine was completely confidential and allowed clients to access supplies they would have received in the office safely without contact.

Group 3: *How might students and physicians advocate for the needs of their partners and their community? What are needs that are particularly in need of support at this time?*

Advocacy for partner and community needs can take a variety of forms, from "background" work, such as organization of materials, to public advocacy, such as contacting lawmakers and improving community outreach. For instance, students and physicians can compile resources that support advocacy for specific programs, guidelines for contacting lawmakers, and organize other materials useful for potential advocates and advocacy organizations.

Specific policies that students, physicians, and other healthcare providers can support include harm reduction policies and establishing or increasing funding thereof. These include needle exchange programs, access to PrEP, housing programs, HIV and hepatitis testing, and the legalization of safe injection sites. All these policies have been shown to improve health outcomes for individuals who inject drugs.

COVID-19 has introduced several pressing health needs, and with them further avenues for advocacy, as it has created increased barriers to care, particularly as regards facilities access. Specifically, students can advocate for transportation assistance funding, safe replacement/return of mobile facilities, and improved safety/hygiene in temporary housing, as well as funding to increase housing options and reduce overcrowding or running drives to provide safety and hygiene items that those in the Caracole community might need. Students can also make use of insights into the healthcare field to do direct community outreach, largely in the form of education. We can organize sessions between community members and panels of healthcare providers, previously vaccine-hesitant people (particularly members of the Caracole community), and others who can speak to concerns about the vaccine or the COVID-19 virus itself. Discussion of new information as it becomes available, such as changing mask mandates, new variants, and emergent vaccine side effects can help to demystify these topics and improve/localize the public health communications issues that have attended the virus. While such sessions could be run on any number of community-relevant topics, such as nutrition, safe needle use, STI reduction, COVID-19 has presented an immediate public health crisis for which widespread provision of accurate information with the opportunity for bidirectional communication is an important component of the ideal solution. Similarly, we should make use of our knowledge and connections to the healthcare community to inform communication with elected officials and support for legislative changes for local communities.

Another area of opportunity for physicians and medical trainees to serve community needs is through student-run free clinics. Several of these clinics exist in Cincinnati, each with the central goal of addressing acute medical problems and connecting patients to long-term medical care when appropriate. Free clinics are often federally accredited and rely on government funding to ensure that services are offered on a free or reduced scale for individuals who are economically disadvantaged. Sites such as Caracole that offer case management and STI screening are ideal places to integrate free clinics, as they expand medical care options at sites patients already trust and regularly utilize.