

Brighton Center's Response to COVID-19: Reflecting on Service Learning and Social Determinants of Health

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The impact of COVID-19 on Brighton Center operations

Many organizations throughout the greater Cincinnati and Northern Kentucky areas, including the Brighton Center, have seen financial impacts due to the COVID-19 pandemic. Since many of the populations that the Brighton Center serves have been disproportionately affected by the adverse effects of the pandemic, an increase in services and funding for those services has been necessary. Additionally, there has been an increased need for services as many more people are experiencing financial hardship than prior to the beginning of the pandemic. As per the US Bureau of Labor Statistics, the unemployment rate in the Cincinnati-Indiana-Kentucky metropolitan area increased from 4.4% in March of 2020 to 14.1% in April of 2020⁵. Many fundraising events, including Wine over Water and Roaring 20's Gala, have had to transition to a virtual platform. It is probable that fundraising events will have to remain virtual for the near future, which may impact fundraising efforts and attendance rate at events, leading to a decrease in monetary donations needed to support an ever growing increase in demand for services. The Brighton Center has extended their services to many individuals experiencing new job loss, homelessness and other financial struggles during the pandemic-- but not without difficulty. The need for monetary donations and grants remains as pertinent as ever in order to extend help and services to those most affected by the pandemic.

The COVID-19 pandemic has greatly impacted personal communications, relationships and interactions. Meetings and large gatherings have almost entirely transitioned from in-person to virtual. Many services, including exercise classes and community events, have either been cancelled or changed to a less convenient online format. However, the Brighton Center has not only grown in the face of these challenges but has also come together as a community to collaborate and craft creative solutions. They describe their commitment to adapt to changing times in a recent newsletter: "Over the past two months, we have adapted in every imaginable way to continue to meet community needs under ever-increasing constraints due to COVID-19. Crisis breeds creativity and provides the opportunity of seeing the way we deliver services through a different lens"⁷. Though the pandemic has created unprecedented and unpredicted struggles for the Newport community as a whole, the Brighton Center has made the most of the situation by collaborating and growing in communication skills.

Throughout the COVID-19 outbreak, Brighton Center remained committed to providing critical services to the community which they serve. In a statement to the community, Brighton Center said "We continue to remain committed to serving the community and will adapt and

tailor our services to meet the immediate and critical needs of families during these unprecedented times, as we have for over 50 years.” Since March 2020, Brighton Center has monitored health and safety guidelines provided by the Center of Disease Control and the State of Kentucky. With these recommendations in mind, Brighton Center has temporarily stopped accepting clothing and household donations. Clothing Closet, a neighborhood thrift store that provides high quality and affordable clothing and household items at affordable prices, is closed to the public until further notice. Food donations are also currently not accepted. Nevertheless, Brighton Center is accepting monetary donations to be able to purchase food, personal care, and cleaning supplies in bulk to sustain daily operations and support families in need. Furthermore, Brighton Center continues to provide Emergency Assistance. Services provided by this program include access to a food pantry, USDA TEFAP Commodities, USDA CSFP Commodities, clothing vouchers, personal hygiene items, limited financial assistance, and limited access to baby items. Last year, Brighton Center accepted over 9,915 emergency calls and almost 1,000 individuals received food through Brighton Center’s USDA Commodities distribution program. Even social distancing protocols remain in place, Brighton Center recognizes their tremendous effect on the community and continues to provide services individuals rely on the most³.

The onset of COVID-19 has put a strain on volunteer resources for the Brighton Center. They have reported a 300% increase in the number of individuals requiring their services since the pandemic began. This increased demand reflects both increased usage by prior aid recipients, but also an expansion of the number of families needing assistance. In an April 23rd communication, the Brighton Center reported that in the prior weeks, 30% of the families they served had never previously received assistance from the Brighton Center. Unfortunately, this increased demand comes at a time when volunteering resources are more limited. With reductions in the number of available volunteers due to the pandemic, sufficient personnel to provide assistance presents an ongoing challenge.

Socially precarious times such as these normally cause an increase in the number of people both serving in non-profit organizations and utilizing their offerings; however, due to the highly contagious nature of COVID-19, a natural concern arises for non-profit organizations whose work is highly centered around people. With responsibility to customers, clients, employees, and volunteers alike, organizations are now faced with the challenge of managing the risks and benefits of reopening. The National Council of Nonprofits has issued guidelines to minimize risks to volunteers, including making space assessments in all buildings that volunteers work in, ensuring adequate supplies of hand sanitizer are available, and restructuring in ways that allow volunteers to remain physically distant from one another¹⁰. In the statement that Brighton Center issued regarding COVID-based adaptations to their services³, they describe the balanced approach that they are taking to ensure the safety of their volunteers as well as those benefiting from their services. These changes vary by service, but in

general, services with no physical requirement such as career guidance have moved online, while services that are necessarily in-person such as Scholar House are still operating using their volunteer staff as before. In all in-person cases, they are committed to protecting everyone they contact, which in their mind now means operating within the guidelines set out by the CDC as well as the requirements of state government. Brighton Center places a high value on the services they offer to the community as well as their volunteers, and their adherence to CDC recommendations and limitation of in-person contact is evidence of their commitment to safety.

The impact of COVID-19 on Brighton Center clients and the surrounding community

On March 16th, 2020, the Brighton Recovery Center (BRC) suspended intakes of new women to its program, though they have continued to serve the women already enrolled at the center because this is a residential facility. In an effort to maintain social distancing, the center is no longer allowing residents to attend outside Alcoholics Anonymous meetings and no outside volunteers are allowed to enter the building. However, the BRC's catering service, Center Table, has remained operational for delivery only, in order to provide financial support and important job training skills for the center's residents. The most recent update on the Brighton Center's website states that new intakes are still suspended until further notice due to health concerns, although the BRC continues to accept referrals and place potential residents on the waiting list. Finally, despite the pandemic, a virtual New Beginnings Ceremony was held in early June for 18 women who completed the BRC's program³.

Center for Employment Training has resumed in-person skill instruction as of July 6th, 2020. The office has been open normal business hours during the weekdays. Precautions such as social distancing and allowing only one customer in the office at one time are being taken to decrease COVID exposure. The Kentucky Career Center (KCC) is offering in person services by appointment at select locations (KCC-Williamstown and CVG Career Center). Virtual services over the phone are also being offered at the other KCC locations. Additionally, financial education services are virtually providing one-on-one financial coaching to individuals.

Brighton Center offers several programs tailored to child care and child development. While some child care centers were able to remain open, home visiting programs suffered in the advent of COVID-19. Brighton Center's Home Instruction for Parents of Preschool Youngsters (HIPPY) is one of Kentucky's Health Access Nurturing Development Services (HANDS) home visiting programs. HIPPY aims to guide vulnerable families safely towards optimal health outcomes, social behaviors, and academic achievement through home visits and a child development curriculum. Prior to the pandemic, home visits included activities for school readiness, parenting tools and techniques, and resource referrals.

Jamie Coyle, HIPPY program director, and Tammy Weidinger, Brighton Center President & CEO at the time, spoke to the evolution of HIPPY throughout the pandemic. COVID-19 led to

an abrupt end to HIPPY's face-to-face meetings in the beginning of March. Initially, HIPPY had to transition to 30-minute phone calls focused on how families were doing and coping with the pandemic and assessing any current needs of the families⁴. HIPPY relied on in-person visits to build strong relationships. Short phone calls, often difficult for parents with young children to juggle, made it tough to continue the curriculum⁴. A necessary shift to prioritizing discussions on food, diapers, and cleaning supply deliveries, help filing for unemployment, and financial assistance meant sacrificing a focus on the child development curriculum at the heart of HIPPY. By May, HIPPY got creative with the curriculum and began delivering 2-4 weeks of lessons to families at a time to be discussed weekly over Zoom, FaceTime, or a phone call. While returning to the curriculum was exciting, about 10-15% of families faced electronic issues, including lack of Wi-Fi connections, limited data plans, and no computers or printers to access new materials⁶.

Aside from families already enrolled in the program, some HANDS requirements did not allow for flexibility in crisis situations like COVID-19. New family intake for HIPPY froze on March 16. This freeze came at a time when families perhaps needed the most guidance, while learning how to work from home while caring for young children and losing jobs without having time to prepare⁴. Overall, social isolation introduced by COVID-19 created potential barriers to the success and well-being of vulnerable children, both current and future HIPPY enrollees.

Currently, 207 senior citizens are sheltering in place and maintaining social distancing in the Brighton Center's three senior residential facilities: Saratoga Place, Two Rivers, and Austinburg Apartments. Since March, these buildings have not allowed any outside guests to enter, unless these guests were providing essential services or critical care to the residents. Additionally, the residents were encouraged to practice social distancing within common areas of the building³. This is very difficult for the residents, since they were used to having many volunteers and visitors come to the building for various activities (especially bingo) frequently, and to interacting with each other on a regular basis. This sudden and unexpected lack of social connection is very stressful and emotionally dejecting for the residents, though the staff are trying to keep up their spirits through starting a card program so that community members can send encouraging notes to the seniors. Furthermore, Brighton Center employees have made countless phone calls to check on each resident, as well as having staff in the building five days a week and have the resident manager available on the weekend. Some bright spots: in September, the staff and residents celebrated Senior Citizens Day, and in June, Ron, an 86-year old resident of Saratoga Place, received several medals in recognition of his military service from local and state officials. Despite this, this lack of interaction and social connection is likely having a negative impact on the seniors, as we can predict from research on the subject, though we have not been able to discuss these topics with the residents or staff themselves³.

Fortunately for the seniors living at Two Rivers Apartments, 98% of them have not been financially impacted. With the economic stimulus payment and the increase in Supplemental Nutrition Assistance Program (SNAP) benefits to \$194 a month from what some were getting

(\$15 - \$25 a month), we have been told from the Center that the residents are doing quite well. The Salvation Army has also been of much assistance, bringing a box of food to 40 individuals each month. With the additional benefits, the residents have been able to make purchases to improve their quarantine life, such as televisions and computers. We were told that some of them had enough financial flexibility that they were able to share some of their compensation with family members outside of the Center who were more negatively impacted by the financial effects of the pandemic.

Student and physician advocacy in times of COVID-19

A large issue gaining prevalence during the COVID-19 pandemic has been unemployment and the subsequent loss of insurance that comes with losing one's job. Many patients will completely be lost to healthcare follow-up when they lose insurance, leaving their chronic health problems to get worse and new acute problems to go untreated. The individuals that are served by the Brighton Center are already at a high risk for being under or uninsured and that disparity is likely worsened by COVID-19. As healthcare professionals, it is not only our job to care for our patients but also to advocate for our patients ability to receive that care that we are willing to give them. The Pandemic Unemployment Assistance allows patients who have been diagnosed with COVID-19 to receive additional assistance from the government. We need to advocate to make sure that our patients are educated on the application process for this and have the right evidence of their COVID-19 diagnosis. Since many of our patients are getting diagnosed in a variety of different ways, it is important that we help track and return the laboratory results in an efficient manner. We should strive to create a centralized Department of Health portal so patients can easily retrieve their testing results and provide them to the appropriate government agency. Otherwise, it can be very difficult to track down temporary testing sites for results later on.

There are a myriad of ways that students and physicians can use their platform to support the needs of our partners and their community. Due to the loss of income or employment that many individuals face in the midst of the pandemic, affordable housing is important now more than ever. By partnering physicians and health systems in the Newport area with Habitat for Humanity, we could better work towards connecting members of the Brighton Center and surrounding community with the resources to achieve housing stability. Habitat for Humanity has shared recommendations for solutions to inform the U.S. Congress' stimulus work, including mortgage forbearance for families, a national moratorium on foreclosures and evictions, and grants to nonprofit lenders to support payment forbearance. Furthermore, they have joined 200 other nonprofit organizations in urging the U.S. Congressional leaders to include a nonprofit track in future legislation that expands on the CARES Act. However, they need people who play influential roles in their communities to advocate these initiatives on their behalf and engage with local and state governments, and this

is where medical students and physicians could come in and lend their support. Additionally, students and physicians could serve as volunteer educators for the Brighton Center to increase public awareness about the pandemic, as well as dispel any myths about the virus itself. This could include infectious disease education seminars that teach individuals about how the virus can be transmitted, as well as proper hygiene techniques and best practices to stay safe and healthy during these unprecedented times.

There are a couple of opportunities for direct medical student advocacy through the American Medical Association. The framework of the American Medical Association is a lobbying body of organized medicine that uses lobbying dollars in order to support politicians that promote or write legislative policy that empowers patients, ensures quality of delivered healthcare, addresses health insurance and attempts to dismantle social barriers to good health outcomes. Medical students can write policies in which they posit that the AMA only support candidates that plan to increase COVID-19 testing and make it affordable for all patients, perhaps including patients that be undocumented or not have insurance. Once this resolution is adopted by the AMA, they will help candidates get elected who uphold these values of testing accessibility for all patients. Another opportunity to get involved in medical student advocacy via the American Medical Association is to participate in the Medical Student Advocacy Region Conference, where medical students visit their local representatives office in Washington D.C., and express their recommendations for the health of their community to the representatives themselves as constituents of the district. Representatives are not often medical professionals, and greatly appreciate the input of physicians and future physicians in their area. Their representative could potentially bring forward a piece of legislation that is in favor of expanding Medicaid to increase testing during the COVID-19 pandemic, and may not have known how important it is to do so without the input of the medical student advocates.

The unique health challenges associated with staying home to reduce transmission of COVID-19 offer an opportunity for medical students to advocate for better health outcomes in our community. Authors of a letter published in *Obesity* analyzed trends in Google search terms during the pandemic to identify increasing reliance on takeout food, propensity toward 'baking' and 'recipes,' and decreased interest in 'healthy eating' search terms². Already, reduced access to health care in medically underserved communities and those facing greater socioeconomic barriers create disparities in health screening rates and literacy; amid the pandemic, the community is reducing interpersonal interactions further. Still, face-to-face interaction is a critical method of sharing health information⁹. Public health fairs are one solution to these problems that can be implemented by a medical student body and offer an opportunity to improve health literacy and screening rates in our own community. Students are capable of providing basic health information as well as performing vital health screenings like blood pressure, blood glucose, and weight checks¹. Additionally, a public health fair would create a point of contact for community members and the resources available to them. Students could provide information available on coronavirus.ohio.gov pertaining to the work of community

action agencies, improvements to insurance coverage and assistance for lost coverage during COVID-19⁸.

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COVID-19 has had a major impact on how our community partner, The Community Builders, serves the community of Avondale. The Community Builders primarily functions as a non-profit housing organization, but also work to support neighborhood wellness via a variety of different campaigns encouraging healthy lifestyle choices including tobacco cessation and stress reduction. With the onset of the pandemic, many of these operations which often involved social events, lost priority and COVID-19 based support has taken precedence. These events have been made difficult to operate with social distancing, exacerbated by community wi-fi access being relegated to community buildings. As a housing association, The Community Builders' COVID-19 support has focused primarily on eviction prevention but has also included other forms of community outreach and support. Many of their resources have been shifted towards ensuring food access for their residents, working with the residents of Avondale to safely quarantine if they are found to be positive for COVID-19, and providing support for students and parents with the abrupt switch to remote learning. Avondale has faced problems pertaining to food access and stable housing prior to COVID-19, however with COVID-19, these challenges now provide more of an immediate and pressing concern.

The Community Builders also emphasize resources in terms of staff time. There is an inherent increase in staff time focused towards these new priorities in the face of COVID-19, which creates a logistical gap in the ability to continue important programs, such as the aforementioned tobacco cessation and stress management plans. In concept, The Community Builders remains committed to addressing disparities by empowering their residents, primarily through social cohesion, education and advocacy in the form of procuring access to resources and social capital that can be provided to the community. It cannot be understated that within the context of COVID-19, The Community Builders have been responding out of necessity. To reiterate, the aforementioned programs that have lost priority are still large and pressing challenges to be overcome, eschewed due to resource not importance. The inequities experienced by the Avondale community have been, as noted by our contact within the organization, been highlighted in a backdrop of COVID-19. The challenges of food access and stable housing not only remain, but are now complicated, as the new parameters of living for residents both increases the number of people facing these issues, as well as increases the potential negative consequences of inadequate provisions provided for these residents. Residents who face eviction for example, now also would have to contend with an inability to have space and supplies to ensure proper quarantining, on top of pre-existing risk factors related to homelessness, just to name an example. These are increased risks that are worth noting, result of COVID-19 considerations as well, such as an inability to work required hours, or at worse job elimination. This two-sided amplification in effect of disparities within the community, makes it tantamount that organizations such as The Community Builders remain supported in closing the gap of resources to Avondale, and to communities like Avondale.

In our initial discussions with our community partner, The Community Builders, before COVID, a lack of social cohesion was identified as an issue that the community faced. In light of the strict quarantening and social distancing related to COVID, opportunities to bolster social cohesion were significantly reduced. Normal community events such as the monthly community dinners hosted by The Community Builders and other events aimed at bringing the Avondale

community together could not take place. When such opportunities were no longer available and residents were asked to avoid social gatherings, it is easy to see how there was not an opportunity to improve social cohesion and how the feelings of isolation and a lack of support that many residents may experience were intensified. This isolation in a community lacking social cohesion in an unprecedented pandemic was, and continues to be, a significant challenge to the Avondale community.

Like many other communities, the families of Avondale were faced with the cessation of in-person education at schools early on in the COVID pandemic. As a result, it is likely that many students no longer had access to certain resources that were provided by their schools. Barriers to these resources, such as computer access, may have posed difficulty in the transition to virtual learning for many students and impacted the quality of their education. In addition, students also missed out on opportunities to socialize at school, which could have had a negative effect on the social cohesion in the community.

As we learned from TCB, many of their Avondale residents do not own cars and therefore, are reliant on public transportation to travel to grocery stores, places of work, and healthcare visits. Throughout much of the early part of the COVID-19 pandemic, Cincinnati Metro buses were running on reduced schedules. This change forced Cincinnati residents to either forego their trips altogether, or take less convenient, longer, and more circuitous trips to their destinations. This surely had far-reaching impacts on Avondale residents' lives by limiting access to healthcare, fresh produce and groceries, and jobs that these residents depended on to support their families.

COVID-19 has also significantly impacted the working environment for Avondale residents. Many local businesses have closed due to reduced traffic, and businesses that remain open were forced to lay-off staff or push for working from home. As residents involved with our community partner are primarily low-income, they are placed at a higher risk for being laid off or furloughed which is critical as many have children and a family for whom they are responsible. Additionally, working from home is difficult for these residents given lack of access to technology, e.g. laptops/local computers - many of our residents found such access at public libraries which accessing also became difficult due to COVID-19 restrictions. For residents who still have work, it forces them to go on-site which 1.) poses a danger to their health as well as their family 2.) is difficult as many residents rely on public transportation (which access has been limited to as described above) and 3.) holds significant health risks given limited access/income to purchase PPE.

A variety of modalities exist for current providers and future physicians to provide support for the needs of our communities related to the impact of COVID-19. In terms of direct engagement, health care providers and learners can participate in volunteer services to supplement the work already being done by The Community Builders and other community partners. In Avondale specifically, volunteers are needed to participate in monthly produce pop-ups addressing the lack of access to healthy food options exacerbated by the COVID-19 pandemic. Other needs that could be directly addressed include the organization and hosting of drives for items in high demand but short supply in the Avondale community, again related to

the increase of existing need related to pandemic response changes. The Community Builders are lacking man-power and resources to take on such projects in addition to their numerous current programs. The needs of the community currently exceed their capacity to fully intervene, and volunteers that can augment their mission via guided partnership would make a tangible impact.

In addition to direct engagement, health care providers and learners are particularly equipped to address the opportunities that exist within The Community Builders for contributions to community education via development of social media content related to COVID-19 health literacy. Social media can also be used as a tool to amplify the voices and needs of underserved communities, and spread awareness of resources available to those experiencing increased pandemic related difficulties. As advocates for patients and influencers in the community, leveraging social media and other professional network connections to attract attention and resources to those most acutely effected by exacerbated disparities in social determinants of health can make a significant difference.

Based on The Community Builder's ongoing engagement with the Avondale community, they specifically request advocacy for resource allocation towards housing stability initiatives. They are deeply concerned about a rise in the number of evictions when the current eviction moratorium is lifted. It nearly goes without saying that community wide health is negatively impacted on multiple levels by a dramatic rise in homelessness. Thus, this should be a shared priority among the healthcare population and community outreach organizations. Related efforts by The Community Builders to empower the community in a sustainable manner include the establishment of wealth building programs and resource allocation directly benefiting black residents who are disproportionately affected by COVID-19 in terms of health outcomes and economic devastation. These areas are also desperately in need of advocacy and funding. Further, The Community Builders believes that philanthropy organizations in general should be encouraged to allow for unrestricted use of dollars going directly to community residents who will then be empowered to more effectively meet their specific needs. Lastly, physicians and learners should not forget to continue advocacy for programs enhancing food access and economic self-sufficiency within Avondale, which have been long-term goals of The Community Builders and have been especially impeded by the current circumstances related to COVID-19.

P&S COVID Report Learning Community 3

Community Matters is an integral part of Lower Price Hill neighborhood outreach, especially since the outbreak of COVID-19. Before COVID, Community Matters served as a food bank, career development hub, educational center, and assisted addiction recovery center. University of Cincinnati College of Medicine developed a working relationship with Community Matters through service-learning projects, coordinated by teams of medical students. Since March 2020, Community Matters has been closed to the public and pivoted to offer their services remotely or with social distancing. Unfortunately, the College of Medicine's service-learning projects also halted in early spring. This report endeavors to communicate the rampant challenges and adjustments Community Matters continues to face during the COVID-19 pandemic.

One of the immediate crises faced by the Lower Price Hill neighborhood is a surge in opioid use and overdoses. When the pandemic upended daily routine, the shock waves reverberated throughout the Lower Price Hill recovery community. Recovering community members faced a reported increase in Fentanyl supply in tandem with the sudden loss of Community Matter's talk therapy, case management, and usual Narcan distribution. In response, Community Matters increased Narcan deliveries to the greater community and shifted their opioid use education to virtual and distanced meetings. During the past months, the center has offered education on drug safety, supported a needle exchange program, and hosted a weekly harm reduction meeting for residents to discuss concerns and challenges. Community Matters has also established a partnership with Santa Maria Family Center and Healthy Homes Block by Block to address these evolving needs.

Access to technology to attend meetings, however, has been a consistent obstacle for the attendees. Kroger generously donated twelve laptops to Community Matters to facilitate their online transition; however, many residents continue to experience barriers to reliable online access. The shift to remote case management and education has not been without issue. The residents' inability to access Community Matters has resulted in case management meetings now taking place on clients' front porches to maintain social distancing. Community Matters implemented Justice League via Zoom, remote Community Council meetings, and direct Facebook Messenger conversations handling personal case management but have not yet resumed in-person educational activities. Community Matters has expressed frustration with virtual meetings not serving as adequate substitutes for the comprehensive case management possible with in-center meetings.

Food security in Lower Price Hill was also greatly impacted by the COVID-19 pandemic. Before in-person closures, the food bank was servicing several households of Lower Price Hill each week. After the lockdown began, the neighborhood had an increased need for food security support due to the national increase in unemployment. To facilitate the distribution of food pantry staples, Community Matters developed a delivery system of boxes. All box delivery requests are processed by a core team of two Community Matter employees and consider allergies and resident preferences. Jenna Hippensteel, a Community Matters representative, reported some difficulty adhering to contact restrictions during deliveries and noted a shift to an increasingly transactional relationship between the organization and its clients.

Funding to Community Matters has not significantly changed. The organization was able to receive a PPP small business loan, which, in combination with ongoing

donations, has allowed operations to continue to date without interruption. Additionally, grant funders have been flexible in light of the current pandemic. Due to the security of funding, Community Matters has implemented several new outreach programs to help the neighborhood. One of these is the creation of a microloan program investing in residents' business endeavors. Often, enterprising clients need only ten to twenty dollars to fund their work. One community member has utilized this new program to buy ingredients for baking and then sold her products at a local market.

Community Matters expressed that the volume of COVID-19 information, much of which generated without proper scientific vetting, was overwhelming to individuals unfamiliar with accessing or critically assessing scientific literature. Medical healthcare providers must facilitate easy-to-understand resources for community members, thereby ensuring their confidence in their rights concerning housing, food, and healthcare. In addition to advocacy via social media and other internet-based platforms, providers are called upon to present these issues to policymakers and others who wield power to create change. University of Cincinnati College of Medicine students are committed to performing these tasks in service of the Lower Price Hill Community and in partnership with Community Matters.

As physicians-in-training, University of Cincinnati College of Medicine students have a duty to advocate for their patients' health and well-being. The environment in which people live and grow has been estimated to determine as much as 70% of patient health outcomes. To best care for their patients, physicians must advocate for social policies that benefit community health and well-being (Rappaport et al.). To summarize,

"Medicine, as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution: the politician, the practical anthropologist, must find the means for their actual solution. The physicians are the natural attorneys of the poor, and social problems fall to a large extent within their jurisdiction" - Rudolf Virchow

Virchow's words ring true today. While the mediums of advocacy have changed over time, health professionals are currently called upon to share understandable, high-quality health information, voice factual implications for community health policies, and amplify the voices of marginalized organizations and neighborhoods. The American Medical Association and similar organizations support advocacy via social media use as long as patient confidentiality is maintained, and information shared is evidence-based (Gholami-Kordkheili et al.).

As the role of medical healthcare providers as advocates grows, we must also consider certain risks. Firstly, the integrity of the patient-physician relationship is maintained. As physician voices grow louder and more prominent, patients they serve might disagree with the views the physician is supporting. Decreased trust in their physician can compromise the quality of care and nature of patient-physician interactions. Furthermore, patient-advocates must be cognizant of their biases and work to ensure they do not overshadow patients' voices. In essence, providers must speak out on behalf of patients and not in their stead. Empowering advocacy involves regular open communication with patients and the community. Physicians and student-physicians should always speak up for the overall health of their patients and the community. Our involvement with Lower Price Hill acknowledges these risks of advocacy and strives to facilitate their self-representation.

As of August 2020, Lower Price Hill neighborhood recorded 18 total COVID-19 cases. Compared to other Cincinnati neighborhoods, this is a low positive case rate. However, it is unknown if this low rate is due to compliance with COVID restrictions, under testing, or another confounding variable. Community Matters reports a recent relaxation on COVID regulations as the community longs for its prior sense of camaraderie and connection. Medical education and resident interaction remain essential to keep COVID precautions at the forefront of the fight against virus spread.

How can Lower Price Hill best be assisted during this pandemic? While physically volunteering for Community Matters is currently on hold, bringing periodic donations for the food bank or personal care items is still highly encouraged and appreciated. Increased access to COVID-19 tests could reveal a higher rate of spread within the neighborhood. Responsible dissemination of peer-reviewed, factually accurate, and easily understandable medical literature is essential. The University of Cincinnati remains committed to its partnership with Community Matters and other local organizations to serve Lower Price Hill residents during uncertain times.

Freestore Foodbank (FSFB) is one of Ohio's largest food banks and provides emergency food and other services to roughly 511 community partners in over 20 counties in Ohio, Kentucky and Indiana. Since COVID-19, client numbers have increased significantly. Larger partner organizations of Freestore have seen two to three times the number of normal clients since COVID, resulting in a large increase in required resources and energy. In smaller partner organizations, there has been a smaller increase of at least 30%. As a whole, there has been an average of a 50% increase in food distribution compared to two years ago. On average, Ohio has seen an increase in food insecurity of 5.15%.^[1] This rate is slightly higher in the Tri-state area served by Freestore, at 5.22%.^[2] Within Hamilton County, there is a projected 8.7% increase in childhood food insecurity due to COVID-19 compared to rates in 2018, indicating the severity of this issue, especially among children.

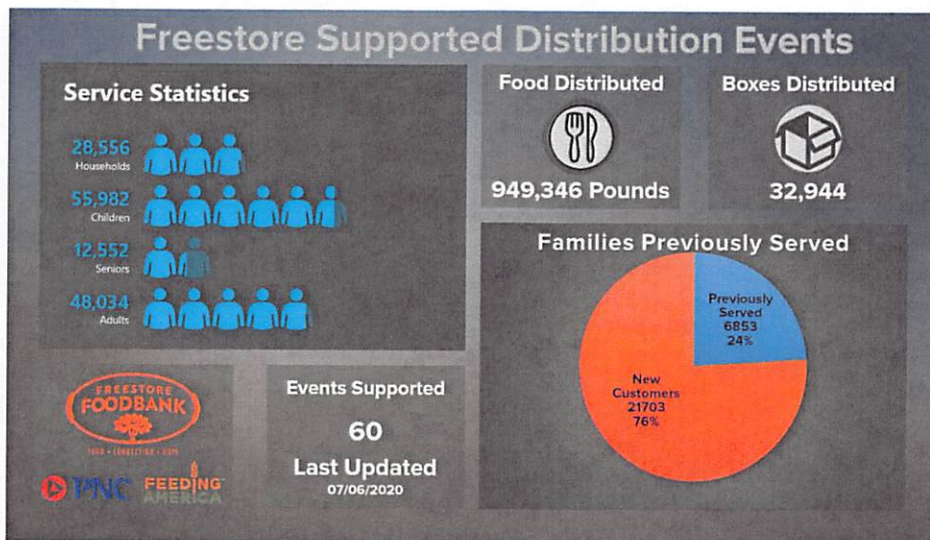
Freestore Foodbank relies heavily on the help of volunteers to sort, package and prep food for the foodbank. Due to COVID-19, Freestore Foodbank has seen volunteer rates drop dramatically and there is no to little volunteer support at this time. When there are volunteers, the counts are significantly down compared to before COVID-19. Volunteers are also required to wear adequate PPE to ensure the safety of all involved with Freestore, but this adds to operation costs.

To help keep volunteers, employees, and clients safe, Freestore Foodbank has also worked to implement social distancing protocols for individuals who want to access their food bank resources. In order to limit staff interaction with clients, they have adapted a "truck to trunk" model where the staff loads up the client's trunk with food supplies so that the client doesn't have to get out of their car. Freestore Foodbank has also limited the number of clients allowed in the pantry at one time, but they are still able to manage the amount of people coming in.

Due to increased demand, change in logistics, and need for additional staff, operation expenses have increased across the board. Exact increased cost estimates for Freestore Foodbank are not available at this time. It is probable that donations of large amounts of food from large organizations dropped during this time, and Freestore Foodbank then purchased food they previously received as donations in order to meet the needs of community partners and members of the community. For example, the Food Bank for the Heartland of Omaha saw an increase of food expenses to \$675,000 from \$75,000 a month.³

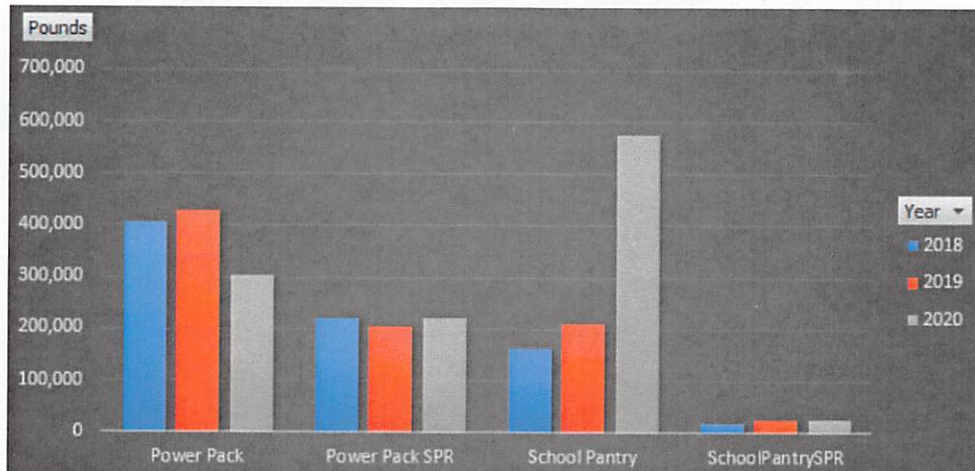
To obtain a broader perspective, the Ohio Nonprofit COVID-19 Survey Project assessed how non-profits have been impacted by COVID-19 and many of their concerns moving forward². Freestore is among over 78% of non-profits in the state of Ohio that is functioning below its pre-covid capacity². As such, it shares many concerns with these other non-profits including its loss in volunteers with an increase in expenses as discussed above which were common concerns expressed by other non-profits in the survey.

Of course, the pandemic did not affect FSFB's operations alone; It also greatly impacted the communities it serves. In March, at the onset of the pandemic, there was a large spike in unemployment rate from less than 4% to a high of almost 15% by May, which has since steadily declined⁴. Skyrocketing unemployment rates and shortages at grocery stores saw more people relying on food pantries, often for the first time. During March-June, 76% of the customers at Freestore distribution events were "new". After this time, these events were transitioned to be hosted by Freestore community partners, so that data is not accessible. These distribution events, 60 in total, distributed 949,346 pounds of food to 28,556 households which included 55,982 children, 12,552 seniors, and 48,034 adults.



For students facing food insecurity, their schools are often the ones providing their next meals. However, with many schools transitioning to remote learning, students who relied on school meals for food risked not knowing where their next meal was going to come from. To combat this problem prior to COVID, when students could risked not eating any meals during the weekend when they were out of school, Freestore put together and distributed Power Packs (packs of a dozen shelf-stable, kid friendly food sent home with students each Friday during the school year to ensure they have something to eat during the weekend). Unsurprisingly, because many students were not in school during the spring to receive the Power Packs, the amount of Power Packs distributed between March to August of this year is significantly decreased compared to the same time period last year (302,095 lbs of food this year vs. 428,471 lbs in 2019). However, the amount of food distributed to school food pantries has more than doubled (574,677 lbs vs 209,573 lbs in 2019), to match the increased need from student families.

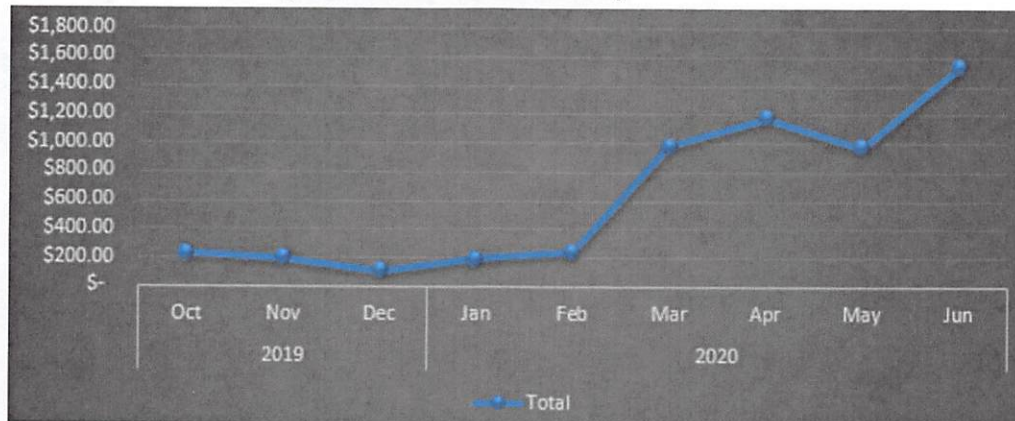
Power Packs and School Pantry Distribution (in lbs): 2018-2020



As FSFB often interfaces with individuals with the community, considerations had to be made regarding how they would continue to deliver their services safely. To prevent the spread of COVID while meeting community needs, FSFB has implemented safety measures in accordance with the guidelines and recommendations of the CDC. Masks are required for all individuals entering physical locations for any services and are provided to those upon request. Those who choose not to shop in the market or do not wish to enter the building for whatever reason, can pick up pre-packaged food bags (26 pounds) distributed from the front bay. In addition, Freestore's Liberty Street Market is open 9-3 pm for emergency food distribution of prepackaged bags with distancing practices in place for customers.

Another food service offered by Freestore that has remained open during the pandemic is the Healthy Harvest Mobile Market, a grocery store on wheels that provides fresh healthy affordable fresh produce and other food to greater Cincinnati communities. The mobile market gives people living in food deserts access to fresh produce and is unique in that it matches SNAP/EBT benefits dollar for dollar, but also accepts cash/credit/debit so anyone is welcome to shop. Last October, College Hill was added as a new stop and our service project from M1 year involved helping Freestore get the word out about this new location to the local community. From October 2019 to February 2020, the revenue generated at the College Hill location averaged around \$200 a month. From March to August, however, there was a significant increase in average monthly revenue to around \$1,000, suggesting an increase in the number of customers stopping by. This increase in usage is likely related to the much nicer weather that begins in March, but also also in part be associated with the onset of the pandemic and people using this mobile market as way to better utilize their SNAP/EBT benefits compared to a traditional grocer or out of necessity due to the shortage of pantry staples at many major stores.

**Revenue generated from Healthy Harvest Mobile Market College Hill location
(October 2019-June 2020)**



Freestore Foodbank, thanks to its large size and scope within Hamilton County and beyond, has been able to adjust its services to address the most pressing needs of the community spurred by the effects of COVID-19 infections, increased unemployment rates, and deviation from normalcy in day-to-day life. After the passage of the CARES Act, Hamilton County was awarded funding to assist families with up to \$2,500 within a three-month period for rent and utility payments.^[1] Freestore Foodbank was one of the three organizations chosen to help Hamilton County residents apply for this federal funding for rent and utility relief. Additionally, to help those who were or have been dropped into a low-income bracket, Freestore Foodbank's benefits enrollment department has provided enrollment assistant services to anyone needing SNAP benefits and/or health insurance through Medicaid.^[1] Due to the health risks brought about by COVID-19, Freestore Foodbank has also helped to assist with obtaining health and hygiene products, infant care products, household items, transportation assistance, and birth certificate and ID replacements. Finally, because COVID-19 has rarely only affected one aspect of life for many of Freestore Foodbank's clients, a stabilization program, where a case worker meets with individual clients to manage a full palette of basic needs, has been established.^[1] These case workers can provide housing resources, access to health and mental health services, resolution of legal issues, basic needs (food, clothing, and furniture), life skills to help with prioritizing and budgeting, benefits assistance, and referrals to other providers to address other more specific needs. It is uncommon for food insecurity to be the only area where Freestore Foodbank's clients are struggling at this time. With this understanding, Freestore Foodbank has expanded its reach to provide a central access point for receiving assistance in multiple areas.

In addition to the above, during the Covid-19 pandemic, Freestore Foodbank has reported lower usage of the "Produce Perks" food prescription program which they created. The program is designed for doctors to give "prescriptions" to their patients that can be redeemed at Freestore locations for healthy foods. Based on statistics regarding Healthy Harvest Sales and Revenue this year, between March and April, there was a steep drop off in revenue from around \$1,300 to \$300. This drop in revenue could be attributed to several factors, including fewer people leaving their homes to redeem their "produce perks", as well as individuals going to

fewer doctor's appointments due to the restrictions put in place at the onset of the pandemic. The relative youth of the program (started in June 2019) makes comparison difficult, given lack of available data points. However, given that generally the Healthy Harvest Mobile Market in general sees an increase in usage in the warmer months of the year, this trend seems to indicate decreased utilization directly from the pandemic. Given that the usage has not recovered to levels prior to the pandemic, even though we are seeing greater food insecurity⁵, it seems likely that there has been a drop off in advocating or advertisement of these resources.

That being said, Freestore Foodbank provides all the resources and information about their programs and how to access them online at no additional cost to healthcare providers or patients themselves. In addition, Freestore has partnered with several clinics in the area and Amazon to offer delivery of food who have been identified as having unmet food needs. Clinics enrolled in this program can identify patients in need and then enroll them in this program, which is fully compliant with HIPAA and protects the patient's anonymity and medical information, while providing them with access to healthy food options. Health care providers who work in clinics with this program can continue to promote this program and those who do not yet have access to this resource could advocate on behalf of their patients to add their clinic to the program.

With regards to medical students and physicians advocating for funds to address food insecurity in Cincinnati, there are many avenues which can be pursued. Simply calling or contacting local government officials to discuss food insecurity in light of COVID could go a long way in keeping this topic at the forefront of our policymakers' minds. Attendance at city council meetings have been moved online and thus anyone with an internet connection could voice their opinion to shed light on this topic and continue to advocate for patients in need. Finally, the number of people volunteering at Freestore Foodbank has sharply decreased and, as such, volunteering extra time could be an easy first step for those wanting to care for their community members in need.

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The students of the University of Cincinnati College of Medicine have had the honor to work in and around Cincinnati by interacting with community organizations. Having worked with our community partner for the past year and a half, we wish to communicate how they have been impacted by COVID-19. Our community partner, Mercy Neighborhood Ministries (MNM), focuses their efforts in aiding the low income and disadvantaged elderly of the Walnut Hills community by providing access to home care services, nutrition, crisis assistance, social support, and educational opportunities. In recent months, they have significantly modified their operations to continue to serve their clients, the vulnerable elderly whose lives have been harmed by COVID-19.

One of MNM's most popular services is their food pantry. The original pantry layout allowed clients to walk through aisles and select groceries as they would in a store. The pantry also included important information for seniors regarding their food options, such as highlighting low-sodium alternatives and low glycemic index foods which is useful for clients managing hypertension and diabetes, respectively. This layout was valuable; giving people greater choices in selecting their food has been shown to reduce both the stigma associated with receiving food from a pantry and waste associated with pre-packaged boxes.¹ Client choice food pantry models have also been shown to potentially increase the self-efficacy of those who utilize such resources.² In light of the new social distancing guidelines, MNM has modified their food assistance service to provide prepared food bags at the door and grocery delivery, prepared by volunteers, every two weeks. The pantry had also focused on providing access to fresh produce, supported by donations from local grocery chains and the community garden. These supply lines have been curtailed, so while MNM has been able to provide adequate food to their clients, they are concerned about the nutritional consequences of limited produce.

MNM suspended all in-person events in accordance with distancing guidelines. These included Creative Aging Events where seniors were able to enjoy a meal together and watch a performer or play bingo. Another event is Wellness Days where senior clients eat and socialize with one another as they wait to shop the food pantry and have a nurse to speak with to get their blood pressure checked. Such events are crucial to addressing the social determinants of health—social isolation and food insecurity—that greatly impact the quality of life of older adults in Walnut Hills. In response to the increased social isolation seen in Walnut Hills as a result of an appropriate community response to the pandemic, MNM has increased their attempts to remotely check on community members by calling and emailing individuals who are in need of social support. It should also be noted that there are existing home care aides who have continued caring for those who need them the most; they provide essential living assistance and now double as a reprieve from isolation. The nursing staff calls the home care clients routinely several times each week and does wellness checks on them. In addition, United Way, a nonprofit organization with a global presence, has partnered with MNM to provide handwritten notes to community members experiencing increased social isolation.³

One of the most critical alterations to MNM operations is their source of revenue. Prior to the pandemic, MNM held in-person fundraisers that provided crucial financial support for their organization. Historically, these fundraisers have contributed over \$100,000 or 10% of the entire MNM budget.⁵ Needless to say, these types of events are no longer feasible, and their absence poses a considerable financial challenge. Consequently, MNM has become considerably more reliant on individual and institutional donations to finance their payroll, food pantry, and new operational costs related to the pandemic, such as the aforementioned grocery delivery, PPE and increased sanitation protocols.

The COVID-19 pandemic has impacted MNM in nearly all aspects of their operations. We hope this summary can shed light on the obstacles that the COVID-19 pandemic has imposed on MNM's fight to preserve the wellbeing of the elderly in Walnut Hills. We will now turn the discussion towards how the seniors served by MNM have been affected by COVID-19.

The community MNM serves is particularly sensitive to the detrimental effects of COVID-19. Much of our knowledge of the older adults' circumstances come from our meeting with the directors at MNM, Mary Pat Raupach and Jenny Rye, and the information they gathered from phone call check-ups and home care aids. Anecdotal trends found community members reluctant to seek medical care for fear of COVID-19 exposure (Mary Pat Raupach and Jenny Rye, personal communication, Aug 28, 2020). This may be creating difficulties for seniors to manage common chronic medical conditions (e.g. hypertension, diabetes, arthritis, etc.), thus placing them at higher risk for morbidity. One study examining the impacts of COVID-19 on chronic pain management found significant challenges and gaps in care with the closure of many outpatient centers.⁶ They propose that telemedicine, medical services provided through electronic audio-visual services/apps, may be a useful alternative.⁶ However, our population faces sizeable barriers, which we will discuss later, to accessing such a service.

We have also found that if a community member is willing to go into the clinic, transportation remains a major concern for this population due to the risk of contracting an infection. Many do not have personal vehicles and can only walk or take public transportation. However, walking long distances is difficult for those with arthritis or heart disease, and the Cincinnati Metro has currently suspended all non-essential employee travel.⁷ Those who are savvy enough to call an Uber or Lift need to be wary of sick contacts, as one community member discovered their driver to be COVID-positive (Mary Pat Raupach and Jenny Rye, personal communication, Aug 28, 2020). In fear of increased exposure, clients have also been refusing visits from newly hired home care aides or those they do not recognize. Transportation is also an important factor in accessing healthy foods. There are no easily accessible grocery stores in the Walnut Hills area, only drug stores or gas stations. This is especially detrimental as one study recognizes that unhealthy diets may increase the risk of contracting COVID and hinder recovery by way of an impaired immune system related to type II diabetes and obesity.⁶ The impact of COVID-19 is detrimental to physical health, but we must also consider its effect on mental health especially in older adults.

Increased isolation is of particular concern in an aging population because of their natural predisposition, either through limited mobility, increased distance from friends, or the loss of loved ones. As stated prior, socialization events hosted at MNM (Wellness Days and Creative Aging events) brought seniors together as a community. Losing these events exacerbates the difficulties older persons face in connecting with one another. These conditions in the time of COVID make depression more likely and increases the risk for suicide especially in those with mental illness.⁸ Many members of younger generations, who grew up with easier access to technology, take their ability to use popular services such as Skype, Zoom, or other virtual and social media platforms for granted. In contrast, many older adults face significant barriers to accessing this technology. These may be due to prohibitive costs or limited understanding of technological interfaces: reliance on landlines, minute-based cell phone plans, lack of computers, unfamiliarity with smartphones or computers. Such barriers inhibit access to social support and also medical care through telehealth. While MNM has instituted biweekly food deliveries and check-in calls to help ease isolation, our community partner has noticed decreased energy when they do speak with clients. Though anecdotal, this

finding makes them worried about the very real threat of depression and anxiety infiltrating their community.

While the community that we have worked with suffers, we as medical students find ourselves in a unique position to advocate for those we have worked with. Medical students and physicians have always possessed a duty to advocate for the individuals in their community, however, these times are special. With COVID and an upcoming election, Walnut Hills is placed in a difficult situation. This community is at particular risk for contracting COVID with a greater risk of negative outcomes due to their varying socioeconomic circumstances. MNM's community members may face transportation or other challenges related to election day voting procedures. We are committed to treating this health crisis as a learning opportunity and taking our first steps forward as advocating professionals.

As medical students, we can help community members advocate for themselves by addressing the aforementioned voting challenges. Educating community members about online registration and absentee ballots would increase voter registration, however the seniors and the many who are of lower socioeconomic status in Walnut Hills meet barriers to accessing the internet. We have received feedback from our community partner that voter registration forms in medical offices could be a beneficial supplement to this problem. In addition, as students, we could collect and drop off registration forms to help circumvent barriers to transportation and internet access. Voting access in underrepresented areas has historically been an issue. Therefore, without intervention, the problem will only get worse this election year when just leaving the house poses a significant health risk.

As previously stated, COVID spread is a massive concern for the Walnut Hills community on election day. We can reduce COVID spread in Walnut Hills during the election by increasing community education on COVID and safe practices such as social distancing, wearing masks and regular hand washing. Additionally, we can increase community access to resources needed to combat COVID. MNM is one of many organizations that collect sanitizing items and other donations in Walnut Hills, therefore we hope to spread awareness and increase donations to these organizations as well in order to serve a broader community. Finally, we can set an example to the community and limit the spread of COVID ourselves by following social distancing and sanitary guidelines.

In the long-term, we can advocate for policies that promote public health and equal access to voting. We can do this by writing letters, making phone calls, attending meetings, joining organizations that support our causes and most importantly voting. In order to do this, we should stay educated and updated on issues affecting our community, our nation and our world. When opportunities arise to vote for legislation that supports our community, we will uphold our responsibility as citizens and vote based on our values.

In summary, we hope you have understood the difficult circumstances that residents, particularly the seniors of Walnut Hills, have faced during this arduous time. Furthermore, we want to highlight the efforts Mercy Neighborhood Ministries has made in supporting the wellbeing of this at-risk population and acknowledging their need for increased support. If this article has caught the eyes of Governor Mike DeWine and the Ohio Governor's Office, then we implore your careful consideration to take into account our community's narrative, as well as others', when drafting legislation and influencing policy. Though we *can* do much, greater support is needed to increase what we are *able* to do. Overall, we thank you for your time and hope that, together, we can make lasting change that benefits a population that needs our help.

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Due to the pandemic, all services of Madisonville Education and Assistance Center (MEAC), a Madisonville, OH based non-profit, have been impacted and modified in some way. This has radically changed MEAC's ability to achieve its mission of offering access to education, services and engagement that enable all neighbors to thrive, reach self-sufficiency, and independence. Currently, they do not utilize any outside volunteers and the offices and public spaces are closed. All services have been limited to phone, email, and appointments only. Our community liaison has been working remotely on reduced hours since March. Literacy camp was virtual, with supplies being handed out with the food boxes and online guidance and activities provided remotely by their literacy coordinator. The back-to-school event was conducted via drive-thru and they distributed about 150 full backpacks.

The COVID pandemic created a state of economic stagnation that was detrimental to the gentrification going on in Madisonville. Although we do not have much data, the MedPace building that was usually the lively center of the neighborhood has been empty since the pandemic started. Without the influx of commuters daily, the population of Madisonville for the past few weeks has been primarily its historic residents.

Unfortunately, MEAC's food pantry has been closed to shoppers since March. Starting on July 7th until present, MEAC offers a drive-thru food service on the first and third Tuesday and Thursday of each month. Members of the community can drive to MEAC and the staff will load a box of food into the trunk of their car in order to maintain social distancing. Community members must sign up in advance for this food service to ensure that each family can have adequate meals. This drive-thru system will continue until the food pantry can safely open, but MEAC anticipates this will likely impact food distribution through the fall and winter. They plan to distribute Thanksgiving dinner boxes with increased safety measures. The annual Holiday Shop will also be replaced by a dinner/family gift box. The Thanksgiving dinner boxes and the Holiday Shop gift boxes will both be distributed via drive-thru.

MEAC has not been able to accept any donated items from individuals. Therefore, people have had to go without household items they would normally have when the pantry was open. The food pantry prior to COVID allowed people living in

Madisonville to make their own choices as to which food items would best fit their family's needs. Although MEAC is doing an excellent job at providing these families with food, it is at the cost of personal preference. COVID affected the MEAC drastically because they were forced to be extra precautions to prevent the neighbors from being exposed. Despite the pantry being closed, the need for food supplies is still present in the community so the staff needs to explore new and innovative ways to support the residents of Madisonville. The way that this drastic pandemic situation is pushing MEAC to explore new options is going to determine the future of Madisonville. We hope that this gives the historical residents of the community a chance to strengthen their foothold on the area's culture and create a great place for them and their future children to live happily and healthily.

In these challenging and unique times, MEAC has not been able to engage with the community members in the traditional fashion. In fact, many of MEAC's most popular and engaging programs such as Monday night dinners, literacy nights, and the food pantry have had to be closed indefinitely. This has led to an unfortunate decline in community member engagement and support. MEAC has done all it can to provide support in a socially distant manner, however, many community members lack access to technology that makes remote assistance most effective. Finally, like countless people around the world, MEAC and their community members have lost the vibrant sense of community and social support that comes with communal gatherings. This lack of social support is undoubtedly having a negative impact on the health and well being of the Madisonville community in addition to disproportionately impacting those who lack resources.

MEAC services are utilized by community members from low-income backgrounds and many of them are elderly. As such, they are less likely to have the technology required to digitally communicate with MEAC, especially with libraries significantly hampered or closed due to the pandemic. Prior to the pandemic, MEAC events were advertised primarily through word-of-mouth. Since social distancing has reduced these normal resident interactions, MEAC has been contacting neighbors through phone calls and emails. The drive-thru events they have been able to organize have been well-attended, showing that many neighbors are still being reached.

Additionally, MEAC has transitioned its summer literacy camp to be virtual this year, with activities provided remotely by their literacy coordinator. MEAC recognizes that it can be difficult for some neighbors to participate virtually, and some families relied upon the cost-free camp to provide childcare and meals for the children during the summer. Despite these real challenges, MEAC has moved their operations online as much as possible in order to maintain the health and safety of the community.

The COVID pandemic has affected staffing and volunteering at MEAC in several ways. The operations manager, Tracey McKinney, has been working remotely on reduced hours since March. There is a limited number of full-time staff working on-site each day. In addition, MEAC offices and event spaces have been closed to the public since the pandemic started. They have adapted many of their services to be delivered through email or phone appointment only. Before the pandemic, MEAC regularly employed volunteers from the community and local church to organize community events and deliver services. Since the pandemic, the organization has not been able to use any outside volunteers in order to protect the health and safety of volunteers and the community members that utilize services. This has resulted in a dramatic impact on the staffing and availability of normal programs. MEAC is hoping the long interruption caused by COVID19 will not negatively impact the momentum of community enriching events in the long term future.

Due to the COVID19 global pandemic, the MEAC staff has been working remotely and on reduced hours since March. At the moment the best way to interact with our community partner would be virtual conference calls via platforms such as Zoom/Webex/Teams. Our LC had a couple of virtual calls with MEAC before COVID19, which were both informative and efficient. Although not ideal, this would at least maintain a connection with our community partner. Furthermore, most of MEAC's events have been cancelled or postponed, but a few have been completed remotely. For instance, this year's literacy camp had a mix of in-person and virtual components. Supplies and food boxes were distributed on-site, while online guidance and activities were provided remotely by MEAC's Literacy coordinator. In upcoming months, students may be able to volunteer for these remote events, or help with supply distribution while obeying social distancing and proper PPE.

We are also interested in assisting MEAC in facilitating COVID testing.

Regarding the state of COVID testing, tests can be thought of as being split into “espresso” vs “instant coffee” models. The current tests available represent the “espresso” model - expensive (between \$30-\$150 per sample) and require expensive equipment to process. While these tests can provide greater sensitivity and specificity, cheaper tests that are roughly equivalent in performance are coming online. These tests represent the “instant coffee” model - they are cheap and able to be conducted at home without extensive training. E25Bio and a separate partnership out of MIT/3M are creating saliva-based paper assays that can be run at home for \$1 - \$5 per test. With support from government agencies and local health departments, we believe that it is possible to get these tests into the hands of MEAC’s neighbors at little to no cost.

In terms of education regarding a COVID vaccine, all education regarding the benefits of any future COVID vaccine will need to be done virtually via pamphlets or other instructional material. These pamphlets would be constructed by our LC team. MEAC has been distributing emergency food boxes every two weeks via drive-thru; information regarding the benefits of vaccination can be printed and included in the food boxes for distribution to the community. MEAC has had success with similar virtual education programs already, in that their yearly literacy camp supplies were distributed with the food boxes. Any questions community members might have subsequent to pamphlet distribution can be addressed via phone through our contact at MEAC.

As our communities across the world continue to be impacted by the Coronavirus Pandemic, it is of utmost importance that each community does their part in helping to flatten the curve. These actions will not only be for the good of the community, but the good of our world as we all hope to get back to a new normal way of living. A main action that must be taken is to wear a mask whenever you are outside of your house or within 6 feet of another individual whom you do not reside with. The use of masks are vital as it can significantly impact viral load, however if all do not recognize this importance and wear a mask, then the impact of the mask in terms of reducing potential spread is reduced. Along with wearing a mask, following other CDC recommendations (washing hands, etc.) is vital in helping this community stay healthy. A pamphlet or a document expressing the importance of this information would work as

a great supplement to a short summary video regarding the impacts of covid and proper precautions to take. MEAC could also hold a virtual seminar that could be focused around Covid education and mask wearing. Furthermore, when community members come to get groceries, MEAC could hand out masks, hand sanitizer, and pamphlets regarding other proper covid precautions to take. These hopefully will increase the impact the masks have in the community, helping to reduce the spread of Covid in Madisonville and allow MEAC to bring back more of their normal functions.

COVID-19 and Community Partner Response

Throughout the 2019-2020 school year, the University of Cincinnati College of Medicine and Hamilton County Public Health Department (HCPH) have engaged in a partnership which allowed medical students the opportunity to serve the community and learn about public health initiatives. HCPH is responsible for many different programs intended to improve the health and well-being of Hamilton County residents. One of these programs is a robust needle-exchange program aimed at reducing the spread of infectious disease by decreasing the amount of “dirty” needles in Cincinnati. The program functions by offering safe locations for IV drug users (referred to from here on as clients) to exchange used syringes for clean ones and connecting clients to rehabilitation programs and resources when requested. This system has proven very effective in the past, but has had to change in order to continue serving this at-risk population in Cincinnati. According to their website, HCPH has switched from a “walk-in” to a “by appointment” system in order to adhere to COVID-19 social distancing policies. Anyone can make an appointment via email, call, text, or Facebook and will receive a month’s worth of clean supplies. In addition to this, HCPH has been contacting their clients with updates on state policy and changes to accessing necessary resources like healthcare, housing, and food ("Hamilton County Public Health Modifies Syringe And Harm Reduction Services During COVID-19 Pandemic - Hamilton County Public Health", 2020) .

Hamilton County instituted a county-wide mask mandate before the state order was released. HCPH has played a vital role in encouraging Hamilton County residents to adhere to the policy and has issued signs to inform citizens that masks are required anytime they leave their home. Mask usage, whether homemade or medical-grade, for everyone has been proven to decrease the transmission of COVID-19 and protects the public health. In addition to information on mask mandates, the HCPH website also provides a link to a map with testing sites for those who want or require COVID-19 testing. There is also a FAQ section to help individuals determine whether they need testing, and answers other popular questions about the pandemic. HCPH has issued other statements reminding community members of the importance of maintaining childhood vaccinations, despite the pandemic, and urges families to seek care safely during this time. Additionally the website displays updated data for COVID-19 epidemiology in the county. There are also several links to the Ohio COVID-19 site, which offers data, updates, recommendations, and guidelines for the state. These efforts have been supported by The National Association of County and City Health Officials (NACCHO) grant, awarded to only 25 local health departments in order to enhance infectious disease prevention and control in high risk facilities. This grant is designed to bolster COVID-19 efforts by enhancing the local health department’s ability to control the outbreak of COVID-19 ("Hamilton County Public Health Lists COVID-19 Numbers Daily On Website - Hamilton County Public Health", 2020).

Since the beginning of the pandemic, HCPH has made changes to staffing and daily operations in order to adhere to COVID-19 social distancing policies. In January, Greg Kesterman was named Interim Health Commissioner for Hamilton County and remained in this role throughout the early stages of the pandemic. He was officially named County Health Commissioner in July, and was recognized for his strong leadership throughout the novel pandemic. The lobby of the main building is still open during normal business hours, but HCPH has requested that forms such as birth and death certificates be completed entirely online. Their phone line remains available twenty-four hours a day, and they have updated their website to include many excellent resources about work, school and community health recommendations (Home - Hamilton County Public Health, 2020).

COVID-19 and Community Impact

Hamilton County has been massively impacted by the COVID-19 pandemic. Since quarantine began in March 2020, Hamilton County has seen increases in unemployment, resource limitations, homelessness, domestic abuse, and incidences of mental health related complaints.

Many lost their jobs due to the pandemic and in April 2020 the county reached peak unemployment rates with 14.2% of Hamilton County residents claiming unemployment, a dramatic increase from the 4.4% unemployment rate recorded in March 2020. Since April, the unemployment rate within Hamilton County has dropped to 10.7%; however, this rate is still higher than any other spike in unemployment recorded in the last 30 years (Unemployment Rate - Hamilton County, n.d).

Despite this increase in unemployment, the state of Ohio did not enact a moratorium on residential evictions and the county saw a surge in homelessness (May, 2020). There have also been reports of landlords changing locks and turning off utilities as a way to force people to move. To combat these issues, the Strategies to End Homelessness organization administered new Eviction Prevention funding from the Ohio Housing Finance Agency and the Coalition on Housing and Homelessness in Ohio. With the partnership of Legal Aid Society, this program is designed to provide rental assistance of 2-3 months' rent to those facing eviction (COVID-19 and Cincinnati Homelessness: An Update, 2020).

In addition to loss of income, the pandemic forced the closure of many agencies and businesses in Hamilton County (Cincinnati COVID-19 Coronavirus Community Resources, n.d.). This unfortunately included organizations that provide essential resources to populations in need. One such organization is the Community Action Agency. This agency ran a program called Head

Start which provided preschool education at no cost to income-eligible families and also provided numerous health services(Community Action Agency: COVID-19, n.d.). This agency closed their doors during the early stages of the COVID-19 pandemic's surge in the US, leaving many of these families without the health and child care they had previously relied on. This is one example of many organizations forced to close their doors at this time, including UC's own Student Run Free Clinic(Cincinnati COVID-19 Coronavirus Community Resources, n.d.).

Another concerning trend witnessed since the beginning of the pandemic is an increase in reported domestic abuse in Hamilton County. Women Helping Women, an organization that provides support to survivors of gender-based violence, has noted a 23% increase in domestic violence clients and over a 50% increase in calls to their abuse hotline(What We Do, n.d.). There also appears to be a rise in aggressive forms of abuse, such as strangling and use of weapons. It is speculated that these incidents are underreported due to fear of calling the helpline while quarantined with their abuser per the stay-at-home orders (DeMio et. al., 2020). While there is some speculation on the exact nature of domestic violence in this time there is a clear increase in cause for concern.

The rate of suicide deaths in Ohio has been climbing in the past decade according to a 2020 Ohio University report. While the average 10 year suicide death rate in Hamilton County was among the lowest in Ohio (12 deaths / 100,000 population), suicide remains the leading cause of death in the 10-34 age group (Mental Health and Addiction Advocacy Coalition, 2020). The isolation and economic damage brought on by the COVID-19 pandemic is likely to further increase the rate of suicide deaths statewide. While county-level mental health data is not yet available, a national survey by Kaiser Family Foundation (KFF) found a 60% increase in adults reporting a negative impact on their mental health between March 2020 and August 2020. The KFF survey also found that 12% of those reporting a negative mental health impact had turned to substance abuse as a coping mechanism (Panchal et al., 2020). While all substance abuse poses a health risk, vaping and smoking are especially concerning. Vaping and smoking increase the risk of developing lung disease, which increases the risk of developing serious complications from COVID-19 infection (Smoke-free Air: United States: Breathe Easy Hamilton County, 2020). Resources, such as the Hamilton County COVID Care line, have been made available to Hamilton County/Ohio residents to combat COVID-19-related mental health issues.

COVID-19 and Patient Advocacy

This generation of physicians and medical students has recognized patient advocacy as a critical aspect of holistic healthcare. In the past, this took the form of a physician working with a single patient to connect him or her to resources that would improve his or her health and wellbeing.

With the rise of social media, physicians have been able to expand their reach to advocate for patients they have never met through the use of platforms such as #MedTwitter. #MedTwitter is an online community of thousands of medical professionals and students who have flocked to social media as a way to dispel medical misinformation by answering common questions with credible sources. These physicians provide free education by sharing journal articles directly to the community and interact with users to emphasize the importance of evidence-based medicine. #MedTwitter has evolved into a powerful platform for patient advocacy because it allows for the dissemination of information to populations with limited access to resources. Throughout the last few months, medical professionals have educated the Twitter Community about COVID-19, social determinants of health (SDOH), and how to safely advocate for others through voting in this year's election.

According to the [Hamilton County Public Health Department](#) (HCPH), their recent educational efforts have been focused on COVID-19 related topics (Home - Hamilton County Public Health, 2020). Specifically, proper use of personal protective equipment, vaccination (influenza, future COVID-19, etc.), socially-distanced needle exchanges, and smoking cessation. Currently, the HCPH [Twitter](#) account is largely/mostly used to disseminate evidence-based information about the pandemic; however, it might be beneficial for HCPH to increase its influence by joining the thousands of medical professionals on #MedTwitter. Hamilton County serves an extremely diverse population with many unique needs and a wide range of outcomes across its territory. Through aligning with #MedTwitter, HCPH can find new ways to address disparities in healthcare while also sharing with other organizations how HCPH has been able to improve the well-being of its people. It would also allow HCPH to garner more support from government officials for issues facing the Cincinnati area, such as infant mortality amongst African Americans, the opioid epidemic, and the disproportionate effects of the pandemic on communities of color.

While online communities like #MedTwitter can be a powerful tool for patient advocacy, physicians and medical students should use caution when disseminating information on these platforms. Twitter, in particular, restricts posts to 280 characters forcing physicians to oversimplify complex medical topics, which leads to more misinformation. Additionally, the high throughput of misinformed tweets/social media posts dilutes the potential impact that physicians can have on online platforms. One study notes that there have been a few instances in which physicians have inadvertently shared private patient information. While social media has fostered a transparent environment between physicians and patients that has led to greater educational outreach, healthcare professionals need to ensure that they are following appropriate guidelines to prevent misinformation and breaching of patient confidentiality (Pershad et al., 2018).

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Impact of COVID-19 on Harm Reduction Housing in Cincinnati LC 9

For the past year, we had the privilege to work with the community of Over-The-Rhine (OTR), Cincinnati's oldest and most historic neighborhood. For historical context to this community, in 1977, Race Street Tenant Organized Cooperative was founded with the mission of providing sustainable quality housing for individuals below the poverty line. In 1988, OTR Housing Network was created to revitalize the neighborhoods of OTR. In 2006, the two organizations merged to form OTR Community Housing and in 2010, Jimmy Heath House (JHH) was opened. Our specific population within OTR is the current residents of JHH. The residents of JHH are individuals with active substance use disorders, or in recovery from a substance use disorder, who were also chronically homeless until given shelter through the JHH.

As one can imagine, people experiencing homelessness and communities such as OTR Community Housing and JHH have been heavily impacted by COVID-19. According to the program director at JHH, the program operations have changed drastically. In an urban facility such as this, there is minimal space for residents and staff to appropriately socially distance. Thus, the majority of the pre-existing resources, programs, and gatherings have been curtailed, in order to prevent the residents and staff from gathering. Group meetings and group meals no longer occur, which previously served as some of the primary functions of the program. All staff and residents are required to wear masks in public spaces. Guests are no longer allowed at the facility, due to rising case numbers in Hamilton county. These policies are constantly adapting and changing in accordance with state regulations and case numbers.

Initially, it was difficult for JHH to access cleaning supplies and masks, and the program was forced to rely on what supplies they already had as well as sewn masks donated by volunteers. Since then, JHH has received grants to purchase supplies including masks, hand sanitizer, and cleaning materials, but there are still some items that the program does not have access to. Fortunately, the pandemic has not yet significantly increased the demand for housing at JHH. The program director believes this is due to housing of people experiencing homelessness at hotels early in the pandemic, the moratorium on evictions, and CARES Act funding. However, ancillary housing service use in the area has recently increased, and so the program director is expecting that client demand for JHH will soon rise as well.

A number of JHH revenue streams have been interrupted because of COVID-19. JHH's income from rent has significantly decreased because residents struggle to maintain rental payments. Fortunately, the CARES Act has allowed JHH to subsidize some of the tenants, but these funds are not enough to meet the current demand. Furthermore, JHH relied heavily on other revenue from parking lots in the downtown Cincinnati area. Revenue from these lots has dried up because of decreased traffic through the downtown and the statewide lockdown. JHH has also been forced to cancel several social programs aimed at increasing social cohesion among residents and combating isolation. Alternative programs through Telehealth have been created but are subject to limited resources and technological challenges.

JHH was designed to house chronically homeless individuals with active substance abuse disorders or those in recovery from a substance abuse disorder. As one can infer COVID-19 brought with it financial and logistical hardships in obtaining substances of abuse such as

alcohol, opioids, cocaine, etc. These financial hardships were encountered as last wages due to a receding economy. The logistical hardships were faced in terms of a damaged supply chain of substances further exacerbated by decreased personal ability to get to places to acquire the substances at the end of the supply chain. Due to this difficulty in obtaining substances a common concern among the actively using population of the JHH was that of withdrawal, particularly alcohol withdrawal as alcohol withdrawal can be fatal. These concerns were recognized by the JHH director and addressed. With respect to the more dangerous alcohol withdrawal, the director of JHH stated that he had arranged a partnership with an addiction specialist doctor who was comfortable prescribing specific amounts of alcohol necessary to avoid withdrawal for alcohol dependent clients.

With regard to more illicit substances, particularly opioids, the director stated that many medically assisted treatment programs had lowered their barriers to program entry, due to COVID-19, with many promising immediate inductions. Interestingly, the JHH director expanded on the effect of COVID-19 on illicit substance supply and overdose: “Also of concern was overdose, as COVID-19 seems to have altered supply lines for drugs, leading to stronger or weaker products. There have been two overdose alerts in Hamilton county since the start of the pandemic and serious concerns about Fentanyl in powder cocaine, crack, and meth. There have been a lot of overdoses related to new users of opiates and people using crack, meth, and cocaine, who did not expect to have Fentanyl in their batch.”

Overall, the clients and community served by Over the Rhine Community Housing (OTRCH) were impacted negatively but were still able to access many resources in a way that accommodates the clients. One of the initial concerns of COVID-19 impact on the clients’ daily living was access to safe and reliable methods of addiction management. Prior to the pandemic, clients were able to receive free clean needles through the Cincinnati Needle Exchange Program. In order to minimize the number of dirty needles within the community, the program was established as a 1:1 model. However, to reduce exposure risks and in-person contact, the program was modified so that clients could receive a two weeks supply at every needle exchange visit.

In addition to addiction management, another area of concern was the impact of the statewide business shut down on clients’ abilities to access resources such as food pantries and social services. Communication with the clients and staff revealed that despite the shutdowns, clients were still able to meet their basic needs, but the daily life has changed with modified visitor policies and decreased contact in the lobby of the JHH. Initially the clients were hesitant about these changes, as low health literacy led to skepticism about the disease. However, our site leader mentioned that the community followed recommended public health protocols like wearing masks in public and social distancing.

The COVID-19 pandemic has also brought along new challenges in access to healthcare, as patients are more apprehensive to seek primary healthcare services and go to the emergency department. Other treatments typically given in person have been halted. At OTRCH, clients who are technologically literate and have access to technology have adapted well to attending telehealth visits. However, this barrier is just one of many for the individuals experiencing homelessness in their access to healthcare services. It can be surmised that access to healthcare services for this population has only decreased, not increased. It is of importance to note that

public libraries, the main public source of Internet access, have been closed or have had limited hours due to the COVID-19 pandemic.

At this time, we are unsure of any initiatives by the Hamilton County Health Department or Cincinnati Health Department to accurately monitor the impact and spread of COVID-19 throughout homeless populations. Dr. Kiesler and the Cincinnati Health Network, who have consistently offered primary care appointments to JHH clients, have been very proactive in monitoring patients for and educating patients about COVID-19 symptoms. The fact that people experiencing homelessness are at a higher risk not only for infections in general, but are also living in close quarters, cannot be ignored by public health authorities.

Additionally, one cannot discuss the homeless population in Cincinnati without mentioning the rising eviction crisis. As unemployment has soared in the past few months with a predicted slow recovery, more people are living in fear of eviction. Although there have been calls from the Department of Housing and Urban Development to delay evictions, there are strong underlying fears of housing crises to come. As of September 4th, 2020, the Cincinnati Metropolitan Housing Authority has extended their moratorium on evictions through the end of October. There is a potential that the client base that OTRCH serves could soar in the next few months to years.

Medical students have a unique platform to advocate for their communities and support their medical peers. We have identified five avenues for medical students to make a positive impact during the pandemic: social media, friends and family, policy advocacy, medical student peers, and community outreach.

Social media is an accessible platform for people to access information and advocate for their cause. During the pandemic, social media is a safe option for organizations to seek information and aid, provided they have a large enough audience and sufficient attention. However, advocacy through social media should be expanded to real world actions to have a meaningful impact. JHH leadership relied on Zoom meetings for information and aid during the COVID-19 lockdown. This use of social media was not particularly helpful because the meetings were not followed by aid with material support. Support such as cleaning supplies, gloves, and COVID-19 testing were needed but not provided.

COVID-19 has forced cities to relocate their citizens experiencing homelessness into hotels and areas where they were not present before. These new locations have created a new visibility for people who are often ignored. This increase in public awareness provides the opportunity to have conversations about the challenges of experiencing homelessness. The discourse begins with one's own friends and family. The goal is to challenge assumptions about underrepresented demographics and encourage others to build long term relationships through longitudinal volunteering commitments at shelters.

Another way that we can use our platform as medical students and physicians is through policy change. As healthcare providers, we strive to cultivate trust between ourselves and the community. Traditionally, that relationship stays in the confines of the examination room; however, more recently, physicians and medical students have been using their platform to advocate for systemic change. Physicians have the unique ability to advocate for policy changes concerning accessible healthcare and the effectiveness of the harm-reduction model of treating

and caring for IV drug users. Such issues are particularly urgent for the homeless population due to the COVID-19 crisis. Advocating for policy change was used to implement different needle-sharing facilities across the county and can be used to advocate for public housing as a measure towards improving health outcomes.

While students often feel ignorant medically, a basic knowledge of infectious disease and public health provides an excellent base to help educate and support the community. Organizations such as the American Medical Association are empowering medical students to be vocal. Further, a clearer understanding of the struggles that other medical professionals go through creates a sense of empathy and community. Therefore, medical students can support both the public community through increased advocacy and education as well as their medical professional peers through support and encouragement.

In order to advocate for the community, medical students and professionals must understand the needs of the populations they wish to serve. While speaking with our community partner about the effects of COVID-19 on JHH operations, we learned that the established connections with physicians were a significant boon to altering operations at the start of the lockdown. It was difficult for JHH to garner advice from public health offices, so the existing relationships they had with physicians in the community became invaluable sources of advice. This suggests that physicians and physicians-in-training need to seek out connections with community organizations so they can use their platform to advocate for their needs. Community outreach is the perfect vehicle for forging such connections. Some examples of community outreach that can foster such connections are the grocery delivery services recently spearheaded by UCCOM students and the previous class' efforts to establish a needle exchange near JHH. By fostering connections to the community, we will be able to understand their needs and better use our unique position to advocate on their behalf.

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As students at the University of Cincinnati College of Medicine (UCCOM), it is our priority to understand the inequalities that exist in our healthcare system so that as we develop into physicians, we may use our resources to combat these health disparities.

It is our privilege to advocate for our future patients and communities. We are invigorated by the opportunity to use this role to assist Governor DeWine's Minority Health Strike Force in understanding the impacts of COVID-19 on the underserved populations in Ohio. Part of our curriculum at UCCOM includes working in small student groups (Learning Communities) to partner with local non-profits. Many of these agencies serve the communities that are most grievously impacted by the coronavirus pandemic, especially racial, ethnic, age, and geographic minorities.

Our Learning Community is partnered with the largest soup kitchen in Cincinnati. Located in Over-The-Rhine and run by a small staff with the help of hundreds of volunteers, Our Daily Bread (ODB) is a community hub. Before the pandemic, their dining room was a space for guests to not only receive a hot meal but to socialize and remain safe and comfortable throughout the day. In addition to meals, ODB provides numerous resources such as connecting guests with city resources, helping with job and housing applications, and offering an after-school "Kids' Club" program. These are necessary services for the Over-the-Rhine community since most ODB guests are food- and housing-insecure. Tragically, many of the resources have been temporarily discontinued in light of the COVID-19 pandemic.

We recently met virtually with the leadership of ODB to hear how they have been impacted by COVID-19. Through this conversation, we have learned how to best support these communities through education, food, and housing initiatives. We hope that by sharing these findings with Gov. DeWine's Strike Force, we will provide ideas to directly impact these vulnerable communities.

Through the challenges posed by COVID-19, ODB has strived to continue supporting their guests. ODB has made significant efforts to emphasize COVID-19 safety measures at the expense of daily operations. Prior to COVID-19, around 50 volunteers and staff were in the building at all times to manage duties such as cooking and serving approximately 300 meals per day, cleaning the dining room, and providing security for guests. Now, the once-lively dining room is empty, and ODB strictly serves to-go meals to minimize possible COVID-19 exposure. Despite these changes, it is important to note that ODB's meal service has been extended an additional hour, portion sizes have doubled, and the number of meals served has *more than doubled* since the start of the pandemic, with counts exceeding 600 meals per day.

Additionally, ODB is the only local kitchen that regularly serves meals throughout the weekend. To limit the burden this presents for guests, ODB provides extra meals on Fridays that do not require heating or refrigeration so that guests remain fed. ODB has been able to sustain this amount of daily meals due to increased donations from local restaurants and grocery stores; however, the donations of many grocery stores have been limited due to the initial panic of COVID-19. ODB has also received emergency funding through several grants and donations, though these contributions are not guaranteed to last. ODB staff is worried about how the pandemic will impact their long-term financial stability, which determines their ability to serve the community.

Despite this uncertainty, ODB has ensured that patrons have adequate resources to remain healthy. Pre-pandemic, many guests relied on access to ODB for a clean and safe place to use the restroom. COVID-19 also necessitated the closing of public libraries and parks, creating extremely limited access to restrooms. To combat this, ODB installed two portable toilets that are serviced twice a week along with an outdoor hand-washing station, free masks, and hand sanitizer. Additionally, clean drinking water—a limited resource even pre-COVID—is now available via the drinking-water faucet ODB has installed. The daily “Kids Club”, where children could practice reading, do homework, and learn about healthy eating and cooking, was another valuable asset provided for local families and children. In order to continue serving these families, ODB is providing educational workbooks, toys, and crafts. To safely continue educational support for young students, one family of children at a time is permitted in the facility for tutoring.

ODB has accomplished all of these new daily operations with only 2-3 people working the front door and a limited kitchen staff in efforts to limit exposure and make contact-tracing easier. Though they are functioning with far fewer volunteers and have had to adapt their procedures significantly, ODB’s dedication to their guests and the community has been unshakable during COVID-19. This comes from a place of love and deep understanding that this population of food- and housing-insecure is extremely under-resourced and failed by the current system.

Due to the closure of ODB’s indoor facility, patrons are forced to congregate outside while they wait for food, during which only approximately half of the patrons wear masks. The concerns of large crowds extends beyond the premises of ODB, where people gather to socialize and find a semblance of shelter. Before COVID, ODB estimated that sixty percent of their guests were homeless. This percentage has drastically increased since the start of the pandemic, as shelters in Cincinnati have limited their capacity and are turning people away in order to be compliant with social distancing guidelines. This has led to an increasing number of people sleeping in encampments around the city. Without anywhere to go, those in need of housing will be

forced to endure not only the harsh winter climate but also the increased risk and stress of contracting COVID-19 while living in close, unregulated situations. Therefore, providing affordable housing is urgent for the growing housing-insecure populations throughout Ohio.

When asked about additional ways in which the pandemic has impacted the population of ODB, our community partner shared these thoughts: “Any economic turn hits people in poverty first, hardest and longest. People who had been on the fringes of ‘making it’ (low-income workers, those with multiple jobs, day laborers, etc.) are not ‘making it’ any longer. Many people who were previously staying with family members are no longer able to due to the strain of quarantining together, or the fear of letting more people into their household.” This clearly demonstrates the limited resources and options that are present for these communities. COVID-19 has affected low income individuals most critically. They will continue to feel the economic reverberations of COVID-19 for years to come unless explicitly addressed. The Task Force must understand the nature of these systemic inequalities in order to combat them. This can be accomplished by consulting the leaders of nonprofits that directly serve communities like those at ODB. The direct contact with patrons gives them unique and realistic insight into the needs of those they support.

As medical students and rising physicians, we have a similar opportunity to use our experiences to support public health. Specifically, we have the responsibility to use our platform to increase awareness of health disparities in our local Cincinnati community. Health professionals who currently care for patients who identify as home- and/or food-insecure are most familiar with the health needs of their patients. Therefore we urge the Ohio Minority Health Task Force to utilize these physicians and their expertise to achieve their objectives of promoting an understanding of racism and its impacts, encouraging health literacy, and strengthening trust between healthcare and the government. Physicians not only have the ability to educate their colleagues and students about inequalities but, more importantly, they have the opportunity to educate their patients. For example, leaders at ODB note that misinformation is spreading about the virus, including rumors that certain populations may be completely immune to contracting the virus. By partnering with healthcare providers and others who have direct contact with the community, the Ohio Task Force can prioritize education and halt misinformation.

The most promising and sustainable way to elicit change in Ohio is through our leaders’ awareness of challenges faced by vulnerable populations. Herein we have presented our knowledge of such challenges, acquired by working directly with Our Daily Bread, Cincinnati’s largest soup kitchen that serves meals while also creating a conduit for accessing city resources. However, the issues exemplified by Our Daily

Bread represents the needs of underserved populations throughout Ohio. The burdens on housing- and food-insecure populations have been severely worsened by the COVID-19 pandemic. These circumstances have blatantly exposed the inequalities in social determinants of health experienced by these populations. Such challenges are disproportionately felt by racial, ethnic, age, and geographical minorities. Healthcare providers and nonprofits who serve these people represent invaluable sources of knowledge that should be consulted in order to build and strengthen relationships between trusted leaders and the community.

LC 11 - Crossroad Health Center
Reflection on Service Learning and Social Determinants of Health through the lens of
COVID

I. COVID impact on the work of community partners.

Crossroad Health Center typically serves over 11,000 patients per year. With over 12,000 COVID-19 cases in the Cincinnati area, many healthcare centers, including CHC, have faced challenges with health care delivery and meeting their community's needs. COVID-19 has placed a significant stress on CHC; however, over the past 6 months CHC physicians and staff have adopted several changes to meet these challenges.

The first major challenge CHC faced was limited COVID-19 testing availability, which hindered their ability to treat patients safely and provide recommendations for quarantine and contact tracing. As testing capacity improved across the Cincinnati area, CHC was able to test patients in clinic and through a drive-in location; however, determining the best procedure to keep staff and community members safe throughout COVID-19 testing and patient visits has been a continuous challenge. As CHC moved to virtual appointments and online systems for patient visits in order to meet their patient demand and reduce in-patient contact, they faced challenges with technological issues and the newly adopted system beyond the providers' control.

One of the most significant impacts that COVID has had on Crossroads Health Center has been the shift to telehealth. Crossroads was able to offer telehealth appointments to their patients very quickly once the pandemic began. They now offer in person appointments as well, but predict that telehealth will remain an important component of their practice even post-pandemic. This will have a lasting impact on the community that Crossroads serves, since lack of transportation was a major previously identified barrier to care. Fortunately, one study found that patients interviewed after a telemedicine encounter thought that it was sufficient for their primary care needs, and many preferred them to in-person visits¹. Unfortunately, social distancing requirements have restricted Crossroads' ability to offer supplementary support groups such as their tobacco treatment group.

Regarding telehealth appointments at Crossroads, they allow for the same amount of time in appointments, barring technical issues. During this time, providers are still strongly encouraged to complete the same screenings and educations. These include education and screening for nutrition, depression, and substance abuse. Additional screenings that are typically done at Crossroads is based on the FQHC survey about social determinants of health that has been administered since last year, and which we helped administer during that time as well. These screenings include questions on food insecurity, housing insecurity, domestic abuse, and transportation insecurity. Crossroads has been administering these to patients over the phone prior to appointments, with the help of volunteers. This has actually helped expand survey responses to patients beyond those targeted by the initial survey, which was just for medicare and medicaid patients.

The patient population served by Crossroads Health Center is largely composed of those in lower socioeconomic strata, limiting their access to healthcare and economic resources. In addition to these limitations, the patient population is significantly burdened with high rates of common comorbidities, such as obesity, hypertension, and hazardous tobacco use. These are all major risk factors in the development of heart disease, a major cause of mortality in the western world. In an effort to help lower the prevalence of these risk factors and increase access to healthier dietary options, the Crossroads Health Center provided fresh produce in their lobby every Tuesday. Patients and members of the local community had the opportunity to obtain healthier food options to which they normally have limited access. Unfortunately, the COVID-19 pandemic has temporarily halted this program, but the health center is expected to restart the distribution once the pandemic has subsided.

II. COVID impact on the community and clients served by community partners.

Crossroad Health Center primarily services patients who are underserved, minorities, and lack stable jobs and/or transportation. COVID-19 has amplified many of the difficulties that patients of this background face, including racial disparities, limited access to COVID testing, lack of insurance, the tendency of underserved populations to be designated essential workers, and the lack of public transportation.

As we all know, COVID has disproportionately affected racial minorities, who are more likely to be essential workers. African Americans, who make up the majority of patients seen at Crossroad, have been infected at disproportionately high rates. The higher rate of infections in this community further exacerbates the limited healthcare options available as CHC attempts to implement social distancing and reduce the number of patients able to be seen. The move to telehealth may also complicate the ability of underserved communities that CHC serves to access medical care due to the requirement for a computer and internet connection.

The patient population CHC serves is generally those without insurance or with limited financial resources. With as high as one-third of the population in Over-The-Rhine living below the poverty level, these patients were especially adversely affected by the COVID-19 pandemic. If employed, many of these patients were either laid off because there was no option to work from home or had no choice but to continue going to work. Being essential workers in places like grocery stores puts these individuals and their families at a greater risk of contracting COVID-19 and having further financial and medical hardships.

In regards to public transportation, beginning Sunday March 29th, all the local Metro routes began operating on a Saturday schedule, and some of the express routes ceased running temporarily. After two weeks of operating free of charge during the region's efforts to prevent the spread of the coronavirus, Cincinnati Metro began charging fares again Sunday morning after officials said free bus rides encouraged people to take public transit for non-essential trips. The suspension of fare collection was from March 30th-April 11th. However, some services such as the bike share, scooters, and streetcars were temporarily shut down during this time. While the metro was open, the hours of the metros in Cincinnati and Northern Kentucky were scaled back. These may negatively impact CHC patients' ability to reach the clinic and obtain their healthcare needs.

At the beginning of the COVID-19 pandemic, testing was very limited at Crossroad and surrounding medical centers. However, testing has since become more widely available and Crossroad is now able to perform both rapid and PCR testing. The OTR location has been able to convert their second floor into a sick bay for patients who are exhibiting symptoms and require testing. Overall, these changes have made testing more accessible to the population served by Crossroad. Over the past several months they have developed a system that enables patients to be tested safely and quickly, while not sacrificing other services they provide. Although they have made positive changes in regards to their testing capacities, CHC still has challenges in maintaining safety and adequate testing supplies, especially since volunteer groups are working remotely. These hurdles will need to be dealt with in order to continue providing testing and care to their patient population.

III. Students and physicians using our platform to advocate for the needs of our partners and their community.

Since the start of the COVID pandemic, Crossroad Health Center's responsibility to advocate for their patients has become paramount, especially now that appointments are now primarily via telehealth. In order to maintain the same quality of care, physicians can pilot a new protocol to assess patients' ease of access to and reliability of WiFi, and make a note in the patients' charts of how these factors will influence their ability to make their appointments. Additionally, the healthcare team at Crossroad Health Center can provide, via either mail or in person, education materials to their patients regarding how to operate the telehealth software in addition to other technologies which the patients may have had to adjust to (e.g. Webex) as part of the transition to an online way of life. Overall, these methods are one step to ensuring

that patients will still maintain a reliable method in which to attain care that is both easy, affordable, and does not augment or add an additional barrier when receiving care.

Within CRHC, a social determinants of health survey showed that nearly 30% of patients reported 'food' as a top need. Volunteer-based programs such as the [COVID Match](#) may address this situation, as well as increased online dissemination of information about food-related resources (i.e. food pantries).

Gathering restrictions associated with COVID-19 have prevented CHC from hosting its weekly Tobacco Treatment Group. Unfortunately, the stress and isolation of the pandemic has likely made it even harder to stay smoke free. A weekly, virtual newsletter based on the goals of each session may provide the support and encouragement patients need to avoid relapse. Healthcare providers can also direct their patients to [smokefree.gov](#), which has smoke free apps and texting programs that can provide immediate support when they experience cravings.

_____ One of the greatest patient needs at Crossroad Health Center is setting up transportation. Many patients do not have personal transportation and thus struggle to find rides to and from the office. As medical students, we can contribute to answering this patient's needs in several ways. First, since a large proportion of patients may be unaware of transportation services provided by insurance companies (such as CareSource) and others designated for public use, we can put together a resource (i.e. flyer, pamphlet, etc.) that lists out these transportation options and the practical steps in using each resource. The small amount of effort required to synthesize this information and large potential benefit for patients makes this a prime means for our learning community to advocate for the patients at CHC. Second, our learning community could set up a volunteer-based transportation service. Currently, CHC utilizes student volunteers (often undergrads) to help patients schedule referral appointments. We could potentially expand this volunteer program to include volunteer pickup and dropoff services for patients that are within a specific driving distance. Lastly, fundraising to pay for patient Lyft, Uber, or other transportation services could also help answer this need and would be achievable by our learning community.

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LC 12: Shelterhouse: The Esther Marie Hatton Center for Women

<http://shelterhousecincy.org/womens-center/>

How has COVID impacted the work of Shelterhouse?

Shelterhouse has lost both operations staff and case managers as a direct result of COVID-19 and the health and childcare concerns the pandemic has created. These losses have necessitated some degree of cross-coverage between departments, with case managers assisting in operations on a regular basis. Additionally, Shelterhouse has had to reduce the number of volunteers they are able to take in order to limit the total number of individuals in the facility at any given time.

Shelterhouse has taken numerous steps to ensure the safety of clients and staff. Surfaces are sanitized frequently and staff are required to wear masks at all times within the facility, except while in their offices. Clients may be required to wear masks while meeting with case managers, and they are strongly encouraged to do so at all other times. Transportation services have been reduced, and client meetings with case managers have been largely moved to virtual settings or larger meeting rooms. These changes have also affected the number of patients Shelterhouse has been able to serve. Early in the pandemic, Shelterhouse had to limit intakes. Residents of the women's shelter were moved to hotels, as the shared rooms on-site were unable to accommodate social distancing requirements. While some residents remain in hotels, others began to return to the facility in June. Intakes resumed at this point, but at a reduced rate, in order to continue to maintain a safe environment. Those who continue to reside in hotels receive daily in-person wellness checks and are supplied with food by Shelterhouse. These changes, along with difficulties in securing outside housing through partner organizations, have led to prolonged stays by clients. Moving forward, Shelterhouse will continue to operate with a high degree of caution, so as to continue to limit risk to staff and clients. Those staff who are able to work from home will continue to do so when necessary.

The effects of COVID-19 have similarly been felt by numerous organizations that partner with Shelterhouse in serving Cincinnati's unhoused population. Organizations that previously provided in-person counseling and group sessions at Shelterhouse, such as Greater Cincinnati Behavioral Health Services, have had to move these services online. Shelterhouse has continued to receive donations of food and supplies from individuals and community partners, as highlighted on the organization's Facebook page. Contract renewals and payments, however, have still been delayed as the financial impact of COVID-19 continues to reverberate throughout their partner network.

Looking at the big picture, in June 2020 the city of Cincinnati held a series of budget meetings in which city council and the community were allowed to make a case for the reallocation of city funding for the 2021 fiscal year. The plan included \$32 million dollars in budget cuts and will require community resources and departments to do more with less funding and staff. This was in an effort to make up for a \$73 million dollar deficit. Previously the Human Services Fund was promised to receive 1.5% of city funding by 2023. With the newly voted upon 2021 budget, the city of Cincinnati will allocate 1.37% of funds to Human Services. After a

large push by the community at these city council meetings, \$6.6M will be injected into the affordable housing trust fund and 25% of all tax increment financing will be set aside for the continued support of affordable housing projects. This increase will make it easier for clients at Shelterhouse to find stable, affordable housing and will assist in the transition out of homelessness. In addition, \$500,000 was allocated for emergency rental assistance. This is double the budget allocated for the last fiscal year. This increase should help limit the amount of individuals who experience homelessness by providing a much needed buffer before individuals face evictions and homelessness.

How has COVID impacted the community and clients served by Shelterhouse?

According to the “Double Jeopardy: The Coronavirus and Homelessness in Ohio” report commissioned by the Coalition on Homelessness and Housing in Ohio, 12,100 Ohioans were homeless in 2019. Of these, 10,000 people were sheltered, predominantly in congregate facilities. Unfortunately, shelters are not set up to accommodate social distancing requirements, thus putting individuals experiencing homelessness at greater risk for COVID-19 infection. Shelterhouse did not restrict the movement of their residents in light of the COVID-19 crisis and only continued to practice their 9 pm curfew. It is not unreasonable to assume that many of the residents felt uncomfortable about living in a large facility with many other individuals who could leave the facility and therefore increase the risk of COVID-19 spread. Most, if not all, of the emergency housing shelters and transitional programs in Ohio operate on a lean budget, and therefore heavily rely on volunteers and donations to make their operations possible. Due to the COVID-19 crisis, many shelters have had to limit the volunteer presence at their facilities, and due to the economic downturn, donations have likely decreased. Furthermore, aside from the potential increase in homelessness due to unemployment and the resulting financial precarity, the actions of institutions other than homeless shelters are expected to drive an increase in homeless due to COVID-19. The “Double Jeopardy: The Coronavirus and Homelessness in Ohio” report commissioned by the Coalition on Homelessness and Housing in Ohio indicated that the early release of jail inmates due to COVID-19 concerns, and the decreased activity of nursing homes, residential care programs, and public housing agencies will increase the demand for homeless shelters that are already trying to reduce overcrowding. There is an immediate need to create additional spaces at existing shelters or identify new shelter sites so that individuals experiencing homelessness can reside in a safe space that follows social distancing requirements.

Furthermore, it is likely that individuals experiencing homelessness may be at particular risk for COVID-19 infection. A model from the University of Pennsylvania and the University of California Los Angeles estimated that homeless individuals infected with COVID would be twice as likely to be hospitalized, two to four times as likely to require critical care, and two to three times more likely to die, when compared to the general population. Additionally, it is not just the health risk that individuals experiencing homelessness may face. At Shelterhouse, many clients lost their employment and had difficulty applying for unemployment benefits. Due to the loss of income, Shelterhouse is seeing an increased length of stay in both their housing and shelter programs.

How might students and physicians use their platform to advocate for the needs of Shelterhouse and their community?

Physicians have historically been afforded a privileged place in society, and their words have carried great weight even in those domains not specifically related to healthcare. As medical students, we recognize the opportunity inherent in such a role to advocate for those who might otherwise be overlooked in the current tumultuous climate.

In light of the COVID-19 pandemic, it is the duty of healthcare professionals to equip all members of the community with the necessary knowledge to protect themselves and slow the spread of the virus. Physicians need to take a step beyond providing treatment and resources to keep the community safe and healthy. It is necessary to vocalize reliable practices and information about our developing understanding of COVID-19 and take a strong stance against medically unsafe misinformation that circulates at all levels of our community from Youtube videos to Facebook posts to the rumor mill around the now virtual watercooler. It is especially important to spend time with those who are too often overlooked in our society, especially people struggling with homelessness. These individuals are, in many cases, some of the most vulnerable to the effects of COVID19, and we cannot effectively flatten the curve if preventative measures are neglected at any level of our community.

Recognizing that the circumstances surrounding homelessness contribute to increased risk for viral transmission and a poorer prognosis, it is vital that we help individuals acquire the skills necessary to find housing. It was serendipitous, then, that our group's service-learning project dealt with increasing computer literacy among Cincinnati's homeless population. While originally conceived as a skill to aid in finding employment and housing, knowledge of and access to online platforms are often prerequisites to making one's voice heard. In our advocacy, it is important to remember those who don't have access to a platform and consider which voices are absent in our discussions. It is crucial that we use our privileged position to uplift the voices of those most affected by the issues we're advocating about.

In addition to our service project, the shift to remote working in light of the pandemic has further brought into focus the need for consistent internet access in order to fully participate in society and live a safe and healthy life. Jobs and housing are found online. Doctor's appointments are scheduled and sometimes held virtually. Work, classes, public events, and socializing are increasingly virtual. This leaves people without regular internet access disengaged and on the margin of society. We ought to include in our advocacy a call to ensure equitable access to the internet, even to treat internet access as a public utility.

Government classification of utilities is not the only protection cities, states, or even federal agencies could offer to those struggling in these unprecedented times. Over the course of our time working with Shelterhouse, we were repeatedly told about the difficulty many of the clients face in acquiring housing, one being the extremely high standards that landlords have for people living in poverty. Because of their low income or issues with their credit, some people are asked to pay deposits for multiple months to be able attain housing. This is very difficult for

someone who just obtained a job to do. The result is people staying in the shelter for longer periods of time, and the capacity of the shelters are strained and ultimately serve less people. Especially in these unprecedented times with people losing their jobs and businesses due to COVID-19 and having difficulty obtaining a new job, we are advocating against these housing policies that make it harder for people to get housing based on their past. In line with the CDC moratorium, we are advocating against eviction during the COVID-19 pandemic. Many people who may have just obtained housing were being evicted after losing their job or receiving hospital bills due to COVID-19. At this time, it is more important than ever to support each other and ensure that people have a safe and stable place to stay. Not only do we support the CDC moratorium, but we are advocating for the enforcement of this moratorium at the local level and that this information is made widely available to the public.

In recent years, physicians have been told to “stay in your lane” when addressing topics that are not directly related to the practice of medicine, but where ought we to draw the line? Certainly, very few could argue that medical practitioners advocating for healthy eating and smoking cessation programs somehow crosses a line, in large part because these have been shown to improve the health of those who participate. When internet access and secure housing have likewise been linked to better health outcomes, physicians should not be discouraged from speaking out in support of public intervention. The phrase ‘social determinants of health’ is appropriately stated; these social factors do, in fact, determine health, and it is our responsibility to our fellow members of society to ensure that economic calamities, pandemics, and even rotten luck do not destine a person for illness.

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Combined Reflections:

1. How did COVID impact the work of your community partners?

Who? **Ashley Mills, Drew Weller, Juan Carlos Dominguez, Mathew Idichandy**

Su Casa works in different avenues to aid the Latino/Hispanic population in Cincinnati. They serve as a beacon for support for their community, but due to the COVID-19 pandemic, they had to limit their operations to ensure proper social distancing. The switch to remote format meant that their classes and programs had to be delivered virtually, or otherwise postponed. In addition, programs such as the health fairs and food hand-out drives were canceled in order to give Su Casa more manpower to make in-home deliveries.

The Su Casa Team began delivering essential food and supplies to families as soon as the stay-at-home order began, especially to clients enrolled in their case management services, clients who lost their jobs, and clients who do not have transportation. Some were sick with COVID-19.

With Su Casa established as a resource center within the Hispanic community of Cincinnati through prior community projects, since the COVID crisis began, it has become a *de facto* communicator of updated COVID information. This is especially true because of the language barrier between the clients of Su Casa and the English COVID announcements that are the most widely distributed from governmental resources and news channels. As a result, Su Casa began distributing official COVID information on its social media outlets to inform their client base of the updated information, and they continue to do so. Some Su Casa staff members made personal phone calls or visits to community members to give them updates on how to be safe during the pandemic. In addition, Su Casa has been sending out text messages to their community with updated information in Spanish including links to videos that provided further explanation. Challenges to this approach, especially for the delivery of online classes is that many Hispanic/Latinos individuals do not have internet or computer access and therefore were unable to access the online classes, videos, and information.

As we worked with Su Casa over the last year it became apparent that mental health resources and guidance were critical to the community partner's plan of action for addressing many of the challenges the community presents. As isolation has increased and our plans to work with the community were cancelled, the pandemic became a large threat to mental health. Parents had growing concerns about being unable to provide for their families due to loss of employment and with children being home all the time, the opportunities to find a job have further diminished. Many Latino/Hispanic individuals work in the service industry, construction, landscape, etc. Their jobs did not always provide proper protection against COVID-19, so going to work would increase their risk of infection. This dilemma added to families' stress by forcing them to choose between endangering their families or being able to provide for them. In addition, many live in multi-family homes, i.e. one house with 2-3 families living in it. These tight quarters also increased the stress during shelter-in-place, furthering the impact of COVID-19 on the population. Many of the parents are currently in the process of obtaining legal status in the country which is making their prospects of getting help from any future aid packages from the government quite murky. Su Casa continues to put their workers and volunteers in a position to help the local communities to the best of their abilities, but with these new developments their work has become much more complicated.

COVID has also made it more difficult for families in the area to have their basic needs met. Many families are lacking certain basic supplies for daily living, and there is increased need for donations for families who are now financially struggling more because of the pandemic. Fortunately, Su Casa has received grants and support to provide direct financial assistance to their most vulnerable clients. A service that before they were not providing due to funding, but the pandemic has brought to light many inequalities and therefore, additional support for Su Casa's clients.

2. How did COVID impact the community and clients served by your community partners?

Leah Beck, MaKayla Beecham, Nicole Bardakos, Prasun Shah

COVID-19 disproportionately impacted the Hispanic community and clients served by Su Casa Hispanic Center through increased unemployment, housing difficulties, worsening mental health, and challenges with language barriers. Many of these individuals were already struggling with job security and faced difficulties getting government financial assistance due to civil status, or did not qualify for stimulus checks. Those who did lose their job also struggled to find new work due to many locations not hiring people given financial strain. A large number of working Hispanics have occupations in the service sector where they cannot work from home and must risk possible exposure to COVID in order to continue bringing home a salary. This presents further problems because Latinos often live in homes with many members and if one person is exposed to COVID, they do not have their own space to be able to self-quarantine. Multigenerational homes with children, adults, and grandparents pose a unique barrier to isolation, especially for higher-risk individuals such as the elderly who may play a significant role in childcare and family structure.

Mental health is already a stigmatized topic in many Latino communities, and COVID-19 has led to further difficulties regarding isolation in quarantine and anxiety about what the future holds for their health, financial status and the general state of the nation in these uncertain times. In June, a poll found that over 20% of Latinos are experiencing increased anxiety due to the virus and lockdown while nearly 16% are experiencing increased stress ([Salud-America](#)). Access to mental health providers such as psychiatrists and therapists is also disproportionately limited to the Latino community as a result of the language barrier, lack of insurance and lack of knowledge about when and where to get help. Our community partner, Su Casa, works to combat this disproportionate availability of mental health resources. This year Su Casa obtained funding from the Ohio Commission for Hispanic/Latino Affairs and started a Health Navigator Program. Unfortunately, one challenge in the region is the lack of enough bilingual mental health providers to serve this community.

Su Casa provides appointments to community members with Spanish-speaking psychologists and psychiatrists; however, their waitlist is over 2 months long as the demand for services is greater than the availability of providers.

The language barrier many Hispanics face has been heightened during the pandemic, as much of the COVID-19 communications and news updates are communicated primarily in English. Fortunately, many official sources of information have realized this and are providing information not only in English and Spanish, but also in other languages. Despite this, many members of the Hispanic community haven't received education on concepts concerning COVID such as being an asymptomatic carrier, and therefore they don't feel it necessary to quarantine if they test positive but feel healthy.

All of the above factors that pose unique challenges for the Hispanic/Latino community during this unprecedented pandemic underlie the fact that the Hispanic/Latino population and other non-white minorities are diagnosed and hospitalized for COVID-19 related illnesses at rates disproportionately higher than their White counterparts. Since March 1st, Hispanic and black children across the nation have been hospitalized with laboratory-confirmed COVID-19 illness at a higher rate than their white counterparts (Kim et al). In Ohio specifically, 6.23% of confirmed COVID-19 cases have been in the Hispanic population. This is almost double the total Hispanic population of Ohio, which is only 3.6%.

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3. How might students and physicians use their platform to advocate for the needs of your partners and their community?

Who? Robert Powell, Gabriel Gonzalez Claudia Mort, Fernando Blank

In the midst of COVID, there exists many different opportunities for medical students and physicians to advocate for the needs of Su Casa and the Latinx community, a community that has been significantly impacted by the pandemic. Conducting academic research on the impact of the virus on the Hispanic community helps identify key areas, such as loss of work, that have disproportionately affected Latinx people, and allows us to proceed with possible solutions. These academic studies also present these challenges to the academic community to represent the needs of the Cincinnati Latinx population.

As found with academic research on Latinx people with COVID, this population of people was affected disproportionately with loss of work and support from the government. Many of these people work service-industry type jobs which many became unsustainable once the virus

became more prevalent. Additionally, this community was largely ineligible for government assistance due to the high rate of undocumented immigrants. Any community outreach event that serves the community such as diaper drives, food drives, mask drives all instrumentally make a positive impact because many of these people are unable to receive these supplies otherwise due to financial constraints.

One of the biggest concerns for much of the community is being able to afford medical attention, especially if they were to have contracted the virus. With much of the population being from a low socioeconomic status and lacking medical insurance, many are left without many options. Luckily, there are two medical clinics (Good Samaritan Clinic in Price Hill and CrossRoads Health Center) dedicated in helping this vulnerable population out by offering free/cheap services for the uninsured. As a group, our main objective is to help spread this valuable information so that the community is aware of where to go if the situation arises where they need to seek medical attention.

Our goal as a LC is to continue to identify the needs of Su Casa in light of the pandemic and get involved to support the Latinx community in the greater Cincinnati area. An issue that Su Casa had early on in the pandemic was communicating accurate scientific information about the virus to its community members who often lacked many sources of media to obtain accurate information - especially accurate news in Spanish. Now as the pandemic is evolving and has impacted the lives of virtually everyone in the United States, our next step would be to communicate to Su Casa about the areas they need support and where we can fit in to help. Many of their services, such as English courses, financial guidance, and healthcare support have now had to change structure due to the pandemic, and something we could as a LC to support Su Casa is to help them adapt to the new socially-distanced structure of these services to continue to reach the community.

Service-Learning Assignment: *The Healing Center*

The Covid-19 pandemic disrupted normal activities at The Healing Center, presenting unexpected challenges to service delivery but also highlighting opportunities for the future. In this paper, we explore the impact of the pandemic on The Healing Center and the community that it serves as well as future opportunities for physicians and medical students to advocate for this community.

I. Impact of Covid-19 on The *Healing Center* Operations

Covid-19 has presented many challenges to The Healing Center in communicating with their staff, volunteers and guests, providing services in a safe environment and allocating resources equitably.

The logistics, usage and supply of communication has presented new challenges for The Healing Center. Although most of the staff has been in-person since the start of the coronavirus pandemic, those who have been working remotely are facing difficulties reintegrating into the workflow. Additionally, videoconferencing technology, such as Zoom or other video chat rooms, has been hard to organize and use, especially with guests that utilize The Healing Center.

In attempts to continue providing services for guests, many of the services have transitioned to a virtual format. However, the lack of access to a reliable internet connection has created an additional obstacle to the implementation of such services, and fewer guests have been able to access them, even when offered virtually. In addition to the technology barriers, many were unlikely to answer the phone if they were unfamiliar with the number. This made it difficult to substitute other forms of social interaction for in-person relationships in a population that already trended towards isolation.

Along with changes in communication with volunteers and guests, volunteer numbers and roles have also changed recently. There has been a significant decrease in numbers, as most volunteers are older adults who feel uncomfortable coming back to The Healing Center due to concerns about their own health.

Despite the decreased presence of volunteers, The Healing Center has still been providing services to its guests, but those services have been both modified and reduced. Currently, food services are being provided through a drive-through. This drive-through service includes pre-packaged food which is then given to guests at the door. An official interpreter was hired specifically to help with communication at the drive-through service, as a significant percentage of guests require interpreter services. The Healing Center is considering maintaining the drive-through service when it reopens its food pantry, so it can continue to serve guests who are worried by contact in close quarters. When reopened, the food pantry will enforce strict precautionary guidelines to limit the spread of possible viral transmission. This includes mandating face masks, providing hand sanitizers throughout the building, limiting entrance to

one person per household, and beginning check-in at the guest's vehicle rather than inside the building. Despite these precautions to keep guests safe, The Healing Center feels that it still will not be able to fulfill its value of togetherness until the pandemic is over, stating, "We've met the physical needs, but we have lacked on meeting the community needs."

Due to the pandemic, there has been an increase in guests for food needs due to uncertainty regarding jobs and financial stability. Food supply has increased to meet the demand, and as the number of guests return to normal levels, food waste has increased. In addition to food, The Healing Center also provides educational classes; however, Covid-19 disrupted all in-person classes. Recently, The Healing Center began a handful of educational, self-sufficiency, and coaching classes virtually; however, attendance has been low. Some of these classes helped the clients apply for Medicaid and unemployment, which was one way they were able to cope with the rapid changes in quarantine surrounding financial and medical security.

II. Impact on the population served by *The Healing Center*

Overall, Covid-19 impacted those that attend The Healing Center by placing more strain on their lives, specifically in terms of financial instability, lack of resources at home, lack of public health information resources in multiple languages, lack of access to transportation, and mental health.

The population that utilizes the services of The Healing Center seemed to be disproportionately affected financially by the pandemic. Many of them were impacted by unemployment, in addition to other obstacles that indirectly impact their ability to work and obtain an income. With school systems switching to virtual options, many guests of The Healing Center were now forced to find options for childcare. This either limited their options for work or created an additional financial burden for these individuals. In-person childcare courses reopened in August, which has eased this worry.

Additionally, a large portion of the population of guests at The Healing Center are Latinos and non-English speakers. The Healing Center had expressed concern that these guests do not have equal access to reliable public health information in their own language and depend largely on word of mouth to stay updated on the latest Covid-19 announcements, which lent itself to misinformation. This indicated a potential opportunity for improvement in the creation and distribution of public health information to this population.

Furthermore, many guests at The Healing Center did not have reliable access to private transportation. Many who had previously relied on public transportation were now hesitant to use public transit due to safety concerns about transmission of Covid-19 from bus drivers or other passengers. Others had relied on caseworkers for transportation to and from The Healing Center in order to secure services there. However, many organizations began to prohibit their employees from transporting clients in their personal vehicles due to concerns for their health related to Covid-19. All of these changes magnified existing barriers for these guests, making it even more difficult to secure the assistance they needed.

Finally, The Healing Center serves as a place of connection and vital human interaction for its guests. While the organization had found ways to continue to serve the physical needs of its clients, a significant concern were the lost interpersonal and emotional connections that could not be replicated virtually. These factors were crucial to the mental well-being of the guests that used The Healing Center. Without the ability to gather, a vital part of The Healing Center's mission as a community center was negatively impacted.

III. How physicians and medical students can advocate for the community

Due to the current social restraints from Covid-19, volunteers at The Healing Center have decreased by approximately 65%. This has created a lack of workforce that has severely hampered attempts to re-establish programs and resources originally offered prior to Covid-19. The Healing Center has attempted to recruit more volunteers, but they are still not at the workforce capacity they would like to be. This creates an opportunity for students to spread awareness about the volunteer shortage. They could do so by creating social media posts for their classmates and people in the community to see.

With an increase in awareness, the workforce at The Healing Center and its Student Run Free Clinic could be increased. Recruiting of students and community physicians as volunteers would allow them to take direction in serving the community's needs. Students in particular can take an active role in investigating the community's needs by surveying the guests that frequent The Healing Center. Direct action can have a positive impact on the community, as volunteers can create relationships with the guests and better understand their needs.

Time is a resource difficult to come by in the doctor's office, and the Student Run Free Clinic at The Healing Center is no exception. It is a limiting factor in many aspects of care for patients, especially those not included in routine and expected patient visits. In the context of hurried doctors and office schedules, advocacy is often placed on the back burner in favor of other urgent matters which are more tangible and short-term. However, assigning a team to compile quick links that could be used to engage in advocacy could greatly increase the number of doctors participating. The same is true for patients, who would be able to advocate for policies directly affecting them. Having to find lawmakers' contact information can seem daunting and present a significant barrier for many, especially those who are unable to access the internet. Therefore, a printed resource with a how-to manual for reaching lawmakers would facilitate advocacy in healthcare.

Physicians are uniquely poised to interact with other healthcare professionals in order to improve the care of their patients in this unprecedented environment. Team-based care is a hallmark of quality patient interactions and outcomes, and during the Covid-19 crisis, it is important to join forces and create networks that patients can easily navigate and utilize. Interprofessional events and forums would be beneficial to link the resources of multiple medical modalities, such as physicians, pharmacists, and social workers. With regard to The Healing Center, many dedicated professionals with unique talents and areas of expertise can be harnessed to improve patient advocacy. Currently, The Healing Center benefits from having a small cohort of physicians providing care, but the network can be expanded to involve more of

the medical community. Social workers, pharmacists, and medical students would prove invaluable as an extension of The Healing Center's healthcare network.

The determinants of health affecting The Healing Center are the factors in the community that impede access to care. As advocates for healthcare, we must remain vigilant in how the quarantine is affecting these determinants and work to improve the quality of care of The Healing Center. One particular issue that requires attention is the lack of availability of updated Covid-19 guidelines to non-English speaking residents. Due to the novelty of the situation, guidelines concerning the expectations of the community have been changing in recent months. For non-English speaking residents living in large communities, such as the Latino-American population, these constant changes have been very difficult to navigate, making them largely susceptible to the virus. By staying informed in how the determinants of health of The Healing Center have been affected by Covid-19, we can improve their quality of care through increased access to information.

LC 15 Ohio Governor's Letter

1. How did COVID impact the work of your community partners?

As a result of the constraints placed upon institutions due to the current coronavirus pandemic, our community partners Central Clinic and the Trans Clinic at CCHMC have experienced serious changes that have inhibited their ability to successfully fulfill their responsibilities to their patients and community. One of the main ways that work has been impacted is that employment has become unstable for staff members at Central Clinic and the Trans Clinic. Central Clinic has experienced a steep decline in patient appointments. Patients are both not making appointments to see their psychiatrists and there has also been a marked increase in no-shows. It has also become very difficult to accept new patients as face-to-face interactions have become impossible and psychiatrists cannot meet new patients and get a sufficient rundown of their past and present health. The overall decrease in patient volume has resulted in many staffers losing their jobs.

COVID also impacted the services offered at Central Clinic. Services had to move from in-person visits to audio-only telehealth visits, and the overall volume of patients decreased. Many people either did not make follow-up appointments or were no-shows to their meetings, even though the meetings were virtual. The clinic was also not receiving new patients. Psychiatrists with previously full schedules would sometimes find themselves seeing no patients for the day, either from a lack of appointments or no-shows. Social distancing also made it difficult for patients to engage in group workshops or therapy sessions, which limited the modes of therapy psychiatrists were able to use to engage their patients.

Telehealth can make it more difficult for patients to connect with their healthcare providers. This is a factor because Central Clinic uses audio-only calls for telehealth instead of video appointments adding another barrier to the patient's ability to connect with their provider, limiting the patient and provider's ability to communicate nonverbally. The audio call format also can lead to patient's being in a chaotic environment during their appointment. For example, a patient could answer a call while running errands which would lead to an ineffective healthcare environment. There also is the potential of people in the surrounding area overhearing confidential medical information.

Lastly, COVID has largely exacerbated mental health issues for patients. This pandemic situation is highly stressful, with stay-at-home orders being issued, businesses shutting down, the fear of contracting the virus, being laid off from jobs, etc, and the stress continues to be worsened by complete mismanagement of this pandemic by our federal government. Patients need mental health services more than ever. However, the majority of behavioral health therapists and psychiatrists are reporting that patients are attending fewer appointments than ever. This is likely due to mental health being placed lower on the priority list when things such as paying rent and keeping your job take priority. This is why we hope our governments step in with aid to relieve patients of such financial stressors so that they can prioritize their mental health and get the help that they need, especially in such dire times.

2. How did COVID impact the community and clients served by your community partners?

When reaching out to providers regarding the effects of COVID-19 on the transgender population, Dr. Sarah Pickle, a primary care provider specializing in gender diverse care, shared her experience:

“Transgender patients face high rates of health problems like diabetes, heart disease, high blood pressure and asthma, and tobacco use.. mak[ing] COVID-19 more dangerous. Transgender persons are also at a higher risk of certain cancers which can affect immune systems... [and are] more likely to be living with HIV when compared to the general population... This affects transgender women of color more than any other group.

Not only are transgender persons are less likely to seek care for fear of discrimination, but there is also a lack of healthcare professionals who are trained to meet their healthcare needs. Access was further limited by the pandemic...[including] access [to] gender confirming surgeries, which are life changing and life saving for patients.”

Another provider, Dr. Anne Schwentker, who performs surgeries within this population, added, “We did cancel/delay surgery for 6 weeks at the Governor’s direction (a move I completely agree with), and are struggling to catch back up because we have had to reorganize the hospital to allow for adequate distancing of patients, families, and staff, which means we are not able to increase capacity above our pre-COVID ability. Of course it is difficult for patients to delay surgery, but for Trans+ individuals, the stress of delaying surgery is compounded by the risk that a prior approval may expire or insurance may be lost. I have had cases (pre-COVID) where insurance approval expired and then the insurance refused to cover the surgery when we resubmitted, which is devastating.”

A trans masculine community member stated that delays to their top surgery, “drained me emotionally. Needless to say this made an already stressful time much more stressful. I cannot explain how much my life has improved after having this surgery; it is immeasurable.”

Dr. Pickle also stated that, “many transgender persons experience high levels of anxiety, depression, and post traumatic stress disorder during non-pandemic circumstances. Adding on the stress of job loss & financial uncertainty, high rates of homelessness, social isolation and concern about their health... those mental health experiences are going to worsen. The TransLifeLine, a 24/7 support line for transgender folk who are in crisis, report that their calls about thoughts of suicide have gone up by 89% since the start of the COVID pandemic. I have seen this same trend in my patients over the last 6 months.”

The trans masculine community member added that “the ability to have telehealth covered under insurance is huge and needs to stay. This is especially true for mental health care. There are very few mental health professionals that are competent in LGBTQ+ issues and...[having a] competent counselor without having to out oneself could be life saving for a queer person.”

Further, Dr. Pickle explained that, “limited [access] to government agencies, like the social security office, passport agencies, and the bureau of motor vehicles has limited transgender persons ability to update their legal documentation to align with their gender identity. This affects their

safety (having ID that reflects gender identity decreases risk of violence due to being trans), and ability to utilize their insurance and apply for jobs and benefits.”

3. How might students and physicians use their platform to advocate for the needs of your partners and their community?

Considering the impact of the COVID-19 global pandemic on the Ohio transgender community and the disproportionate impact on transgender people of color, we feel it is now more important than ever that medical students learn to effectively advocate for the needs of the transgender community. To maximize impact, this should be done through three venues: advocacy within medicine, advocacy within the community at large, and legislative advocacy. Impactful advocacy within medicine must reach current physicians, other providers, and hospital administration, but it must start with the education of future physicians. As current medical students, we are in the unique position of being able to provide direct feedback to shape future curriculum decisions. In the context of advocating for underserved communities, this means identifying gaps in our education and assisting in the construction of educational materials to provide us with a basic understanding of their needs and what we can do to help. We are also uniquely positioned to discuss the importance of having a robust transgender health curriculum amongst our medical student peers. This education, however, must not be limited to the scope of a medical school, and must extend to attending physicians already in the field. To achieve this will require governmental support from the state of Ohio to create incentive for physicians to further their training and in turn better serve individuals within their community

But building bridges between the transgender community and the medical community is not something that can be completed overnight. Medical students and physicians need to show up with their feet to form new relationships, partnerships, and collaborations. Last year, our group participated in the Transgender Day of Remembrance, where we bore witness to the violence that transgender individuals face *every day*. This event crystallized the urgent need to elevate the voices of those calling out to end this violence. Through conversations in and out of the clinic, medical providers should be attentive to the non-medical issues experienced by the gender diverse patients they care for. This information should then be shared within their departments, and even further to the hospital’s administrative board. With a likely multi-year timeline for the national or even statewide adoption of best practices, hospital systems need to be the catalyst for change in their communities, especially for those that are most vulnerable in our society.

Ultimately, the disparities affecting the transgender population cannot be addressed without proper legislative support. In our discussions with members of the transgender community, we consistently heard about difficulties accessing healthcare, both in terms of access to knowledgeable providers and access to health insurance. Even with insurance, transgender patients face many obstacles in getting approval for care and treatment that should be routine, and this is highly variable across and even within insurance companies. Legislative action to mandate insurance coverage for essential gender-affirming care would close this significant gap. Further, legislation that ensures transgender patients have access to essential services, be it healthcare or housing, without fear of discrimination or reprisal. Finally, ensuring that community organizations have access to financial support will allow them to direct transgender patients to appropriate care resources.