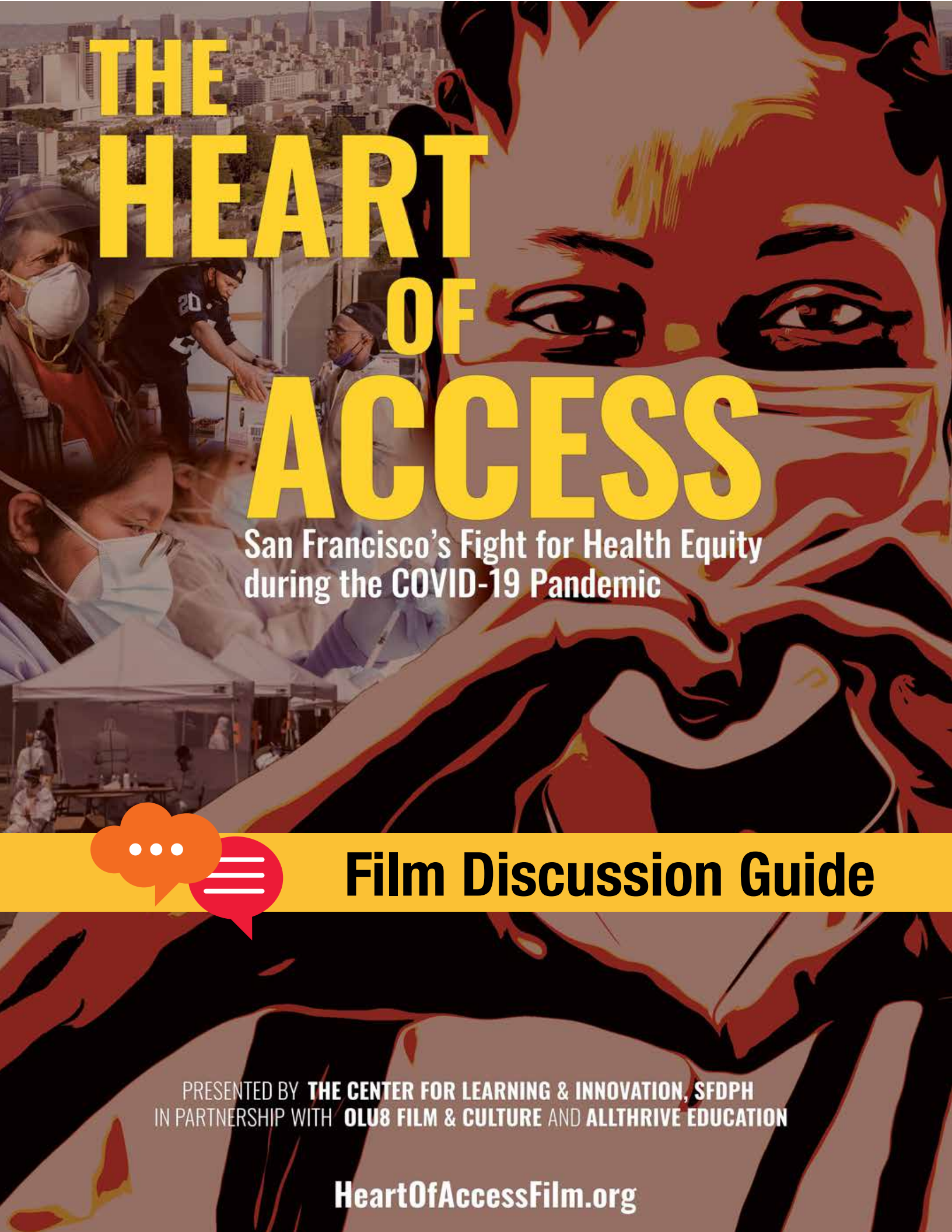
THE HEART OF ACCESS
San Francisco's Fight for Health Equity during the COVID-19 Pandemic
Film Discussion Guide
PRESENTED BY THE CENTER FOR LEARNING & INNOVATION, SFDPH
IN PARTNERSHIP WITH OLU8 FILM & CULTURE AND ALLTHRIVE EDUCATION
HeartOfAccessFilm.org

ACKNOWLEDGMENTS

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The San Francisco Department of Public Health collaborated with numerous community-based organizations and community leaders to coordinate the COVID-19 response. A list of these organizations and individuals can be found in the credits section of the film.

The views expressed herein do not necessarily reflect the official policies of the Department of Health and Human Services, the California Department of Public Health, or the City and County of San Francisco, nor does mention of organizational names or commercial practices imply endorsement by these groups.

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Jamie graduated in May 2023 with a B.S. in Public Health with a concentration in Population Data Science from San Jose State University. He became a Population Health Fellow later that year and was placed with the Center for Learning & Innovation where he helped to develop a discussion guide for *The Heart of Access*.

TABLE OF CONTENTS

FILM SYNOPSIS

In *The Heart of Access*, frontline community workers, public health staff, and community leaders speak about their collaborative efforts to respond to the COVID-19 pandemic in San Francisco's historically marginalized communities – communities of color experiencing the highest health and social disparities.

By following the leadership of community, the city attained one of the lowest COVID-associated death rates and highest vaccination rates of any metropolitan area in the US.

From day one, community groups formed essential hubs to meet the basic needs of essential workers, elders, and the unemployed. Drawing from lessons learned during the HIV/AIDS epidemic, the San Francisco Department of Public Health (SFDPH) knew early on that community advocacy and leadership would be key in how well the city could respond to this public health crisis. With support from SFDPH, these hubs transformed into low-barrier testing and vaccination sites to equitably serve neighborhoods disproportionately affected by COVID-19.

The Heart of Access documents not only the San Francisco model of vaccine access – a network of hyperlocal, culturally responsive vaccine sites led by trusted community ambassadors – but also demonstrates what equitable healthcare access and support could look like, while highlighting the human toll and support needed to ensure such community-led responses are sustainable and equitable.

A GREAT ACHIEVEMENT OF THE CITY IS TO ACCEPT THE LEADERSHIP OF COMMUNITY ORGANIZATIONS.

-BERTA HERNANDEZ

INTRODUCTION

Soon after a public health emergency and shelter-in-place order was declared in March 2020, SFDPH and community partners mobilized a broad spectrum of essential workers and community ambassadors to run essential hubs serving as testing and vaccination sites. We can attribute much of the success of SF's COVID-19 response to SFDPH's efforts to prioritize and build relationships with underrepresented and disenfranchised communities.

To engage and collaborate with the community, we knew we had to earn its trust. We strove to be transparent, but more importantly, we followed the leadership of the community because we believe that people are the experts of their own life experiences and what they need to improve their lives and health outcomes. Working in partnership with community-based organizations (CBOs) that also deeply care about and respect our communities, we advocated for the resources these communities needed but were often challenging to access.

The Heart of Access documents San Francisco's community-led response to the COVID-19 pandemic. What we witnessed during the pandemic would not have been possible without the mobilization of communities that began decades ago during the emergence of another pandemic-- HIV/AIDS. At that time, the SFDPH recognized quickly that is could only address the AIDS crisis with the support of the community. The SFDPH developed trusting relationships with communities impacted by HIV, and together, developed prevention, treatment, and research strategies that have become global standards in combatting HIV/AIDS. In the process, we challenged attitudes, perceptions, and judgments regarding sexuality, gender identity, substance use, as well as discrimination and racism towards communities of color. This film is a tribute to the deep and longstanding relationships between the SFDPH and its community partners.

WE REALLY SAW WHAT HEALTH CARE ACCESS COULD LOOK LIKE.

-LILIAN MARK

INTRODUCTION CONT.

During the COVID-19 pandemic, community organizations took an even stronger leadership role in demanding access to much needed services. To ensure that those most heavily impacted by COVID-19 would have access to vaccinations delivered by trusted and culturally responsive providers, we created a network of neighborhood vaccination sites in partnership with community organizations and private clinical vendors. We recognized early that these sites would provide much needed, low-barrier places to access services beyond the mass vaccination sites, hospitals, and other major healthcare centers.

The journey to develop and maintain this equity-focused strategy was not straightforward nor without conflict. However, despite differences in approach, government and CBO teams were involved as equal partners in assessing the situation, developing strategies, and making decisions. This united front has inspired a vision for the future public health workforce and ways the healthcare delivery landscape could evolve. We worked tirelessly to identify the best mechanisms to engage neighbors who faced physical challenges to access services, were under-resourced, and for many, didn't trust large institutions. We also were working in an environment of uncertainty, where we were continuously learning new information about the virus and having to revise and update protocols in response to new recommendations. We were meeting on a weekly basis for months in these neighborhoods to ensure strong communication so that information could be shared regularly and challenges tackled collaboratively.

With the emergency response to the pandemic coming to a close at the end of 2022, the SFDPH was preparing to sunset many of the neighborhood vaccine sites. Workers and community volunteers expressed a desire to capture our collective experience.

Many frontline workers responded enthusiastically to our proposal to produce a documentary about the experience. As with the neighborhood vaccine sites, our process of creating the film was truly collaborative. AllThrive Education was commissioned to produce the film. They presented rough cuts of the film during several community meetings to elicit feedback. Once the film was complete, three community screenings in the Bayview, Mission and Tenderloin neighborhoods were organized with several CBO partners. These screenings were well attended and received by staff members, clients, and the community-at-large. The film was also selected to be screened at the American Public Health Association's annual film festival in November of 2023. With funding from the Centers for Disease Control and Prevention's Public Health Infrastructure grant, the SFDPH has disseminated the film free-of-charge to the general public through a department-hosted website.

WE ARE AN ESSENTIAL HUB AND YOU DO NOT CLOSE WHEN YOUR COMMUNITY NEEDS YOU MOST.

-FELISIA THIBODEAUX

HOW TO ORGANIZE A SCREENING OF THE FILM

You may stream *The Heart of Access* for free at https://heartofaccessfilm.org. You will need to register and provide some basic information that SFDPH uses to track the film's dissemination over time. All personal information is held confidentially, and no individual data are shared with third parties.

A sample 60-90 minute film screening agenda may include the following elements:

- The host or instructor welcomes the group, facilitates participant introductions (if a small group), and briefly describes the film
- Screen the film (run time: 26 minutes, including credits)
- Pose reflection questions and facilitate a discussion

General reflection questions to consider:

- What are your initial reactions to the film? What struck you most about it?
- What did you learn from the film? Anything surprising?
- Whose story is this? Whose perspectives are represented in the film? Are there voices you think are missing or could be amplified even further?
- The credits to the film are 5 minutes long. What is the significance of the credit section?
- What additional questions does the film raise for you?

USING THIS DISCUSSON GUIDE

During every screening, the film sparked thoughtful conversations on health and social inequities exacerbated by the COVID-19 pandemic, the key ingredients of a successful community-led response to public health emergencies, and ideas on how to move forward from the pandemic.

This discussion guide was created to foster dialogue among community members, students, public health professionals, and academics about strategies to increase access to essential services and address health inequities among marginalized communities.

The guide is organized around general reflection questions and probes three critical themes that are highlighted in the film – **the use of data to drive a coordinated response, including testing and vaccination; the hyperlocal nature of the equity response, and the support of trusted community messengers to influence healthcare decision-making**. The guide also provides background information on the priority neighborhoods that experienced some of the greatest health disparities. Finally, the guide aims to consider the COVID-19 response in the context of its ongoing work to address the HIV/AIDS crisis, and offers key lessons that jurisdictions may consider when faced with future communicable disease outbreaks.

Using data to drive public health decision making is critical, especially during a crisis like a pandemic. Using case surveillance data, the SFDPH was able to identify neighborhoods with the highest incidence of COVID-19 infection and focus resources to offer testing and vaccination in communities disproportionately affected. Tracking COVID-19 testing, COVID-19 cases, and associated hospitalizations and mortality data by geography, race/ethnicity, age, gender and other determinants, when feasible, helped service providers concentrate their efforts where the need was greatest.

Data are only helpful to guide the response if they are shared with key stakeholders and prompt action. To ensure transparency, SFDPH published many of these metrics on public-facing dashboards, which were updated regularly throughout the emergency response. These data were used by city agencies and community-based organizations (CBOs) to understand COVID-19 transmission, develop interventions to support communities, and measure progress. Data-sets related to COVID-19 can be found on the SF Data Open Portal.

Publicly accessible dashboards, alone, did not always convey the reality of what was happening on the ground. SFDPH participated in regular community fora to share data on the trajectory of new diagnoses and testing activity and solicited feedback on how best to respond. Also, the network of neighborhood vaccine sites had regular access to COVID-19 vaccination rates in different communities. CBOs, faith-based organizations, DPH, and clinical providers in the community used these data and on-the-ground information to inform outreach and increase vaccination rates while removing barriers to care.

It's notable that prior to the COVID-19 pandemic, epidemiology was often just the purview of public health specialists. Now, the general public has become well versed in epidemiological concepts like incidence rates and airborne vs. droplet transmission and in many settings, allowed the public to engage in public health discussions that were grounded in science. Many communities took great ownership over these types of data, as reports of rising infection rates had a direct impact on what precautions should be adopted in both public and private settings (e.g., masking and testing). Communities were empowered to voice their concerns over how data should be collected, analyzed, visualized, and used to guide action, which will certainly influence how public health leaders will communicate with communities during future pandemics and help combat misinformation that may undermine evidence-based public health.

DISCUSSION QUESTIONS

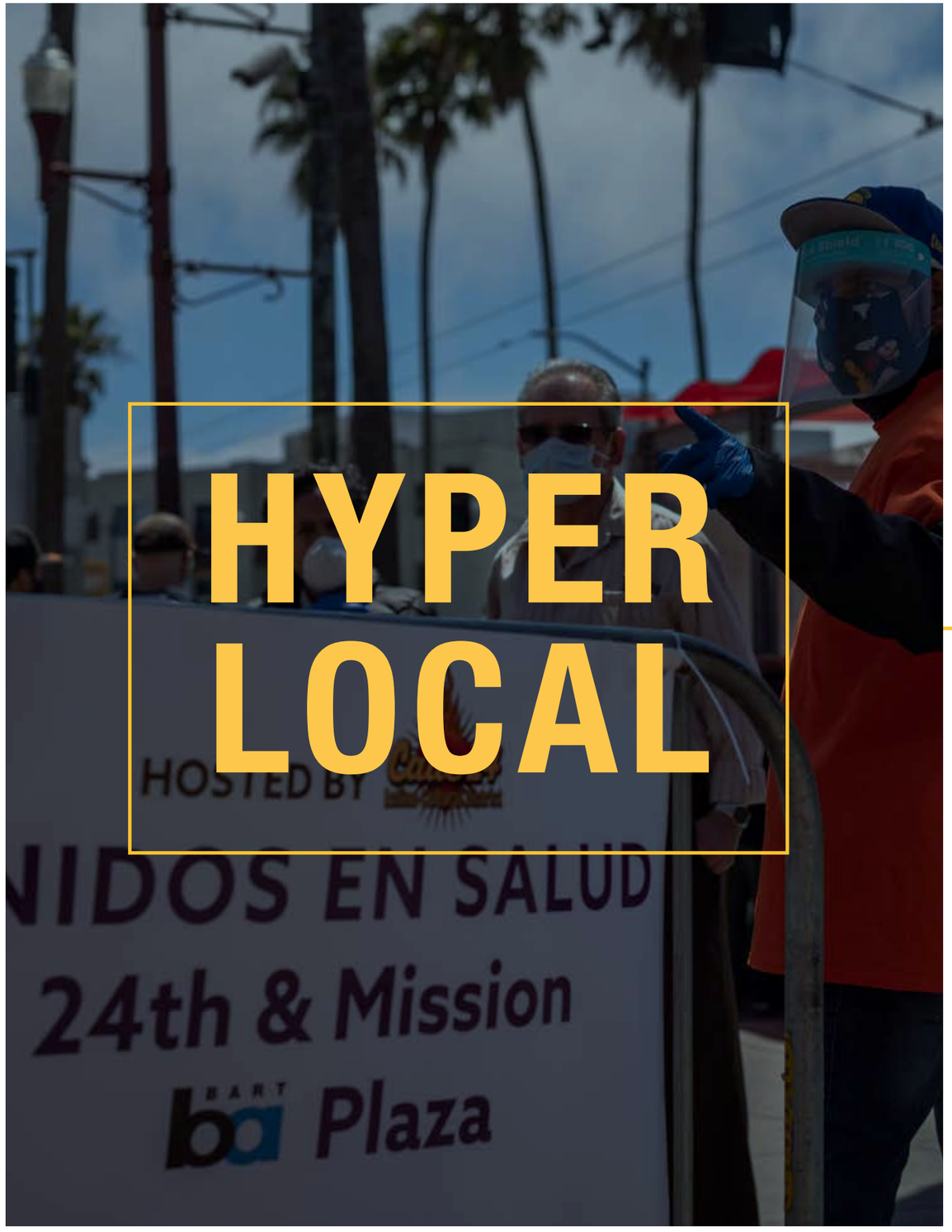
1. Many of the interviewees discussed the importance of using data to help drive San Francisco's COVID-19 response. Were there any examples you found particularly striking?

2. How would you characterize a data-driven response? What are some best practices of collecting, analyzing, and sharing data with key stakeholders to inform an emergency response?

3. Looking at the COVID-19 data that were collected, are there data you think were missing that should guide public health action? If so, how might they be collected?

4. What are the limitations of the data available through public dashboards? How would you fill in these gaps?

5. What are some ways that communities should engage with public health data during an emergency and non-emergent times?



As in communities across the country, many of the health disparities in San Francisco can be mapped directly onto the maps of historic redlining. The concentration of systemic inequities, especially in San Francisco's Southeast sector neighborhoods, have adversely impacted the health and longevity of people from those communities. Similarly, COVID-19 cases were concentrated in these same neighborhoods (Appendix 1). By adopting a hyperlocal approach, SFDPH worked with neighborhood CBOs to identify the specific needs of disproportionately impacted neighborhoods and equitably directed resources to meet those needs.

At the start of the pandemic, many CBOs feared the repercussions of the city's shelter-in-place order on their communities. While public health orders to shelter in place were meant to reduce exposures to COVID-19, it was recognized that many CBOs had to stay open as part of the essential workforce so they could serve their communities who were in great need.

Even before COVID-19, CBOs served as essential hubs for a variety of resources including food and job training. During the pandemic, many CBOs expanded their services based on the demands—distributing food and personal protective equipment, offering neighborhood-based COVID-19 testing and vaccines, helping schools handle the many challenges they faced navigating online instruction, and offering wellness checks to those isolating and quarantining. Having a hyperlocal approach to attend to the specific needs of each neighborhood proved crucial. Partnering CBOs were well positioned to respond as they knew their communities and understood firsthand how they were most impacted.

DISCUSSION QUESTIONS

1. Why do some neighborhoods face greater health challenges than others?
2. What social determinants of health did you see highlighted in the film?
3. How can a hyperlocal approach ensure that resources are equitably distributed?
4. How does understanding language diversity and the cultural specificities of a particular neighborhood ensure a more effective, hyperlocal public health response?
5. Why is it important to practice cultural humility when implementing a hyperlocal approach?

TRUSTED MESSENGERS

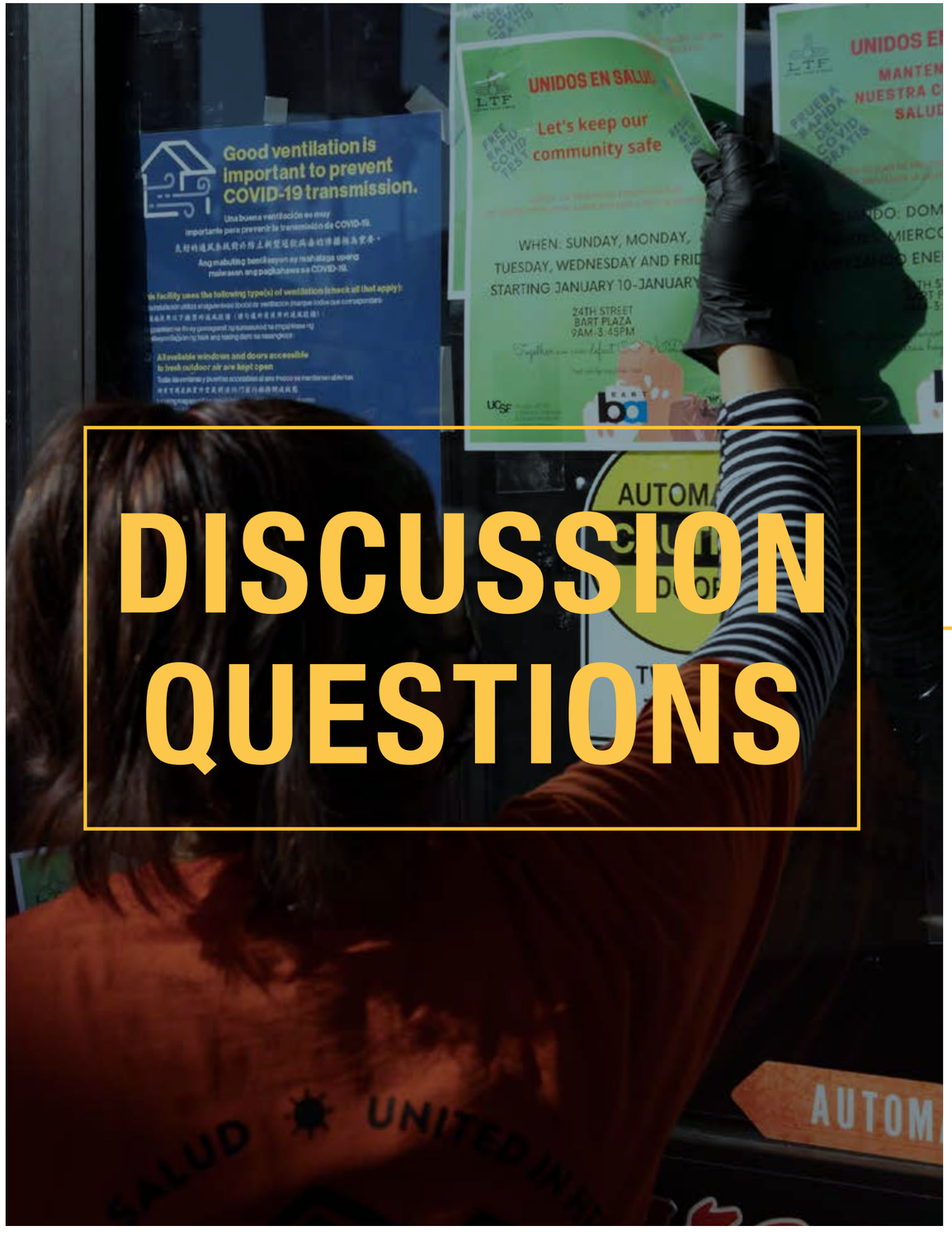
During the pandemic, many considered the preexisting distrust in medical establishments and government agencies as substantial barriers for communities of color and other marginalized groups to access essential services. CBOs were often looked to to help fill in the gaps, and by partnering with city agencies, relay vital information to affected communities and serve as trusted sources of support and resources.

For years, CBOs in San Francisco have been vital hubs for residents seeking various forms of assistance. They have actively addressed health inequities by first understanding the root causes and lived experiences of those communities. The trust cultivated between the community and these organizations was pivotal during the COVID-19 pandemic. Community members relied on their local CBOs and their leaders for guidance on COVID-19 updates, access to meals, vaccines, tests, and other essential resources. This trust formed a solid foundation for a COVID-19 response that was community-focused and driven by the needs and priorities of the people it served.

SFDPH employees – many of whom have a close working relationship with these CBOs and/or belonged to these communities themselves – were also able to act as trusted messengers and engage with emerging community leaders to support the dissemination of information and delivery of services.

Before the COVID-19 pandemic, SFDPH had collaborated with CBOs to address the AIDS crisis of the 1980s and 1990s. These enduring partnerships have remained pivotal over the years, as both entities have worked collectively towards the goal of eliminating HIV infections.

To become a trusted messenger, individuals typically immerse themselves in community activities, build relationships based on trust and respect, and exhibit a genuine commitment to the well-being of their community. This often involves active listening, understanding community needs and concerns, and advocating for community interests. Over time, through consistent actions and authentic connections, individuals can earn the trust and credibility needed to be recognized as trusted messengers within their community.



DISCUSSION QUESTIONS

1. What values and skills did you observe in the community leaders who appeared in the film? Why do you think these specific qualities were so important during their response to the COVID-19 pandemic?
2. Given the immense effort and sacrifices made by community leaders and frontline workers, what steps can be taken to ensure that community-led responses are sustainable and equitable in the long term? What specific support systems or policies might be necessary to alleviate the burden on these individuals and organizations?
3. How might health departments engage and cultivate cadres of community members to serve as “trusted messengers”? How should government agencies respond when a trusted messenger questions their communication or public health intervention strategies?
4. Could local high school or college students be inspired to become trusted messengers and contribute to their community’s well-being? If so, how?
5. In what ways can health interventions be made more effective by engaging and partnering with trusted messengers?
6. If you are not currently part of a community where you’d like to become a trusted messenger, what steps might you take?

LESSONS FROM THE HIV/AIDS RESPONSE

Due to past experiences of neglect and mistreatment by governmental and medical institutions, there has been a longstanding sense of skepticism within marginalized communities. For instance, the federal government responded slowly to the AIDS epidemic in the 1980s, which created distrust, particularly within the LGBTQ+ community in San Francisco. Activists criticized the government's handling of the crisis and the delayed approval of drugs. Additionally, issues such as housing insecurity, homelessness, and economic disparities have fostered feelings of neglect among many disenfranchised San Francisco residents.

In response to the emerging AIDS crisis, the LGBTQ+ community in San Francisco mobilized and formed various organizations aimed at addressing the needs of those affected. Activism and advocacy efforts were centered on raising awareness, promoting safer sexual and injection drug use practices, and advocating for more research and resources to combat the epidemic. San Francisco became a pioneer in promoting safer sex education and harm reduction strategies to prevent the spread of HIV. Condom distribution, syringe service programs, and educational campaigns contributed to a reduction in transmission rates.

The experience of facing a devastating epidemic fostered resilience within the community. The LGBTQ+ community in San Francisco developed a strong sense of solidarity and community support networks that proved to be valuable in responding to future health crises. This experience influenced the response to the COVID-19 pandemic in several ways. The existing infrastructure developed during the HIV/AIDS epidemic, including testing and healthcare networks, provided a foundation for an efficient response to COVID-19. Lessons learned from community engagement and activism during the HIV/AIDS epidemic facilitated effective communication during the COVID-19 pandemic, encouraging adherence to public health guidelines.

APPENDIX 1

FIGURE 1
COVID-19 Case Rates per 10,000 Residents from Priority Neighborhoods (since March 2020)

This map showcases the neighborhoods in San Francisco by COVID-19 case rates per 10,000 residents. The neighborhoods that are circled experienced elevated cases of COVID-19 transmission and SFDPH partnered with local CBOs to ensure an equitable response in these communities.

NEIGHBORHOOD SNAPSHOT

Fillmore/Western Addition

The Fillmore/Western Addition neighborhood in San Francisco is known for its cultural history, especially as a hub for African American culture and jazz music in the mid-20th century. Its blend of historic architecture and cultural landmarks has made it a vibrant part of the city's identity. During COVID-19, the neighborhood faced economic downturns that impacted its small businesses and exacerbated long-standing issues of gentrification and displacement, disproportionately affecting its historically Black community.

Tenderloin

The Tenderloin is one of San Francisco's most diverse and densely populated neighborhoods, known for its immigrant communities, affordable housing, and a high concentration of single-room occupancy (SRO) buildings. It also has the highest percentage of families with children living in SROs, making it a unique residential area for low-income families. During COVID-19, the Tenderloin faced intensified challenges of overcrowding, homelessness, and access to healthcare, while community organizations worked tirelessly to support its vulnerable residents, including families and children in SROs.

Mission

The Mission District is a vibrant neighborhood known for its deep-rooted Latinx community, rich cultural traditions, and historic role as a hub for activism and immigrant life in San Francisco. Its colorful murals, local businesses, and cultural institutions reflect the area's heritage. During COVID-19, the Mission faced severe challenges that impacted its Latinx residents, many of whom are essential workers, leading to high infection rates, economic hardships, and housing insecurity. Community efforts, however, mobilized to provide crucial support and resources during the crisis.

Sunnydale/Visitacion Valley

Sunnydale/Visitacion Valley is a close-knit community with a rich history, known for its resilience and strong sense of local pride. As home to the city's largest public housing development, Sunnydale has faced long-standing social and economic challenges. During COVID-19, the neighborhood faced issues of unemployment, health disparities, and food insecurity, while local organizations worked to provide essential services and support to residents in need.

Lakeview/OMI

The OMI (Ocean View, Merced Heights, and Ingleside) neighborhood in San Francisco has a deep history rooted in its status as one of the city's most ethnically diverse and tightly-knit working-class communities, with a significant African American and Filipino presence dating back to the mid-20th century. OMI has been shaped by efforts to combat redlining and racial segregation, which helped build strong community bonds. During the COVID-19 pandemic, the neighborhood faced housing instability and limited access to healthcare, particularly for its elderly and immigrant populations.

Bayview-Hunters Point

Bayview-Hunters Point is one of San Francisco's most vibrant African American neighborhoods, known for its history of industrial labor, particularly at the Hunters Point Naval Shipyard. During the COVID-19 pandemic, the neighborhood faced longstanding challenges, such as economic inequality, housing insecurity, and limited access to healthcare, but community-driven efforts sought to address these disparities through mutual aid, food distribution, and health outreach programs.

Excelsior

The Excelsior has long been defined by its working-class roots and multicultural fabric, with generations of immigrant families shaping its identity. Unlike the city's more gentrified areas, Excelsior has retained its unpolished charm with bustling markets, neighborhood festivals, and local pride that runs deep. During COVID-19, the neighborhood's service industry jobs were especially impacted, but its strong local networks, from church groups to neighborhood associations, stepped up to address food insecurity and health disparities.

Chinatown

San Francisco's Chinatown, the oldest and one of the most iconic Chinatowns in North America, is known for its historic architecture, bustling markets, and deep-rooted traditions. The neighborhood has long been a symbol of resilience, having overcome past challenges like the 1906 earthquake and anti-Asian discrimination. During the COVID-19 pandemic, Chinatown faced an onset of anti-Asian racism and economic hardship as tourism sharply declined. However, the community banded together through grassroots efforts, distributing meals to vulnerable seniors, organizing public health campaigns, and supporting struggling small businesses to ensure Chinatown's continued vibrancy.

NEIGHBORHOOD SNAPSHOT CONT.

Treasure Island

Treasure Island, an artificial island built for the 1939 Golden Gate International Exposition, has a unique place in San Francisco's history, transitioning from a naval base to a planned residential community with sweeping views of the Bay. Known for its quirky mix of industrial remnants and emerging development projects, the island has been in the process of transformation with plans for sustainability-focused housing and public space. During the COVID-19 pandemic, its isolation and ongoing environmental cleanup worsened housing insecurity and access to resources, but local efforts helped support the island's vulnerable residents through essential services and aid.

Potrero Hill

Potrero Hill is historically home to a community of artists and creatives. It has developed into a sought-after residential area while maintaining its laid-back, neighborly vibe. Despite its transformation into a more affluent neighborhood, Potrero Hill still retains pockets of public housing and a diverse community. During the COVID-19 pandemic, the neighborhood's proximity to industrial areas, coupled with economic challenges, led to increased food insecurity and health disparities, prompting local organizations to step in with relief efforts for both longtime residents and newer arrivals.

APPENDIX 2

DATA SOURCES

These sites play a crucial role in sharing vital information about COVID-19 in San Francisco, especially during the height of the pandemic, by connecting viewers to real-time public health data and resources. They highlight health disparities and social determinants of health, such as income, housing, and access to care. These data informed the development of targeted public health efforts, ensuring that resources reached those most in need. The insights provided helped bridge the gap between awareness and action, reinforcing the importance of equitable healthcare to limit COVID-19 transmission and improve health outcomes. Through these connections, public health initiatives became more focused on addressing long-standing inequalities.

COVID-19 data and reports | San Francisco (sf.gov)

The COVID-19 Data and Reports page offers real-time information on San Francisco's COVID-19 cases, vaccinations, and public health efforts. This resource is crucial for understanding how the pandemic has impacted different communities, particularly marginalized groups, and how public health responses are addressing these disparities. The data helps inform public awareness and guide efforts toward more equitable healthcare during the pandemic

Map of Cumulative Cases | San Francisco (datasf.org)

The COVID-19 Cases Map from DataSF provides a visual representation of COVID-19 case distribution across San Francisco neighborhoods. This tool is essential for understanding how the virus has affected different areas, particularly those with higher vulnerabilities. By offering a geographic breakdown, it helps inform targeted public health interventions and resource allocation to communities most impacted by the pandemic.

ARCHIVED: COVID-19 Vaccinations Given to SF Residents Over Time | DataSF | City and County of San Francisco (sfgov.org)

The Archived COVID-19 Vaccinations Data page on SF Gov provides detailed historical information about COVID-19 vaccinations administered to San Francisco residents. This resource is important for understanding the city's vaccination efforts over time, helping to track progress toward immunity and identify gaps in vaccine distribution. The data is crucial for analyzing the effectiveness of vaccination campaigns and ensuring equitable access to vaccines across different communities.

DATA SOURCES CONT.

Community Health Data – SFHIP

This link to the Community Health Data page on SFHIP (San Francisco Health Improvement Partnership) provides crucial insights into the health needs of San Francisco communities by highlighting key health disparities and social determinants of health. The data helps identify key gaps such as access to healthcare, housing, and economic stability, which are essential in understanding how different populations are affected by issues like COVID-19. This information allows public health professionals to design targeted interventions, ensuring resources and care reach the most vulnerable communities. By addressing these disparities, the data plays a vital role in promoting equitable healthcare and improving overall community health outcomes.

San Francisco Community Health Improvement Plan (CHIP) | San Francisco (sf.gov)

The San Francisco Community Health Improvement Plan (CHIP) outlines strategic goals to address health disparities and improve community well-being. This report highlights the city's efforts to tackle social determinants of health, such as housing, economic stability, and healthcare access, which are essential in mitigating the impact of crises like COVID-19. By identifying key health priorities and coordinating public health initiatives, the CHIP ensures that resources and interventions are directed to the communities that need them most. This plan plays a critical role in promoting long-term health equity and improving the overall quality of life for San Francisco residents.