



Rwanda

# U.S. Public Health Accompaniment Unit Overview

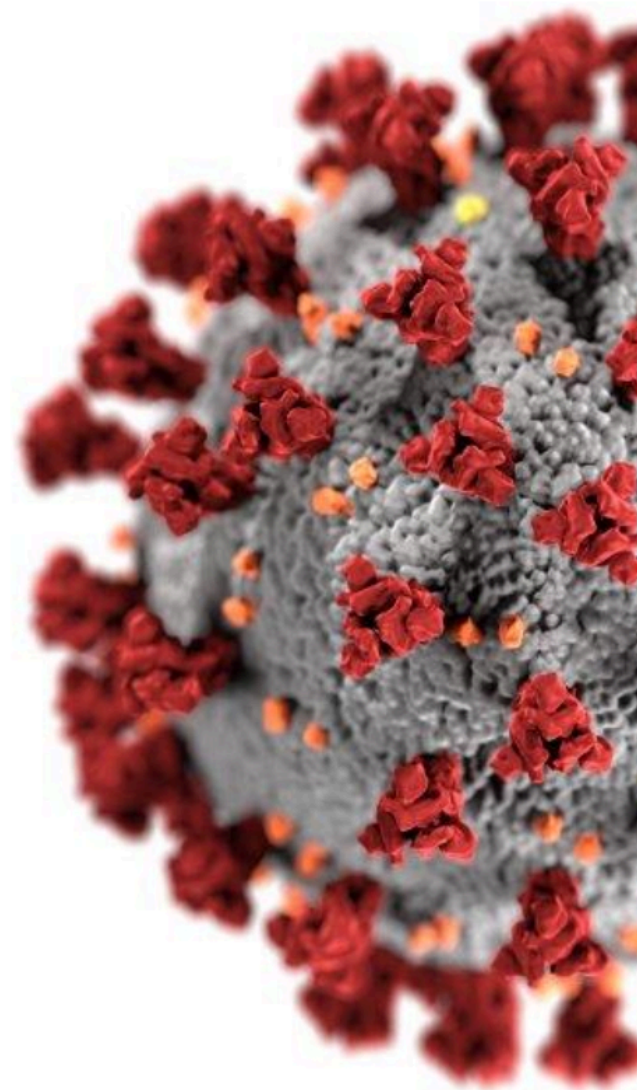
June 16, 2020



Partners  
In Health

# Overview

- PIH's US COVID response
- Origins and goals of the USPHAU
- Core areas of work and team
- What's next





Massachusetts, USA

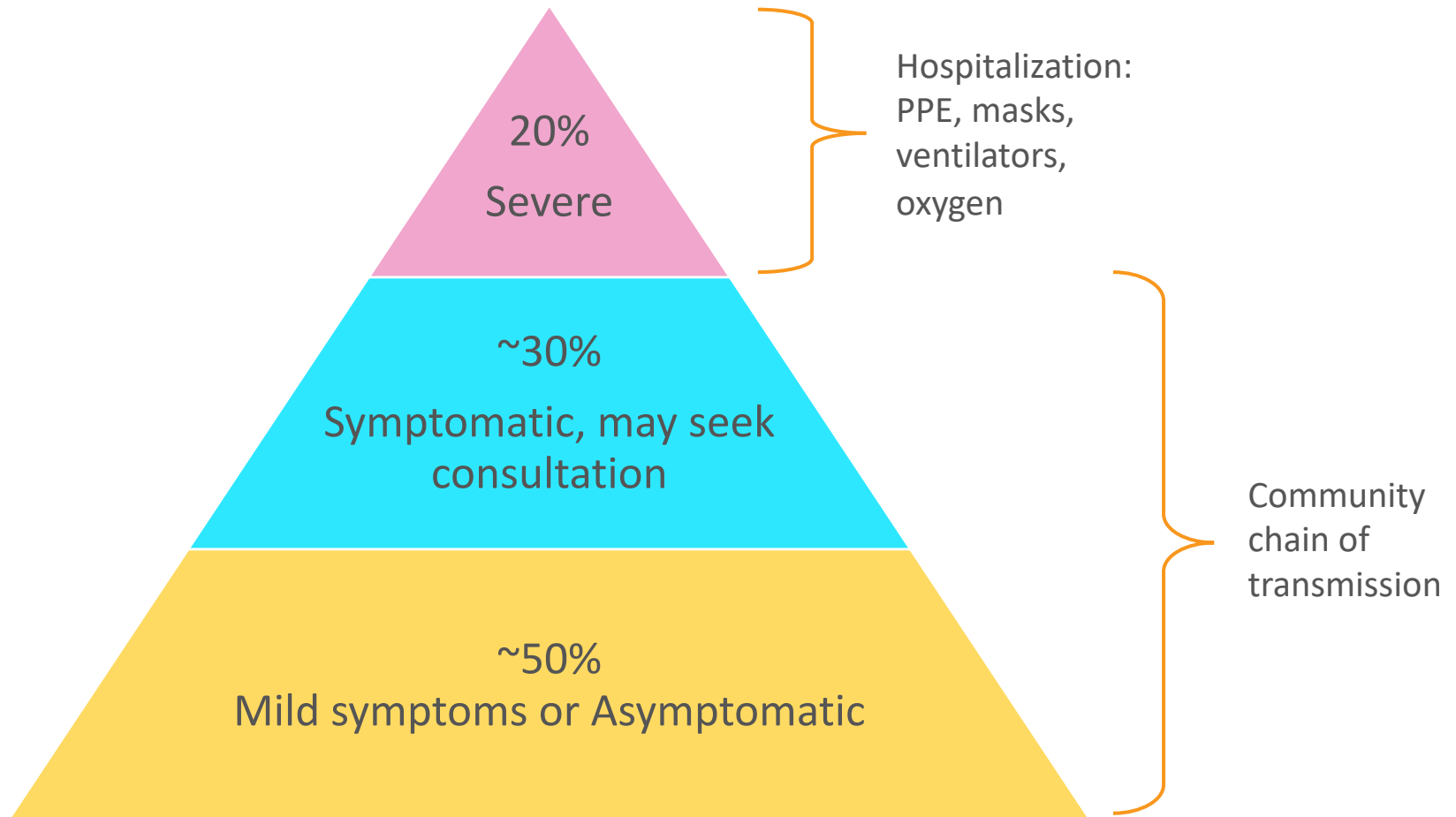
# Why has PIH engaged in the COVID response in the US?

A more aggressive public health approach in the US is needed  
COVID disproportionately affects the poor and marginalized

# The US is the global epicenter of the pandemic, but has lacked a comprehensive public health response

- As we prepared our sites around the world for COVID-19, we planned to increase testing, scale up contact tracing, provide safe isolation and high-quality care
- It was recognized that here in the U.S. the focus on high quality care eclipsed, and even silenced, the other elements needed for the response
- Hospital-based care alone only addresses about 20% of the epidemic
- Fully 80% of those infected with COVID are mildly or pre-symptomatic and are silently spreading the disease

# Spectrum of illness of COVID-19



# COVID, like most diseases, disproportionately affects the poor and marginalized

- COVID prevalence, mortality and morbidity tracks along the fault lines of society
- While Black Americans represent only about 13% of the population in the states reporting racial/ethnic information, they account for about 34% of total COVID-19 deaths in those states
- This disparity is because of the unequal society we live in. The poorest communities and people of color lack the means to adequately protect themselves
- Native American communities have also been among the hardest hit



Navajo Nation, USA

# Origins & goals of the U.S. Public Health Accompaniment Unit

# Why launch the US Public Health Accompaniment Unit (USPHAU)?

- Since the launch of PIH's contact tracing partnership with Massachusetts in April 2020, we have received requests for support from dozens of cities, states and communities across the US
- Leveraging our experience and lessons learned from MA, and our 30+ years of global work, PIH is launching a new unit, to accompany other US states, cities and community partners in rapidly scaling up contact tracing and building more equitable and effective public health responses to COVID-19 in the US
- Seed funding has been provided by [The Audacious Project](#), who invited PIH to apply for their first rapid COVID funding cycle in April 2020

**WE MUST** Rapidly Increase the Scale, Speed, and Effectiveness of Contact Tracing in the U.S.



# PIH's US Public Health Accompaniment Unit: mission

## Preferential option for the poor:

- We accompany partners to build strategies and implementation plans that first and foremost serve the most vulnerable and excluded
- Contact tracing must be linked to resources to assure health equity and racial justice in public health responses to COVID-19
- PIH will preferentially invest its advising support in the most under-resourced, hardest-hit communities in the US

## Strengthening the public sector:

- We partner with governments to build the long-term capacity of public systems
- PIH's advisers will work with frontline practitioners in existing health systems to build out their teams, processes, expertise, and implementation capacity
- These partnerships will enable strengthened surveillance and response systems, deepen local capacity and build resilience for future outbreaks, well beyond PIH's direct engagement

# PIH's US Public Health Accompaniment Unit: approach

**Accompaniment:** We walk shoulder to shoulder with our partners, meet them where they're at, and commit to open-ended partnership

**Influence with evidence:** We use evidence to break down institutional dogma that perpetuates racism and injustice

**Comprehensive systems lens:** We recognize there are no silver bullets—we use what we've learned to help reimagine complex health systems and meet comprehensive needs in communities

# USPHAU goals

## Short term (*May-Sept 2020*)

- **Accelerate pace** at which states and cities across the US get expanded COVID-19 contact tracing up and running
- **Improve quality & effectiveness of contact tracing**—ensure contact tracing is not just an epi data collection exercise, but rather that programs are driven by the right public health goals and metrics, in order to break chains of transmission and bring the epidemic under control
- Ensure contact tracing efforts across the US **focus on the needs of the most vulnerable** and **prioritize connections to care** as a core program pillar

## Medium-term (*through April 2021*)

- **Build capacity within the US public sector** to strengthen ability to respond to future COVID outbreaks and other emergency epidemics
- *Advocacy & comms goals in development*

## Long-term

*Under discussion*

# Core areas of work

# PIH's US Public Health Accompaniment Unit will focus on three core areas of work

## 1 TECHNICAL ADVISING

*Provide technical and implementation accompaniment to public health departments and affected communities to ramp-up contact tracing and related public health response efforts*

## 2 LEARNING COLLABORATIVE

*Build online resource hub and lead national learning sessions to support continued exchange of best practices and improved public health responses across the country*

## 3 ADVOCACY & MOVEMENT-BUILDING

*Leverage learnings and collective power of our growing network of US partners to amplify PIH's advocacy and influence in the US, to strengthen US health systems, build the movement for the right to health, and ensure preferential provision of comprehensive supports for those hardest hit by COVID-19*

# (1) Technical advising approach

- PIH will deploy staff members to work directly with government agencies and community groups to help design contact tracing programs and support high-quality implementation of contact tracing across the US
- In our advising work, we will:
  - Focus on serving the most vulnerable and under-resourced places
  - Advocate for and build connections to care and resources
  - Work to build longer-term capacity in the US public health system

# (1) Technical advising pathways

## Deep-dive accompaniment:

- In 4-5 sites, PIH will second teams of 2-4 full-time advisers to help co-create contact tracing programs and accompany implementation
  - Advisers will be embedded both in overarching leadership and design teams as well as within specific workstreams—e.g. workforce, tech, care coordination—depending on where the greatest needs are

## Lighter-touch advising:

- In a broader set of 10-15 sites, PIH will provide:
  - A few weeks of early design advising support as agencies get programs up and running through as-needed phone calls and email engagement
  - Routine cadence of check-in calls and materials review/on-call advisers to consult as needed, several times per week for up to a few months

# (1) TA site selection criteria

- **(1) Preferential support to places/partners serving the most vulnerable populations with most limited resources**—PIH will preferentially provide advising support to places being hardest hit by COVID-19, due to legacies of under-investment and discrimination
- **(2) Where PIH can be most effective with advising support**—We are still learning about under what conditions PIH can be most effective in an advisory capacity in the US; we'll thus build a mix of deep dive and light touch advising sites in our early work and continually seek to assess under what conditions we can have the greatest impact accompanying public sector partners in the US
- **(3) Reach**—After prioritization of sites by criteria 1 and 2, we will consider which sites allow broadest reach (Audacious proposal noted potential to influence COVID response efforts affecting population of >100M people in the US—thus light-touch advising support in CA, TX etc. allow broad total reach)
- **(4) National learning agenda**—We will build a diverse portfolio of TA sites—a mix of geographies/regions and of city/county/state-level advising partners, to maximize learning and representation within the broader Learning Collaborative
- **(5) Advocacy/influence**—We will prioritize advising support to places where building relationships will strengthen broader PIH advocacy & influence (and development) agendas

# (1) Technical advising partnerships in progress

## Deep Dive Accompaniment

- Newark, NJ
- Illinois
- Immokalee, FL

## Technical Advising

- Ohio
- North Carolina
- Navajo Nation

## Informal Advising

- NYC Health + Hospitals
- Colorado
- California
- Baltimore, MD

# (1) Technical advising team to date

## Newark, NJ

- Regan Marsh, Technical Adviser
- Dan Gwinnell, Project Lead
- Katie Pannell, Project Manager
- Arianna Kahn, Coordinator

## Illinois

- Ameet Salvi, Project Lead
- Trent Fuenmayor, Project Manager
- Regan Marsh, Technical Adviser

## Immokalee, FL

- Dan Palazuelos, Project Lead
- Matt Hing, Project Manager

## Ohio

- Bram Wispelway, Project Lead
- John Welch, Technical Adviser

## North Carolina

- Akshatha Kiran, Project Manager
- KJ Seung, Technical Adviser

## Navajo Nation

- Sonya Shin, Project Lead
- Jamen Garcia, Project Manager
- Bram Wispelway, Technical Adviser

## (2) COVID-19 Learning Collaborative: why

- States, cities and community organizations across the US are **sprinting to stand up surge contact tracing capacity** and broader public health responses at an **unprecedented scale and pace**
- In PIH's conversations with leaders and practitioners over the last month, we have found that most are **wrestling with very similar design and operational questions** (though in diverse local contexts)
- While there are many excellent COVID-19 tools and toolkits emerging, **few have been field tested or developed with a sufficient level of practical guidance** on how to apply or adapt to diverse local contexts
- While there are many high-quality introductory training programs and webinars, there are more limited spaces for front-line practitioners, designing and running contact tracing efforts, to **directly connect with one another to share questions, emerging challenges and best practices**
- PIH's learning collaborative will focus on **pragmatic solidarity among implementers**, through ongoing resource-sharing, dialogue, and peer learning

## (2) COVID-19 Learning Collaborative: target audience

*The Learning Collaborative is designed for public health entities who are actively engaged in supporting public health responses to COVID-19; this includes leaders and practitioners from:*

- **State agencies** including state departments of health and human services, offices of Governors and statewide COVID command centers
- **Local agencies** including county and city-level departments of health, local boards of health, and Mayor's offices
- **Implementing partners** to state and local agencies, including nonprofits, academic institutions, and other organizations that have been contracted or volunteered to support governments to execute on contact tracing activities
- **Community organizations** working on community-led public health responses

## (2) COVID-19 Learning Collaborative: core components

### (A) Resource hub

- PIH will establish a resource library, to provide an open-source toolkit to public agencies working on contact tracing and broader public health responses to COVID
- In addition to a library of materials from MA and PIH's broader US and global work, members will have access to webinars and cross-site engagement channels

### (B) Learning series

- PIH will facilitate a deeper-dive quality improvement-focused learning series to further accelerate progress of national contact tracing efforts
- This will include bi-monthly facilitated learning sessions, and ongoing documentation and dissemination of emerging best practices

## (2) Global learning series partnership

- In parallel to the US-focused COVID-19 Learning Collaborative, in partnership with UGHE and the Aspen Institute, PIH will:
  - Convene a series of global learning sessions, focused on case studies from around the world, with a focus on lessons learned on pandemic preparedness and response
  - Create a short-course on lessons learned from COVID-19 on global pandemic preparedness & response available to the general public
- This learning series and short-course will help channel enrollment into the US Learning Collaborative, as well as into UGHE's emerging executive education program on pandemic preparedness, to launch in late 2020

# (3) National advocacy & movement building

- PIH will leverage learnings and engage our expanding network of US partners, to amplify PIH's US advocacy agenda and movement-building work in pursuit of:
  - An economic and socially progressive response to COVID19
  - Long-term US health systems strengthening
- Specific focus areas will include:
  - **Targeted advocacy** to inform state and federal legislation related to COVID response, and broader public health financing and systems reform
  - **Collaboration with local community organizing groups** to ensure needs of the most vulnerable are centered in response and recovery efforts, with the lens of health equity and racial justice
  - **National media campaigns** on contact tracing and on reimagining what an equitable health system in the US should look like

# What's next in the coming weeks?

- Formalize 2<sup>nd</sup> cohort of advising partnerships with cities, states & communities
- Launch resource library and learning sessions
- Formalize national advocacy and communications agendas