Building the Frontlines of Chicago’s COVID-19 Response

Furthering health equity, community partnerships, and diversifying public health approaches

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Disclaimer

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- Dave Kern, Sanford Gaylord, Dawn Broussard, Antonio King, Nilsa Irizarry, and Ayla Karamustafa have no known financial conflicts of interest.
Learning Objectives

- Enhanced knowledge of principles and application of COVID-19 case investigation, contact tracing, and resource coordination

- Understanding the alignment of Chicago’s COVID-19 case investigation and contact tracing response with Healthy Chicago 2025 health equity and community partnership goals

- Awareness of the unique personnel management aspects of public health emergencies when responders are impacted both personally and professionally

- Understanding how challenges and successes within the response can potentially inform public health programming for organizations engaged in STI and HIV prevention and care efforts
Agenda

- Overview (Dave Kern)
- Stories (Sanford Gaylord)
- CDPH Case Investigations/Contact Tracing (Dawn Broussard)
- Community Contact Tracing Corps (Antonio King)
- Resource Navigation (Nilsa Irizarry)
- Healthcare Case Investigations/Contact Tracing (Ayla Karamustafa)
- Close (Dave Kern)
Case investigations/contact tracing (CI/CT) is one part of CDPH’s COVID-19 response. Other areas include epidemiology, Q/I housing, testing/lab services, community engagement, communications/marketing, and vaccination.

CDPH has provided some level of CI/CT since our first cases were diagnosed in the beginning of 2020.

As the number of cases grew, we developed a multi-sector CI/CT model to handle volume and, at the same time, promote health equity.

This unified model incorporates three groups – CDPH employees, healthcare partners, and community-based organizations.

By fall 2020, more than 700 people were working on CI/CT. Today, the current team works 7 days/week, 12 hours/day, and includes >900 people.

The team was built to be flexible, allowing team members to shift to other responsibilities as needs changed.

While a multi-sector approach was more challenging than wholesale outsourcing or massive CDPH staff expansion, the model allows for real investments in community AND positions us to create a sustainable public health workforce for the future.

CI/CT, like Chicago’s public health work in general, is guided by Health Chicago 2025 (HC 2025), the city’s public health improvement plan.

Following the guide of HC 2025, all parts of CDPH’s COVID-19 response were built through a health equity lens.
CDPH’s COVID-19 Response Strategy

CDPH is focused on preventing COVID-19 cases by attempting to both prevent primary transmissions and reduce secondary transmissions.

Prevent primary transmission

- Individual behavior
  - Social distancing
  - Mask usage
  - Hand washing
- Environmental / Admin (facility based)
  - A/C
  - Elevators/ Common areas
  - Disinfection/ PPE
- Community
  - Gathering size
  - Decompression work
- Vaccination

Prevent secondary transmission / outbreaks

Awareness of positive status is critical to prevent further spread

- Identification and isolation
  - Testing
  - Reporting
  - Quarantine / isolation, guidance
  - Surveillance monitoring
  - Analyze data (trends, predictions)

- Identify exposures
  - Case investigation
  - Contact tracing - congregate settings and individual contacts within community

Focus of this presentation: Vaccination

CDPH’s COVID-19 Response Strategy

CDPH is focused on preventing COVID-19 cases by attempting to both prevent primary transmissions and reduce secondary transmissions.

- Individual behavior: Social distancing, mask usage, hand washing
- Environmental / Admin (facility based): A/C, elevators, common areas, disinfection, PPE
- Community: Gathering size, decompression work
- Vaccination

Awareness of positive status is critical to prevent further spread.

- Identification and isolation: Testing, reporting, quarantine, surveillance, data analysis
- Identify exposures: Case investigation, contact tracing (congregate settings and individual contacts)

Focus of this presentation: Vaccination
**CI/CT – Definition**

CI/CT involves identifying confirmed cases and their contacts, and working with them to interrupt disease spread via quarantine/isolation, monitoring, and testing contacts.

### Key Activities

- **Case Investigation**
  - Gather demographic and other information about index case
  - Gather information on symptoms and provide guidance
  - Gather information about prolonged close contacts
  - Assess need for supportive services through isolation

- **Contact Notification**
  - Notify prolonged close contact identified by index cases of their potential exposure
  - Provide guidance; support quarantine
  - Link to testing
  - Assess need for supportive services through quarantine

- **Resource Coordination Hub**
  - Help index cases and close contacts get connected to supportive services
    - Services provided through partner organizations

- **Surveillance Monitoring**
  - Monitor index cases and contacts on symptom progression
  - Assess need to maintain isolation/quarantine
  - Provide additional guidance, as needed

### Parties Involved

- **Case investigators** employed by CDPH, FQHCs, and Hospitals
- **Contact tracers** employed by CDPH, FQHCs, Hospitals, and CBOs
- **CBOs and resource partners**
- **CBOs**
  - Tech-based – through Chi COVID Coach and Salesforce
The full vision of contact tracing involves three key lanes based on partner capabilities and type of case (congregate setting vs. community setting).

- **Positive COVID-19 test**
  - Robo-calls/texts
  - Facility has contact tracing abilities?
    - Yes
      - Testing facility based case investigators (FQHC & Hospitals)
      - Tracer capacity?
        - Yes
          - Testing facility based contact tracer
          - Resource hub
        - No
          - CDPH case investigators
      - Special team case?
        - Yes
          - CDPH congregate case investigators (HC, Congregate living, Peds)
      - No
        - CBO contact tracers
  - No

**Workforce**
- Blue = CDPH (134)
- Purple = CBOs (600)
- Orange = Hub (32)
- Green = HC (150)

**Surveillance Monitoring**
- CBO contact monitors with CDPH Chi COVID Coach

**Resource Coordination Hub**
- Robo-calls/texts
- Facility has contact tracing abilities?
  - Yes
    - Testing facility based case investigators (FQHC & Hospitals)
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  - No
    - CBO contact tracers
- Tracer capacity?
  - Yes
    - Testing facility based contact tracer
  - No
    - CBO contact monitors with CDPH Chi COVID Coach
CI/CT Cascade (April 2020 – March 2021)

- Eligible Covid Cases: 101,955
- Completed (61%): 62,216
- Contacts Initiated (0.8): 51,140
- Contacts Notified (58%): 29,569

And, so much more...
- Clusters/outbreaks
- Breakthrough cases
- Variant cases
- Expansion projects
- Workforce development
The death of one is a tragedy, the death of hundreds and thousands become statistics.

What are the stories behind the statistics?
The full vision of contact tracing involves three key lanes based on partner capabilities and type of case (congregate setting vs. community setting)

- **Positive COVID-19 test**
  - Robocalls/texts
  - Facility has contact tracing abilities?
    - Yes → **Case Investigation**
    - No → **Contact Notification**

  **Case Investigation**
  - Testing facility based case investigators (FQHC & Hospitals)
  - Tracer capacity?
    - Yes → **Positive COVID-19 test**
    - No → **Contact Notification**

  **Contact Notification**
  - Testing facility based contact tracer
    - Yes → **Resource hub**
    - No → **Resource hub**

  **Resource hub**
  - Resource Coordination Hub
  - Surveillance Monitoring

**CBO contact monitors with CDPH Chi COVID Coach**

Blue = CDPH (134)
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Summary

- Program description: The CDPH CI/CT program provides case investigation for individuals diagnosed through non-participating healthcare facilities and investigates clusters/outbreaks, pediatric COVID-19 cases, break-through cases, and variant cases.
- Current workforce: 134
CI/CT Foundational to Public Health

**Institutes of Medicine, 2012**

- **Public Health 1.0**
  - Tremendous growth of knowledge and tools for both medicine and public health
  - Uneven access to care and public health

- **Public Health 2.0**
  - Systematic development of public health governmental agency capacity across the United States
  - Focus limited to traditional public health agency programs

- **Public Health 3.0**
  - Engage multiple sectors and community partners to generate collective impact
  - Improve social determinants of health
"Successful case investigation and contact tracing for COVID-19 is dependent on a robust and well-trained public health workforce. Many are familiar with case investigation and contact tracing as a core strategy used in outbreak investigations (CDC Field Epidemiology Manual). It has also been implemented for decades by Communicable Disease Investigators (CDI) or Disease Intervention Specialists (DIS) in health departments throughout the United States to prevent and control tuberculosis, sexually transmitted infections, HIV, and other infectious diseases, as well as to respond to outbreaks."
Workforce: Rapidly Building the CI/CT Team
(April 2020 – April 2021)
Accomplishments - Quantitative

- 60,000+ completed interviews
- 60,000 individuals offered wraparound services
- 51,000 initiated contacts
- Identification and escalation of ~900 case clusters
- Enhanced work with persons with or exposed to COVID connected to:
  - Clusters/outbreaks
  - Variant strains
  - Breakthrough cases
  - And infinite number of miscellaneous requests
Accomplishments - Qualitative

- Continuous learning and quality improvement
  - Lessons learned for HIV/STI
- Increased awareness and appreciation for CI/CT
- Communities of practice
  - Peer-to-peer learning, self-care, professional development
- Exceeding expectations of what would be possible with a blended, remote workforce
- Coordination and support across a variety of units and partner agencies
- Expanding the public health workforce
Future Opportunities

- So many lessons learned for HIV/STI!
- Increased awareness and appreciation for CI/CT
- Gains in efficiency and impact
  - Expanded automation and integrated information systems
- Blended, remote workforces
- Coordination and collaboration across CDPH and with communities and partners
- New energies in public health and an expanded workforce
The death of one is a tragedy, the death of hundreds and thousands become statistics.

What are the stories behind the statistics?
COVID-19 Community-based Contact Tracing Corps

Antonio King
CI/CT Model

The full vision of contact tracing involves three key lanes based on partner capabilities and type of case (congregate setting vs. community setting).

- **Case Investigation**
  - Positive COVID-19 test
  - Robo-calls/texts
  - Facility has contact tracing abilities?
    - Yes: Testing facility based case investigators (FQHC & Hospitals)
    - Yes: Tracer capacity?
      - Yes: Testing facility based contact tracer
      - No: Special team case?
        - Yes: CBO contact tracers
        - No: CDPH congregate case investigators (HC, Congregate living, Peds)

- **Contact Notification**
- **Resource Coordination Hub**
- **Surveillance Monitoring**

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Summary

- Program description: The Community Contact Tracing Corps notifies contacts of COVID-19 exposure, provides public health guidance, facilitates access to resources, and offers surveillance monitoring. Since inception, the Corps has evolved to take on additional COVID-19 response activities.
- Current workforce: ~600
Project Overview

The Chicago COVID-19 Contact Tracing and Resource Coordination program invests in hard-hit communities and works to mitigate community transmission by creating a diverse public health workforce that reflects our City’s residents.

- Identify and fund community organizations in under-resourced neighborhoods to hire the City’s community-based Contact Tracing Corps from these same under-resourced community areas
- Create roughly 600 career opportunities for Black, Latinx, and other Chicagoans disproportionately impacted by COVID-19
  * CT staffing includes community members who are: returning citizens, unskilled laborers, CBO program clients as well as college degree professionals
- Establish and operate Chicago COVID-19 Resource Coordination Hub
We prioritized CBOs in high economic hardship community areas, Auburn Gresham, and South Shore.

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<td>Selected Community Based Organizations</td>
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<td>1  Ada S. McKinley Community Services, Inc.</td>
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<td>2  Back of the Yarda Neighborhood Council</td>
<td>17 Leave No Veteran Behind</td>
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<td>3  Breakthrough Urban Ministries, Inc.</td>
<td>18 Metropolitan Family Services</td>
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<td>4  Brothers Health Collective</td>
<td>19 National Able Network, Inc.</td>
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<td>5  Calumet Area Industrial Commission</td>
<td>20 New Plaisah Community Center</td>
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<td>6  Centers for New Horizons</td>
<td>21 North Lawndale Employment Network</td>
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<td>7  Central States SER</td>
<td>22 Phalanx Family Services</td>
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<td>8  Community Assistance Programs</td>
<td>23 Puerto Rican Cultural Center</td>
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<td>9  Emision Community Services, Inc.</td>
<td>24 Safer Foundation</td>
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<td>10 Goodwill Industries of Metropolitan Chicago</td>
<td>25 SCA Youth and Family Services</td>
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<td>11  Greater West Town Project</td>
<td>26 South Side Help Center</td>
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<td>12  Habilitative Systems, Inc.</td>
<td>27 Southwest Organizing Project</td>
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<td>13  Instituto del Programa Latino (Institute for Latina Progress)</td>
<td>28 St. Sabina</td>
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<td>14  KLEO Community Family Center</td>
<td>29 The Resurrection Project</td>
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<td>15  Latino Resource Institute of IL</td>
<td>30 Westside Health Authority</td>
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<td>16  YWCA</td>
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Professional Development/Earn & Learn

Corps members will receive regular professional development (6-week intervals) from their CBO employer and The Partnership collaborative. Topics include refresher trainings, trauma-informed service delivery and self-care, customer service skills, epidemiology and other related topics.

Earn & Learn program will offer access to paid healthcare occupational training as well as:

- Career guidance
- Menu of in-demand careers
- Articulated career pathways
- Supportive services
- Job placement in healthcare or related field
- Retention services
Training and ongoing support of Corps members

- Weekly supervisors’ role play
- Weekly review of staff and project-related managerial concerns
- Weekly Let’s Chat
- Communities of practice from UIC School of Public Health
  - Supervisors
  - Contact Tracers
- Weekly “office hours” with Sinai Urban Health Institute
- Weekly regional meetings
Description of bundles

- Contact tracing/daily surveillance monitoring
- Case investigation/assistance with data systems/ COVID survivor follow-up
- Promotoras de Salud/Community Health Work
  - Collaborate with CBOs to build on strengths and to address unmet health needs in the Latinx and African American communities.
  - Focus on improving access to COVID testing, vaccination services, education.
  - Identify and address barriers that prevent COVID vaccination.
  - Maintain effective communication and working relationships with local organizations to engage them in promoting COVID outreach.
  - Ultimately eliminate health disparities and achieve health equity, in order to maximize positive health outcomes for all.
- COVID call center (N.I.)
The Future of the Corps

- The initial award and contract with the Chicago Cook Workforce Partnership was for $40M to cover July 1, 2020 through June 30, 2021, with another $16M to cover July 1, 2021 through June 30, 2022.
  - Contract has been amended to be $56M covering July 1, 2020 through June 30, 2022.
- Working with a number of partners to build a new public health workforce
  - Training and career coaching
  - Policy barriers
    - Funding/billing
    - Background checks
- The goal is to end the full contract with a sustainable, trained, networked, and trusted collection of public health professionals and a standing Public Health Corps.
The death of one is a tragedy, the death of hundreds and thousands become statistics.

What are the stories behind the statistics?
COVID-19 Resource Coordination

Rev. Nilsa Irizarry
CI/CT – KEY CASE FACTORS

The full vision of contact tracing involves three key lanes based on partner capabilities and type of case (congregate setting vs. community setting)

Positive COVID-19 test

Facility has contact tracing abilities?

Yes

Testing facility based case investigators (FQHC & Hospitals)

No

CDPH case investigators

Tracer capacity?

Yes

Testing facility based contact tracer

No

CDPH congregate case investigators (HC, Congregate living, Peds)

Special team case?

Yes

CBO contact tracers

No

Resource hub

Blue = CDPH (134)
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Summary

- Program description: The Resource Coordination Hub engages persons diagnosed with COVID-19 and their known contacts to identify resources that meet needs that impede successful isolation/quarantine, including referrals and linkages to food, medication, and other services. Since inception, the Resource Hub has evolved to take on additional COVID-19 response activities.

- Current workforce: ~32
COVID-19 Resource Coordination Hub Case Flow

**OVERVIEW:**

**CASE FLOW**

1. **Contact Tracer** reaches out to COVID case or contact with Salesforce ID.
2. COVID case or contact indicates need for wrap-around support services.
4. Resource Navigators search in NowPow and Supplemental Resource Lists for resources to meet needs. Resources shared through email, phone, or text, and follow up occurs if necessary.
5. Inbound Resource Navigation Team.
6. COVID FAQ Hotline.
7. Vaccine Registration Hotline.
8. Community member referred to Resource Hub Inbound Hotline.
9. Community member calls Resource Hub Inbound Hotline with needs.
10. Case ticket created in ServiceNow.
Accomplishments

- Other financial assistance: 2040
- Temporary cash assistance for families: 2309
- Soup kitchen or free meals: 2988
- Emergency-only financial assistance: 4670
- Meal delivery: 4828
- Fresh fruits and vegetables: 8387
- Groceries: 8852
- Rent and mortgage payment assistance: 10997
- Utility payment assistance: 12372
- Food pantry: 17486

*NowPow -10 Most Common Service Types Requests*
Accomplishments

- Total of 6,700 people received referrals through the outbound calling system by the end of March
- Even distribution of age of clients on the outbound line
- Total of 230 cases through the inbound calling system by the end of March
- 40% of clients on the inbound line are 60 years and above
Call Center

- Program Description: Currently operating both as an inbound and outbound call line for general inquiries; as well, assist callers with identifying vaccine providers in their area and navigating appointment making process
- Vaccine registration: United Center, Chicago State University, Apostolic Faith Church, and Daley College
- COVID Hotline: 312-746-4835
- Hours of Operation: Monday – Saturday 8a to 8p and Sunday 8a to 4p
- Protect Chicago Homebound Vaccination Program: Call Center Outreach
- Staffing: CBO contact tracers, resource navigators, and their supervisors
Call Center – Sum of Inbound and Outbound Calls

- Sum of Inbound Calls
- Sum of Outbound Calls
The Future of the Resource Coordination HUB

- Support of CDPH’s COVID-19 Call Center – inquiry line
- Hyper-local resource curation
  - Continue to develop relationships with local community-based organizations
  - Hub staff members have weekly conversations to gather information on hyper-local events and activities that could serve needs of community members
    - Some local CBO partners include Enlace in Little Village, SWOP in Southwest Chicago, and Northwest Side Housing Center in Belmont-Cragin
- Building toward 211
  - Demonstrate coordination capacity needs to align to community resources
  - Incorporate and leverage into future 211 infrastructure
Lesson learned

- Build sustainable connections with local community-based organizations and their contact persons to work collaboratively to ensure additional hyper-local resources are accessible for community members.
- Ensure user resource database offers equitable access to larger and smaller agencies, alike.
The death of one is a tragedy, the death of hundreds and thousands become statistics.

What are the stories behind the statistics?
COVID-19 Healthcare CI/CT

Ayla Karamustafa
CI/CT – KEY CASE FACTORS

The full vision of contact tracing involves three key lanes based on partner capabilities and type of case (congregate setting vs. community setting)

1. **Facility has contact tracing abilities?**
   - Yes: **Testing facility based case investigators (FQHC & Hospitals)**
   - No: **CDPH case investigators**

2. **Tracer capacity?**
   - Yes: **Special team case?**
     - Yes: **CDPH congregate case investigators (HC, Congregate living, Peds)**
     - No: **CBO contact tracers**
   - No: **Testing facility based contact tracer**

3. **Resource hub**
   - **CBO contact monitors with CDPH Chi COVID Coach**

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Summary

- Program description: The Healthcare CI/CT program provides case investigation and contract tracing for individuals diagnosed through participating facilities. Since inception, the Healthcare CI/CT program has evolved to take on additional COVID-19 response activities.
- Current workforce: ~150
One of Three Buckets
Program Overview & Logic

● Identified 28 healthcare facilities to conduct CI/CT/RC
● 1 technical assistance and capacity building partner
● Minimize load on CDPH case investigators
● Faster turn-around time from diagnosis to contact tracing
● Consistency of one entity conducting all interventions
● Interventions tailored to patient population/community area
● Trust & rapport
● Investment in future relationships with healthcare facilities
Federally Qualified Health Centers (FQHCs)

- 100+ clinics across 22 systems
- Collective patient population of over 750,000
- Services accessible to patients regardless of ability to pay
- Located in many areas with greater case rates
- Create and maintain relationship between patient and provider for ongoing follow-up

Hospitals

- Critical role in COVID-19 Response and Chicago’s Healthcare System
- Conducting lion’s share of COVID testing in the City
- Diagnosing large percentage of COVID positive clients
- Create and maintain relationship between patient and provider for ongoing follow-up
Partnership with Howard Brown Health

- Selected as technical assistance/capacity building support for the grant
- Comprehensive HIV/STI partner services program since early 2000s
- In-house training team and staff in place
- Began COVID-19 testing and CI/CT in March 2020
- Clinical/FQHC non-governmental perspective
- Provide maximum support to 28 delegate agencies
HCFC Workforce Total

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<tr>
<th>Category</th>
<th>Count</th>
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<tr>
<td>CICT Staff</td>
<td>124</td>
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<tr>
<td>Supervisors</td>
<td>26</td>
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<td><strong>Total</strong></td>
<td><strong>150</strong></td>
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- CICT Staff: 82.7%
- CICT Supervisors: 17.3%
CICT Data Highlights

- Beginning March 2021, HCFC conducting CICT for between 14-21% of COVID cases in Chicago.
- Successfully reached 60% of cases 12/27/20-4/17/21, which is consistently 10%+ higher than the rest of Chicago cases investigated over the same time period.
- Successfully reached 60% of contacts elicited through 4/17/21; successfully reached 46% within 48 hours.
HCFC total cases by zipcode & proportion of completed HCFC cases by zipcode, for the period of 12/27/20-4/3/21

*Limited to cases with reported zip code; HCFC SF data pulled as of 04/06/2021, 9:00 am est. ~ 4% missing zip code.
Other Program Successes

- Workforce of 150 individuals across sites came together to operationalize this program.
- CDPH is investing in long term relationships with all funded facility partners to leverage expanded public health workforce in the future.
- Building CICT infrastructure outside of CDPH opens the door to future partnership for other reportable diseases and conditions, such as HIV/STI partner services work.
- A portion of the program funding has gone to support COVID-19 testing, vaccination, and education efforts at all sites - allowing CDPH to expand COVID-19 response infrastructure city-wide.
Flexible Scopes & Future State

- Modification of scopes to match pandemic response in spring 2021
- Other COVID-19 response related activities allowable
- Invest in public health workforce and CICT infrastructure to potentially leverage in the future:
  - Expansion of HIV/STI partner services/surveillance activities conducted by
  - Invest in FQHC safety net in Chicago
Closing

- Thanks and appreciation
- For more information