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Safety-Net Hospitals as Community Anchors in COVID-19

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The delivery of medical care in the United States has changed dramatically as a result of the coronavirus disease 2019 (COVID-19) pandemic. As providers, we planned and prepared for the surge of patients, counted ventilators, inventoried personal protective equipment, and set up staffing models to support an exhausted workforce. Elective surgeries were canceled and clinics were closed to in-person visits, in an effort to prioritize patient safety and allocate resources toward the management of COVID-19 patients. Beyond direct clinical care, some safety-net hospitals functioned as community anchors prior to the pandemic, providing services such as support groups, food pharmacies, exercise classes, and linkage to other resources. Many of these in-person initiatives were also suspended due to safety concerns. These actions threatened the ability of hospitals, such as Zuckerberg San Francisco General (ZSFG), to fulfill the multifaceted roles they had played in the community prior to the pandemic. On the surface, it appeared that the comprehensive services safety-net hospitals had provided to vulnerable populations would have to be put on hold.

Simultaneously, medical student education across the globe was transformed (1). In response to increased demand on clinicians and lack of personal protective equipment, clinical rotations were suspended for many medical students, jeopardizing graduation and entry into the workforce at a time of great need for competent new physicians. This action resulted in a need to reenvision the way that medical students engage with a rapidly changing clinical landscape. In response, the University of California, San Francisco immediately pivoted to assess and recruit available resources to create a COVID-19 elective. Education and clinical leaders focused on identifying opportunities for medical students, temporarily suspended from clinical rotations, to leverage their capacity to provide meaningful support to health systems impacted by COVID-19 (2). Taking a site-based approach to organization of the elective opportunities, our team began to work on faculty outreach and development of projects at ZSFG.

As San Francisco's main safety-net hospital and level 1 trauma center, ZSFG serves an incredible diversity of patients, caring for tech executives and individuals experiencing homelessness together, regardless of insurance, immigration status, or ability to pay. Prior to the pandemic, the spirit of ZSFG was felt simply walking through the hallway, from the Zumba music heard emanating from the multipurpose room to the crescendo ambulance wails of a trauma activation, and the warm elevator greetings of staff who have been working together for decades. The bustle of the hallway stands in contrast to Frida Kahlo's serene self-portrait which hangs on the wall above, given to the hospital in thanks for her treatment. The collective empathy and compassion that made Ward 86 famous for its care of HIV-infected individuals is still present today. Our experience developing this elective has provided an illustration of how this safety-net hospital has innovated ways to continue functioning as a community anchor, going beyond direct patient care to address the social and systemic vulnerabilities of its patient population.

In reaching out to faculty for elective proposals, we cast a wide net, recognizing that demands placed on many clinicians with increased responsibilities could limit bandwidth for an additional education role. To our surprise, the response was swift and strong. As we sifted through the project proposals saturating our inboxes and met with faculty to discuss potential ideas for student involvement, we were struck not only by

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the enthusiasm for student contribution but also by the common themes echoed in many of these initiatives.

Many of the projects we received sought to address the ongoing social and systemic needs of ZSFG's patient population, rather than the care of patients with COVID-19. Policy makers responding to the increased risk of disease spread in jails and prisons announced the impending release of thousands of individuals from Bay Area correctional facilities. The arrival in the community of a large number of people, many of whom suffer from chronic disease, could overwhelm the Bay Area's network of county health systems or leave many without adequate care. Anticipating this influx, a family medicine physician at ZSFG asked for assistance from medical students with outreach and the creation of infrastructure to link these individuals to care. She and her team developed a telephone hotline for recently incarcerated individuals that could connect them to stable health care.

Projects addressing the social and economic needs of specific patient groups arrived with great urgency. In obstetrics and gynecology, a physician guided students to create and run a delivery food pantry for pregnant patients facing barriers in accessing nutritious foods and items needed to monitor a pregnancy. In psychiatry, a physician worked with students to help compile and update a set of community resources—current based on the changing landscape of COVID-19—for the unstably-housed mentally ill in San Francisco. Similarly, pediatricians engaged students to help perform telephone outreach to medically and socially complex pediatric patients to optimize referral and follow-up. These initiatives illustrate a culture and value system that has characterized ZSFG long before COVID-19. Embedded in the collaborative response between ZSFG and the medical school was a conviction to address the structural factors, such as housing instability, food access, and incarceration, that profoundly impact the health of many San Franciscans. This spirit is one of connection and dedication to ZSFG's patient population.

A final group of projects focused on COVID-19 positive patients with complex social needs. These projects sought to address the structural barriers to the attainment of appropriate care for persons with COVID-19. For example, clinicians reached out to us for student assistance in their efforts to coordinate hospital discharge planning and tracking of patients with COVID-19 and housing instability. Other projects aimed to support residents of the Mission District of San Francisco, a predominantly Latinx neighborhood bearing a disproportionate burden of COVID-19. While one physician organized student outreach and COVID-19 education at local foodbanks, another doctor integrated students into the planning and implementation of an initiative, *Unidos En Salud*, to test over 4000 individuals in a census tract of the same neighborhood.

As others have articulated, COVID-19 has had profound effects on patients with a wide range of health conditions (3). Our experience at ZSFG illustrates an extension of this phenomenon. Not only does the pandemic impact every patient in the hospital, it has rippling implications for those who rely on this safety-net hospital to provide resources

that address the social determinants of health which make them ill in the first place. This collection of efforts also illustrates the multitude of mechanisms by which the socially vulnerable are likely to bear a disproportionate burden of COVID-19 related suffering. However, the creativity, innovation, and spirit of collaboration between clinicians and students that has characterized the pandemic response at ZSFG is inspiring and instills hope. Further, it demonstrates the profound dedication of these clinicians, and now a whole generation of physicians in training, to the patients they serve.

As for the student volunteers, they have rediscovered and amplified specific identities that drew them to medicine and make for the best healers enriching patients' lives. They are interpreters, educators, researchers, compassionate communicators, artists, programmers, and problem solvers. The faculty described students as "wonderful partners and integral team members" with "sharp analytical skills, warmth, dedication and thoughtfulness." Students' reflections include descriptions of "learning about community-based participatory research," "building rapport with patients using telemedicine," and "honing one's ability to synthesize information in a way that is accessible to the public," highlighting that "good medicine is rooted in human relationships and thoughtful communication."

The revelatory experience of creating this elective has broadened our perspective of the role ZSFG plays in caring for vulnerable patients, challenged by low English language proficiency, financial crises, housing instability, and food scarcity. Zuckerberg San Francisco General Hospital, as a community anchor, saw the necessity of moving from a community destination for provision of health care during nonpandemic times to the origin of outreach and connection during the COVID-19 response. This continuation of a person-centered mission, recognizing the impact of social determinants of health, is illustrative of the nimble response needed of health-care systems today. Further, it illustrates how medical students can be integrated to make a meaningful contribution to the pandemic response. It also reflects the people who are the heart and soul that has kept this hospital serving the community for more than 150 years.

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