WESLEY COMMUNITY AND HEALTH CENTERS

Blaine Bandi, CEO

Wesley Community & Health Centers' world changed on March 17, 2020. That was the date we implemented a variety of changes to our operations in response to COVID-19. My wife and I spent the previous week in San Diego attending our son's wedding. Throughout the week and during our travel back to Phoenix on the 16th, I was in regular contact with Wesley leadership assessing options and reviewing public health recommendations. On March 17, we implemented screening checkpoints at the entrance to our health centers. Every staff member, patient, visitor, or delivery person is screened before gaining entry to our facilities. We also began a very rapid transition away from face to face encounters and toward tele-med encounters. We also closed all of our community center programs and identified staff that could work from home. Leadership meets daily at 12:30 PM to coordinate, assess, and respond to changing community needs, daily regulatory changes, grant opportunities, staffing changes, supply levels, technology advances, and directives–federal, state, and local. All these changes were implemented for the safety of our staff, our patients, and our community.

These moves essentially allowed us to erect appropriate defensive barriers between us and our community in order to prevent the spread of COVID-19. As one of about 1,400 Federally Qualified Health Centers (or Community Health Centers or CHC's) across the country, we have responded very successfully. We are among the 82% of health centers nationally that have the ability to test for COVID-19. So far, we have had 8 patients and no staff test positive for COVID-19. Over 84% of our visits are now conducted virtually. Nationally, health centers are averaging 52%. Nationally, health center visits are down about 50%. Wesley's visits (comprised of both in person and virtual) are down only 3%. We are one of the few Arizona health centers that is still accepting new patients. Nationally, 14% of health center staff are unable to report to work due to COVID-19. Only 5% of our staff have been unable to work due to COVID-19 (primarily due to family responsibilities).

Now, however, it is time for us to venture out behind these barriers, in a safe way, to deliver services to our community. Prior to March 17, we were content to wait for our community to contact us when they needed help. The model that permits us to react only to direct requests is no longer operational. A community health center is intended to be aggressive in responding to community need. This is never more true than during a pandemic.

Wesley's health center was founded as a clinic for the uninsured. However, a community health center is not the same as a clinic for uninsured. Clinics intended to exclusively (or nearly exclusively) serve uninsured are typically free clinics. CHC's, on the other hand, are designed to serve underserved communities without regard to whether or not someone is insured. CHC's design their services to be responsive to community needs and address social determinants of health. This responsiveness, which includes outreach, is part of the core belief system of CHC's. Simply stated, CHC's recognize that there are many, many more indices of underservice beyond insurance status. In our specific case, these include language, culture, immigration status, access to transportation, employment, housing status, etc. It is highly likely that a patient with AHCCCS or Medicare living in our community experiences the same access challenges as the uninsured. CHC's recognize and work to address this commonality of community challenges, irrespective of insurance status. CHC's deliver full spectrum, effective primary care individually designed to meet the needs and challenges of its community.

Outreach is the duty of a CHC to interact with its community to determine how people are doing, what they need and how we can help to respond to those needs. It may result in an appointment, a referral for services provided by someone else, placement on a do not call list, or placement on a follow up list. Most importantly, it will provide us data that will help us determine what our community needs for its overall health and wellness. Outreach will link people to services. We will assess the specific needs of our community and design a custom response to address those needs. As an example, last week we began

offering day care services to children of First Responders at our Golden Gate location. COVID-19 has made this goal more urgent and more challenging.

We have begun a process of reaching out by phone or email to every patient we have seen over the last two years. Similarly, we are reaching out to every person who has received services through the community centers in the last year. In both instances, we are checking on their wellbeing, making sure they know we can still provide services virtually and in person, and making referrals to other service providers when necessary. Simultaneously, we are reaching out to nursing homes and assisted living facilities in our communities to offer our services. COVID-19 has been particularly challenging to residents of nursing homes. Finally, we will also be reaching out to nearby apartment and public housing complexes to offer services and/or referrals to another population disproportionately impacted by COVID-19.

We will continue to be agile, aggressive, and creative in reaching out and responding to our community during this difficult time. Know that we will continue to deliver essential wellness services to all that are underserved and are appreciative of your prayers and support. Thank you.