



COVID-19 Talking Points

Health Center Response/Impact

Health centers are uniquely positioned to respond to public health challenges such as COVID-19 (also known as the novel coronavirus) as trusted community providers. They have the existing relationships with community stakeholders, they are governed by patient-majority community boards, and they have the framework in place to communicate important health information to the community at large.

NACHC's commitment is to regularly communicate with the health center field and keep them up-to-date on important recommendations from the Centers for Disease Control and Prevention (CDC) with whom we are in regular contact regarding developments associated with COVID-19.

To assist health centers, NACHC hosted a webinar "Prepare Not Panic: COVID-19 CDC Update and the Health Center Response" on Friday, March 6, 2020, from 1-2 PM ET. The webinar was in collaboration with the CDC Coronavirus Response Task Force. It provided information on how health centers can continue to prepare an organized response to COVID-19, share clinical protocols nationwide, and build systems in partnership with federal and state authorities and local public health departments.

Health centers already have a strong preparedness structure in place at the state level with the Emergency Management Advisory Coalition (EMAC). EMAC is comprised of 49 Primary Care Associations that maintain situational awareness, gather intelligence from affected health centers during times of emergency preparedness and work directly with relief partners.

Among the challenges for health centers is an increase of fears about the disease and walk-in visits. There have also been reported shortages of masks and protective gear (PPE). Health center staff are carrying out screening measures – both in exam rooms and over the phone – to assess a patient's potential risk. Patients who come in with respiratory infections and a history of recent travel to China require consultation with public health officials – and in some cases, immediate transportation to a hospital.

Health centers are experiencing challenges with PPE. All medical (and dental) suppliers have notified their clients (health care facilities, not just health centers) that they are on allocation, only a percentage of their orders for PPE are currently being fulfilled.

Health centers struggle to protect their health care providers when clinical guidance from the CDC recommends higher levels of PPE than their standard inventory. Currently, PPE that is reportedly in demand and difficult to order includes:

- Surgical masks
- N95 respirators (not masks)
- Eye shields/goggles
- Disposable gowns
- Disinfectant wipes

It is also being reported that in certain geographic areas all of the PPE are being used up out of panic and fear. The CDC has put out specific recommendations on how to selectively use personal protective equipment in the right way, so we can ensure supplies are sustainable and available in the event of a real exposure.

Primary Care Associations are working with their health centers, our group purchasing partners, and relief organizations (such as Direct Relief, Americares, International Medical Corps) to help replenish dwindling PPE supplies.

Health centers face the additional challenge of operating under a temporary funding measure. The lack of stable funding makes it challenging to recruit/hire providers, plan services, or expand capacity.

A sustained and robust public health response demands stable funding. As we prepare to face the unknown of the COVID-19 threat, we need stability more than ever. We are counting on Congress to pass a five-year funding fix which would allow health centers to plan for the future, hire and train needed medical staff and respond to any future public health threat.

(Optional) At this time, we cannot confirm that there are significant flu vaccine shortages among health centers specifically related to COVID-19. We are hearing that people are getting the flu vaccine in higher numbers, and it may be in part because it's currently flu and respiratory disease season, and the CDC recommends getting a flu vaccine.

Preparedness

Health centers have always regarded responding to public health challenges as part of their mission – and they are very good at what they do. They have confronted public health threats before, such as Ebola, SARs, H1N1. They are also federally required to have response plans in place that are ready to implement at any given time.

The flu season has already put a strain on some communities. There is already a lot of skepticism about the benefits of a flu vaccine and the risk of a serious illness from an active flu season (especially for unvaccinated groups). The COVID-19 outbreak compiles the risk, especially for patients who suffer from multiple chronic health conditions and have difficulty accessing primary care in medically underserved communities.

Finally, practice standard public health protection methods to prevent transmission. Those practices are still the best protection. Hand-washing, avoiding excessive contact with your face, and safely practicing social distancing if you are feeling ill are still the best ways to prevent disease transmission.

Stigma/Discrimination

The risk of getting coronavirus disease 2019 is currently low in the U.S. However, misinformation and fear can lead to social stigma toward Asian Americans. Most important, being Chinese or Asian American does not increase the chance of getting or spreading COVID-19.

It is vital during this time that we rely on information from public health experts only. There is a lot of misinformation about the novel coronavirus, some of which can be harmful. Only follow credible sources of information—this is especially important as we learn more about the virus and new guidance is shared.

Culturally competent care is central to the health center mission and especially important when pandemics create panic and hysteria that stigmatizes specific racial/ethnic groups.