

Rooted in our Community: The Vital Role of Federally Qualified Health Centers During
the COVID-19 Pandemic

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Abstract word count: 127

Article word count: 1035

Article Type: Commentary

No author reports any conflict of interests.

All authors had access to the data and a role in writing the manuscript.

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Abstract:

Federally Qualified Health Centers (FQHCs) are on the front lines of the COVID-19 pandemic. Their mission of providing essential medical care to underserved populations in urban centers is now even more vital. CrescentCare, an FQHC in New Orleans, evaluated and tested over 1000 patients between March 16th - May 17th with an overall rate of 18% SARS-CoV-2 positivity. The clinic's experience demonstrates how to effectively and rapidly integrate COVID-19 programming, while preserving essential health services. Strategies include developing a walk-in COVID-19 testing site, ensuring appropriate clinical evaluation, providing accurate public health information, and advocating for job safety on behalf of our patients. We argue for the support and expansion of this community-based model to ensure access to epidemic-specific services, continuity of chronic medical care and patient advocacy.

Article:

New Orleans has borne a significant burden of health disparities, intensified by Hurricane Katrina, and now faces the COVID-19 pandemic. Patients served by federally qualified health centers (FQHCs) nationally have been especially hard hit by COVID-19, placing the patchwork of community-health centers, such as CrescentCare in New Orleans, on the frontlines of the pandemic.

New Orleans restructured its health care system post-Hurricane Katrina focusing on community-health centers to provide high quality primary care, behavioral health, preventative services as well as appropriate triage and referrals.² The post-disaster health system relied on this network of community-based clinics to transform our health

system, firmly rooting it in the communities of New Orleans.³ This ethos, enshrined in the FQHC model of care, prepared us to most effectively confront the COVID-19 pandemic. Expanding and supporting this model is essential, for this and future crises.

The high rate of community transmission of SARS-CoV-2 among those served by health centers led to a rapid response to redesign services to address this pandemic. Implementation of CrescentCare's COVID-19 walk-in clinic, on March 16th, was at the forefront of this response. This dedicated site, following expert guidance, ensured access to testing, clinical evaluation, medical triage, public health and mental health counseling as well as linkage to supportive services.⁴

The COVID-19 clinic was accessible to all people \geq 17-years-old, new and existing patients, regardless of insurance coverage. It was intentionally not established as a drive-through site given that our patients required face to face evaluation and many do not own a vehicle. All existing patients received text messages and emails directing them to the walk-in site if symptomatic. Three tents were set up at the health center with registration, nursing and providers donning appropriate PPE. Only medical providers interacted within six feet of patients. Multiple funding mechanisms, including the CARES act and private grant support, ensured patients would not have to pay any out of pocket costs for COVID-19 services.

To address the dearth of testing services for Spanish speakers in the city the clinic engaged local Spanish language radio stations and immigrant advocacy groups informing them of our testing and providing accurate health information. In addition to bilingual radio service announcements, social media and local press informed the

community of our services. During the visit and on follow up phone calls, public health messaging was provided to each patient on the importance of social distancing. Co-location of COVID-19 testing services enabled patients to have essential health needs addressed when they presented for testing. Patients new to our clinic were offered primary care tele-health appointments, connected to local health resources and offered counseling services when appropriate.

During the pandemic, essential medical services were continued, including same-day appointments for STI treatment, and for people living with HIV (PLWH) who were newly diagnosed or returning to care. Rapid point-of-care HIV testing was offered to people presenting for COVID-19 testing. Our needle-exchange program not only continued throughout the pandemic, with a completely new protocol to maintain social distancing and protect staff and clients, but also grew to its highest number, 349 participants, in one afternoon. Those struggling with opiate use disorder were offered COVID –19 testing when symptomatic along with their weekly access to naloxone, syringes, and works. With the help of a dedicated case manager, we ensured that those community members released from incarceration due to presumed COVID-19 infection were referred for care at our clinic.

CrescentCare evaluated and tested over 1000 patients between March 16th - May 17th with an overall rate of 18% SARS-CoV-2 positivity. Race, as noted nationally⁵, was strongly associated with a positive COVID-19 test at our clinic, with African Americans having double the rate of infection compared to whites, and Latinx with three times the rate of infection compared to whites. Our rates of infection surged with

white and black patients having high positivity rates initially. African Americans had a slower rate of decline than whites. This was followed by a second spike noted in our Latinx community which continues to persist. (Figure 1)

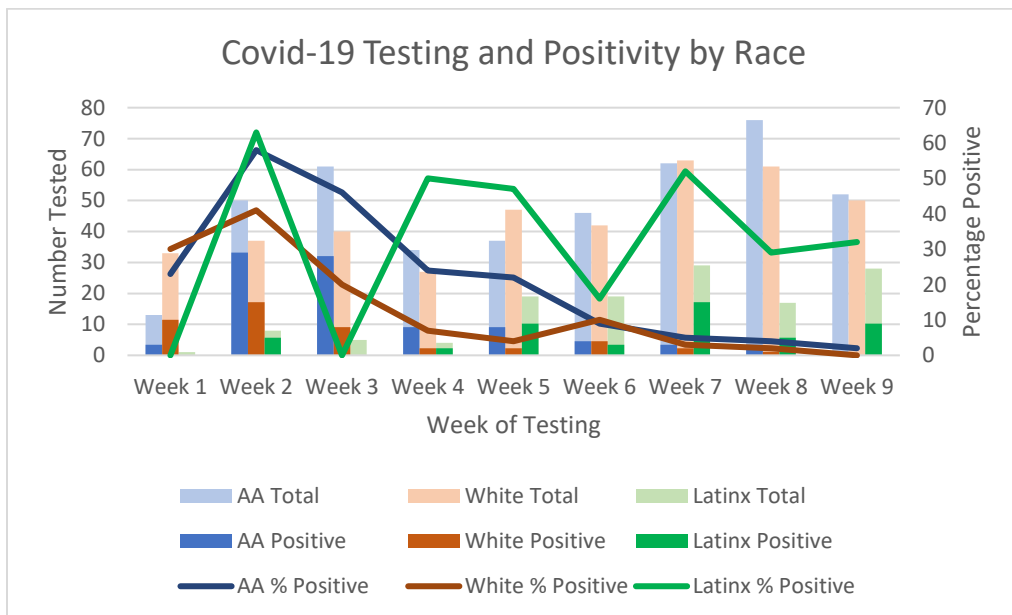
Over fifty percent of patients were insured through Louisiana Medicaid demonstrating the vital role of Medicaid expansion, especially during this pandemic. Overall, 30% of patients were uninsured but, strikingly, almost 90% of our Latinx population was uninsured. This high rate of uninsured Latinx patients further underscores the importance of community health centers in serving all members of their communities.

Limiting unnecessary utilization of finite hospital-based services was crucial for New Orleans to bend the epidemic curve and a primary goal for CrescentCare. As part of routine follow-up to testing, each patient received a phone call from a provider with the results of their test, symptoms were further assessed by phone and, if concerning, the patient received a daily nurse triage check in. Of 195 COVID-19 positive patients, only fifteen required hospitalization (8%) with four fatalities.

Many of our patients are essential workers who reported unsafe and stressful work situations, endangering them and their families. Examples included harassment for being out sick, threats of repercussions for absence, working next to sick colleagues, and refusals to pay workers if they could not document a negative test result. CrescentCare medical providers advocated for patients with their employers whose policies contradict public health recommendations. Similarly, CrescentCare leadership proactively engaged with small businesses and local places of worship to educate them about

appropriate public-health measures. Furthermore, as members of our community joined the protests against police violence and structural racism, CrescentCare stood in solidarity by providing access to SARS-CoV-2 testing, supporting health messaging for demonstrating and speaking out against the use of tear-gas by the police. This advocacy is a crucial component of how FQHCs support the communities they serve.

As the experience of CrescentCare demonstrates, Federally Qualified Health Centers are at the front lines of the pandemic and can successfully incorporate COVID-19 programming. The delayed and uncoordinated federal response to the pandemic, underscores the urgency for community health centers to step up and fill in service gaps which are most acute among our most vulnerable and disenfranchised populations. New Orleans faced historic disruption to its healthcare system post-Hurricane Katrina and community-health centers nurtured its recovery. The COVID-19 pandemic has strengthened the role of FQHCs and revealed the depth of our roots in community.



Acknowledgements:

We would like to thank our incredible patients and the dedicated staff at CrescentCare.

You are all heroes!

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