

Mile Square Health Center Interview

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Nancy Tartt, Associate Director of Operations, OCEAN-HP

Phyllis Grice, Chief Operating Officer, Mile Square Health Center

Judes Fleurimont, Research Operations Manager, Mile Square Health Center

SPEAKERS

Nancy Tartt, Phyllis Grice, Judes Fleurimont, Jenna Courtade, Jessie Knoles, Bethany Anderson, Michael Wesbecher

Nancy Tartt 00:03

Okay, I can start. Hi, everybody. I'm Nancy Tartt. I'm the Associate Director of Operations for a department—well, you know the department—but it's OCEAN-HP, which is the Office of Community Engagement and Neighborhood Health Partnerships.

Phyllis Grice 00:16

I'm Phyllis Grice. I'm the Chief Operating Officer for the Mile Square Clinics.

Judes Fleurimont 00:22

And I'm Judes Fleurimont, the Research Operations Manager here at Mile Square.

Jenna Courtade 00:30

I'm Jenna Courtade. I'm a graduate student working on this project right now.

Judes Fleurimont 00:37

Nice to meet you, Jenna.

Jenna Courtade 00:38

Nice to meet you all.

Jessie Knoles 00:39

I'm Jessie Knoles. I'm an academic hourly researcher with this project.

Bethany Anderson 00:43

And I'm Bethany Anderson. I am—I have a long title—the Natural and Applied Sciences Archivist, but essentially I'm an archivist for science.

Judes Fleurimont 00:49

[Group chatter.] Okay. Nice to meet you all. Great.

Michael Wesbecher 00:55

So, I think we want to prompt you, I think, I realize each of you are kind of in your own domain, so to say, right?

Judes Fleurimont 01:03

We'll tie this in for you.

Michael Wesbecher 01:05

You'll tie it all together? Great! That's why I brought you all together. The stage is yours. I'll have you guys decide how you best want to represent the story, because it's probably an evolving narrative.

Judes Fleurimont 01:18

And I think we'll kind of tag team along the way as if we're having a conversation and you're not here. But so, again, Phyllis, you know, with operations. Nancy, with OCEAN-HP and myself here just with, really resources we started, right. And we, during the pandemic, we quickly saw the need—and I joke that we are all in this together, because we realized we were, doing the pandemic. We couldn't do anything without the other hands kind of stuff being on the table and moving things forward. I'm going to pull up a few slides from a deck that Mr. [Henry] Taylor [Mile Square Clinic CEO] has used historically, just to highlight some of the work that we've done. And then you know, Nancy and Phyllis will kind of just jump in at any time. So here, we highlighted some of the inequities that we were targeting to address doing COVID, right. So I think the first point is something that Phyllis did. It was outstanding, and I'll let you speak to that.

Phyllis Grice 02:13

Yeah, so I'm going to take this [facemask] off, too. And I'm *booster* booster. [Group laughs] So, when COVID first came into play, we were trying to figure out a way how we are going to have an impact with the patients that we serve. So one of the things that, we didn't want to get our patients that didn't have COVID, we didn't want them to get COVID. So we tried to figure out a way how we could isolate these patients that we can test them plus give them the COVID vaccine. So what we did, we were one of the first to do this, we set up a tent. I wish I had brought my phone with me. So we set out right where we came up the stairs, that is the employee parking lot. We converted this into a drive-through tent. So say you want to come in and get tested because remember, when we first started, it was very hard to find testing. And so you would drive in, you didn't have to have an appointment or anything like that. You come in, and we actually had folks dressed up in their gear, the PPE. So the way that this concept came about, Mr. [Henry] Taylor, our CEO called me and said that we had to come up with a concept to how we were going to start testing patients. As you know, a lot of health care workers were afraid at that time because we didn't know what COVID was. Just so happened, I was watching the news that morning, and in California, they had started doing outside tents. And I was like, this is brilliant. So when he said “well, I give you guys til say, eleven o'clock to come back with this something to do.” So I came back I said, Well, how can we can't do tents and everything that I've seen on the television that morning on the news station. I told him I said what PPE, the only thing that you have to change between

patients would have to be your gloves, because we were outside and remember COVID is airborne. So the only thing that we had to do, so we got, we called a company out in conjunction with Scott Jones from over at OCC [DEFINE], we had a really nice setup. You drive through the gates, you come around, we check you in and the nurses actually come out the tents with the kits and we will swap you right then and there. And give you your number so you can call us back for your results. So that was our very first one. It was extremely successful, to the point where we knew we had to get out into the community as well, because we were treating folks from here on campus that was coming in from OCC or UV [DEFINE], things like that. So we were held at like that here. So we actually set up another one out at our South Shore—Mile Square South Shore—location. So we set up a test and tent out there. So that was like, our very first steps in how we were testing for COVID in the communities. And one of the big, big things, we didn't want people...because there was all kinds of signs and symptoms and things like that. And we really didn't know if it was flu, cold, or COVID. But we still had people that were fairly well sitting in our clinic waiting to come in to be seen. So we always wanted to almost keep them separate so we didn't add in to the pandemic. So those, after then, I know, the university. They kind of mimicked what we did, and they put one that the emergency department also for testing.

Judes Fleurimont 06:06

One thing I want to highlight in this piece, I think it's amazing hearing this summary. It's 2, 3, 4, 5 sentences, but the amount of work that you put in—

Phyllis Grice 06:18

—Yeah, it took a lot. And when we pulled it off, it was, it was epic. It really was, from IPCHA [DEFINE], our association, the VF [DEFINE], the Vice Chancellor, Dr. [Robert] Barish—everybody was over here the first day that we did it and of course—nervous wreck—but we were able to get in the supplies. And remember, it was kind of cold around that time. So this particular tent company, they brought in heaters for us, they did all kinds of things and they made it this concept that I seen off a TV, they brought it to reality for me out here. So it turned out to be successful. So in, stemming from that, when we talked about the testing, and that's how we had an impact. And then, once we started getting more familiar on what COVID was, and we knew it was airborne, things like that. We started doing it in the clinics. And so we were segregating part of the clinic. So, for instance, at our Cicero clinic, we did it in the community room. And that's when you first come into the clinic. So we had designated people there, we always made sure—which is really important—that we have proper PPE for our staff, because that was one of the things, we wanted our staff to feel safe in doing that. And we didn't infect any of our staff members who participated with us and doing the testing. And so at all of our sites, we just started kind of figuring out "how can we test somebody here?" In our Englewood site, we took down the community center at Englewood, so all of our sites, we started doing stuff like that. But the first two major ones was right here in the parking lot and in South Shore.

Judes Fleurimont 08:14

And I should highlight—South Shore, if you recall, was really the epicenter of the south side COVID infection. The numbers were astronomical and crazy. And so having that presence there was really important. Also, I think—you probably know this—but we are 14 sites strong enterprise, health enterprise, and also strategically located in those areas in the communities of Chicago where the need

is most and obviously those were the fault lines, right that COVID revealed for Chicago at large. So it was really—

Phyllis Grice 08:50

—It was a huge collaboration. Dr. [Janet] Lin from the emergency department, she partnered with us, Kim Bertini, so we were setting up different things. And then once we start getting the testing under control, that's when the shots came out. Vaccines. And so we kicked in again, and I'm not sure if we're that part yet.

Phyllis Grice 08:55

Awesome. Anything you want to add in, Nancy?

Nancy Tartt 09:15

Sure. I'm not sure if we're following, I guess we're following the stream of this but...responding to the social determinants of health. That was part of our collaboration and we helped to coordinate and set up the distribution of 8,500 meals and that came through funding from the Blue Cross Blue Shield. And as you know, we are all impacted...COVID hit and then all of a sudden no one knew what to do and so a number of funders were looking to see what they would be able to do and they had shared with Mile Square and OCEAN-HP that they were giving X number of dollars to distribute meals. Well, it takes a lot of coordination to start to distribute meals. And so we had to start to organize and coordinate that from scratch. So that's what we did. We pulled in a couple of our people that worked within OCEAN-HP that were good with coordinating. I see her son is right there [points to PowerPoint slide]. And she folded her son. And we were able to collectively to distribute the 8,500 meals. And we did that through their, using their cars. And so we would get them get them the food, we would organize the food, bag up the food, and then distribute it to families.

Judes Fleurimont 10:38

Yeah. And so you know, to that point, a lot of things were going on. We see again, the words "social determinants of health," but it doesn't do justice to everything that was going on. There was, you know, social unrest. And you imagine, again, a lot of our communities are either classified as food desert, or freshly out of the food deserts. You know, there's like a few new stores and everything that was going on, things were shutting down. So they were finding themselves back on that other side of the railroad again. And so this response was really pivotal. I want to highlight some of the testimonies we get, which was really heartwarming, right, of how important this was for people. We've done and we do diabetes prevention initiatives. But this was different. This was connecting people to what they need now. In addition to that, I think one of the things that I would love to highlight here is involvement of our social worker teams as well, who working in partnership with those people that we had on the list, right, because you go in and, you know, I think the staff here is really involved in engaging in what they do. Because we thought, okay, we have a list and Blue Cross Blue Shield had their requirements for that list. But every staff member always mentioned about the other people who didn't make the list, right? What could we do? And many times that was connecting them with the very rapidly shifting availabilities of social support in their communities. There's a food pantry here tomorrow, today, it's not there the day after. So working with the social workers to connect patients was really pivotal, again, to try to meet those needs.

Nancy Tartt 12:08

And we also did throughout, the 14 sites, in addition to the 14 sites that they mentioned, was also had the school based health centers. And so what we did is we went through our database of patients within the school based health centers and started to gather information and ask them some of their other needs that they had. Also, we did that with the community based organizations that we partnered with. And we were able to use a system called NowPow. And NowPow gives you information as it relates to various services. So if you need housing, if you need food, if you need all those different types of things that you were needing during that time, that the scarcity was reducing, we were able to go into that database and at least provide people with resources as to where they'd be able to get that from as well. So that partnered with the social determinants of health needs that we did.

Judes Fleurimont 12:59

Anything else on this before we go into the next one?

Phyllis Grice 13:00

Just one last thing. So as an FQHC [Federally Qualified Health Center], remember, we sit at neighborhoods and communities that are underserved. And so that's why we had such an impact in those communities. Where North Shore or downtown, they had easy access to testing—where these folks in those communities, they didn't have access, or they didn't have access to get to places to do the testing. So we brought it to the community.

Phyllis Grice 13:07

And like you had mentioned, they were already deserts. They didn't have it before, so we were able to.

Judes Fleurimont 13:41

Now I get to talk about research. The fun stuff. And I want to highlight that research is embedded in any of this, because it's measuring what we do, why we do it, so we can replicate it and so we can share the data with other people across, you know, across the nation, across the city, so on and so forth. So we, you know, as part of the research corps, we have a portfolio of research projects that is normally designed and intended to help our patients, right. And there was never a time where this was truer than during COVID. We were part of allowing, I think, the University getting, sending us FDA application for saliva testing. We also work with Dr. Lin in the emergency department who brought some very innovative trials to us to try to manage care for patients who had to shelter at home. It was really a scary time, right? People with comorbidities suddenly were told "you have this diagnosis and now go home and sit quietly and wait." And the questions were, well, what do I do? When do I do it? Who do I call? We had research—we have research projects—that aimed at translating what the leadership—scientific leadership that CDC and NIH—were putting out, that was not necessarily translating well for our communities. And a quick example is "go home shelter in place and don't share a bathroom with anyone." Well, that's beyond the capacity and reality for many people. And so our providers sat together and reworded, branded, this material, reworded the material and shared it in a way that makes sense to our patients. Again, in addition to the food distribution programs that we had, we also held some talks. And those were really pivotal. I think, again, everybody here was involved. Those talks were sponsored by the VCHA's [Vice Chancellor of Health Affairs] office very often, and they were

intend to—and also some involved political, local political leaders—they were intended to combat the misinformation that was out there. So one of the things I think the leadership unanimously learned was that during COVID, yes, having access to care is great, but also most important, having access to the right information. So there was a lot of misinformation out there, and no one was combating it, and the community was not always feeling like someone was listening to them. So we provided that space, we would invite experts, you know, across the board, and have these community-facing events, through Zoom, through, you know, any other platform, if you will, just to make the community be empowered to take charge. And then we would send the line and say okay, Phyllis is organizing a vaccination event at that location, again, tag that along with the conversations that we're having in the community. So I think that, again, uniting those efforts really played a pivotal role. Anything else we should add on that?

Nancy Tartt 16:40

Just wanted to piggyback on the talk. So what we did as well, is we had, what we called think tanks. And we had about nine different think tanks that we targeted for community and community members. And so we had some specifically, we did think tanks for the African American community, and then we did think tanks for the Latinx community. And in the beginning, before the vaccine was available, we talked about COVID and COVID care, and what that actually meant, and also talked about self care. And then once we, the vaccine was on the market, of course, you know, there was a lot of hesitancy around the vaccine. And so we did another one around vaccine hesitancy and what that meant. We also did another one on women empowerment, hope and healing during that time. Also, we did one with Latinx and mental health community. So we...to piggyback on what Jude said, we were really trying to target some of the needs and information into the community so that people were getting as much accurate information as we could possibly provide. [To Phyllis] You we're getting ready to go.

Phyllis Grice 17:45

Oh yeah, yeah. So going back to the testing—remember in the beginning with the test, it wasn't rapid testing. So what we did at each site—and I have to always credit our staff, the managers, the [EN3s?] and [court team?]-what we would do when we get the results back, they were calling these folks on the call. So think about it...over 7,000 phone calls were made to give them their results. Anybody that was positive, they called them every couple of days to check up on them. "How's your breathing? Do you have a temperature? Make sure you wash your hands." So we did a lot of follow up phone calls with the positive folks. Because remember, it was rapid testing then. And then Judes didn't give us enough credit with the saliva study [group laughs]. We worked with Dr. Lin in the lab from across the street, and we collected...how many samples of saliva to create this thing where saliva stud—saliva specimens— became the norm that you can be tested like that. And we did that in our urgent care from the patients who were there. So we collected...oh...what? About a thousand...salivas from just our patients, some of them wasn't positive, some were negative, but we collected those for this study that they were doing. And we had such an impact on COVID and being able to test without doing the nasal swab.

Judes Fleurimont 19:40

Yeah, you are right, we were part of that validation, really for the process, which was really exciting, and helped us engage our population. And I think I want to kind of sort of use that to pivot in, move into perhaps the sustainability of those efforts, right. So it's one thing to do this during the pandemic at the

height of the pandemic. But as you probably realize we are in the community, and we're here to stay. So all of those initiatives are somehow sustained through different projects that we have. We're still offering, you know, the saliva testing here. We're still offering other support through the various projects that we're doing. So that's really important for us. Another thing I want to mention is that we get the support of many foundations of the community, as you have mentioned, Nancy. For instance, the [Susan G.] Komen Foundation helped us at the height of the pandemic, provide technological supplies and items to some of our patients who, most of whom I think I say, sit on the other side of the digital divide. So we were aware that this divide existed, right, between, you know, Chicagoland, and if you will, again, that constituted a fault line that COVID revealed. So now suddenly, everyone could rely on telehealth and not leave the comfort of their home, let's say they're suffering from comorbidities that put them at high risk to be exposed to COVID, but they did not have the technological support to do it. So this grant allowed us to actually get mom, grandma, grandpa, an iPad, get them a BP [blood pressure] cuff at home, get them a pulse oximeter, right. And those things were really powerful, because they can not only see the doctor, but give some information about how they're doing, how they're managing those chronic diseases. And this is a project that we're still continuing in a different way, right. But again, these are things that we learned during the pandemic. And I want to highlight the importance of a pulse oximeter and a thermometer. We had many families coming into urgent care, right? I remember the faces. And they may ask, Oh, I don't have a thermometer at home, right. And then you try to go to the pharmacy, they are sold out. So guess what? We had one to give to them. And that moved a lot of people. As simple as it is, it was really powerful for people who had to, again, shelter at home. And also we could offer the support of some of the studies we had right to prophylactically, you know, give people anti thrombotic agents to manage the potential risk of this disease, so it really, I think, I couldn't be more proud of the work we did as a team, there's no single person that stands out. Because those things were ideas that we would throw a table and then suddenly they flourish into this kind of care for people. The next thing I want to dive into is the contact tracing efforts that we are proud of, and we continue to be proud of. So obviously, at the height of the pandemic, you know, the CDPH and other organizations wanted us to be part of these initiatives to conduct trace patients. They are our patients, they are people we know we have a relationship with, and it made sense. But not only did they support those efforts. They support, I think, sustaining that, so we remain poised, should there be God forbid, another, whatever. And we think I'm really proud of this work, but we lean into our partnership. And I'll let Nancy talk a little bit about this contact tracing.

Nancy Tartt 23:06

Sure, our contact tracing grant, what we were able to do was through the work of, also working with CDPH, was to contact individuals that had tested positive for COVID. And we're still doing that particular initiative. And we find out sometimes that we are the first contact, unfortunately, that they get, telling them that they're positive. It shouldn't be that way. They should get the first point of contact from CDPH. But sometimes we, because we are so efficient with our work and working collectively together, we have sometimes the first point of contact. So we're contacting individuals letting them know, you have COVID. And these are the services that are available for you if you do and what's going on with you now and how you can go back and get services and support by doing that. And so it's been very, very helpful for individuals to find out one where they can go and receive services. And also, like I talked about before, being able to partner with the system that we use, which was the NowPow system and provide them with other information about services that they can also get as well.

Nancy Tartt 23:08

And add to, though, the other thing I want to highlight here is that the CDPH's foresight, right, in not just doing the work, but also empowering the very people that we hire under those grants, right. They have been very strategic and upfront with us on—and empowered us to retain those staff members in different projects—and I think that speaks volume of their engagement in the community to not just get their bottom line met scientifically but also support the very lives who are engaged in doing that work.

Nancy Tartt 24:44

Just to piggyback on that. Lots of the individuals that we had doing those calls were our community health workers. And so our community health workers are trained to interact with the community, provide information...and they're from the community and so that made it also much easier to talk to individuals who were calling on the phone. And those individuals were hired first at one stage, and then we were able to further employ them with the contact tracing grant.

Judes Fleurimont 25:09

And then the last thing I want to talk about is behavioral health. I think everybody here...it won't be a surprise to hear that during the pandemic, people were perishing at astronomical rates, you know, because of drug use, if you will. Dr. [De Sala?], who directs our behavioral health division, was really pivotal in continuing to extend the width and breadth of many of our projects and partnerships to support those communities. We do, I think, amazing work, world class work, partnering with people, going into the community, we, I think, in the middle of the pandemic, we launched a methadone program here, which is co-located with an organization that has been in Chicago for many, many years called Family Guidance Services. So again, the program is co-located here. So our patients and patients from the outside can come in, become patients, and receive those services. We also partner with an organization named Night Ministry, and we are able to offer care and addiction service support to patients from the field and connect them to a primary care provider. Again, we, as an FQHC, we really believe in that mission of being available and there for people. So I think the last piece I want to say, again, sustainability is important to us. We could not do this sustainably without our funders, but also without the creativity of the staff who allow us to retain the lessons learned. And I think one of the lessons I learned during the pandemic was really how none of us can function throughout Mile Square without the other. I think that's a beautiful thing that hopefully this has exposed. And the other thing, I hope we don't keep too much, ultimately Zoom calls because I like this in-person stuff. But that's about it.

Phyllis Grice 27:14

Piggy back on the behavior health aspect of COVID. So remember, when COVID first came out, we had little information about it. Then once people start getting tested positive, you're said you got to quarantine in your own home for X amount of days. So think about it, if you were a person who was single, who your social life is gone right now, or you're in the house with someone and because we, in our communities, there are multi-generations living in that house. So think about...I work every day, now I have made my grandmother sick, and she's in the hospital or they have loved ones in the hospital that they couldn't go see because they were in quarantine. So that's when our behavior health department really, really kicked in. We did a lot of telehealth visits and phone calls to our patients. They

did a lot of therapy. We—from the school base to Rockford—we hired LCSWs [licensed clinical social workers] to call our patients and do behavioral health counseling on the call. And it's not all the time someone being bipolar or schizophrenic. But COVID really had an impact on the communities and people in general period. You know, say you lived at home by yourself. Now I'm in a house 14 days because remember, it was 14. First I think it was 30 days at first and then it dropped to 14 in then it was 10. But when it first came out, folks were isolated by themselves. And then it was a stigma around that. "She got COVID and I'm not going over there. They got COVID and yeah." So because people really did not know how we transmitted COVID.

Nancy Tartt 29:10

Yes, and in addition to that, like you're saying, some people that lost their job. They were at home and you were totally isolated.

Phyllis Grice 29:19

No income, no interaction. Yeah so, behavior health played a huge part in what we did in the communities with our patients. And I think that's one part that people really don't look at. You look at the tests and you look at the vaccines, but you don't look at their behavioral health part and the mental stress that folks went through. Like Nancy is saying, I lost my job all of a sudden because this restaurant that I worked at forever can't sustain business. It was a lot, too, and so we did a lot of telehealth behind that.

Judes Fleurimont 30:02

Anything else you want to add?

Michael Wesbecher 30:05

I just want to ask an additional question for you all because I think it's something that we haven't touched upon really in our other conversations—I recognize we're running near on time, so this probably won't do it justice—but, can you all talk about the additional layer that I'm sure we all experienced, but I know that especially with Miles Square, we know that Mile Square serves a lot of communities of color. Can you talk about the additional layers of the social justice movement and the ramifications after George Floyd's murder? I know it's been prevalent for hundreds of years, but that was something that was a reckoning that happened simultaneous to the pandemic, and it was this additional layer that many of our communities were experiencing, and living through. And, what kind of impact—or did that inform any of the additional programming or work that you were doing in any other different way? Maybe it didn't, but I haven't really heard you all talk about that in my experience, and I'd love to hear about that.

Judes Fleurimont 31:08

No, I think it impacted everything we do, I think, and I'll throw something to Phyllis about having to worry about the safety of the staff going into the site, as well as the safety of the patients, right.

Phyllis Grice 31:20

So I can totally speak on that. So when...we have a lot of civil unrest in our Englewood community, in our South Shore community, and believe it or not, in our Cicero community. Where our site is located,

we sit in Hawthorne Plaza, which is a huge strip mall. Believe it or not, they broke windows all around us. They didn't touch us, the health center, which was wonderful. But the impact that it had on us was our staff, we had to make sure that our staff was getting in and out. And then so every day what we were doing, we held a meeting with the site medical directors and the UI police Captain Hershey, he would be on our calls every day with us. "Did you hear anything? What's going on in Englewood neighborhood? What's going on in Cicero?" And then we had to literally evaluate every morning, whether we were going to open up these facilities or not. If we were, how we were going to keep them safe. So we had to make sure we had security at the door at all times, to make sure that nobody was coming in. Then not only was there civil unrest in the communities that we serve, there's a lot of gun violence. So South Shore area, we have gunshots all around the clinic. So what we have is, we call it our task force. So if somebody calls us from the clinic and says, this has happened over there, we kick in right away. We want to make sure that the staff is safe, number one; the patients are safe, number two; then we do an assessment, or "do we need to close this place down? Do we need a lockdown?" So that's one of the things that we do right away. We partner with the different community police stations to come in and do evaluations for us. We developed safe rooms. So we did quite a bit around the civil unrest. And I'll tell you, we, in our Englewood, for instance, we have a phenomenal site Medical Director, Dale Benton. And Dale was actually getting out there in the communities telling them, you know, you don't tear up where you get care and we're here to help you and things like that. So we've never had any incidents, thank God [knocks on wood] in our clinics, but we definitely had them surrounding our clinics. And they would hit everywhere but our clinics, believe it or not.

Judes Fleurimont 34:08

Yeah, I think, [to Nancy] if you could speak to the community engagement piece on how that changed during that time.

Nancy Tartt 34:14

Definitely. But just to back up a little bit so that we understand that racism is a public health issue, right. And so what also happened during those times is with people being at home, they were able— outside of our communities because we knew what was going on within our country as it related to racism—but outside of our communities, what it was showing was that racism was a public health issue. Thus was the civil unrest, when I was there, so it just didn't fall out the sky. And so to piggyback on what Phyllis said, yes, people in our community know what services are there for us. Thus, they didn't touch the Mile Square clinic, because those services are here for us, these are the people that are here for us, as opposed to communities and people that are not. And so what we were able to do—and that's why we did the think tanks that I talked about before—was to actually gather people from the community together and focus on their needs, focus on how they were feeling, getting information back from them about how they were feeling with all of this going on, and how it impacted them and has been impacting us for centuries, being part of America. And so partnering with Mile Square on the health piece, the social determinants of health, and then doing the think tanks and putting that all together really gave the community an opportunity to see us serving them as a whole, and not just within pieces.

Phyllis Grice 35:41

Piggybacking on Nancy [group laughs]...so, what happened, the different, believe it or not, the different aldermen from the different—near our sites, contacted us, Congressman Bobby Rush was always at

our sites. So when they were having community events, they always talked about what Mile Square brought to the community, how Mile Square is here, and the different initiatives that we did, the food and things like that. So the community knew what Mile Square was doing for them in this time of civil unrest. Going to folk's houses, delivering these type of meals, is something that people don't do much, or hardly, these days. There may be food pantries where you come to them, but we were going out. So with the congressman, Bobby Rush and Danny Davis and all of the the aldermen, they were echoing this, they were totally echoing what UI Health, Mile Square, and OCEAN-HP was doing in the communities. And they..they'd break everything around us. Seriously at the shopping mall. I got out there. And everything around us was broken. Everything. And we sat there untouched. Yeah.

Nancy Tartt 37:06

But that also speaks to what was happening within Mile Square and OCEAN-HP prior to the pandemic, prior to civil war. So thus, that's gonna be the result.

Phyllis Grice 37:19

So we got to say one more thing about COVID. So when we started doing the vaccines, remember, the vaccines were plentiful in certain areas of the city and suburbs. Our communities did not have access to the vaccines. So we partnered with City of Chicago, Chicago Cares and we did our first mass vaccine clinic. While we still did not close our clinics down, we did this in addition. So in our Englewood clinic, we gave out over 4,000 injections in a month. And then they came back for their second, but two weeks into this project, we opened up in [Back of the Yards?]. And we gave [Back of the Yards?] almost 6,000 vaccines in three weeks because we did the Pfizer there. When we were two weeks into that, we hit Humboldt Park. And so we did like these mass events in a month and a half time. We gave probably over 12,000, 13,000 injections, not counting the second dose, to people in the communities where they wouldn't have got the. When we started at Englewood, believe it or not, we were getting people that was fitted about their addresses so they can get over there to get these vaccines. And so what we did, we collaborated with our community partners, like the different churches over there to different schools, and they helped bring in their, you know, their folks in and we get those folks vaccinated. Then on Juneteenth, we held another one in the South Shore area. So we vaccinated over there. So we did a lot of vaccines in the community where folks could not get down. Now, the University of Illinois, they had the Credit [Union] 1 center, but remember, everybody couldn't get to the Credit 1 center. They may not have had transportation or money to get down there. So we got into those communities and [Chicago mayor Lori] Lightfoot actually came out to all of ours because she was just amazed about the amount of people but I always have to say this, we never closed down clinic operations. So we still served our regular patients. We still did the COVID tests and we did all these vaccines and the staff did an amazing, amazing job. But that only shows the folks at Mile Square, OCEAN-HP, we believe in the mission that we have to serve our communities. We and if we didn't, we wouldn't be successful with doing things like this.

Judes Fleurimont 40:21

I think those are great closing words, really. [Group laughs.]

Phyllis Grice 40:27

We do, we believe in the mission.

Judes Fleurimont 40:27

The fact that we stayed open throughout, I think, is really a beautiful testament to so much of the leadership, but also the staff that was there on a daily basis.

Phyllis Grice 40:37

Absolutely.

Judes Fleurimont 40:38

So any other questions, comments?

Jenna Courtade 40:42

How are we on time?

Michael Wesbecher 40:43

We're approaching time. Your train is leaving at 3. Well, it's from the Paulina Taylor parking garage. They're taking the shuttle. The UI Shuttle back to Urbana. So we have a couple minutes.

Jenna Courtade 41:01

I'll ask a question then, because we have a little time, um, were these mass vaccination sites at the clinics? Or were they like pop up, kind of?

Phyllis Grice 41:13

Nope, they were in our clinics. That's what I was saying, with these—think about it—we have patients already coming in. Plus, we had this mass amount of patients coming in to be vaccinated. And so the staff, like some of the community health workers that Nancy and Judes talk about, they came in, and they did our registration. So they checked in the patients, while I stuck patients all day seriously, I was over there giving vaccines. So we all kicked in at these sites, and so we didn't have to bring in extra staff. We didn't have to pay extra money. But people were just...people just came together, just really came together to put these initiatives and we just moved and moved and moved to site to site to site in a different community, having a huge impact.

Judes Fleurimont 42:08

Any other questions?

Jenna Courtade 42:10

Do y'all have? I have another?

Jenna Courtade 42:13

Okay. Um, so with, I was kind of, like, happily surprised to hear that the contact tracing is still going on, because I feel like that's something I haven't heard much of, like, continuing. Um, and I feel like I've also just in general heard, like, kind of negative responses towards it, especially as things have gone on, like, "Oh, I think I know what this phone call is going to be," like, some people just ignore the calls.

But so I'd be interested to hear like what in general is like the type of response you get, like, people are picking up and like wanting to interact?

Jessie Knoles 42:13

You can ask.

Nancy Tartt 42:51

And from a public health standpoint, it's important that we continue this to order [inaudible]. God forbid any breakout [audible]. Any other questions?

Nancy Tartt 42:51

Yes, we're getting really positive responses because we're not just calling and saying you have COVID. We're also asking about their other needs. We have a script that we follow that asks about other social determinants of health. Sometimes we've gotten a number of people who we can't get off the phone. [Group laughs.] And especially that—that really goes back to what Phyllis was saying— there are some people that are home alone and they're lonely. And especially some of the elderly. And so someone is calling you and asking you about your health needs, and how we can help you. It's like, well, let me tell you, then. And then we also do follow ups. And so our individuals who are working on our contact tracing, they do provide information, but they also follow back up. And we have another program, where we then are pairing them with the services here at Mile Square. So if you don't have a medical home when we call you about the contact tracing and about the other needs that you might have, you can come right here to Mile Square, and get those services made. And we now have trained our community health workers where they can just go right in and be able to arrange for them to get an appointment to come right into healthcare. So we try to wrap it all around. So we're just not telling you about your positive but we're also giving you information about your other needs. Yeah. So it's been really well received.

Nancy Tartt 43:51

We should get going shortly. I'm the mean one. But I enjoyed this. Oh, this is great.

Nancy Tartt 44:01

Thank you so much.