

A portrait of Sonia Ayala, a woman with long, dark, wavy hair and black-rimmed glasses, smiling. She is wearing a blue denim shirt. The background is a warm, orange-toned interior space with a large, stylized red and orange graphic on the right side.

SONIA AYALA
MA, LCSW

"It always starts with a call, just to check in," says Sonia Ayala, licensed clinical social worker and head of Esperanza's four-person care management team. *"How are you doing? Is there anything you need?"* It sounds simple, but it's really important right now."

"Right now," of course, is the first wave of the COVID-19 epidemic, which is hitting Chicago's Southwest side particularly hard. It's late April, a little over a month since the governor issued his first statewide shelter-in-place order, and the community of Brighton Park, where Esperanza's largest clinic is located, is seeing the fastest increase in positive coronavirus tests anywhere in the city. Among people who've

DAY 48

APRIL 25, 2020

Total # of SARS-COV-2, NAA
Ordered to Date

1155

Tested Negative to Date

■ **527**

of Confirmed Cases to Date

■ **626**



come to Esperanza for coronavirus testing so far, nearly 60% have tested positive, four times the statewide rate.

And of Esperanza's 27,000 patients, the ones Ayala and her team work with are perhaps the most vulnerable to the chaos that COVID-19 can bring. "In the best of times, we work with patients who are considered 'high risk,'" Ayala explains. "So what does that mean? High risk for being hospitalized, for not being able to adhere to their medications, or pay their utility bills. At greater risk of losing their home. And now COVID makes all the risks even greater."

Worse, the epidemic is likely to increase the instability of a lot of other patients who didn't need care management before. "Our caseloads are increasing," Ayala says. "This isn't surprising. But it's distressing."

When Ayala and her team begin working with patients, they never presume to know what those patients need. Any number of factors may be leaving a patient vulnerable, and it's Ayala's job to identify those factors without making assumptions. "It could be domestic violence, which is increasing with everyone stuck at home," she explains. "It could be a job that doesn't provide a living wage. It could be family members being in jail. It could be the *patient* being in jail. Or some combination of these." She lets out a short sigh. "There's no template for this."

So with each patient, every time, Ayala or one of her team completes an in-depth assessment, drilling down to figure out what's really going on in that person's life. *What do you need? What else do you need?* And then they figure out how to get it.

All the care managers began working from

home in the early days of the COVID-19 emergency, as Esperanza hustled to maximize the number of staff who could perform their jobs while sheltering in place. "The great advantage of being in the clinic was catching our really challenged patients when they came in for appointments," Ayala explains. "But now, if their phone is out, or they're moving from place to place, it can be really hard to keep in contact."

Add a hospital admission into the mix, and staying in touch in the midst of a public health emergency can be, at times, a near impossibility. In the days before COVID, Ayala would visit hospitalized patients at their bedsides, making follow-up appointments for them with their Esperanza doctor right then and there. Now, hospitals have closed their doors to all visitors.

Recently, Ayala tried to call one of her hospitalized patients in his room, but he'd already been discharged. She went through his discharge notes, which indicated he was transferred to a different hospital. Yet when she called, he wasn't admitted there. So she called the shelter where he often stayed. He wasn't there either. "Sometimes," she says with a resigned tone, "all you can do is wait for someone to pop up again somewhere."

And sometimes, when Ayala does reach a patient, she discovers just how desperate things can get. She remembers calling one of her patients after he'd just been admitted to the hospital. He was having so much difficulty breathing that he could barely carry on a conversation. A few days later, she checked her electronic medical records system. "I saw his discharge papers," she recalls. "It said *expired*. I knew what that meant." So Ayala called his wife, just to see if she could offer emotional support. "Her husband had died the day before, and she was positive for the virus. She was very scared about what would come next. I felt helpless. I just let her know what we can do for her, that she can call us anytime if she needs anything."

Thankfully, most stories have happier endings, even against steep odds. "Another of my patients with COVID was discharged from the hospital with oxygen," she says. "But that was it. No real discharge planning, no support. The hospital didn't even provide him with anything to monitor his blood oxygen levels. That's key, because with this thing your oxygen level can suddenly plummet and you're in danger."

The patient's doctor at Esperanza recommended he go back to the hospital, but he refused. His experience in the hospital had been traumatizing. So the doctor called Ayala, with a novel idea. How about getting the patient a pulse oximeter, so he can monitor his own blood oxygen level? Ayala and a second care manager, Janeth Vazquez, spent the rest of the afternoon calling around town for pulse oximeters, only to be told repeatedly they were out of stock or back ordered.

Just before five o'clock, they found a Walgreens that had one left. Vazquez jumped in her car, picked up the oximeter, then dropped it off at the patient's house. A few minutes later the doctor called the patient to make sure he knew how to use it properly – and also talked to his family members, to make sure they understood as well. "I really don't know how else he would have got what he needed," Ayala says.

To put it lightly, the COVID-19 crisis is keeping the care managers on their toes. Typically, each carries a caseload of 50 to 60 patients. "As the supervisor, I try to keep them at that level," she says. "And 70 is the top. But now we're getting close to that top. We're getting more referrals from providers. We're going to be seeing more and more people in crisis. I'm not sure where this ends."

Still, Sonia's team hopes they'll be able to reach everyone who needs them. "We have to let them know we're there for them," she says. "No one else is going to. *How are you doing? Is there anything you need?* It's everything."



FRONT LINES

COMMUNITY HEALTH AT THE FOREFRONT OF THE
COVID-19 PANDEMIC

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