

PROFESSIONAL ADVISORY COMMITTEE

Minutes

April 25, 2020 | 10:00 a.m.

In Attendance, Welcome, Approval of Minutes

Present: Abby Drummond, Alexis Millett, Dr. Bob Dannenhoffer, Cliff Jones, Dani McKiddy, Elisabeth Stanphill, Heather Freiling Heidi Larson, Judi Mahoney, Kendra Bickham, Shawn Lybarger, KC Bolton, Lee Ann Grogan, Lisa Ketchum, Peggy Whalen, Tatum Stedman

Staff Present: Gillian Wesenberg, Analicia Nicholson, Susan Stiles-Sumstine, Cynthia Hurkes, Athena Wikstrom, Cory Ortega, Julie Hurley, Vanessa Pingleton

Douglas County COVID-19 Response

Gillian introduced Dr. Bob Dannenhoffer, a member of the Governor's COVID response team and the Executive Director/Public Health Administrator of Douglas Public Health Network. Dr. Dannenhoffer provided an update on Douglas County's COVID-19 response, the plan for reopening and answered questions from the group.

Over one million cases have been confirmed around the world, with many deaths. Southern Oregon is one of the least affected places in the world. In Douglas County, there have been 23 total cases, 14 recovered, 9 active cases, and no deaths. There were no new cases in Douglas County this week. Douglas County seems to be on the mend. We were the first county to start widespread testing in Oregon, with two drive through testing sites a week in Roseburg, and one in Reedsport. Douglas County has opened screening criteria to anyone 15-years-old and above with a doctor's referral.

Oregon will use the federal framework that has been created to reopen the state. The framework provided is vague and will be filled in by each state. The governor will be announcing that non-emergent doctor's offices and procedures are opening back up. The next step will be opening childcare and relaxing some restrictions in some areas around the state. The immunity in the community is very low, likely less than 5% and it has to be around 80% to minimize the spread. We need to be careful about opening too soon and too widely and should rely on social distancing to reduce the spread.

What are some of the differences between COVID-19 and influenza?

COVID-19 is a virus like the flu, but this virus doubles cases in three days opposed to the flu which doubles cases in three weeks. COVID-19 is far more contagious than the flu. The flu has a test, rapid test, vaccine, and antiviral. We have no treatment or vaccine for this. COVID-19 is far deadlier than the flu, and is causing a full-blown crisis of death in the ICU where the flu does not.

When is the appropriate time to get checked out for COVID?

Everyone should take this seriously. While kids are less affected, the older and sicker you are, the deadlier it is. Two people in every 1000 who are in their 20's and 30's will die if they get COVID-19, while two people in every fifty people who are in their 50's and 60's will die if they get the virus. Younger people are more likely to spread the virus by visiting older relatives. If people are sick, they should get tested and self-isolate.

Rural communities are pushing to open soon, what are your thoughts?

It is scary that they are wanting to open right now. We need to have a low and declining number of cases; have sufficient PPE for regular medical cases and an outbreak; have sufficient testing; and have individuals tracking COVID-19 cases and also tracing who they came in contact with.

Four hundred in every million people in Hawaii have COVID-19 which is the lowest state in the US. In Douglas County, 200 in every million people has COVID-19. Mercy Medical Center has many months of PPE on hand. Robust testing is in place in Douglas County with the drive through clinics. Douglas County has a team who is tracking down every case and all the people they have been in contact with. We have all of the criteria. It is scary to open because of the possibility of a resurgence. Places like Douglas County are ready, but opening needs to be slow and planned. If after three weeks, cases are still low and declining, then further slow opening can occur.

Robert Redfield, Director of the Center for Disease Control and Prevention (CDC), is concerned with a second wave. Unlike the flu that goes away in the summer time, other coronaviruses don't go away fully in the summer and amp up in September or October at the same time as the flu. There will not be immunity, a vaccine, or treatment by the fall.

How do you feel Riddle handled the cases there?

C&D Lumber in Riddle closed down for 2 weeks and was very responsive and responsible with their treatment after the two confirmed cases. This prevented a large spread of the virus through that community. Places like jails will be problematic in preventing the spread.

Equity Conversation

Gillian introduced Cliff and Alexis from Capacity Building Partnerships and explained the Meyer Memorial Grant. Cliff asked the group: "What do you know about reaching families who are geographically isolated during times of emergency?"

The group responded with:

- It's harder to reach families who are experiencing geographic isolation during times of emergency because they often want to shut down and hide from the world.
- Those who are already isolated may be harder to reach.
- Strategies that typically worked, may not work during emergencies.
- We need to meet individuals where they are at.
- Creative methods can be used to incorporate social distancing into our strategies.
- Many of our families don't have the technology resources needed to engage at all.
- Barriers could be physical, resource or mindset.
- When times get tough, families will turn to each other to get their needs met instead of reaching out to professionals.
- It's important to have a relationship before the emergency happens.

Other thoughts the group shared were:

- Some companies are offering free internet access.
 - Families with an outstanding bill will not qualify for free internet access regardless of their financial situation.
 - Many companies are not shutting off service for non-payment right now.
- We have families whose phones have been turned off, with no computer or no reliable internet.
- Internet may not be available in all areas, and some areas have less reliable service.
- Often families who are regularly isolated are also used to being more independent in terms of how they receive help from people or organizations. Finding someone or an organization that they've already connected with in their community can help build a sense of trust that is needed during time of emergency.
- Many organizations are meeting families where they are at by connecting with the platform families are comfortable with and already use (i.e. phone, video chat, Facebook Live, outdoor social distance meetings, etc.).
- Some phone companies are adding additional phone minutes for families.
- Providing tips to assist friends and family with self-referrals may be helpful.

Cliff then asked the group: "What do you want to know about reaching families who are experiencing geographic isolation in times of an emergency?"

The group answered with the following responses:

- How hard should we try to reach a family if they are socially isolating and do not want to be reached?
- Many people are struggling with work / life balance as homes are now offices. How can we support our providers as well as our families?
 - Cliff shared that he got a bag so that he can put his work items in it as if he were leaving work at the end of the day so that he is not tempted to work after hours.

- Another individual shared that they are working in one room in their house and when they leave that room, they are no longer working; causing a physical barrier between work and home life.
- It is important to recognize that your staff is often experiencing the same struggles as those you serve.
- Are outdoor, socially-distanced meetings, acceptable to everyone during this time?
- What can we do when we are concerned about the safety of those in the environment while maintaining trust?

Cliff asked the group to identify systems and structures in the community who are responsible for providing services and the barriers that may be created by them. This will assist individuals in identifying barriers and overcoming them.

Responses from the group were:

- The system of paperwork.
- Many doctors are only providing tele-visits, which causes barriers when technology is not available.
- School systems are a good way to reach people if the family has children and an established trust with the child's school before assistance is needed.
- The requirement for an intake interview has been waived for SNAP benefits. This means that if someone applies and DHS is able to access the needed information to verify the things that are required, benefits will be issued automatically without an interview.
- The same barriers and processes are in place as always; this will highlight what is working well and what is not.
- DHS Self-Sufficiency is often the first place people turn when in need. The difficulty comes when trying to reach our undocumented community members, and those who have fear around accessing our services.

Cliff asked the group: "Is reaching geographically isolated families a challenge, or are you on top of it?"

The group's response was generally positive, some of the responses were:

- Head Start is pretty on top of it, they are dropping off supplies, have created Facebook classrooms, and are completing regular phone calls with families.
 - Head Start has enrolled new students since classrooms closed and are keeping them engaged as well.
- Healthy Families is on top of it, though it's a challenge!
- Family Development center has a lot of relationships that have already been established, so they are doing well at engaging existing families and have enrolled new families.

It was observed that reaching families seems to be a 30 to 40% issue. We are reaching 60 to 70% of people, but are still struggling to reach the 30-40% that we always struggle to reach.

Small groups were formed to discuss "What strategies can be used to get the information we do not know and want to know?" and "What things can be done to reduce the barriers?"

The groups responded with the following strategies:

- We need to ask families what they want and need so that we are addressing their needs.
- Trust that families are asking for what they truly need.
- Ask families we are working with how to connect with others that aren't being reached.
- Ask for friends and family referrals.
- Leverage existing systems and relationships.

Ways to break down barriers that were identified were:

- Virtual and phone visits.
- Meet families where they are and use what they are familiar with and have.
 - If they already have Zoom, Skype, etc. use that.
- Coordinate referrals and processes.
- Create a coordinated system for contact.
- Make sure items being provided and services provided are what the families truly need.
- Regularly showing up is a great way to get individuals engaged and build the trust.

Additional thoughts:

- Identify truly concerning gaps – marginalized families who need and want services but are not being reached
- Reach those who are truly needing help first
- Families who are being served are being inundated by surveys and contact.
 - May cause further isolation.
 - Potentially combine surveys.
- Disparity amongst women from minority groups and minority groups in general.
 - Many still having to work and not receiving same resources.
- Need to find trusted community events to connect with families often
 - This isn't available right now, so we have to get creative.
- Offer safe extra activities for community to engage with the challenges of social isolation to stay visible so folks see we are here and can support and address needs.

Partner Updates

Community UPLIFT is still here taking referrals and referring families to partners.

KPI is putting together resource guides that will have links, virtual tours, and other resources that will be available for families and teachers.

Family Development Center - Working from home and have virtual classrooms set up. Doing intakes and home visits virtually.

Umpqua Health Alliance (UHA) – Anyone not in the clinic is working from home. A Social Determinants of Health taskforce was created and UHA is reaching out to agencies who are supporting the community to provide additional funding to some groups. Heidi Larson (hlarson@umquahealth.com) is the current contact for the taskforce.

Healthy Families - Trying to connect with families as much as possible with social distancing.

Aviva Health - Shifted to televisits for primary care and mental health. Have shut down most of dental processes to maintain PPE. Aviva set up a respiratory clinic so that if people who have been screened present health concerns, they can still treat them and keep other patients safe.

Head Start - Providing emergency care for essential workers. Emergency classrooms are serving ten preschool students and six infants and toddlers. If additional interest is received, they will open another classroom. Head Start is offering services to families virtually and providing supplies. Taking applications for next year online. The intake process is being completed via phone.

Take Root - Providing parenting classes online. Have done Facebook Live for managing stress during Covid-19. Had a parent discussion group around distance learning. Received a lot of information with parent needs and wants. They are trying to schedule Baby-101, Taming the Tantrum, Growth Mindsets, and childhood development virtual classes.

DHS - There are a couple groups working on an online form where agencies can update their own info and it will be automatically shared. At Self Sufficiency, the lobby remains open for individuals who do not have access to phone or internet. The majority of DHS's staff is working from home

Next Meeting Date

Thursday, May 28, 2020 10:00 am to 12:00 pm

This meeting will be held virtually.