



MEETING HIGHLIGHTS



COVID-19 RESPONSE AND RECOVERY IN OUR REGION:

Identifying What Worked and What Didn't to Build Back Healthier

Wednesday, July 14, 2021

2:00PM – 4:00PM

Presented via Zoom; 67 Attendees

All presentations and related meeting materials are located on the HCTF website:

<https://www.dvrpc.org/Committees/HCTF/>

Welcome and Introductions

Barry Seymour, Executive Director of the Delaware Valley Regional Planning Commission (DVRPC), opened the meeting by welcoming everyone and encouraging attendees to complete the poll to get a better sense of who was in the “room.” He provided a brief overview of DVRPC, noting our interest in bringing together folks from all different fields and walks of life to support healthier communities. Mr. Seymour then reflected on the changes and challenges of the past 16 months, both in terms of the pandemic and the racial justice movement. He encouraged attendees to think about the lessons that we’ve learned—personally, as organizations, and as a society—and apply them to create change in our communities. He opened the panel by introducing the moderator, Chinwe Onyekere with the HealthSpark Foundation.

Panel Discussion

Chinwe Onyekere, Director of Equity and Inclusion with the HealthSpark Foundation introduced the panelists, which included Jennifer Kolker, Associate Dean for Public Health Practice and External Relations, and Clinical Professor of Health Management and Policy at the Drexel University Dornsife School of Public Health; Dr. Val Arkoosh, Chair, Montgomery County Commissioners and Co-chair of the HCTF; and Kathleen Noonan, Chief Executive Officer of the Camden Coalition of Healthcare Providers. Ms. Onyekere noted that we have an opportunity to learn from the devastating impact of the pandemic and reimagine our future. She mentioned some of HealthSpark’s recent work that has engaged the nonprofit and safety net communities across Montgomery County to understand how the pandemic has affected their organizations and think about how we can build back better.

Ms. Onyekere started the discussion asking the panelists to reflect on how their respective organizations have responded to the pandemic and how they are thinking about recovery.

Dr. Arkoosh noted that Montgomery County is the third largest county in the state and has a health department. Many counties within Pennsylvania, including Delaware County, do not have a health department, which complicated the response across the state. Montgomery County’s role was to be an interface between the state department of health and local agencies. In the emergency management framework, county health departments have a very codified role, which include communication with residents, providing supplies, creating opportunities for testing sites and vaccine distribution. She noted that although county officials participated in numerous drills, no drills ever envisioned something as long-term as the COVID-19 pandemic. Additionally, none of the drills

adequately prepared participants for the amount and kind of communication that would be required to reach vulnerable communities. She also noted the importance of updating our IT systems across the state, relating a story of how the county received faxes from the state in the early days of the pandemic. Finally, Dr. Arkoosh noted that we need to collectively work together to move forward – to intentionally not go back to the way we were before the pandemic.

Ms. Onyekere invited Ms. Kolker and Ms. Noonan to expand upon Dr. Arkoosh's comments, particularly the ones relating to vulnerable and marginalized communities. She also asked them for their reflections on how we can reframe and rethink about the future given the learnings of the past 16 months.

Ms. Noonan responded that she hoped that we all learn to do a better job listening to each other and the community. She noted that she's seen a lot better listening in the past year because we've seen a lot of fails. Ms. Noonan gave the example of a COVID-19 testing site that was established in Camden against the advice of community members. The site was drive-through only in an area of the city that was not well served by transit. Additionally, no one thought to register it a Medicaid site and therefore was ineligible for Medicaid transportation. Because of this, the site served very few people, despite the high need in the broader Camden community. Ms. Noonan also discussed vaccine hesitancy in Camden. She noted that the Camden Coalition had expected low vaccine turnout, but even still, the amount of hesitancy really surprised them. Staff from the Coalition are pivoting on a daily basis to think about how to best engage with folks on this issue.

Ms. Kolker noted that as an academic institution, one of the Dornsife School of Public Health's roles in pandemic response is to parse, translate, and disseminate scientific information. She noted that she and her colleagues were able to share a lot of information with policy makers, health department staff, and community organizations so that these organizations could make decisions. Ms. Kolker also noted that one of Dornsife's roles is to train the future public health workforce and that the pandemic has promoted many professors to ask themselves if their students are getting the skills they need to hit the ground running when they graduate.

Ms. Onyekere commented that the themes that the panelists touched upon, including around transparency, coordination, listening, and the need for flexibility and agility, were very powerful. She mentioned that HealthSpark Foundations heard these same themes in a survey they conducted on the state of the safety net in Montgomery County. For example, many respondents (90 percent of service providers) talked about needing to shift or alter services in some way, reflecting the need for flexibility and agility that the panelists discussed. Additionally, she noted that organizations relied on existing relationships and also built new ones to respond to pandemic challenges, reflecting the themes of coordination and collaboration.

Ms. Onyekere noted that in the course of the past year, we have moved from thinking about health disparities to equity to justice to liberation and asked the panelists to speak about how each of their respective organizations are addressing issues of equity and racial justice. Ms. Noonan responded by encouraging organizations to look at themselves first when thinking of issues of equity. She noted that the Camden Coalition has a minimum salary of \$42,000 for community health workers. They also did an evaluation of their staff and found that the staff that had been in the same position for five years were often women of color. The Coalition had to ask themselves why that was and used that opportunity to promote many staff.

Ms. Kolker echoed Ms. Noonan's call to focus internally first, noting that Dornsife has spent a lot of time thinking about their research, practice, governance, and teaching. She also noted that as a school of public health focusing on urban health, none of the health disparities that have been highlighted by the pandemic are new. She commented that we now have the opportunity and funding to build a new public health infrastructure and it is critical that we don't build the same infrastructure because it hasn't been working for everyone. Additionally, while acknowledging Drexel's limitations as a 501c3, Ms. Kolker wanted folks to think about how Drexel and other academic institutions could push the boundaries on advocacy more, noting that it isn't enough to just do the research.

Dr. Arkoosh discussed some of Montgomery County's engagement efforts during the pandemic. She noted that the county contracted with four on-the-ground community organizations to help them conduct contract tracing. This meant that individuals were called by an organization they were familiar with and spoken to in a language that they were comfortable with. It also had the benefit of allowing the county to provide income to some of their most critical partners in the community. Dr. Arkoosh mentioned that IT continues to be a huge barrier for many people and that the county provided telephone numbers and language lines for many COVID-related services, including appointments for testing and vaccines. Dr. Arkoosh also highlighted the need for paid sick leave, noting that many people continued to go to work, even though they were COVID positive, because they had no other choice. Additionally, she noted that most of the existing emergency management plans only gave lip-service to vulnerable communities. Examples of that could be seen in how the initial federal vaccine testing sites were located and run. The plans for testing and vaccine rollout all used drive-up models, which do not work for many people.

Dr. Arkoosh also commented on some of the ways that the county is working to promote equity internally, including instituting both a \$15/hr minimum wage for county employees and a gender-neutral paid parental leave policy. She noted that it is so important for the county government to set the example and encourage others to follow.

Ms. Onyekere brought up power-building and the idea that "those closest to the pain should be closest to the power." She wondered how we give voice and attention to that idea and asked Ms. Noonan to share some examples of ways that the Camden Coalition is working to address issues on inequity. Ms. Noonan discussed the Coalition's Community Advisory Committee, which is a committee of their Board. She noted that about half of the advisory committee members are people that have received their services before and often have a history of tremendous medical and social needs. The Coalition also recently created an ambassador program where they pay interested residents to talk to other community members about COVID and other health concerns. She noted that they needed that broader perspective because one or two people should never represent an entire community.

Ms. Onyekere asked Ms. Kolker to expand on her earlier comment about creating a new public health infrastructure. Ms. Kolker noted that while she may not have a vision for a new public health system, many public health departments are thinking about how to create new infrastructure with a health equity lens. She posed the questions of "If we could start from scratch...or if it was March 2020 and we had all of the resources and structure that we wanted, how would we get done what we needed to get done?" as a framework to think about creating a new public health infrastructure.

Ms. Onyekere then posed the question: How can we use the past 16 months for an opportunity to be transformative? What does a transformative experience look like for each of you?

Dr. Arkoosh noted that local governments across the country are getting substantial amounts of money from the American Recovery Plan. Montgomery County will be opening a recovery office and is currently taking resident feedback on people's priorities for recovery and rebuilding. The county has an opportunity to be transformational and do things that they've never had the funding to do before. They are currently looking at everything from food security to affordable housing to creating new public health infrastructure and more. Dr. Arkoosh also expanded on her vision for a new public health system, noting that she would like to shift the emphasis from health care to health. She would like to see a lot more community-based activity, including community health workers and people who have created relationships with the community before the crisis occurs. She noted that we need to widen our view to support health at the community level.

Ms. Noonan noted that the most hardworking people in our communities are women with kids working two jobs. While acknowledging that implementing a \$15/hr minimum wage is a huge achievement for some places, it is not

enough to provide a living wage for many families. She encouraged us as a society to do better and think about minimum wages that are much higher. Additionally, in thinking about a new public health system, she noted that we need to decouple health insurance and jobs.

Ms. Kolker also noted that the pandemic taught us that health and health care go beyond the sectors that we're used. For example, if all of our schools were well-ventilated then maybe children could have stayed in school. Or if we had been able to pay restaurants to stay closed, that might have helped to reduce case rates and even open schools earlier. She encouraged us to think beyond the traditional ideas of health and health care so that we don't have face this false construct of economics versus health.

Closing Remarks

Kelli McIntyre, Health Justice and Livability Projects Manager with the Philadelphia Department of Public Health's Division of Chronic Diseases and Injury Prevention and HCTF Co-chair, closed the meeting by summarizing the discussion and encouraging attendees to carry the important conversations with them into their work and their lives. She emphasized the importance of building relationships with communities before times of crisis and highlighted the need to "put the people closest to the pain, closest to the power."

Amy Verbofsky, Manager of Healthy and Resilient Communities at DVRPC, thanked the speakers and attendees for their contributions to the discussion, introduced a poll to gauge interest in returning to in person meetings, and encouraged attendees to take the post-meeting survey.