



**Purpose:** Individuals and agencies participate in the RRT to: (1) get and share urgent information related to COVID-19; (2) contribute to an organized and immediate action related to COVID-19; and (3) create and maintain the long-term infrastructure and relationships needed to foster equitable recovery.

### **Welcome**

What's something you've been pleasantly surprised by recently?

Chat box answers included:

- Signs of regional synergy on equitable regional development and investment.
- Warm weather for late October
- The ability to tune out the election flack as I've already voted.
- Halloween decoration efforts

### **COVID-Update - Serena**

Serena shared updates on the state of the region in COVID-19 numbers for Missouri and Illinois. We are starting to look closely at more real time information for Missouri. There is definitely a spike that is happening. There has been a significant increase in the region and in the hospitals. One thing driving the spike is that patients are coming in from other parts of the state who have more relaxed requirements. People are waiting to come in until they are really sick so they are coming in sicker. More workers being exposed and then quarantining means less healthcare workers to help contribute to quality of care. People need to respond better to a mitigation strategy.

We wanted to make sure to take a closer look at the population that has a disproportionate burden of COVID-19, which is the older adults. 8 out of 10 deaths have been in adults older than 65. We have to be intentional to think across the lifespan in our strategy. The three groups most at risk:

1. People 65 and older
2. People living in long term care facilities
3. Anyone with pre-existing chronic diseases

Even within the older adult population, we are looking at how to disaggregate the data so we understand which within that group are even more affected so we have a focused outreach. A significant segment of this population doesn't always have the physical space that accommodates some of the recommendations given, like having access to fresh air and going outside and being able to have socially distanced visitors. We need to be inclusive and combat some of these as it relates to our messaging and service delivery.

### **Purpose and Process - Katie**

Katie reviewed the CAN Meeting outcomes, overview of meeting, our structure, CAN functions, and roadmap for data driven decision making.

### **Meeting Outcomes:**

- RRT Members will consider current efforts and gaps associated with Health Promotion
- RRT Members will consider current efforts and gaps associated with Ending Hunger
- RRT Members will provide input into Steering Committee's selection of new campaigns

Katie shared an eviction prevention recap from our October 8<sup>th</sup> meeting and a google form survey to evaluate CAN member feedback to campaigns. Grace shared google form link into chat: <https://forms.gle/ZBSJtEdzSANMvBJd8> where CAN members could indicate their level of support for a particular campaign based on what they know so far.

### **Coordination of Chronic and Infectious Disease Presentations**

This was one topic that came up as a priority when the CAN was surveyed. The coordination team revisited the definition of this particular topic from the *For the Sake of All* report. Two things stood out:

- 1) Expanding health promotion partnerships across sectors and
- 2) Considering the health impacts of all policies at the state and local level.

These have the most opportunity for long-term support. We are already working with the health department very closely and we hope to increase this even more. Our partnership is pretty strong and consistent and we could provide more attention to policy making. One of the features of the CAN is having a common space for cross sector partnerships.

There are policies that were put into place because of COVID that could be great if they remain active after. We could help examine what those are and create an advocacy plan to ensure those things remain in place. Had we been listening to our most vulnerable populations all along, we would have been better prepared to deal with the results of the pandemic.

For example, with the older population, transportation comes up as a barrier. We've learned that telehealth and teleservices can be utilized in those cases, as they are being used now. Transportation shouldn't be a factor as to whether or not someone can get the kind of healthcare they need. There is also a need for an integrated approach that addresses immediate needs – healthy food access, safe places for physical activity, and mental health services.

Emma Melvin and Michelle with Chestnut Health Systems of Madison County shared work about integrated care that they have been doing in Illinois. Emma is a social worker who facilitates services at their health center as well as community based healthcare. Michelle leads nursing in the community.

In 1948, the World Health Organization described health as “as state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” So the concept of integrated wellness is not a new concept.

Chestnut has a number of initiatives to support this integrated approach, including:

- InSHAPE
- Project Wellness
- Wellness Outreach Networks
- Chestnut Family Health Center
- Certified Community Behavioral Health

For example, InSHAPE is an evidence based practice that was designed for working with adults with both mental health and medical conditions. The program links participants with health mentors, who are certified personal trainers that also have knowledge in mental health services.

Working with a health mentor and integrated health specialist and nursing specialist over a 4 year period led to decreasing blood pressure, BMIs and waist circumference. They also saw a reduction in homeless, ER visits, etc. Their data has shown that a whole-health approach worked.

There are many benefits for an integrated approach. Since COVID, there are some changes, such as screening, enhanced cleaning protocols, PPE kits for community based staff, virtual meetings, and a mobile unit for testing and vaccinations. Telehealth has shown a dramatic increase in show rates.

### **Discussion #1**

The CAN broke up into small groups to answer the following questions:

- What could RRT contribute to coordination and expansion of chronic and infectious disease prevention and management?
- Do we need additional skill sets/expertise in order to do those things?
- What actions could RRT take in the next 30 days related to Coordination of Chronic and Infectious Disease?

Facilitators captured notes for review by the coordination team.

Individuals were asked to give feedback through completing a google form survey at <https://forms.gle/ZBSJtEdzSANMvBJd8>.

### **Ending Hunger Presentation**

Katie introduced speakers Lucinda Perry (Operation Food Search) and Nicole Hawkins (St. Louis Area Foodbank).

Ending hunger was one of the campaigns suggested as recommended from the Forward Through Ferguson report. Food insecurity data is generally available by county. It's difficult to break out by zip code and see where those are disproportionately impacted by poverty. Both organizations are working at full capacity and have stepped up the way they collaborate with each other, trying to expand the ground that they cover and decrease duplication of effort as much as possible.

During this time of generosity from government, individuals, farmers, etc. both organizations are trying to make sure we have enough to distribute to those who need it the most. The 40% increase in food to be packed and distributed has been wonderful. The challenges are that while there has been a lot of food, some of the programs are now uncertain, such as the farmer to families program which provides fresh produce. As food supply shrinks, the question arises about what partners could be brought on. There's a risk of not being able to continue drive-throughs. The organizations also have to start purchasing more food, and the price of food is going up. There are things on shelves, but then there's an aluminum shortage, so cans are low. Food supply and transportation has been disrupted.

How can we help?

- Hold a food or fund drive
- Volunteers are needed at the food bank
- Refer people to websites/maps that have significant amounts of info on where to find food distributions
- Become a community food partner
- Help reduce the stigma and let people know that the food safety net is there for them. It's important, just as with any other chronic health condition, that you approach food insecurity with a trauma-informed lens.

## **Discussion #2**

In breakout groups based on the presentations, CAN members were asked to reflect on the following questions. Facilitators captured notes.

- What could RRT contribute to the Ending Hunger space?
- Do we need additional skill sets/expertise in order to do those things?
- What actions could RRT take in the next 30 days related to Ending Hunger?
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Katie, once again, asked individuals to give feedback through completing google form survey.

## **Announcements & Closing**

- We are seeking campaign champions.
  - Champions will be sent to FTF 2039 workshops.
  - If you are interested in this, please contact Katie.
- We are canceling the 11/5 meeting to focus on feedback received from the CAN members.
  - The RRT coordination will share the information of all three campaigns with the Steering Committee on November 6<sup>th</sup> and they will determine where it is best for RRT to focus attention.
  - The RRT coordination team will be contact with CAN members in the meantime until the next CAN meeting on 11/19.
- Grace gave an update on PPE campaign. A big distribution will occur on Friday, October 23 to organizations on both side of the river.

- Serena shared that Ameren has expanded their Missouri Clean Slate Program, which is designed to help most vulnerable pay past due utility bills. Additional funding is available to help people with utilities.
- Bridgeton Landfill Community Project Fund Health Initiative request for proposals can be found at [www.stlgives.org](http://www.stlgives.org). Go to Nonprofit tab and follow through Apply for a Grant.

## **Adjourn**