



Collaboration Action Network Meeting Minutes Thursday, September 10, 2020 3pm to 4pm

Welcome

Serena Muhammad, the new RRT Managing Director, started the meeting by explaining that the RRT is transitioning to the Collaborative Action Network (CAN). All RRT members are now CAN members.

An orientation slideshow will be shared during the meeting, and in the future there will have a link to it in the chat box in case they need to get up to speed. If, at any time, people want the information, they can email the coordination team members.

Serena asked everyone should think about why he/she is here. If someone don't resonate with the assumption below, please provide feedback in the chat box. She stressed that it's important to check in as a group to make sure we are on the same page. She asked for people to say yes, no, or offer other ideas about this assumption:

Individuals and agencies participate in the RRT to: (1) get and share urgent information related to COVID-19; and (2) contribute to an organized and immediate action related to COVID-19.

There were some "yes" responses in the chat box (no "nos" or other comments).

The meeting outcomes put forth were:

1. RRT Members will have a clear understanding of how we will collectively identify our next Campaign(s) including how to determine the role of their agency in advancing that campaign.
2. RRT Members will understand our communication strategy and how they can participate in our branding efforts.
3. RRT Members will have a clear understanding of the current COVID-19 testing landscape in the St. Louis Region and how they can help their constituents navigate it successfully.

Communications Strategy – Courtney Mueller, Vector Communications

Courtney and Laurna Godwin are the representatives working for the RRT. Some of the work they will be doing is:

- Having more consistency in communications style – this leads to more trust in the RRT.
- Energize branding - make sure everyone is well aware of the RRT and that the public is excited about what's going on, that there's momentum and collaboration.
- Raise awareness, reputation, and make sure collaboration is front and center.

Serena asked that anyone who is interested in this communications piece volunteer to serve on a small committee. Please email the coordination team if you are interested.

Serena explained that one reason we are focusing more on external communication is because we are trying to increase community engagement. The community first has to know who we are, what we're about and why they should want to be in a relationship with us. Building visibility is the first step.

Process for Identifying Campaign(s) – Katie Kaufmann

Katie reviewed the RRT restructure into the Steering Committee, Coordinated Campaigns, and the CAN.

The **CAN Functions** were listed as:

- Hold vision, mission and principles of RRT
- Identify infrastructure, capacity and resource gaps and pressing community needs
- Set priorities based upon gaps and needs
- Mobilize people and expertise to help execute RRT campaigns
- Build the collective capacity to advance racial equity, systems change and community collaboration

The **process** for identifying campaigns was introduced:

- During the meeting, the group will reflect on criteria and do a self-assessment.
- Later in September - there will be a survey to identify campaign champions.
- Early October - plans will begin
- Late October – the Steering Committee will reflect on the proposed campaigns, put their stamp on it
- After October CAN meeting – new campaigns will be launched.

The **frameworks** for choosing campaigns are the Forward through Ferguson initiative, the Segregation in St. Louis report, and the For the Sake of All report.

In the **survey** that will be sent out, we will be asking for help to prioritize issues according to the following criteria:

- Is this transformative, creating long-term impact?
- Is this COVID urgent – will this action address issues exacerbated by COVID?
- Is this unflinching – does this present root cause driven solutions that call out disparities?
- Is this supportable – do we have the resources available to make this work?
 - Individuals should think about if their own organization would be able to support an issue that they suggest.

Katie asked the CAN to respond to the criteria in the chat. Comments and questions included:

1. Q: Does a campaign have to hit all four boxes?
A: You'll be asked to rate it across all four boxes in the survey.

2. As much as I love and want to try to get to the unflinching/root causes, sometimes people just need food or a place to live. The tension between the two is something we will have to continue to grapple with.
3. When we think about appropriate resources, does this criteria also include marshalling and/or "creating" resources?
4. We should also assess whether others are already tackling an issue and what our unique contribution would be.

RRT Principles Review

We wanted to dig deeper on these by doing a zoom poll. Katie went through each principle and asked people to think about their organization and how proficient it is with this particular principle. The polls were anonymous. (Part of the follow up survey will also allow people to think about what their organization's proficiency is on these three topics.)

1st principle - Not just returning to normal, but by improving conditions as they were before.

Results: Beginning: 11%, **Emerging: 59%**, Proficient: 27%, Advanced: 3%

2nd principle – Partnering intentionally with impacted individuals and communities since they are part of our decision making process, engaging as many people as possible, recognizing and respecting strengths, holding ourselves accountable for inclusion, reflecting and improving on our mistakes.

Results: Beginning: 18%, **Emerging: 42%**, Proficient: 34%, Advanced: 5%

Comments:

- It would be interesting to know if the community agrees with our assessments.
- It would be good to know how much of the partnering is required or emphasized in connection with funding. Partnering and community involvement is emphasized in many funding opportunities. It would be interesting to understand the degree to which community partnership can be encouraged via proposal funding decisions. Additionally, how are such partnerships sustained?

3rd principle – Orienting toward urgency, solutions and coordinated regional action, bridging the bi-state, recognizing no single entity can create systemic change, leveraging strength of individual organizations to contribute to shared goals, aligning with disaster response systems, identifying policy gaps (there has been some advocacy amongst this group), investing in healthcare to foster resilience.

Results: Beginning: 16%, **Emerging: 43%**, Proficient: 30%, Advanced: 11%

Comment: Regarding the bi-state, even those who cannot operate in the IL area can provide thought leadership and support to agencies in the IL region. There are ways to support bi-state without actually serving both directly.

Completing the survey was stressed as an important tool for the coordination team and the RRT in general. The more we know more about what you're positioned to do, the better we can leverage the entire network.

COVID-19 Testing Landscape – Karen Bradshaw

Karen is from the Integrated Health Network and is a new member of the RRT coordination team. She supervises the community referral coordinators staff. Feel free to email her with any questions that we don't get to during the meeting. Anyone who has COVID-19 that doesn't know what to do next can also reach out to help with navigating that. She knows most about community-based testing sites but also Total Access urgent care to an extent. She encouraged anyone to ask any questions by voice or in the chat.

Q&A:

1. Can you be billed for testing?

It's not so clear. The way that the law is written is that it's covered when it's medically necessary. The CDC changed their guidelines recently. With asymptomatic testing, that is considered not medically necessary and you may get a bill. But in St. Louis, places that do testing are committed to maintaining open testing sites and won't bill for testing. Sometimes bills still end up coming through, usually from the lab. Usually it's best to call the place that did the testing and they will usually take away the bill as soon as there is any pushback. People with private insurance may need to have a conversation as to whether it was a medically necessary test or not.

2. How long does it take to get a test back?

Most community-based sites have turnaround of 3-4 days, and Quest is trying to get it to 2-3 days.

3. When will saliva based testing be available?

It was approved by the FDA but isn't available in St. Louis yet.

Additional info:

- Stlcorona.com has a list of testing sites.
- Some FQHCs had to deal with a staffing crunch so they may have testing only 1-2 days a week.
- You can get an appointment online through the St. Louis County.
- Rapid tests from Total Access are less accurate.
- SSM and BJC have testing.
- They are trying to make many of these sites flu vaccine sites, as well.

Conclusion – Serena

Be on the lookout next week for a bulletin with campaign updates and follow up items from this meeting. Thank you all for attendance.

Adjourn