SOPHE Town Hall Board on COVID-19
Thursday, June 25, 2020
7:00 – 8:00 pm (ET)
Summary Notes

1. **What are your biggest professional challenges due to COVID-19 and what challenges do you expect to face in the coming months?**

- How to be ENGAGING in the virtual classroom.
- Overwhelming workload for students, deadlines/assignments are A LOT
- Burnout, the balance of the workload
- Learning the ways to support students and faculty, extra time for assignments, communication for clarification one-on-one
- The suppression of "other" issues besides COVID-19, feels like they have become irrelevant when these other health issues did not go away
- Family balance, multiple family priorities and a challenge to organize personal and mental health needs
- Information dissemination is not eligible for all to understand equally … health literacy
- Academics (With respect to a few states)
  - Michigan
    - Masks mandated in April
    - Quick transition from F2F to Virtual (Online Learning) (2)
    - Multiple software to learn and teach others on how to learn, which may have been an unexpected task
  - New York
    - **Mental health issues** with students due to family issues; quarantined family members (2)
    - Professional distress; weight on shoulders
    - Litigation on campus with how policies and procedures have been implemented or maybe lack of
    - **Technological barriers** between who knows how to use virtual software and systems such as Blackboard & Zoom and champion who does- or who has access?
    - Lack of social connections, i.e. F2F meetings
    - Face masks have become normalized
  - North Carolina
    - How do we attend to student needs? (i.e. mental health)
    - Face covering mandate, in June! (3)
    - No acceptance of wearing masks
- Professionally speaking, see below: (State wise)
  - Southern Connecticut
    - Lots of rules, what is implemented, what is not?

- - - Messaging, what is true?
    - All online
  - New York
    - Public Health departments being pulled to do tasks that may not be in the normal day-to-day job description (2)
    - Mumps outbreak prior to COVID-19, assisted in preparation for current COVID-19 pandemic
  - North Carolina
    - Faculty put on contact tracing task force teams
    - Required to teach face-to-face; case by case scenarios; Who is prioritized? Who is favored?
  - Michigan
    - Public Health department pulled in many directions such as being put on a task force with, "What should be done next? Currently and in the future to assist with prevention and re-entry"
    - Timelines of re-entry are unknown

- Professional challenges:
  - Health communication issues: Working in public health and health education; reaching out to schools and the public, we try to create visuals and communications that work for them (safety tips; how to wash their hands, what to do or not do); with budgetary issues or lack of adequate marketing, this has been our greatest challenge
  - Budget cuts: University budgets being impacted, furloughed, and not knowing what the future holds (2)
  - Access to internet from rural homes "the digital divide"
- How do we get the masses to take COVID-19 seriously?
  - State mandates, directions, and communications vary
  - Perspectives differ
  - How do we personalize this pandemic? Lives are being lost, and more lives are still going to be lost; this is not a party line issue; there will be a grieving period
- In the future:
  - When following a fiscal year, we must plan around the funding that we have or emergency funding or
  - University budgets are still unknown for the future
  - Reliance on technology, smart technology
  - Need for new funding and confusion on how schools (K-12 and higher education) will reopen: Public schools, colleges reopening, business as usual in the fall, the reality is that this is not quite realistic as there will be changes

- Some challenges include reaching their clients due to closures
- Many government aid benefits are not enough
- Many client's benefits have disappeared due to COVID-19
- Communicating need for investing in food security, housing, universal childcare, universal health care.
    - How can we scrounge up resources?
- How do we harness what we all know into investments that will be beneficial long term?
    - How to we use our voices to advocate.
        - Budgets, investment, priorities
- Swinging between helplessness and helpfulness (2)
- Feeling bombardment with information
    - Research, white papers, involvement
    - Many have tuned out majority because of overload
- "Went from working from home to living at work."

Current Challenges: Helping clients with needs. Swinging between helplessness and helpful.
Upcoming challenges: Using our voice as public health professionals to advocate for resources they need, and their clients need.

- Eastern Michigan University - There is a lot going on
    - Participates in multiple committees, multiple roles, happening too quickly for the academic case, there is a lot of uncertainty, the fall semester is up in the air
    - The University has designated the classes that will be held remotely
    - No contact tracing in place, no testing people on campus
    - Feeling a lot of pressure from the financial aspect
- University of Indianapolis
    - One month ago (type 1, 2, 3) designate classes that could be held online, in person, hybrid
    - Concerned about putting together the tracing program at the university
    - Faculty are not being compensated for additional efforts
    - There is a lot of frustration with dealing with the logistics of new policy,
- Many campuses are residential which is a barrier for resuming on campus activities
- There are challenges with the development new programs pertaining to COVID-19 within the university
    - It is difficult to coordinate with the health department and the university, there are too many cooks in the kitchen.
    - Difficult getting in touch with people from the health department.
- Contact tracing class for students, states are not coordinated on what they are doing yet (2)
- Volunteers within the University to assist-students would do contact tracing in campus
- How will they handle the contact tracing if someone on the campus tests positive?

- Challenges with larger university systems
- Health educators—you know your priority population (Have we involved the priority population in the plans)—these plans are not realistic, how can you really track this many people
- Commuter students in a city? —how do you track this
- Decisions/plans not ideal for everyone, but this is a time where decisions must be made (3)
- There are different struggles based on the size of the university
- The planning process requires a lot of coordination and logistics
- Surveys have gone out to incoming freshmen-many people want in-person, face to face classes-report from one university stated-92-95% of students showed that students were still planning on their original plans
- Staff will experience pay-cuts, cuts on university contribution to 401 K
- Different ways counties within the state (CA) are reopening.
- Threats being made to public health officers and those trying to keep the public informed.
- Worries about the messages the students are getting as they come back to campus
- Inevitable that there will be more cases on campus once reopened. How will be addressed?
- Plan for future classes to be socially distant without clear logistical directions on how to do so.
- Being willing to take the risk of expose yourself to dangerous element for the sake of doing the work that still has to get done within your jobs.
- Onboarding people from afar; Not being able to have a personal connection in new positions/ roles.
- Risk of public transportation for travelling into office.
- Things are ALWAYS changing! Need to be prepared and plan ahead.
- Administration "playbook"- Federal Govt has been a huge challenge for public health departments.
- "Volun-told" to do things without the appropriate skills.
- Very quick turnaround required in state health departments
- Need to recognize that essential frontlines worker MUST put themselves on the line--Not always equitable for all in the field.
- Formed a group called Chronicles in higher ed and COVID-19 has about 32,000 members that share theories, policies, etc.
- Campuses in limbo due to COVID-19 and planning for future classes.
- Misinformation in the communities…push back from the people regarding information.
- Not on the front lines so I am not receiving the abuse.
- Lots of rules and regulations so people becoming reckless. Numbers are going up. Do not want to be isolated anymore. People want to be more connected.
- Information is not consistent.

Faculty responses
- Move to online classes; although had done some online teaching, was required to flip some traditional in person instruction to online classes and struggled w/ pedagogy.
- Challenge as public health professional and politization of messages, esp. related to wearing masks – and wanting to stay true to evidence/science.
- Very concerned for fall and juggling unknowns – esp. around messaging.
- Good news is that we may get more students to public health

Business owner
- Concerns re. keeping people employed – and how to juggle keeping business going w/ employees working from home who must now educate and keep watch over children.
- Slow at first when all came to halt – now very busy developing messaging – but conflicting messages are difficult. Also, difficult getting supplies from China.
- Focusing now on how to get messages out – and involved with developing model health ed lessons via distance education and in class.
- Early days faculty felt compelled to be more lenient as students had family members and friends who died from COVID.
- In fall, Dealing w/ issues of child care on campus – kids under 2 not wearing masks and yet keeping them safe.

Student
- Special difficulties as international students in COVID –visa issues and generally very frightened. Difficult moving all classes online and getting face time w/ faculty to ask questions.

2. **What resources, webinars, fact sheets, or other type of technical assistance can SOPHE provide to help you deal with COVID-19?**

- Ways to impact that organic discussion rather than relying on a discussion board or another assignment to give to students to bring about the RESULT of that exchange/engagement
- Time management … (or maybe there is another word to really convey what is meant here). Tools to learn/remind how to prioritize the issues and tasks at hand. Modes and Methods to prioritize and feel like you have reached a productive result
- Creating tiers of health literacy materials to adapt and utilize in different populations and groups. (high school, college, K-12, elderly, etc.) This is part misinformation and part health literacy communications… more support here to share/create/
  - Primary risks
  - Identifying ways to convey
    - Tools; handout/flyer/social media post examples
- Social Media campaigns can be transferred and shared very widely on personal channels as well as professional
  - Example: HIV grid – High risk, medium risk, low risk a continuum of risk for sharing in an image or graphic.
- Carolina 3 W's, wash your hands, wear your mask, and wait 6 feet apart.
- Reduced productivity and despondent attitudes have been part of this experience.
  - Could SOPHE speak to this concern and provide wellness awareness and information?
  - Take time off, plan a staycation, find a way to refocus, challenge yourself differently
- What are the creative solutions to help resolve these conflicts?

Chat follow up:
- William (Bill) London could provide some excellent resources (and his research) on mis-information, dis-information and quackery relating to COVID19.
- New pandemic-related materials that are in development — contact km@toucaned.com or go the website and sign up https://toucaned.com/Contact/
- Public Health ambassadors – Collegiate Champions
- Social Marketing Materials – member only vs. public outreach
- The current public health crisis suggests to me that it is a good time for SOPHE to promote a consumer health orientation to health education.
- COVID-19 consumer health work:
  - https://centerforinquiry.org/coronavirus/https://quackwatch.org/consumer-protection/covid-19-consumer-protection/ https://centerforinquiry.org/coronavirus-cure-claims/https://skepticalinquirer.org/exclusive/can-naturopathic-doctors-combat-covid-19/

- Chronicle of Higher Education Facebook group called Higher Ed and COVID-19. 33,600 members. https://www.facebook.com/groups/higheredandcoronavirus/
- Social marketing campaigns that are student focused

New York
- Social marketing materials for college students for COVID-19
    o Changing of the norms; encouraging students to avoid large gatherings
- Online training partnered with Eta Sigma Gamma
    o Public Health ambassadors - convert Collegiate Champions

Michigan
- Social marketing materials - what is the focus? (2)
    o Face-to-Face classes in the Fall; wellness, racism, specific to campus living and socializing
- Webinars on racism, COVID-19, prevention messaging, how to avoid getting COVID-19 or any other illness/disease
- Educate campus with trainers of their peers

Other suggestions/thoughts:
- SOPHE Faculty Forum- great place to share resources, anything new from SOPHE related to School Health, Student Curated Collection, be sure to add here
- Skills on how to advocate on hot topics; wellness, racism; how to make hand sanitizer
- Advocacy Summit registration adjusted for more students
- How can we promote the work that has already been done by our Health Education Specialists, Faculty, Practitioners
    o Faces
- "Racism is a public health issue."

- SOPHE National/Chapters
    o Help us to teach undergraduates that there are best practices for having conversations
    o Training and research opportunities: Recognize that many young adults don't see COVID as disease that is harmful to them, as some young adults are not necessarily impacted in the same way as older adults, but there are different ways that they are being effected (e.g. are there unique health outcomes for youth, social determinants of health)
    o Educational materials to explain statistical issues that explain why the number of tests increasing is not the reason for increased number of cases (e.g. association of testing, tracking, and treating to health education)
    o Curated articles on COVID
    o Notices of training and new materials
        ▪ Webinar topics:
            • Interconnections between health settings and SDOH: For example, in current events- do you have access to health care tied to anti-racism,

telehealth and access to technology, are people equipped and able to execute the health care requested of them?
- Health literacy: how we receive information and perceive it varies
  - Supplement or publication to highlight the role of health educators during this year
    - Photovoice
    - Examples of settings that health educators are in during COVID
    - The strategic plan to document this public health crisis: Tracking, recovery, post-recovery, all the pieces of the puzzle
- Personal wants
  - Re-emphasize or re-energize our job listings in health education positions, contact tracing?
  - Increase and outreach in postings would be ideal (e.g. job bank from health educators)
  - Opportunities in federal and state budget notices
- How to be more visible in the community
- How to turn this into teachable moments
  - Public health needs a large lobbying force that we just don't have.
    - How to do this with a small budget
  - Look at advocacy solutions and align with current moment
    - Finding connections (NAACHO, de Beaumont Foundation, etc.)
- Do better at sharing within SOPHE but also externally between other organizations
  - Especially those whose priorities align with SOPHE
  - Do we miss opportunities to latch onto larger groups
- SOPHE response?
- Where to engage and empower members
  - Bottom up efforts to get grassroots movements
  - Giving members tools to make their own difference
  - Giving members tools to engage and empower
  - Involve individual
- Pull from other organizations who specialize in certain areas so we don't need to be doing everything
- SOPHE giving chapters tools to do advocacy
- Forums?
  - Town Halls are helpful
  - Focus groups
- "Perspectives in public health"

Resources: Advocacy tools that SOPHE members on the ground can take to activate their communities.

- Help with contact tracing plans-how that would best work, how do we safely do this in a University
- Coordination with states/universities-delayed in coordination from health departments and campus
- Some universities are exploring apps
- It's been great that so many organizations have offered free resources, but this is exhausting
- It is overwhelming with how many online resources there are
    a. Can SOPHE filter the resources? — links can be overwhelming
    b. Bring back the basics
        i. 101 on Contact tracing
        ii. Making webinars more interactive
        iii. Learning how to adapt to virtual platforms
- What works well with program/theory teaching online-great tools for our field that our courses will be using—tools specific for classes-needs assessment databases, forums
- Resources on Spiritual health, self-care, virtual self-care would be great
- We are in an endurance virtual world—everything is online now
- SOPHE could take the lead on developing messaging based on FACTS.
- Resource of how to support essential workers people who don't have a choice.
- Resources on how to get support through telehealth services. Report indicate that use of mental/behavioral health services will greatly increasing
- Culturally sensitive/aware messages (Santa Clara County messaging as an example)
- Live call-in Q & A's with experts
- Messaging is important! Good communication materials to avoid chaotic scramble
- Take an interest in consumer health information. There is a great need.
- Keeping real information from misinformation. Research methodology from word of mouth.
- Need more support for faculty mental health stressors
- Can we find creative ways to help students get the practicums they need when they are not able to be onsite at a public health agency/settings??
- Can we help students use social media skills which many current SOPHE members may not be as skilled? Have the students assist/teach agencies.
- Many feeling "Zoomed out" – so much "talking to" - SOPHE could try organizing "work parties" -- sessions w/ an expert and let expert assist in problem solving, answering questions. Questions could be sent in ahead of time. Then Do library of recording.
- Happy Hours – play games. Have Humor session – need to lighten up/stress relief
- More tools to engage/assist students – examining priorities and getting to outcomes.
- More tools on health literacy for range of audiences.