

NC Rural Coalition Fighting COVID meeting

March 17, 2021

9:00-10:00am

via Zoom

Speakers:

- Dawn Rochelle, Rotary District Governor for Rotary District 7730
- Lillian Davis, NC Governor's COVID-19 Task Force Member Representing the Greater Raleigh National Pan Hellenic Council

Facilitator:

- Kelly Calabria, President & CEO, Foundation for Health Leadership & Innovation

Topic:

- The role of civic organizations in combatting COVID


Kelly welcomed the guests and speakers and reviewed the purpose of the coalition. Leaders from the NC Rural Center, Hometown Strong, North Carolina AHEC, Governor's Office of Public Engagement, and the Foundation for Health Leadership & Innovation (FHLI), are partnering with the NC DHHS Office of Rural Health (ORH) to extend the ORH's reach in disseminating vital resources and messaging to rural communities. They also serve as a feedback loop to NC Department of Health and Human Services to report what is working and what is not, on the ground. She also referred the group to the resources on the Foundation's landing page.

Dawn Rochelle began her presentation with a framework for Rotary and the work they have done. She is District Governor of 50 Rotary clubs in southeast North Carolina, with 1800 active Rotarians. The county lines are no longer a boundary for Rotary groups; they are organized into zones, which report to Rotary International, comprising 530 classmates. Including Dawn, 31 serve a zone from Pittsburgh, PA southward into the Caribbean.

The Rotary organization is seeking long term recovery solutions to COVID, by looking at its impact and identifying services that need to continue. They look for opportunities to put service ideas into action, building on the strengths that they have, to improve the lives of those in need.

The Rotary Foundation played a large part in disease prevention and treatment, such as immunizing people against polio in India, while dealing with the challenges of extreme poverty and lack of clean water. Polio has been eradicated in all countries except Pakistan and Afghanistan.

Looking to use the methods and lessons learned abroad, the Rotarians were looking for a way to help with the vaccine effort here. There is a network of 12,200 Rotarians in the 100 NC counties. Dawn approached Dr. Mandy Cohen's office to offer help and set up statewide webinars with DHHS staff to discuss vaccine concerns; this provided more information from trusted messengers, so people could make informed decisions and alleviate vaccine concerns. Information was recorded, so it could be shared and help people to know that this is a public health emergency management event, the same as the aftermath of a hurricane.

The logo for the NC Rural Coalition Fighting COVID-19. It features a dark blue background on the left with the text "NC Rural Coalition Fighting COVID-19" in orange. To the right, there is a graphic of overlapping triangles in shades of orange and grey, forming a larger triangular shape that points to the right.

NC Rural Coalition Fighting COVID-19

The NC DHHS leads and Rotary support local vaccination efforts in a variety of capacities, such as traffic control, food, manning phone banks, data entry, volunteering at sites, and if someone is a medical personnel, administering vaccines. A list of contact information of Rotarians in all 100 counties was provided and sent by NC DHHS to all 85 local health departments.

Kelly asked Dawn how they have changed the perception of Rotary to be a trusted, credible force in the community.

Dawn responded that it was largely attributed to work on DEI (Diversity, Equity & Inclusion). In 2019, Rotary International issued a formal statement that all are welcomed to join. A DEI Task Force was created to invite Rotarians to discuss how to reach out and support global issues such as child abuse, suicide, human trafficking, access to medical care and clean water. The perception is changed by helping others to be part of Rotary, with repeated messaging and education globally.

Kelly introduced Lillian Davis, who is the Director of Business Development for Pride In NC, a private organization established in 1988 to provide services to persons of all ages with mental illness, developmental disabilities, and behavioral disorders, and is a member of Governor Cooper's COVID-19 Task Force. As an advocate for mental health, she is the Immediate Past President for the National Alliance on Mental Illness (NAMI) in Wake County. She is also a member of the Greater Raleigh National Pan Hellenic Council.

The National Alliance on Mental Illness in Wake County serves over 900 members who are mental health advocates, and is the oldest grassroots organization in NC. The Greater Raleigh National Pan Hellenic Council includes fraternities and sororities, who call themselves the "Divine 9". Lillian was asked to join the Governor's Task Force to see how communities with disparities and minorities can be more educated regarding the COVID vaccine and how to access it, by providing accurate and trusted information. By learning more about the demographic makeup of the county, her team can be part of a grassroots effort to help coordinate efforts in those communities, in partnership with local hospitals, to assure that everyone has access to the vaccine.

Last week, 129 minority individuals were registered for the vaccine, with the help of UNC at Chapel Hill, and 125 received their vaccine at the Friday Center on Monday. In a local partnership with Wake Med, over 175 minority individuals were registered to receive vaccines.

Marketing efforts have been changed to be more inclusive of minority groups, and Governor Cooper and Dr. Mandy Cohen are working to address the needs of all North Carolinians. Wake County has worked to go into faith based communities, change PSAs to be inclusive to all individuals, and do private sessions.

Kelly asked Lillian what the teams are hearing and seeing on the ground and how issues are being addressed.

Lillian has over 300 members in her chapter, and they have advocated in faith communities, and hospitals. They have done an educational series via Zoom and some members have been involved in

vaccine clinics. They have discovered that people are not receiving information in a timely manner. Many don't have access to the internet and social media, so flyers were printed up announcing the vaccination clinics, and were placed in churches and libraries. School leaders told her team that kids were not bringing home the vaccine information, so her team talked to principals to support them.

The marketing did not reflect minorities, so in a partnership with NC A&T State University and UNC Pembroke, new PSAs with African American and faith based leaders were created and rolled out that were more inclusive and delivered messages from trusted leaders. Some people have had transportation issues, where they can't get to a vaccination site. Last Monday, UNC issued vouchers for people to get to the clinic.

Kelly asked Dawn to discuss the value of collaboration and partnership, and how civic organizations can partner with local health departments, hospitals, providers and small businesses.

Dawn replied that Rotary reaches out to different professions and they network through meetings. They are a cross section of entrepreneurs, large and small businesses, county and hospital leaders. Dawn brings understanding of community issues and data, which can be discussed in a networking space. COVID has disrupted businesses, and Rotarians want to learn. The Director of Pharmacy at a local hospital shared information, which was elevated and shared with the Rotaries 12,000 members. All of Dawn's 61 employees are well resourced in COVID and share information in their networks.

Kelly asked Lillian to address the mental health crisis since the pandemic started, with a large increase of mental health issues, and an alarming increase in suicides and how can they be addressed.

Lillian responded that COVID brought more mental health challenges that anyone anticipated. The pandemic brought out mental health challenges to some people who had none before, and added some to individuals who already had resources in place. The pandemic required life changing adjustments.

At shutdown, the NAMI system had to change in 24 hours. Case workers were unable to do on-site visits. Food programs had to change. They had to make sure that no one fell through the cracks. They had to support their teachers, so that classes could continue. They had to call members individually to find out what they needed, and then find resources and be a support system for the entire family.

With so many people affected, the stigma of mental health is decreasing. Calls to the call center requesting service went from 300-400 to over 1,000. Her team handed out paper resources and didn't rely heavily on electronic resources. She asked everyone to educate themselves in mental health and to consider volunteering.

A question was posed to the speakers whether they have developed partnerships due to COVID-19 that they wouldn't otherwise have made.

Lillian responded that there are more open discussions in schools about mental health, particularly due to concern about increasing suicide rates. Faith based communities are now more open to having her organization make presentations on mental health. More partnerships have been created in places

where they didn't previously fit in, such as with cancer patients and military bases. New partnerships and conversations are easier now, because mental health plays a role in everything they do.

Dawn added that there are more candid conversations around mental health and Rotarians check on their members. A person's status in life does not mean they're ok. New clubs are forming and people in board rooms are more likely to ask, are you ok? and mean it.

Lillian commented that mental health for her is a calling. Before the pandemic, people didn't know how to advocate, but now they do. People who thought they couldn't do anything are now making a big impact with small actions.

Dawn asked for a response from the group regarding an issue that came up at one of her Board meetings. A childcare owner told her that her workers would not go across the street to get the vaccine, because they were worried about the side effects of it and possibly missing work. They have no insurance and no telehealth option. They couldn't see the logic of, if you get COVID, the medical bills will be higher and they will miss more work. Still the problem lingers, who do you call? Rotary is connecting that center with telehealth options for that plan.

Lwiza Escobar Garcia agreed that the problem is real and childcare centers and workers face multiple obstacles. Safety and the ability to follow the 3Ws is difficult and they have no support. They are working with infants while wearing masks. Early childhood development relies on infants bonding with their caretaker through facial expressions. Lwiza bought clear masks for them, which turned out to be ineffective, however, the childcare center lacks funds to purchase other options.

There is also no good way to enforce COVID quarantine policies, because it's a financial disincentive. Parents who are exposed to or sick from COVID take their children out of care for two weeks, but must still pay the full daycare price to keep their space open. There is no safety net for a family dealing with COVID and there's no government subsidy to keep the childcare center afloat if they wanted to change the policy, so that parents would not have to pay when dealing with COVID. Because they are not in the traditional K-12 system, they are being overlooked.

Kelly suggested making this issue a topic for discussion at a future meeting. The topic for next Wednesday's meeting is vaccine distribution and hesitancy in the Appalachian Mountains in western NC. Kelly reminded everyone to refer to the Foundation's website for a list of resources.