

Alison Coates, MS, MBA, PhD(c)

Assistant Research Professor, Lewis School of Health Sciences, Clarkson University, Potsdam, NY
alison.m.coates@gmail.com

Carrie Roseamelia, PhD

Assistant Professor, Department of Family Medicine, SUNY Upstate Medical University, Syracuse, NY
roseamec@upstate.edu

BACKGROUND

In March 2020 COVID-19 appeared in Connecticut. Schools and businesses closed, unemployment skyrocketed, personal protective equipment and other essential supplies were scarce. Health and social care organizations around the region were impacted in numerous ways.

This evaluation and analysis of early response in northwest Connecticut was commissioned by NW CARES. We highlight the many strengths and assets that exist within this region that enabled the response to COVID and which could be leveraged to strengthen response to future emergencies.

METHODS

A steering committee consisting of Lori Fedewa, CT-ORH, Rick Lynn, NWHCOG, Kevin O’Connell, The Geer Corp., Gertrude O’Sullivan, FCH, and Julie Scharnberg, NCCF guided the design of the evaluation.

We collected data from community stakeholders within the northwest Connecticut region through surveys, focus groups, and key informant interviews.

RESULTS

CHALLENGES AND RESPONSES	Challenges	Responses
	Loss of revenue Increased expenses	Federal financial support, grants from community foundations, furloughs and layoffs
	Difficulty in obtaining needed supplies (PPE, food for distribution)	PPE from strategic stockpile, community foundations, some emergency service centers
	Closure or reduction in services, loss of volunteers	<i>We did things differently:</i> shifts to virtual services, curbside pickup and delivery
	New/different needs of clientele (financial, social needs)	<i>We did something new:</i> direct support to individuals, new social support programs
ORGANIZATIONAL ASSETS	 <ul style="list-style-type: none"> • Personal characteristics of employees (kindness, compassion, resourcefulness) • Support from leaders (middle/upper management, executives, and board) • Existing relationships and new partnerships • Strengths related to flexibility: proactivity, creativity, ability to pivot and act quickly. 	<p>COMMUNICATION AND COLLABORATION</p> <ul style="list-style-type: none"> • More connections needed with other organizations in the region (same sector and/or same community) • Would have liked to work together to access funding and scarce resources • Organizations that were connected to the formal emergency management programs benefitted from strong communication and resource sharing • Organizations not tied into EMDs could have benefitted from earlier engagement by EMDs • Lack of clear and consistent communication from local officials to the public. <p>SILVER LININGS</p> <ul style="list-style-type: none"> • <i>Strengthened Relationships</i> • <i>Expanded Reach and Innovation</i> • <i>Frontline workers: The Unsung Heroes</i>

KEY FINDINGS

- Organizations in northwestern Connecticut were creative and resilient in response to challenging changing conditions
- In the early days of the pandemic, many organizations lacked clear communication and outside support
- Collaboration and co-operation improved over time
- Organizations that were well connected to emergency management offices benefitted from these relationships
- Special attention should be given to vulnerable populations within the region as future emergency response is planned

OPPORTUNITIES AND RECOMMENDATIONS

Community-based health and social care organizations would benefit from connecting to their Emergency Management Services much earlier in an emergency.

- Emergency response system that includes non-municipal stakeholders.
- Clear accountabilities and responsibilities for EMDs.
- Introduce and connect community organizations to their EMDs.
- Educate community organizations on the roles and responsibilities of EMDs.

Strongly connected communities share information and resources to sustain services in the face of emergencies.

- Maintain a publicly accessible directory of health and social care providers (services and service areas).
- Build peer-organization relationships within regions and sectors.
- Maintain an asset matrix of regional accountabilities and responsibilities.

Clear and coordinated communication reduces confusion and inspires trust.

- Formalize emergency communication structures (authority and transmission).
- Target all audiences with unified and consistent message across a variety of media types.
- Identify vulnerable populations who need to be considered.

Collaborative sourcing of emergency supplies increases buying power and reduces internal competition.

- Use an asset mapping approach to understand organizational capacities regarding supply chains, connections, access to resources, and space to store supplies in the short and long term.
- Create an efficient and cost-effective plan to buy, store, and distribute personal protective equipment (PPE) and other essential supplies.

Recognizing and responding to deep and lasting community impacts of the pandemic can help to foster resilience.

- With the community, recognize and celebrate unsung heroes of the pandemic: essential workers, frontline health care workers, community health and social care organizations, volunteers, and resilient community leaders.
- Communicate findings to the community: highlight strengths and assets within your region, celebrate successes. Invite public comment.
- Maintain and improve public spaces that permit safe gathering.

FUNDING ACKNOWLEDGEMENT

This project was funded by the Connecticut Office of Rural Health with support from the Foundation for Community Health, NW Hills Council of Governments, Geer Village Senior Community, NW Cares and Northwest Connecticut Community Foundation. This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant H95RH00151, State Offices of Rural Health, \$230,000. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.