Editor's note: This summary covers the general topics and resources shared during the ninth call in a series of statewide conversations hosted by Creative New Jersey to bring together our network and help people across our state keep connected, share information, and unite in solidarity as we navigate the Coronavirus response in New Jersey.

To register for Creative New Jersey’s Statewide Conversations on COVID-19 Response, click the following link: https://bit.ly/34WETWm. For screen reader-friendly registration, use the following link: https://forms.gle/9kUiIyvyKr8akMENA6 Calls take place every Wednesday in April and May 2020 (April 1, 8, 15, 22 and 29; May 6, 13, and 20) at 10am. The two final calls in this series will be June 3rd and June 10th at 10am.

SUMMARY

Topic: Building Urban Resiliency

Guest speaker #1: Chris T. Pernell, MD, MPH, FACPM, Chief Strategic Integration & Health Equity Officer – University Hospital
http://www.uhnj.org/

Guest speaker #2: Tanya Veltz, Founder & Director – Tree House Cares
https://www.facebook.com/TreeHouseCares/

Tree House Cultural Arts & Entertainment:
https://www.treehouseculturalarts.com/

Resources shared by speakers and participants during the call include:

- University Hospital COVID-19 Resources
- Tree House Cares food distribution sites in Newark, Wayne and New Brunswick
- Community Emergency Response Teams
- Reopening guide for nonprofits
- Resources for those with hearing loss
- Other health resources

Watch the full recording of this conversation here: https://youtu.be/exEVCCYtqVo
As a whole we can work together to build resilience in urban, underserved, disenfranchised, disempowered, immigrant and LGBTQ communities that have borne a disproportionate burden, be it the pandemic of COVID-19, the pandemic of structural and systemic racism, or the pandemic of multiple core morbidities. Too often the conversation goes toward what the individual actor can do to live a more resilient life, but we need to step back and say: what can the system build to cultivate and foster resiliency that encourages and influences behavior and choices.

In the middle of a pandemic and at the epicenter of a chronically disenfranchised community, bearing the burden of structural and systemic racism, how do you still provide high quality care, in a fast pace moving environment where information is changing? Then, how do you maintain a safe and positive work environment for people who have experienced trauma and how do you reassure the community to return to care even as the pandemic recedes?

Dr. Pernell emphasized the power of narrative and storytelling to express what she was experiencing and also as a whole to help people express their feelings. During the call she drew attention to the specifics of what University Hospital was dealing with and how it adapted, and her own experience as a way to think about how those challenges translate to a larger community and how communities need to adapt.

Dr. Pernell is a hospital administrator, a public health physician and also has had COVID-19 impact her family: her father passed away in mid-April from COVID-19 and her sister, a breast cancer survivor, contracted COVID-19 and is still in the long process of recovery. Dr. Pernell shared that she, like other loved ones of COVID-19 victims, could not be with her father because of safety restrictions at the hospital.

- Newark has been at the epicenter of COVID-19, and it’s important to know this is still happening even though we are past the peak and past the surge. People are still being exposed, testing positive, and dying of COVID-19. There are social, economic, political, cultural impacts.
- There has been a realization of decades worth of research in 2 - 3 months regarding the impacts of systemic racism on communities of color.

University Hospital:
- NJ State’s public, academic, medical center
- A community hospital, vested in the mission and mandate to serve the Newark community. This hospital grew out of the uprising of Newark in the late 60s to provide high quality care to communities that have been disenfranchised / impacted by structural racism.
First Diagnosis of COVID-19 at University Hospital occurred in early March 2020
Hospital staff had been in planning stages a couple months before March
By April 9th (the peak for COVID-19 positive patients at the hospital) well over 200 people were receiving care.
There was a higher percentage of those identified as black and Latino/a being affected, also a high percentage of males (higher than the NJ state average). Median age was about 62 (a bit higher than the state average), but the hospital saw patients in every age range.
Currently there are less than 40 patients with COVID-19

Beyond Clinical Solutions:
Community:
- University Hospital is used to serving a community that is medically, behaviorally, and socially complex and COVID-19 adds yet another layer of complexity.
- University Hospital needed to have an immediate response that was adequate, and went beyond clinical solutions.
- The number of layers to this pandemic and service to the patients was extremely complex and the Hospital had to consider how to address:
  - Providing high quality care in the midst of a pandemic, resource constraints, and fast changing guidelines
  - Social/Emotional challenges because of visitor restrictions and figuring out how to bridge the gap in communication overnight
  - Staff - How to keep providing a safe and positive environment.
- The clinical aspect (treatment, safety procedures, etc.) was constantly evolving – new information and guidelines were sometimes coming out daily from the CDC and the NJ Dept of Health.
- University Hospital had to decipher the rapidly changing information not only for their staff, but also for their community.
  - Imagine a fast-paced environment where the scientific data is constantly changing and the individuals who you are trying to keep safe are not sure if they trust the information you’re giving them because of decades, if not generations, of broken trust between institutions and people of color. How does it affect your ability to plan and prepare to help the community it serves?
  - University Hospital had to think about all of these things at once to help their patients. How to continue to deliver high quality clinical care as the information and data is changing?
  - How do we make sure that we have the proper resources to do an appropriate response when our community has been systemically under-resourced?
  - People are now even more concerned with feeding themselves and transportation.
- University Hospital has been dealing with a complex moving target of everyone who needed care and had to make sure that the community that was already heavily burdened would receive the best critical care at this time.

Hospital Staff:
- University Hospital also had to deal with the frontline workers who had to be at work despite stay at home orders, putting themselves and their families at risk. Some workers had the option to telecommute but many could not.
One frontline worker lived in NY and he was taking a boat to work, then finding his way to get into the hospital. This is just one example of a person who had to get to work but didn’t have the access to take public transportation as it was not readily available. This individual had the means to find an alternate way to work: what about those who don’t?

- University Hospital did not get to point that they could not take patients but were at capacity and were at the edges of their ability to provide care. Their providers were in very unfamiliar situations, as was the community. Every aspect of the hospital was affected.
- The Department of Defense provided University Hospital with 90 personnel to help cope with the case load, including physicians, nurses, respiratory therapist, and clinical psychologists.
- Whether your are an organization or a person, you’re facing similar scenarios.

How University Hospital adapted:

- Due to the systemic issues that plague Newark, University Hospital knew that there was a greater need to communicate and do more targeted outreach to community members. How we experience all of this will be different from another institution in community of different economic means, different historical legacy, a different ethnic and racial makeup.
- What did we do to not just survive, but to thrive?
  - There was a constant review of data to inform rapid decisions, and having a reflective period to ask ourselves: Was that guidance or policy appropriate? Did it meet the demands of what we needed, and if not, how do we change it? Policies were regularly reimagined to fit what our community needed.
  - Policy changes such as restricting visitors into the hospital which was painful for everyone (for patients who were sick and their family members). Families experienced an intense sense of separation.
  - University Hospital received donations of devices to address questions including: **How to become more virtually connected as a hospital? How do we use technology to keep families in touch?** How do they ensure they can speak to the patient and the care team?
  - As a doctor focused on equity, Dr. Pernell prefers to use the phrase “Physical Distancing” because **social connectivity is fundamental to good health** and physical distancing communicates that we need spatial distancing. **We need to find ways to still stay socially connected.**
- Building staff resilience:
  - How do we provide a safe and positive work environment amidst an unprecedented public health crisis? We had to build within the system opportunities for resiliency for our staff.
  - Mental Health and Psychological first aid, is something that is talked about but we still don’t have pervasive understanding about what that looks like.
  - Through the clinical leaders and chaplaincy directors we had to raise awareness for staff to process the current climate and what it meant to provide care in a resource-stricken environment. Patients were sicker, there were a lot more to handle, and the situation was sometimes described as being in a battle field.
  - University Hospital have lost 10 people on their staff to COVID-19.
○ The Hospital has devised WebEx reflection groups, peer to peer support rounding, counseling one-on-one and group settings, and grief counseling for those who lost loved ones to process and heal from the trauma.

○ Processing and healing from trauma has been something the hospital has had to think about internally and from a community perspective.

Coming back to care:

● Now hospitals are dealing with an alarming lack of non-COVID-19 patients. How do we get people to come back to care?
  ○ Feb to May the hospital saw a 44% drop in heart attack and stroke encounters. This meant that people were not coming to the hospital even with emergency situations. Mid-March through the end of April saw a 195% increase of DOA calls for EMS, meaning by the time EMS received the call and arrived, people had died or were dying. That is staggering.

● As University Hospital saw their COVID-10 peak come down, they have established many precautions, including:
  ○ Everyone who comes to the hospital gets a temperature screen and must wear a face mask
  ○ New patients are asked a lot of questions to determine if they are at risk of having COVID-19
  ○ Intensified disinfection processes, terminal cleaning, cleaning high touch areas, cleaning aggressively, and physical distancing
  ○ Making sure they have all the protocols in place.

Questions for Dr. Pernell included:

Q: Does the hospital work with other nonprofit organizations in your work around messaging to reaching out to the community?

A: Care Around the Clock launched about 3.5 weeks ago. It is a patient and community engagement strategy, to reassure patients it is safe to receive care and to disseminate information on health and well-being. Due to the trust issues mentioned before about how black and brown people and the medical system it was important to tap trusted resources on the ground. http://www.uhnj.org/care/index.htm

● Tapped into faith-based communities to spread awareness to seek health care if you are symptomatic.
● Mass emails to patients – this is the first time the hospital has ever emailed all 9,000 of its patients
● Created Video messages and PSAs that were attached to partner community-based organizations about coming in for care, the safety precautions we’re taking, what people can expect. It’s about walking them through what we do for transparency and to build trust.
● Email connected@UH.org for people who want to be connected to University Hospital
● Holding Facebook live events with the hospital’s CEO and panelists every Thursday, asking community members to host watch parties.
● All these efforts are to help build a more resilient web
● Sending out information in multiple languages as well
Q: What do we need to have in place if there is a second wave? How do we get testing to vulnerable communities and how do we get critical stakeholders involved in this process?

A: Where we struggled as a nation is that we did not start testing soon enough or widely enough. Now you see an aggressive ramp up of availability to testing. Essex County and the City of Newark are providing testing. University Hospital is looking at their capacity – are we able to test people who are asymptomatic? We are working on becoming a designated testing site.

More widespread testing is going to be important, contact tracing is going to be important. We also have to understand what that means to the community - to do contact tracing in a community that has broken trust with institutions? We have to ask ourselves: how do we protect their privacy? We also have to figure out how to get care to where people are. Telehealth has to become a way of life. We worked in partnership with Rutgers University Medical School to make telehealth immediately available. We’d be exploring that option and then overnight we needed to make it a reality, and with Rutgers’ partnership we were able to roll that out quickly. Mental health and behavioral health has transferred to virtual sessions. We need to find ways to do in-home and telemonitoring and develop the ability to have individuals be able to check their own health vitals like blood pressure and blood sugar and then communicate these things back to a health care provider for telehealth services.

University Hospital has been very aggressive in getting the message out on what they have experienced. In print media, our CEO did an op-ed in Star Ledger, and an article with The Record. The funding community has come through with resources related to the pandemic, but more importantly to understand the narrative around how the pandemic has impacted black and brown lives especially for what we’re going to have to use for population health strategies. I’m working on raising resources to set up pop up clinics to go where people are, and I’m apply for grants for telemonitoring. In disinvested communities, when a pandemic/crisis happens, its impacts are on a larger scale.

We need to also build the virtual infrastructure so communities can stay connected to care, one another and information as well as building out those resources. We need a prevention force of community health workers and we need policy change around things like the reimbursement structure. We are very involved in policy advocacy and how community health workers and community healthcare chaplains can be integrated into this work.

Q: How often can staff at University hospital be tested?
A: They are dealing with this actively. Because they are an academic medical center, they have access to trials and health care studies. The study allowed people to regularly be tested to see if they have been exposed. Developing strategies on how to test those who have been exposed. Going to roll out antibody testing. Thinking of a window parameter every week. Most important thing they can do is have PPE, aggressive hand hygiene and physical distancing.
University Hospital has access to innovative research trials patients and a healthcare workers study so that you can sign up and get regular testing as part of the study to see if you have been exposed. We are devising strategies for those whose patients are very high-risk populations - organ transplant - chemo for cancer. Those staff members will be tested for antibodies, whether or not they have been exposed and keep testing them for the virus in a repetitive fashion.

Q: Considering that disinvestment is a critical factor to healthcare and other issues, how do you take steps to bring voice to the issues and then tap into stakeholders with various resources to help with messaging but also engage to remedy or find and implement solutions?

A: University Hospital has to have in place the following:
1. rapid access to testing
2. contact tracing
3. virtual connections to care
4. robust networks between anchor institutions and CBOs around the social determinants of health (e.g. housing, food, etc.)
5. Aggressive engagement and communication strategies to inform, educate and reassure community about COVID-19 specifically (i.e. give accurate data). Communications must be carried out through various channels: print, phone calls, social media, and TV
6. Care Around the Clock is an example of such a patient and community engagement strategy: http://www.uhnj.org/care/index.htm

Q: My brother’s family lives with my elderly parents to need to have lab tests because of the medications they are taking. My brother and his wife are not getting the needed medical attention for my parents out of fear of COVID. What can I do?

A: Market studies have been done that show 7 out of 10 people recognized their health was being impaired but refused to get help and had symptoms but were afraid to get care. University Hospital’s surveys of our community show that over the next 3 months 7 out of 10 people will return to care. We are dedicated to keeping people safe and showing the community the precautions we are taking and how to use telehealth to check in with their doctor. We have local commercials out, PSA’s that walk you through the process, and we’re testing any admitted patient.

It’s important to address the whole person – understand that communities have been through a traumatic experience and provide resources and safe spaces for people to process their experiences and to help (in-person, via phone/text, online). Please feel free to share University Hospital’s video PSAs that show cleaning procedures even if the patients don’t receive care at University Hospital – hospitals all over the country are doing similar things.
Tanya Veltz (Tree House Cares)

Tree House Cares: [https://www.facebook.com/TreeHouseCares/](https://www.facebook.com/TreeHouseCares/)
Tree House Cultural Arts & Entertainment: [https://www.treehouseculturalarts.com/](https://www.treehouseculturalarts.com/)
News articles about Tree House Cares’ work:

- See Tree House Cares in action -- watch the news story: [https://www.youtube.com/watch?v=1rIET9lpYGM&feature=youtu.be](https://www.youtube.com/watch?v=1rIET9lpYGM&feature=youtu.be)

Tree House Care/Tree House Cultural Arts & Entertainment is a community outreach organization that provides food, clothing and other sustainable resources for those in need.

- In operation for almost 4 years.
- Since COVID-19 they have been going nonstop.
- Roughly service 200-300 people per week normally, since COVID, serving 500 per week. Providing 400 hot meals per day to seniors and disabled people, and serve the homeless population also. Everything is grab and go.
  - This work includes driving to pick up donated items, cooking, preparing and packaging the food, delivering, organizing volunteers to help with the work, sourcing containers for food, and following food and health safety protocols.
- Tree House Care has been nonstop everyday but are now honoring “Be Still Monday’s in Newark,” a campaign from the City to close businesses on Mondays and keep people safe inside to reduce exposure.
- Tree Hose Cares also partners with other organizations, which has been a tremendous help. Partnerships have allowed them to provide more services and take the time to listen to the people they serve.
  - It is important for everyone to network and partner in order to be successful. The love of people coming together at this time is what makes this continued work possible.
  - Partner with Project Kind to share resources to reach more people. They share resources: [https://www.projectkind123.org/](https://www.projectkind123.org/)
- Partner with Unified Vailsburg Services Organization and use their building: [http://www.uvso.org/](http://www.uvso.org/)
- Tree House Cares are doing their best to stay on top of the ever-changing information and stay up to date on how to properly service their communities safely.
- Ms. Veltz is grateful for her outreach work because she is able to interact with the community. The scale of the need and the destruction that COVID-19 has caused makes her feel the weight of depression because for so many people the current circumstances are bleak.
- Tree Hose cares uses social media for their outreach they are doing, to advertize where people can get food, medical resources, and housing.
- The numbers of people in need are growing – not just with COVID-19 but the people suffering and receiving hardships at this time.
- Together we can fight all of this with LOVE.
Ms. Veltz also underscored that because community members won’t have a certain level of literacy around medical issues, all of this is deeply intimidating. For example, Ms. Veltz tested negative for COVID-19 but had a positive antibody result. Because she has a family member who is a health professional, she was able to get assistance to decipher what those results meant – otherwise she would have been scared to death of a positive result.

- When people who are not educated on what is being offered, the medical terminology overwhelms these underserved populations. The testing sites need to offer more information, not just swab and provide results. Explain more on the site what the results actually mean, especially as it pertains to having a positive/negative antibody result.

**Address for Newark Distribution site:**
462 Stanford Ave, Newark
Tuesday through Friday 2-5 hot delivery meals for seniors and those who are homebound
People can also come by and pick up grab and go meals
Sundays at 3pm - grocery distribution

Plus sites in New Brunswick and Wayne.

**Questions for Ms. Veltz included:**

**Q:** Does Treehouse Cares continue to accept donations, and if so, what is the best form of donation and how would we get it to you?

**A:** Yes, we are still accepting monetary donations via PayPal and Cash App Tree House Cares. Non-monetary donations can be dropped off at the address above. We recently partnered with United Way and the Salvation Army to receive non-perishable foods. As of tomorrow (6.4.20) those donations will stop (they have been providing non-perishable boxes for 4 weeks now) so Tree House cares will be in desperate need of non-perishable items. Tree House has access to fresh produce, so non-perishable items are the focus. Donations can be dropped off on Wed - Fri between 3pm - 7pm at the UVSO Community Center (462 Sanford Ave.). No donation is too small. We also have outreach locations in Wayne and New Brunswick on Sundays at 3pm but Newark is the main site. If any families are in need of emergency food they can just reach out.

**TreeHCulturalArts@gmail.com**

**RESOURCES**

Additional resources shared by participants on our call:

**Community Emergency Response Teams:**

Convening communities at the intersection of creativity, collaboration and inclusion.

*info@creativenj.org www.creativenj.org*
Reopening guide for nonprofits:

- Center for Non-Profits - “Going Forward: Best Practices and Considerations for Non-Profit Reopening.”

  - Going Forward: Best Practices and Considerations for #Nonprofit Reopening - The Center for Non-Profits has partnered on a new guide that we hope will make the reopening process a little easier. This FREE compilation covers many factors you may want to consider, such as workplace safety, human resource issues and more. It includes plenty of helpful links and will be updated periodically as circumstances warrant. [https://lnkd.in/de4PJZ3](https://lnkd.in/de4PJZ3)

Resources for those with hearing loss:

- Any questions about hearing loss – particularly now related to masks - and how to communicate effectively, please feel free to reach out to Arlene Romoff at aromoff@aol.com.
  - Reminder that voice recognition software on apps can provide immediate captioning.

Other health resources:

- Mental Health Cares Line 866-202-HELP
- For COVID-19 questions: NJDOH operates 211 which can be reached by calling 211 or 1-800-962-1253
- Text NJCOVID to 898-211

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