



This Month: Include Us!

1. **COVID-19 Needs Assessment 2020**
2. **Vulnerable Populations Impacted More by COVID-19**
3. **Ohio's COVID-19 Efforts to Improve Minority Health**
4. **Be a Catalyst for Change Challenge**

June 2020 Edition | Volume 15 Issue 3

Read, Pass on to Friends,
Family Members, Colleagues
& Constituents



Don't
Miss an
Issue!

It is the policy of the Ohio Developmental Disabilities Council to use person-first language in items written by staff. Items reprinted or quoted exactly as they originally appear may not reflect this policy.

Persons with developmental disabilities, especially un/underserved populations are at higher risk for severe illness if they contract the coronavirus. This month's edition of Reach Out e-Diversity builds the case for "why" these populations cannot be forgotten, in fact it is apparent that they must be included. Their voices must be included in conversations, data gathering, designing research, policy development, planning, analyzing, interpreting, and implementing. Their voices must be at the table if the alarming statistics regarding morbidity, health, education, wealth status is to change in a positive direction versus continuing to spiral in a negative trajectory.



The impact of COVID-19 in Ohio is presented by data from a variety of sources, including the voices of people with disabilities. Inequities in systems and structures are demonstrated, suggesting that there is no quick fix. Ohio's Governor has been responsive both in appointing a Minority Strike Force and taking concrete actions, with more to come. It is evident that there is much work to be done. Each one of us can and must take action. Small actions multiply and bring about BIG results. You are challenged to respond to our 7-Day Challenge and become a catalyst for change.

The following four articles are featured in this edition.

COVID-19 Needs Assessment 2020



The COVID-19 pandemic has combined a severe concern for public health with a disruption in supply chains, resulting in shortages and public anxiety. For people with disabilities, the adversity has been compounded as the pandemic has made it even harder for them to meet their personal care and medical needs. Although it is undeniable that these hardships exist for individuals with disabilities, the specific effects have not been measured.

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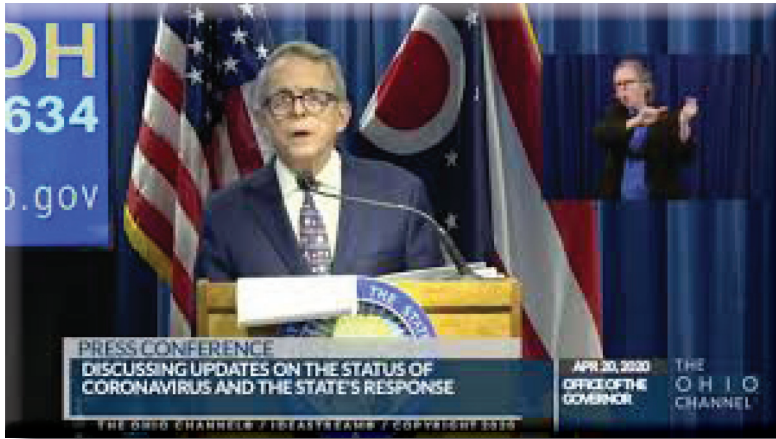
Vulnerable Populations Impacted More by COVID-19

“If we have a system where our most vulnerable are deprived and disadvantaged, there’s no benefit to the rest of the system.”

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Ohio's COVID-19 Efforts to Improve Minority Health



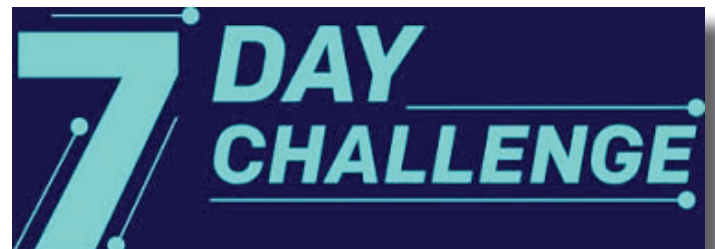
Noting that African Americans comprise 13% of Ohio's population yet represent 26% of those who have tested positive for COVID-19 and 17% of those who have died from it, Ohio Governor DeWine said, "It should be unacceptable to every Ohioan that in 2020 in Ohio ZIP code determines how long you will live, how well you will live."

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Be a Catalyst for Change Challenge

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"I am only one,
But still I am one.
I cannot do everything,
But still I can do something;
And because I cannot do everything,
I will not refuse to do the something that I can do."



[-READ MORE-](#)



You are invited to not only read but respond to the call for action at the end of each article. Don't forget about the people with disabilities, especially the un/underserved populations... Include US!



ReachOut e-Diversity News

An Electronic Publication of the Ohio Developmental Disabilities Council

COVID-19 Needs Assessment Adult Advocacy Centers

April 2020 Edition | Volume 15, Issue 2

The following is a summary of the COVID-19 Needs Assessment survey results presented by the Adult Advocacy Centers (AACs).

The COVID-19 pandemic has combined a severe concern for public health with a disruption in supply chains, resulting in shortages and public anxiety. For people with disabilities, the adversity has been compounded as the pandemic has made it even harder for them to meet their personal care and medical needs. Although it is undeniable that these hardships exist for individuals with disabilities, the specific effect have not been measured. In an effort to quantify, address and create next steps, the Adult Advocacy Centers (AACs) surveyed 134 individuals with intellectual and developmental disabilities regarding the impact that COVID-19 has had on their lives. It is the hope of the AACs that organizations who serve people with disabilities will use this information to better plan for future emergencies and disasters.



Adult Advocacy Centers

Q1 Have your services been disrupted?

48% Yes 27% Somewhat 25% No

Forty-eight percent of respondents answered that their services have been disrupted as a result of COVID-19. Specific information regarding service disruption are examined in the next question.



Q2 What service disruptions did you experience due to COVID-19, and how has this impacted you?

- 70% Closure of Day Program
- 20% Unable to visit family and friends
- 5% Unable to go to doctor's office
- 5% Unable to go to rehabilitation therapy

The majority of respondents answered that the closure of their day program was the most impactful service disruption.

Loss of social interaction, decreased income, and finding extra staff to fill the void created by day program closures were the most frequently cited effects.

Q3 Have you experienced problems with your staff being able to come to work?

32% Yes 68% No

Approximately 70% of respondents answered that they have not experienced major problems with staff coverage. **More than 30% of respondents answered that they have experienced significant problems with staff coverage.** Although 30% is a minority it is a troublesome number because nursing and personal care could lead to significant negative health outcomes.

Q4a Have you had problems being seen by your physician?

31% Yes 69% No

Approximately 70% of respondents stated that they had not experienced issues seeing their physician when needed. Physician services mostly consisted of tele-medicine and were considered adequate. **Approximately 31% of respondents reported that they experienced delayed or cancelled medical appointments or bloodwork.**

Q4b Have you had problems getting your medications?

32% Yes 68% No

Nearly 70% of respondents stated that they had not experienced difficulty in getting their medication. **Approximately 30% of people reported that they had difficulties receiving their medications.** Difficulties included problems receiving a written prescription or filing their prescription.

Q5 If you received services from a Personal Care Attendant (PCA), what additional precautions are being used?

Most respondents reported that PCAs were taking precautionary actions, such as increased handwashing, temperature taking, frequent sanitizing of surfaces, and wearing gloves.

Q6 What necessities have you had problems getting?

77% Sanitizer 55% Toilet paper 32% Food 29% Paper towels 13% Water 53% Other Sanitizer was the most difficult item for respondents to find. Other items in short supply included disinfectant wipes, supplements, over-the-counter medication, and thermometers.

Q7 How has social distancing impacted you?

This question elicited many responses that included feelings of depression, anxiety, and isolation. The closure of day programs was frequently cited as having the biggest impact for respondents.

Q8 What are you doing to keep yourself occupied?

Responses indicated that people were being resourceful in finding ways to keep busy while practicing social distancing. Many people (84%) were watching television/ movies, (66%) listening to music, (48%) playing games, (38%) reading. Respondents also mentioned other (58%) activities including meditation, using social media, arts and crafts phone calls, taking walks, exercising, organizing photographs, virtual meetings, housework, car rides, spending time with pets, gardening, and baking.

Q9 What are your biggest worries?

Responses indicated that the biggest worry was associated with meeting health care needs (46%). Respondents also expressed anxiety about meeting their daily care needs (22%), lack of socialization (15%), and loss of income (5%) and socialization due to the closure of day programs (5%).

Q10 Do you know who to contact for help?

Eighty-three percent (83%) of respondents said they knew who to contact for help. Of the 17% who did not know who to contact, many people did know they could contact law enforcement, but they did not always know who else they could call that might be more suitable for their situation.

Q11 If you contacted people for help, were they helpful?

Sixty-seven percent (67%) of respondents stated that they reached out and received appropriate help or services. Twenty-one percent (21%) of respondents stated that their call for help was met with a partially helpful response, and 12% of respondents stated that they did not receive a satisfactory response.

Q12 What plan could have been in place to make this crisis easier for you?

Almost 40% of respondents were unsure of what could be done to lessen the ramifications of the COVID-19 pandemic. Approximately 30% of respondents reported that having a backup plan for nursing and personal care would ease the effects of the pandemic, and 17% reported a plan for ensuring needed food and supplies would be the most helpful.

Q13 Is there anything you would like to add?

Approximately 40% of respondents expressed that people with disabilities should be treated better during the pandemic. Twenty percent (20%) of respondents expressed sincere gratitude for the family, friends, neighbors, and staff who have provided care and assistance.



CONCLUSION AND NEXT STEPS

While this survey was specific to the effects of COVID-19, the outcomes may be applied to any disaster or emergency. Survey results validated that individuals with disabilities and their families face unique challenges. Although these challenges exist, they could be minimized with some systemic planning, services and resources. The following are some recommendations for next steps. Please, read the full report to get all recommendations.

Safety Planning

One of the most important takeaways of the survey is the need to plan for safety. In response, the AACs have created a [Self-Directed Safety Planning Guidebook](#) and an [Assisted Safety Planning Guidebook](#).

These guidebooks provide a step-by-step process to help people with disabilities create their safety networks.

Stockpiling

Stockpiling is the act of gathering things that may be needed in the future. Stockpiling certain items now may help an individual stay healthy and safe during a disaster or emergency. Below are some examples of things that may be wise to have stockpiled. This list should include a reasonable number of items and should be customized based on individual need.

- Alcohol-based sanitizer
- Vitamins
- Garbage bags
- Soap
- Toilet paper and paper towels
- Hygiene supplies

Collecting Medical Supplies

Having medical supplies on hand may also be helpful. It is recommended that individuals consult their physician, specialist or nurse to design a list that best fits their needs. Some examples are listed below.

- First aid kit
- A three-month supply of prescribed medications, if possible and advisable
- Thermometer
- Over-the-counter pain relievers, and cold and cough medicines
- Masks
- Gloves



Share this article. Pass it on to people with disabilities, family members, caregivers, health care workers, employers, students, teachers, community leaders, government officials.

Help us count the shares. Post on ODDC social media platforms your number of shares.



Acknowledgements

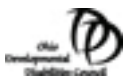
The Adult Advocacy Centers would like to thank consultants Shari Cooper and Adonna Wilson-Baney for their work on this project. We are also grateful to the many self-advocacy groups who helped us spread the word about the survey and to all those individuals who took the time to participate and give us the best possible data.

Note: The Adult Advocacy Centers exist to teach the world how to hear what people with disabilities have to say — particularly when they are victims of crime.

[Download the complete summary here.](#)



The purpose of "Reach Out" e-Diversity newsletter is to promote interagency collaboration and coordination that result in agencies providing culturally competent services to the unserved/underserved populations in Ohio



Reach Out e-Diversity News is produced by The Outcomes Management Group, Ltd.

This product is funded all or in part by the Ohio Developmental Disabilities Council.



Vulnerable Populations MORE Impacted by COVID-19: Understanding ‘WHY’ Is Important to Us

“It gives me no comfort that the hole is on your side of the canoe.”



Dr. J. Nwando Olayionola

Dr. J. Nwando Olayionola (Chair, Dept. of Family Medicine, OSU Wexner Medical Center) referenced this quote as she explained why health equity effects all of us. “If we have a system where our most vulnerable are deprived and disadvantaged, there’s no benefit to the rest of the system.” Additionally, Dr. Olayionola shared the following information as background information necessary to mitigating the aftermath of COVID-19 and preparing better for the future during a digital Town Hall sponsored by the OSU Wexner Medical Center (April 30, 2020).

What we know about our vulnerable populations

- Vulnerable populations are **diverse groups of individuals** to include but not limited to the following:
 - Racial and or ethnic minorities
 - Uninsured and underinsured
 - Economically challenged and low-income

- individuals
 - Immigrants, refugees and/or those for whom English is a second language
 - Pregnant women
 - Parents if very young or multiple children
 - LGBTQ+ individuals
 - People living in tribal, rural, or Appalachian communities
 - Individuals living with disabilities
 - Individuals dealing with interpersonal violence/ intimate partner violence
 - Individuals with short-term or persistent housing insecurity or live in congregate housing
 - Individuals living with mental illness, substance abuse disorders, and certain medical conditions
 - Low wage essential employees
- Vulnerable populations have **intersections that compound the impact** of their conditions.





It is important that we focus on Vulnerable Populations in the midst of COVID-19 because of the **health inequities** that they face.

- Vulnerable Populations are **less likely** to:
 - have health coverage/insurance
 - have access to affordable and stable care
 - experience quality interactions with the health care system
 - receive recommended preventive care, including dental care, blood pressure checks, cancer screenings, and vaccinations
 - be privy to childcare and transportation that may be necessary for care
- Vulnerable Populations are **more likely** to:
 - utilize emergency departments for ambulatory sensitive conditions
 - be hospitalized for conditions that can

- be managed in outpatient settings
- experience behavioral health and/or substance abuse disorders
- be socially isolated and disadvantaged economically
- experience housing and food insecurity



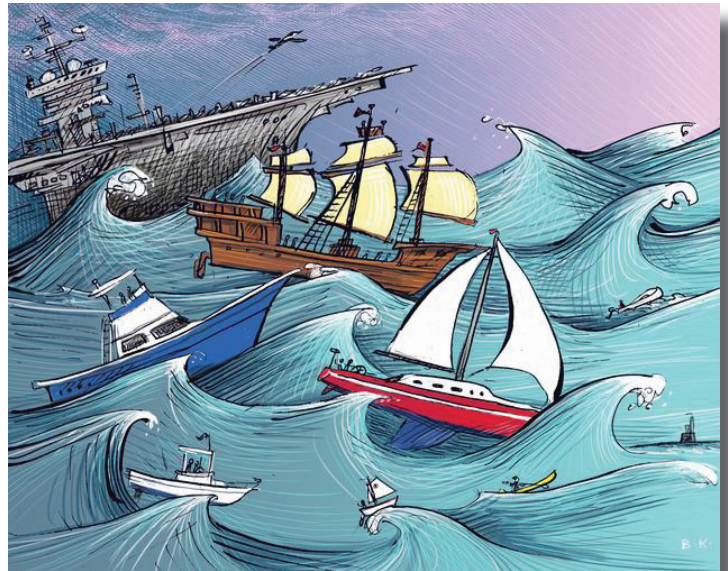
Dr. David R. Williams

Dr. David R. Williams, Florence & Laura Norman Professor of Public Health, Harvard Universities sites low income status and stress of discrimination as critical factors contributing to these inequities. He says, “we are in the same storm, but in different boats.”

- Low Income and COVID-19
 - Not everyone can work from home
 - For low-wage, non-salaried workers with unpredictable and unstable hours, working from home is a luxury
 - In poor neighborhoods, with overcrowded housing, social distancing is not a viable option
 - Low income and minority workers overrepresented among essential workers-our drivers, building maintenance staff, and grocery store employees
 - Air Pollution and COVID-19 Air pollution is

- associated with hypertension and asthma; these are linked to more severe cases of COVID-19
- Air pollution linked to higher death rates from COVID-19; poor and minority communities at higher risk (power plants, industries, car and truck emissions)

- Stress of Discrimination and Health (*Williams, Lawrence, Davis & Vu, Health Services Research, 2019*)
 - Incident (metabolic syndrome, cardiovascular outcomes, breast cancer, type 2 diabetes); nicotine dependence, binge eating, smoking & drug abuse, at-risk drinking
 - Adult onset of asthma (sleep duration, sleep quality)
 - Emotional distress, well-being, changes in personality



“We are in the same storm, but in different boats.”



Interview someone you know that is a member of a vulnerable population group

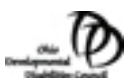
1. Look at the intersectionality chart and find out their intersections.
2. Determine where they fall with regard to less and more likely.
3. Identify if low income is a factor and how it has impacted them?
4. Determine if the individual has experienced discrimination and how that stress has impacted their health?
5. Find out what changes in our systems will make a difference in their life and how.

Share your interview findings with ODDC Outreach Committee.

Email Kenneth Latham (staff liaison)
Kenneth.Latham@dodd.ohio.gov



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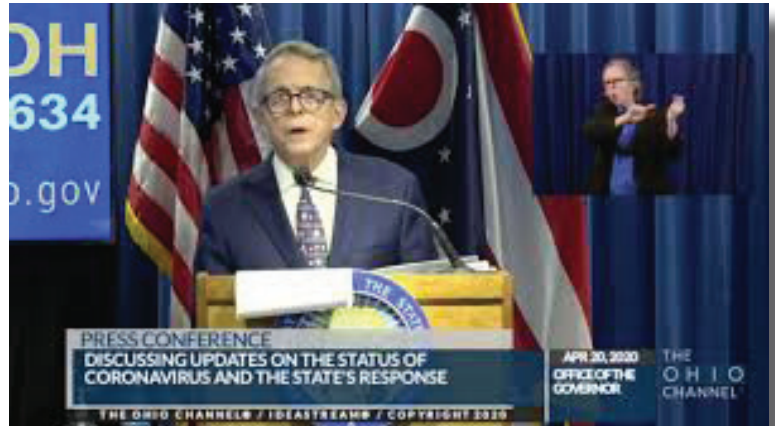
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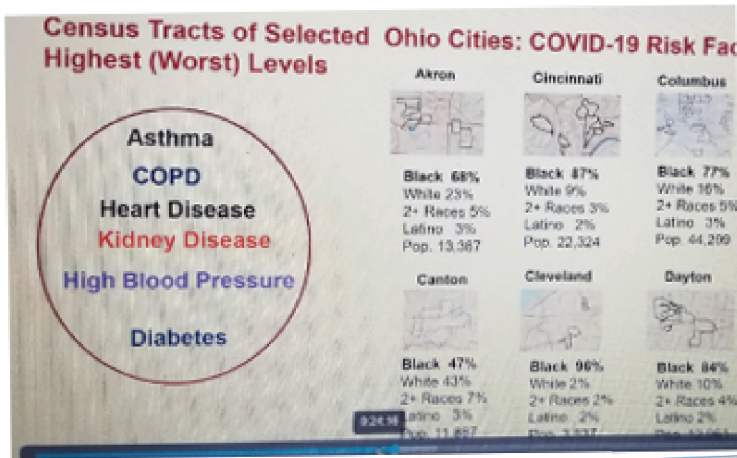
Ohio's COVID-19 Efforts to Improve Minority Health

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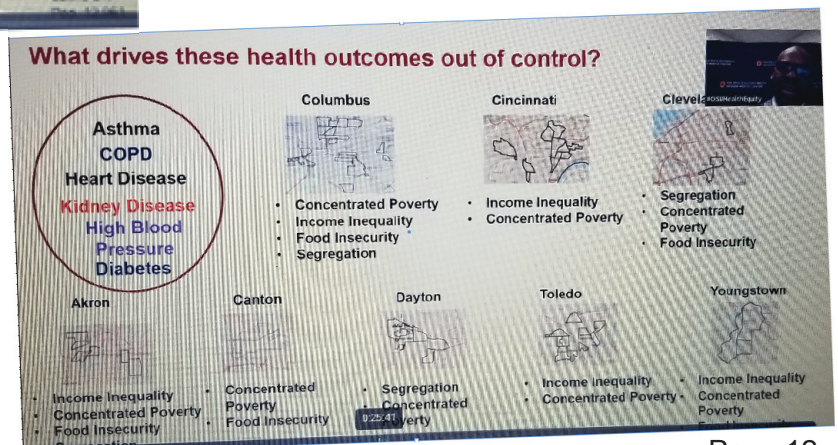


As it relates to COVID-19, data currently indicate that individuals who have underlying conditions such as asthma, diabetes, heart disease, high blood pressure, kidney disease, pulmonary disease are at higher risk for severe illness. African Americans appear to have a higher incidence of these conditions across most counties in Ohio. See example.



NOTE: Examples shared by Johnnie (Chip) Allen, Director, Office of Health Equity, Ohio Department of Health during a digital COVID-19 and Health Equity Town Hall sponsored by the OSU Wexner Medical Center

The data additionally indicates that there are social determinants (poverty, income inequality, food insecurity, segregation) that are key drivers of these outcomes. See example.





Johnnie (Chip) Allen

In response to these data, Governor DeWine appointed a [Minority Strike Task Force](#) to provide him with recommendations that address the immediate threats posed by COVID-19 to Ohio's minority communities. The following are actions that the Governor has undertaken based upon a preliminary report from the Minority Strike Force. Final recommendations will be issued on June 11. The report will be available at coronavirus.ohio.gov.

NEW POSITION TO ADDRESS HEALTH INEQUITY:

A new position will be created within the Ohio Department of Health dedicated to social determinants of health and opportunity. This person's work will build on several existing efforts to respond to health inequity by working directly with local communities on their specific long-term health needs and Ohio's response to COVID-19.

This person in this position will be responsible for collecting data to inform best practices and for helping to ensure the implementation of the Minority Strike Force's short-term and long-term recommendations.

COMMUNICATIONS CAMPAIGN:

The Ohio Department of Health and Minority Health Strike Force will work with Us for Us to unveil a new communications campaign aimed at Ohio's minority populations called, "Stay in the Fight." This campaign will focus on the need to stay informed, stay involved, and stay inspired during the pandemic.

MINORITY COMMUNITY COVID-19 TESTING:

To expand access to testing, Ohio has partnered with the Ohio Association of Community Health Centers which represents Ohio's Federally Qualified Health Centers, including 55 Community Health Centers at 378 locations. It has multiple mobile units in 68 of Ohio's 88 counties.

"Community health centers have a unique reach," said Governor DeWine. "They are trusted in their local communities to provide primary and preventive care regardless of insurance status or ability to pay, making them critical to any strategy that makes COVID-19 testing available in rural and urban neighborhoods throughout our state."

For testing, individuals should contact their Federally Qualified Health Center or community health center for information and direction about how to be tested.

COMMUNITY WELLNESS KITS:

Ohio is partnering with the Ohio Association of Community Health Centers and the

Nationwide Foundation to distribute thousands of Community Wellness Kits that contain COVID-19 protection-related items, such as face coverings, hand sanitizer, and soap.

COVID-19 EXPOSURE NOTIFICATION:

To support both the state and local health departments in efforts to fight COVID-19 and the disproportionate impact on people of color, Ohio will significantly increase the number of public health workers who can help notify Ohioans of possible exposure to the virus.

The hiring of these public health workers is in progress at both the state and local levels with the goal of hiring individuals who represent and reflect the make-up of their own communities.

MENTAL HEALTH GRANTS:

Governor DeWine's Office of Faith-Based and Community Initiatives and the Ohio Department of Mental Health and Addiction Services will award \$1 million in grants to provide mental health and addiction services for hard-to-reach individuals.

The grants will allow faith-based and local community-based organizations to develop culturally appropriate messages that target those who may not be as easily reached by mass-media messaging efforts, such as racial and ethnic minorities, Appalachian and rural communities, older adults, and others.



- Identify the sub-committee on the Minority Strike Force that represents an area of personal interest. Contact members of the committee and make your interests, ideas, solutions known.
- Provide names of people and/or organization in your community that need to be informed and engaged in the Communications Campaign.

- Find out the location of mobile testing units and spread the word.
- Make sure your community is slated to get Community Wellness Kits.
- Obtain information about the available mental health grants and apply.

Post the action you take on ODDC's social media platform in support of the Governor's effort to reduce COVID-19 impact in minority communities.

Contact the Governor's office and let him know how you are supporting his efforts.



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Be a Catalyst for Change Take the 7 Day Challenge! *Patricia Larkins Hicks, Ph.D.*

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**“I am only one,
But still I am one.
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But still I can do something;
And because I cannot do everything,
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Bringing about change requires each of us to change. Changing our personal perspective will begin igniting a movement of change that will result in a more inclusive culture. The time is NOW for you to take action! If not now, then when?

10 actions that can bring about a change in your personal perspective

1. Talk to someone who is different from you. Find 3 things you have in common.
2. Change your thinking--- move from “either/or” to thinking “and”.
3. Identify something you “prefer” and try something “different.”
4. Find out how someone prefers to receive communication and “why.”
5. Eliminate saying... but, all, never, no one REPLACE maybe, some, sometimes, someone
6. When gathering a group, ask “did I/we think of everyone who needs to be at the table?”
7. Hold someone accountable for something they said they were going to do.
8. Contribute to a cause by giving of your time, talent, and/or treasure.
9. At the end of decision making, ask “did I/we think about how our decision will impact everyone?”
10. Join a community group or professional association. Get on a committee and contribute to making a change in policy, rules, or structure that will make the group more inclusive.

CALL TO ACTION

- Over the next 7 days, select and implement one of the 10 challenge actions.
- Make note of the action you take, how you felt, and how others responded to your action.



Submit your 7-day completed action to info@omgknowsbest.com and have a chance to win a \$25 gift card. The winner will be featured in the August, Newsletter

BE A Catalyst for Change!

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Name:

Email:

Identify the challenge action # and describe your action.
Tell how you and others felt/reacted.

Day 1: # Me: Others:
Day 2: # Me: Others:
Day 3: # Me: Others:
Day 4: # Me: Others:
Day 5: # Me: Others:
Day 6: # Me: Others:
Day 7: # Me: Others:



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