

Paths Towards Partnership in the Covid 19 Crisis:
Identifying Opportunities to be a Good Neighbor

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This document, written at the beginning of the Covid 19 crisis, responds to the question that Universities must ask. How can we be a good partner in the current pandemic? Under the leadership of the Equity Center, a collective of University of Virginia faculty and staff collaborated with key community partners to co-create a series of ideas and proposals to lead the University towards acting as a local anchor in fighting the coming crisis, and in our community's collective recovery in the months to come. Conceived and written over a period of three days, we prioritized the goal of providing a prompt response over providing a perfect one. There can be no perfect response. We also offer our assistance as the University works in partnership with our community leaders. And we recognize that this crisis moves exponentially, which means suggestions must truly imply flexibility.

Five Areas for Partnership listed in what emerged as priority order

- 1) **Pay and Re-Train Low Wage Workers** - Urgent assistance is needed for those low wage workers who have just been laid off, in both the form of emergency financial support and the training and creation of jobs needed in the recovery economy.
- 2) **Create Infrastructure to Address Food Insecurity** - Charlottesville and Albemarle School Districts are currently organizing food distribution to all hungry children in their jurisdictions, but this is largely animated by volunteer labor that cannot be sustained, and does not account for the other populations that also need active and ongoing food distribution support during the crisis.
- 3) **Financial, Volunteer, and/or In-Kind Contribution** - Support Cville is a new website developed by local organizers and updated daily. It conveys all the local needs identified and ways in which support can be directed to groups directly serving low income residents during this crisis. The website is here: <https://www.supportcville.com/provide-support#funds> and UVA could make a substantial impact by sharing resources to meet needs listed there.
- 4) **Education**- Existing educational inequities will grow exponentially throughout our region if there is not a coordinated, thoughtful, committed response supported by UVA expertise.
- 5) **Long-Term Planning** - Using our strategic capabilities to support the community and its government officials in planning ahead for Economic, Education, and Health Recovery as the Pandemic peaks and subsides.

Leveraging resources

In this time of unprecedented crisis, UVA as an anchor institution must pivot to leverage our substantial resources, including our endowment and strategic investment funds, to offer financial

buffers, such as continuing to pay contracts of companies who employ our lowest wage workers, making health care for patients with COVID-19 accessible and free, and allowing for a moratorium on payment of outstanding bills. Other university resources available for deployment include those of our physical assets-- available housing stock, food preparation facilities, and human capital, such as medical, public health and legal experts. Our economic power, human resources and good will could shape a response to this crisis that is compassionate, just, and considerate of the needs of the entire UVA region.

An ethical response to the crisis and an intentional plan for recovery

UVA has an opportunity to model how anchor institutions can fill in these gaps in our social support system, not only through the deployment of currently underutilized resources (e.g. vehicles, cleaning supplies, food, dorms/kitchen facilities, etc.), but also through our full participation in a transition to a restorative economy (e.g. providing training for new jobs and reenlisting underemployed workers to participate in the recovery economy workforce). Community partners understand that the inequities being exacerbated right now will grow more strained, even as we pass our peak moment in the health crisis. They are urging for a health justice strategy that ensures community well-being throughout the crisis and its recovery.¹ Partners express desires for help developing training and jobs that animate a workforce of community health workers, of food distributors, and of many of the other health justice-oriented tasks currently being done by volunteers.

1. **Employment and Wages - Paying Workers is the primary concern all around. Finding a way to make sure that contract workers continue to get paychecks is the #1 concern.**²
 - a. Pay Contract Workers - In addition to honoring the commitments to recently laid off contract workers by paying them directly for wages lost, UVA should consider reenlisting unemployed local residents to deploy their skills in service of current needs (e.g. help distribute food locally from restaurants and other sources to housebound residents, train as community health workers, etc.)
 - b. Leverage Influence with Contractors - For example, in addition to committing to pay contract employees who work at UVA and have been laid off by the companies with whom UVA contracts, UVA could also serve as an institutional leader in organizing University presidents broadly to negotiate with the companies they contract with so that they will honor their contracts with their employees. Whereas UVA may be but one of

¹"Health Justice Strategies to Combat COVID-19: Protecting Vulnerable Communities During A Pandemic, " Health Affairs Blog, March 19, 2020. DOI: 10.1377/hblog20200319.757883
<https://www.healthaffairs.org/doi/10.1377/hblog20200319.757883/full/>

² This is because COVID-19 will hit communities of color and low-wealth households hardest. See, S. Galea, "The Poor and Marginalized Will Be the Hardest Hit by Coronavirus," *Scientific American Observations/Opinion* (March 9, 2020). <https://blogs.scientificamerican.com/observations/the-poor-and-marginalized-will-be-the-hardest-hit-by-coronavirus/>. These neighbors will include the over 1,000, or nearly one-fifth of UVA's staff who are members of the African-American and LatinX communities. <https://diversitydata.virginia.edu/>. They will also include approximately 2,500 UVA employees (roughly one-third) who earn less than \$50,000 annually. <https://data.richmond.com/salaries/2018/state/university-of-virginia?page=4>.

Aramark's clients (for example), together with its peer institutions, we expect that our university could be a powerful voice in demanding new norms for contracts.

- c. Job Re-Training - UVA could partner with PVCC/Network to Work, the City's GO Program and others locally to collaboratively utilize our considerable online educational capabilities to provide training to prep the unemployed for the new jobs needed in the recovery economy. The working groups already set up through the President's Council could be reactivated with planning for a summer of recovery in mind.
- d. Re-Deploy Contract Workers - Many social services providing nonprofits have had to send their workers home. Could UVA work with these social service providers to deploy telecare-type services that check in on isolated residents? We understand that students have been providing these services through Madison House. We applaud this effort. However, a more structured and comprehensive check-in service could be organized utilizing laid-off contract workers.
- e. Fill Gaps in Unemployment Benefits - Many low wage workers are not eligible for unemployment benefits, and deployment of government stimulus funds commonly lag behind the needs in disaster recovery response for all communities -- so thinking about gaps in welfare support requires both short- and long-term thinking.

2. Infrastructure for food pipeline – **Helping to address food insecurity is the second most frequently cited issue that UVA could significantly impact.** There is need for the services of a systems engineering logistics team to work in partnership with current efforts, which are led by the Food Justice Network, in partnership with 30+ local organizations and government agencies. Together, they would identify the locations of food insecurity, map out distribution hubs and routes, and secure donations from restaurants, University food services, and other locations, and provide transportation and workforce needed to fill the current food gaps. It is imperative that this be developed in partnership with current efforts, which will require ongoing logistical support to be sustained, and in anticipation of the growing need of vulnerable communities to access food that is already showing signs of being acute. In addition to financial support, our partners suggested that UVA could provide other contributions, such as:

- a. Central Command Center - A central point of contact for all requests to UVA to come and be processed. A central "help-line" that is multilingual.
- b. Transportation/ Logistics - UVA could be especially helpful in the deployment of our fleet of vehicles and laid-off workers to replace volunteers that have had to go home to shelter in place with their children.
- c. Daily/Weekly Unified Briefings - UVA could leverage partnerships with the City and County to communicate unified public updates disseminating information to community members that is reliable and informative, including information on Emergency Assistance Funds and other community-driven resources (and in multiple languages).
- d. Support Local Food - UVA is such an important client for many local farmers, whom are deeply hurting as well. UVA could keep these accounts open and redirect them to the Food Justice Network, who is working closely with the City and County, for distribution to

our most vulnerable populations.

3. Local Community Healthcare – Collaborators on this effort have developed a comprehensive list of health specific needs that reflect the work of several from the Health Sciences Center. Priorities are listed below, and it is also attached here in full.
 - a. Provide Space - Utilize vacant University-owned buildings such as dormitories and large gathering places, to create temporary housing for vulnerable community members experiencing COVID-19 symptoms who cannot self-isolate for a variety of circumstances, ranging from homelessness to living with persons who are immunocompromised.³
 - b. Participate in Integrated Public Health Networks - Partner to support existing peer health networks who provide outreach and connections with residents self-quarantined.
Potential existing peer networks include:
 - i. Westhaven Community Clinic
 - ii. Region Ten Peers
 - iii. Birth Sisters of Cville
 - iv. Piedmont Virginia Community College Community Health Workers’ cohort
 - v. Women’s Initiative Sister Circle
 - c. Strengthen Free Clinic Workforce - Partner to provide support to clinical health care providers such as the Charlottesville Free Clinic and Central Virginia Health Services, Inc., enhancing capacity to serve members without a primary care provider.
 - i. Develop Spanish language materials
 - ii. Ensure interpreter/translation support available
 - d. Provide Cleaning Supplies - infection control and prevention support including any surplus screening and cleaning supplies not currently needed within UVA Health. Examples of needed supplies include disinfectants and sanitizers. Examples of screening supplies include temporal thermometers, hand sanitizer, and latex/nitril gloves.
 - e. Pop-up Clinics – Space is needed and is currently being asked of the schools to increase access to health care. UVA has space that may be suited to this need.

4. Mental Health Services - The families that will be in close quarters for long periods without diversion will be vulnerable to anxiety, depression, stress and possibly domestic violence and abuse. Could UVA participate in video training of community health workers, expanding that workforce, or supporting a hotline for families unlikely to access mental health workers but likely to confer with neighbors trained to support them?
 - a. Community Health Workers - Those trained at PVCC may be an already trained workforce ready to be deployed for this purpose)

³ See, e.g., See, F, Diep, “If Coronavirus Patients Overwhelm Hospitals, These Colleges are Offering Their Dorms,” *The Chronicle of Higher Education* (March 19, 2020). <https://www.chronicle.com/article/If-Coronavirus-Patients/248288>; See also, <https://cornellsun.com/2020/03/16/cuomo-proposes-converting-suny-dorm-beds-into-hospital-beds/>

5. Education

- a. Use UVA Food Service Workers To Serve School Children - The schools are currently distributing food to families on free and reduced lunch but, at least in the City of Charlottesville, are relying on volunteers. Could UVA food service workers be redeployed and paid by UVA to distribute the food to families?
- b. Technology Assistance - Wi-Fi access - Could UVA's IT workforce/technological assets be deployed to help bridge Wi-Fi access gaps in the underserved parts of the region, assessing what's still needed (given support being offered by companies like Comcast and Xfinity) and either filling gaps or building on that foundation as appropriate? Also, school districts have distributed devices to all students but in many cases, this will be the first device in the home. Helping to ensure students have structured time to use the devices could reduce impact of lost instructional time.
- c. Educational Materials - Working with partners to support the deployment of educational materials for tasks new to many such as helping people learn how to cook available foods or use new technology devices.
- d. Childcare - Childcare options are needed for working residents. There is concern that some children risk increased exposure to abuse. Could UVA help train or deploy community health workers to conduct electronic check-ins or provide a hotline for parents in need of assistance?
- e. Craft/Education Kits - Creating kits with craft supplies, along with instructional materials, that could be coupled with the distribution of food to neighborhoods.
- f. Summer Instruction - Massive educational efforts will be required in August to catch kids up who backtracked. In anticipation of students who have lost considerable instructional time, UVA could support the school districts to develop intentional and creative compensatory education to be deployed when quarantine is lifted.
- g. Needs Assessments - The Curry school is interested in partnering with local districts and the EC to support planning and development in areas including needs assessment, reading instruction, IEP support, and other identified needs both shorter and longer term.
- h. Mental Health Support - Children are likely to experience trauma, stress, and psychological distress from the current situation; this will be greater for our region's most vulnerable youth. Units at the University with expertise in mental health for children and adolescents could be deployed to coordinate with and support local care providers, teachers, parents, and the children and youth themselves.

6. Housing

- a. Appropriating UVA facilities for housing of:
 - i. Patients under quarantine for possible COVID-19
 - ii. Homeless populations to house so that they are less likely to spread the virus
- b. Our colleagues at CRHA and PHA put a moratorium on evictions during this crisis, but they have expressed concern that many residents are not going to be able to pay their rent in the coming months and see rental assistance as a likely ongoing community need.

- c. Dorms might also provide temporary housing to those displaced during the crisis (managed by the Haven or other local homeless shelter providers)

7. Other

- a. Cleaning Instructions - Small, neighborhood-based nonprofits would be able to better maintain service provision (Wi-Fi access or social support) if they could receive assistance with deep cleaning their facilities on a regular basis. Could UVA help teach these methods?
- b. Cleaning Supplies - Supplies are lacking in local stores, and UVA buying power could allow for larger and more effective ordering than any other local organization.
- c. Masks- UVA could mobilize its 3D printing capabilities to produce antimicrobial masks and respirator parts to help bridge the gap in our local supply for health care workers.
- d. Re-convene President's Council - Because UVA has taken pains to build a University/Community President's Council and working groups around four critical issues: workforce, education, housing, and health, we humbly recommend that you reconvene those groups via zoom and ask that they help oversee the planning of crisis recovery to ensure that disaster relief efforts do not inadvertently exacerbate inequities.

UVA as a National Leader in the Response of Universities to the COVID-19 Crisis

Our understanding is that the reverberations from this crisis will be felt for many decades to come. Our role as a research university and a research center compels us to think about the ways in which the University's knowledge creation role can be turned to the good of communities that will suffer immeasurably from this crisis. In the context of COVID-19, this research must document the impacts and, importantly, differential impacts of COVID-19 on vulnerable communities, and generate tangible solutions to mitigate these impacts. This work must have an eye toward equity and justice, if we do not wish to see disparities widen. As a Center, we believe this means research must identify the disproportional impacts of the crisis, leverage authentic collaborations with community partners, treat community experts fairly and respectfully, and leave data and benefits from the research with the community. We invite—and hope—that the University will support this kind of research in response to COVID-19.

Our society and economy are being remade; based on this experience -- as well as all we know to-date -- we want to propose smart long-term solutions to address historical inequities that will be exacerbated during this time. UVA has an opportunity to set a precedent for how universities, particularly those which serve as anchor institutions in their communities, can respond to public health crises in ways that are responsive and responsible. Financially, for example, UVA could dedicate some of our own discretionary funds, such as Strategic Investment Funds or even part of the Equity Center budget, towards community mutual aid. Rather than attempt to create its own institutional responses, we could model how an anchor institution can use its own discretionary funds to support community-driven aid efforts. Yet UVA can serve as a leader amongst its peers not just by modeling these behaviors and actions, but by bringing other institutions to the table to jointly address issues of equity related to and made worse by the COVID-19 crisis.

Situation

As COVID-19 disproportionately affects people who are older and those who have comorbidities, there are multiple vulnerable populations in the community at high risk for contracting and transmitting the virus at higher rates and for having increased morbidity and mortality. UVA and UVA Health are in unique positions to act to support our community and community-based organizations to minimize this impact.

Background

There are critical issues facing our vulnerable communities:

- Homeless population
 - **Limited resources (e.g. beds) for the homeless populations at baseline**
 - **Not enough hand sanitizer, hand washing stations for all shelters (day or night)**
 - **No masks for persons with viral symptoms without COVID, not enough social isolation space for these individuals**
 - **No PPE for workers at shelters who are at increased risk of being exposed**
 - Not enough space to have individuals sleep 6 ft apart for social distancing
 - Nowhere for patients with +Covid, or PUI who are not ill enough to be hospitalized to stay (day or night)
 - Not enough volunteers/staff willing to care for large groups in shelters
- Crescent Halls:
 - Large number of disabled and older adults with comorbidities living in public housing, clustered with many gatherings for meals, activities, social and mental health support
 - **Not enough PPE, not enough masks**
 - **Without volunteers/nursing students – not enough support for individual (rather than group) care.**
- Food insecurity:
 - Food bank and Meals on Wheels do not have enough volunteers to meet the increased need for food delivery and food insecurity
 - Students on free/reduced lunch who cannot get meals at school; (4,000 meals in the city alone – not including counties)
 - **Potential limit of food supplies available/affordable at retail.**
 - **There will be increased numbers of families with food insecurity in setting of decreased income from COVID shutdowns and not enough food and delivery services to cover the need.**
- Group Homes:
 - Vulnerable populations with significant behavioral health issues, where social isolation/lack of work will have negative health impact.
 - Limited staff in a COVID outbreak to provide needed support services: mental health, case management, medication assistance, food delivery, etc.
- Behavioral Health:
 - **COVID is adding stress to everyone's lives. As we institute social distancing and quarantine, social isolation is a big risk factor for worsening mental health.**
 - **Mental health service providers are limiting their availability of in-person treatment to contain spread of disease (no new admissions to inpatient treatment facilities from region ten, no group therapy, etc.).**

Assessment

UVA has multiple existing resources that when partnered with our CBOs, can help fill some of these needs:

- PPE/masks for those with symptoms/hand sanitizer – While PPE/mask supplies are limited and need to be rationed cautiously, the importance of thinking about flattening the curve and targeting reduced spread in our more vulnerable populations is critical to be able to have enough ICU resources to treat all those who need our care.
 - **We have supplies of masks, bulk hand sanitizers, and other PPE, in limited supply.**
 - This supply should be prioritized to be distributed (both internally and externally) to best prevent the spread of disease and ensure that we have enough ICU, provider, and critical resources to meet the demands this pandemic will place.
- Physical space – important for housing homeless patients without symptoms for more social distancing, or +COVID or PUI individuals who are not ill enough to warrant hospitalization and who do not have a home in which they can be quarantined.
 - **The University and the Health System own significant building, housing, and land space that will be underutilized while students are not on campus and many employees are tele-working.**
- Food – Many more individuals in our community will have food insecurity during this crisis and also have difficulty accessing food outside of their home while quarantined. Access to food and food delivery are critical
 - **The University has food services that will be underutilized/closed while students are not on campus.**
- Volunteers – Students are a large part of the basic volunteer base for our local non-profits and since they will not be here, there is a big need for volunteers in this time of increased need and decreased volunteers
 - **UVA has a large workforce and also includes 16 hours for community service leave for staff.**
 - **As virus spreads, our outpatient healthcare workforce will be critical backup for our inpatient teams, but also can act to support critical needs in the community.**
- Behavioral Health Support
 - UVA has broad expertise through psychiatry, psychology, and social work.
 - UVA Student health has a contract with online mental health access – SilverCloud.

Recommendation

1. **Activate our workforce and alumni association for volunteer hours and donations in partnership with local foundation**
 - Encourage departmental policies that allow flexibility in hours of work for employees to volunteer at times of high need for things such as food delivery in the community.
 - Provide communication for employees to be encouraged to sign up for volunteering through United Way, using their 1 day of PTO for community service or potential flexibility in their work day.
 - Provide communication through the Health System Foundation for financial donations to go through Charlottesville Community Foundation
2. **Utilize our resources of space, food, and workforce to fill gaps in community needs of housing/shelter, food/food delivery, and mental health**
 - Assess in partnership with University, the ability to repurpose space: gymnasiums, dorms, office buildings, etc. for use to help homeless population have housing with safe social distancing and plan for quarantine of positive individuals.
 - Assess in partnership with University, our ability to provide food and food delivery services through food services that are being underutilized with students off of campus.

- If outpatient services are closed and workforce of RNs, CNAs, and SW needs are decreased, consider deploying staff to other critical populations such as group homes and Crescent Halls to support ongoing needs there.
 - Through online lectures, offering support of front-line staff helping these vulnerable populations, and potentially deploying workforce through telehealth, expand reach of UVA BH experts.
 - Examine cost/options of expanding access to SilverCloud for individuals outside of student health.
- 3. Examine prioritization of providing PPE and hand sanitizer to local high risk communities (such as homeless shelters, Crescent Halls, etc.), to contain spread of disease and ultimately decrease total number of patients or healthcare workers with virus in partnership with infection control and the Virginia Department of Health (as they may have access to emergency supplies)**