Hawaii Emergency Management Agency
Community Based Organizational Capacity and Needs
for COVID-19 Response and Recovery Survey
Full Report

Date: June 12, 2020

Submitted by the S ESF-8 Community Care/Outreach Unit

Table of Contents

List of Tables and Figures

Executive Summary

Introduction: The S ESF-8 Community Care / Outreach Unit (CCO Unit) was tasked with identifying capacity, needs and threats to members of the community as a result of the COVID-19 disaster in Hawaii, and making recommendations to mitigate the situation. The CCO Unit team decided that the first step in this endeavor was to assess the *current capacity, needs and threats to agencies* that provide health and social services support to the population. A survey of community-based health and social service entities was conducted across the State. The CCO Unit community advisory group reviewed the report and provided additional feedback and recommendations that triangulate with the findings of the report. This report represents the final analysis of Phase 1 of this project.

Survey: The survey included 26 questions that covered agency/entity information in terms of location, services provided and population served, as well questions about the impact on the population served, organizational capacity & needs as a result of the COVID-19 disaster in Hawaii. Data has been analyzed in total, as well as broken down by types of organizations that have a mission to provide either healthcare or social services to individuals in our communities.

Responding organizations & services provided: We had 121 responding organizations across a wide range of volume and type of services provided. The median number of covered lives was 1200 (range 4-155,000), and median number of encounters was 5,200 (range: 12-251,958); 73 of the 121 (60%) primarily provided health services and 48 (40%) were categorized as social service, educational or other entities. Organizations from all counties are represented; nearly one third (n=39, 32%) provide statewide services.

Populations served: While all populations across the state are included in the covered lives, nearly two thirds (63%) of the organizations listed the elderly, homeless, low income migrants/immigrants and persons with diverse sensory abilities (hearing, vision) as specific groups served.

Telehealth: Sixty-three percent (63%) provide services via telehealth.

Identified issues, current and future capacity to expand service and needs: Many issues and needs were identified. This data is summarized in Table 1.

Table 1. Issues, capacity and needs.

QUESTIONS ABOUT ISSUES AND NEEDS
What do you see as the top IMMEDIATE issues or problems for the community that you serve resulting from the coronavirus pandemic?

	Key findings:
	- Food/ hunger - Housing - Mental health - COVID-19 specific concerns, including adequate PPE, cleaning supplies, quarantine, testing - Job loss/financial strain - Health care access related to loss of health insurance

What do you foresee as the top issues or problems that will emerge or be exacerbated within the NEXT 6-12 months for the community that you serve as a result of the coronavirus pandemic?

	- Financial strain (especially job loss) - Mental health, including substance use - COVID-19 concerns including adequate PPE, cleaning supplies, quarantine, testing - Basic needs (housing, food insecurity) - Access to health care - Telemedicine and technological divides - Family related concerns, including domestic violence, child abuse, childcare Loss of community and isolation

Please describe any IMMEDIATE needs or issues that your organization is encountering that negatively affects your ability to provide services as a result of the coronavirus pandemic.

	• Lack of PPE • Cannot conduct home visits or see clients in person to check in about needs • Organizational strain (finance, human resources, staffing) • Telemedicine and technology needs, including materials and training • Coordination and communication challenges, including language-related
What additional or new services would you like to add to support the community you serve (in response to the COVID-19 pandemic)?	
	• Telemedicine • Enhance linkages with social services and new capacities to address social and behavioral health needs • COVID related support (PPE, testing, client education) • Affordable housing (look at the word clouds) • Food resources, including farm operations and food pantries • Additional training and education to clients
• For **disabled individuals**, what **challenges** are they experiencing as a result of social disruption from COVID-19	
	• Access to services • Communication (across virtual platforms) • Telehealth challenges • Social isolation • Basic needs (food, housing, rent)
QUESTIONS ABOUT ORGANIZATIONAL CAPACITY	

• To what extent could you **increase your agency capacity** to serve the community **today**
Mean: 32%, (SD 26%)

• To what extent could you **increase your capacity** to serve the community in **six months?**
Mean: 43%, (SD 30%)

• What **resources would be needed** to sustain increase in capacity?	
	• Additional funding • Augment human resources and staffing • PPE and other COVID-19 materials • Telehealth equipment and technology upgrades

Key needs/ issues for agencies that provide health and social services include:

- **Organization strain** related to severe decline in revenue
- Lack of resources required to expand **telehealth services**
- Inadequate supplies of PPE and assurance of employee safety
- Lack of resources to support client **isolation and social distancing**
- Lack of means to address the **digital divide** for some clients
- Lack of means to address **declining quality of medical care r**elated to missed care for chronic disease management and decline in face to face interaction with clients
- *Most agencies are willing to expand services but require resources to do so (funding, personnel and increased capacity and expertise for telehealth services) to support chronic disease management and expand social services to meet basic needs.*

Key needs /issues of individuals in the population include:

- **Economic insecurity** related to unemployment
- **Mental health** services for exacerbation of existing and emergency of new metal health issues
- **Housing** – risk of eviction or loss of home
- **Food insecurity** – lack of funds to pay for food, low knowledge about access to food banks
- **Decreased access to health care** for **chronic disease management** (includes access to telehealth as well as access to medications)
- **Lack of access to adequate levels of PPE** and household cleaning supplies
- Mitigate effects of **social isolation/social distancing**
- Assure adequate **child care**

A SAMPLE OF COMMENTS ABOUT THE NEEDS OF THE POPULATION PROVIDED BY PARTICIPANTS

- **Hope for Transparency and Coordination**
  Would like to see a more open and transparent process for getting funding to nonprofits and community groups to be more widely dispersed; a lot seems to be happening behind

closed doors without public info or opportunity; continued collaboration between national, state and city & county to disperse accurate data and information to community; continued news conferences.

- **Concern about Trust with Clients**

  Having no ability to go anywhere in person and contact people in a human way is interfering with generating trust needed to form effective treatment partnerships between providers and patients. It is the right thing for infection control but without more PPE more patients will lose effective healthcare partnerships.

- **Community Health Workers**

  Public Health and Social Navigation should be one of the top drivers of our solutions. Start there and we can really ensure our most vulnerable are supported through this. Add more community health workers; multiple community health care workers with adequate training in complex populations.

- **Telehealth**

  If we are going to do more telehealth, we need to have more instructions for the patients/clients, they don't have hardware and I'm not sure how to provide hardware/software. The telehealth items help for them not to be so isolated and maybe we can get them back to senior care, etc.
  Providing alternative modes of care, such as Telehealth, to individuals without modes of access and without other assistive services, such as interpreter services.

- **We have excellent community resources!**

  There are concerns about increased demand with limited resources. Many organizations are ready to step up and note their amazing volunteers and staff that deserve recognition and public praise for their dedication and hard work.

Summary: Overall key themes from these findings indicate that **major issues for individuals** that the responding organizations serve revolve around **securing basic needs including: food security, housing and access to services, (job loss resulting in financial problems are a key root cause), mental health, COVID-19 concerns (including adequate PPE, cleaning supplies, quarantine, testing issues).** Many respondents reported that **job loss and the resulting financial problems continue to serve as a root cause** of personal strain among clients served, and community level stress was largely related to distressed economy and store closures.

The majority of organizations are providing services via telehealth, but **report a digital divide** exists in terms of client populations who do not have the technology or knowledge for telehealth technology use; **most organizations are willing to expand services** in terms of volume and services provided but require additional resources to do so require additional funding, human

resources, and telehealth technology (hardware and training). Access to PPE remains a reported issue for both organizations and the clients that they serve.

End of Executive Summary

Detailed Report

Background

The ESF-8 Community Care / Outreach Unit (CCO Unit) was tasked with identifying capacity, needs and threats to members of the community from the COVID-19 disaster in Hawaiʻi, as well as making recommendations to mitigate the situation. The CCO Unit team decided that the first step in this endeavor would be to assess the current capacity, needs and threats to agencies that provide health and social services to support the state's vulnerable populations. Subsequent steps (Phase 2) would include an assessment of individuals residing in the community to identify additional needs and threats to health and welfare that agencies were not aware of. This document reports on the first step in the process. Relative to the effects of COVID-19, we conducted an assessment of health and social service agency capacity to address needs and threats to health and social welfare among individuals in the community served by a variety of agencies.

A survey of community based health and social service entities was conducted across the state. The survey was conducted between April 29 and May 11, 2020 and was sent to a list of relevant contacts at agencies that provide health and social services. These agencies were also encouraged to share it with other organizations in their communities. Survey findings were analyzed and a preliminary executive summary was shared with the HIEMA S ESF-8 CCO Unit community representatives in order to receive their feedback and recommendations. A final Executive Summary was issued on May 26, 2020 which includes a synopsis of key findings for all agency types combined (health and social services*).* This full report provides additional detailed information about agencies by type (health services as well as social services).

The survey instrument included 26 questions that asked about agency/ organization demographic information in terms of location, services provided and populations served; the impact of COVID-19 on the population served; and current and projected agency / organization capacity & needs as a consequence of the COVID-19 disaster in Hawaiʻi. A copy of the survey instrument can be found as Appendix A.

The survey team was comprised of S ESF-8 CCO Unit members (from multiple UH Manoa units, including: medicine, nursing, public health and social work), UH graduate students, the CCO Unit Community Advisory Partners (representing Native Hawaiian, Pacific Island, Filipino, elderly and neighbor island and rural communities).

Survey Respondents

Seventy-nine (65%) of the 121 respondents were classified as health organizations and 42 (35%) were classified as social services organizations.

Across all responding agencies, the median number of covered lives was 1200 (range 4-155,000), and median number of encounters was 5,200 (range: 12-251,958). Health care organizations served a median of 1500 covered lives and had a median number of 6000 encounters on an annual basis, while social service organizations served a median of 731 covered lives and provided a median of 2500 encounters.
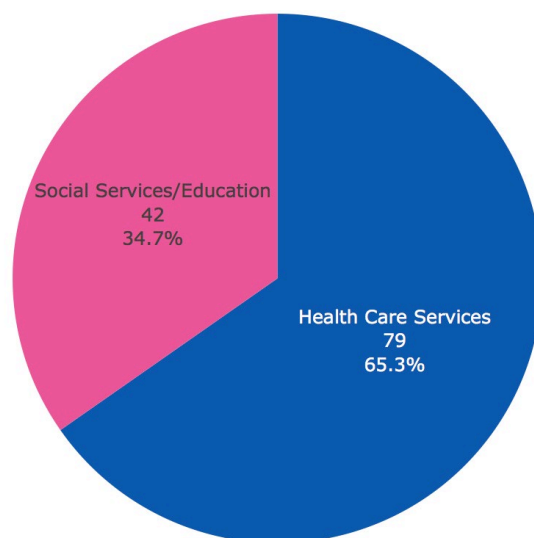
Figure 1. Percent of Health Care vs. Social Service Organizations in Survey Respondents

Health Care Service Entities included

- Community Health Centers
- Behavioral Health; Substance Abuse Support
- Primary Care
- Maternal and Child Health Services, including WIC and Child Care Services
- Community-Based Urgent Care
- Home Care or Health Services
- Insurers and Health Systems
- Hawaiʻi Department of Health

Social Services/Education Entities included

- Food Focused Services
- Social Services for those with Disabilities
- Sex trafficking; Youth services
- Cultural Based Organizations
- Housing/Homeless Services
- HIV/AIDS Supportive Organizations
- Educational Organization College
- Legal services
- Other community-based business

Types of Services Provided

Responding organizations provide a wide variety of services. Forty-seven percent routinely offer home based visits, and 33% provide primary care services. **Respondents reported that both home care and primary care services have been severely curtailed due to COVID-19**.
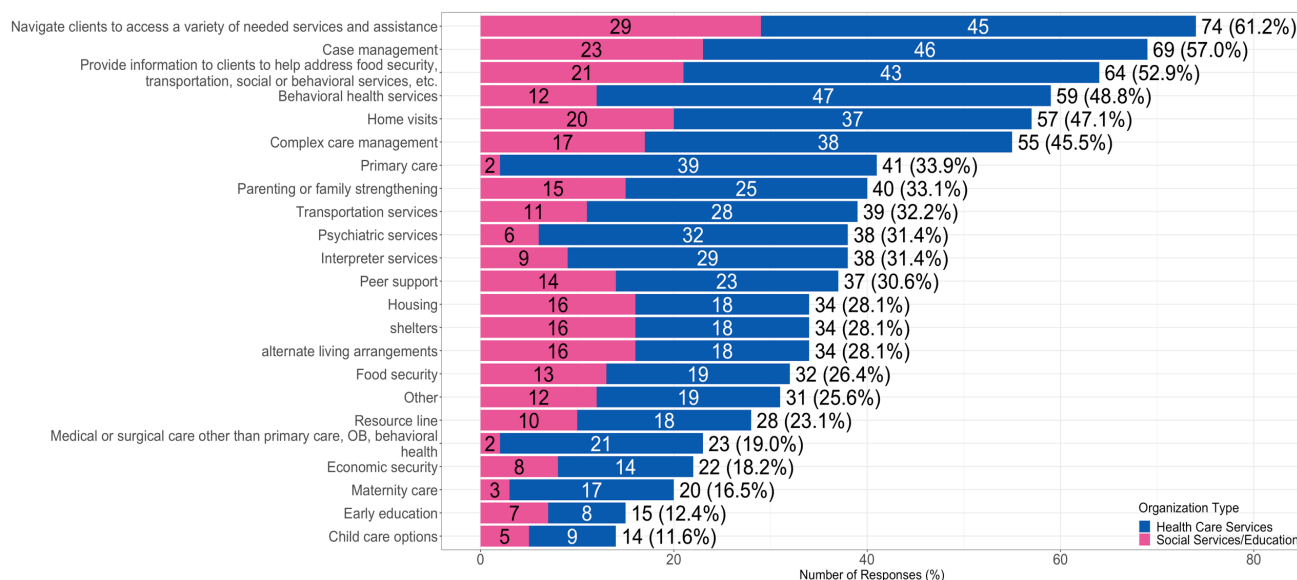
Figure 2. Types of services provided by organizations surveyed

Location

Organizations from all counties were represented to a degree that reflects the proportion of the population by county across the State. Nearly one third of responding entities (n=39, 32%) provide services across the state of Hawaii. Respondents represented healthcare and social service clinics in each county in the state. (Figures 3 and 4)
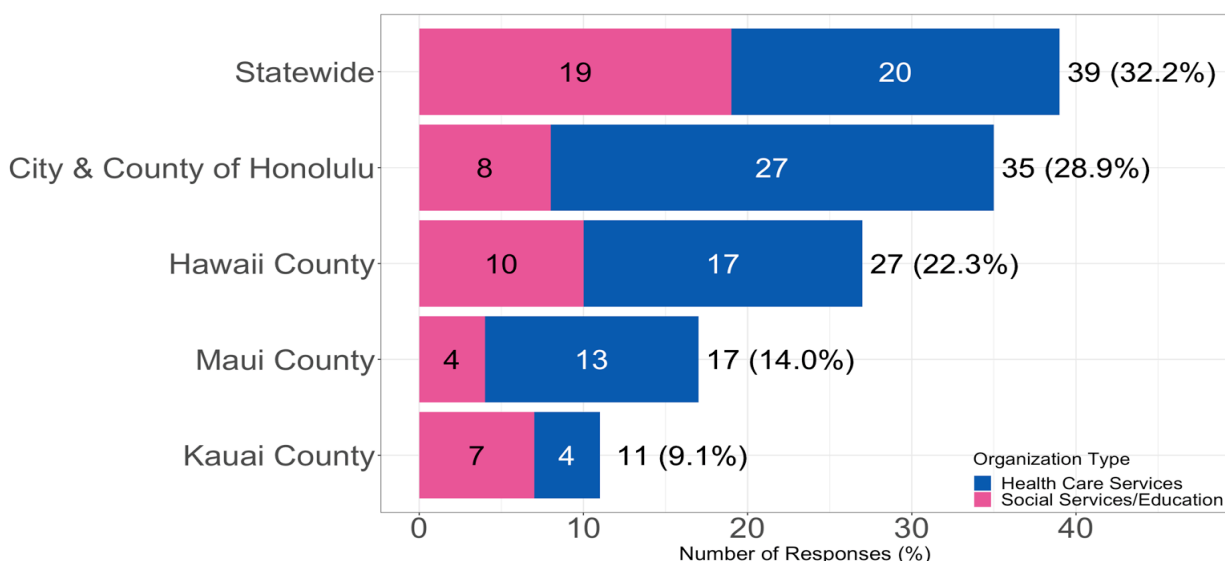
Figure 3. Geographic area served by surveyed organizations by sector

11

Survey respondent's reported health care or social services coverage by primary care service area, county, or state.
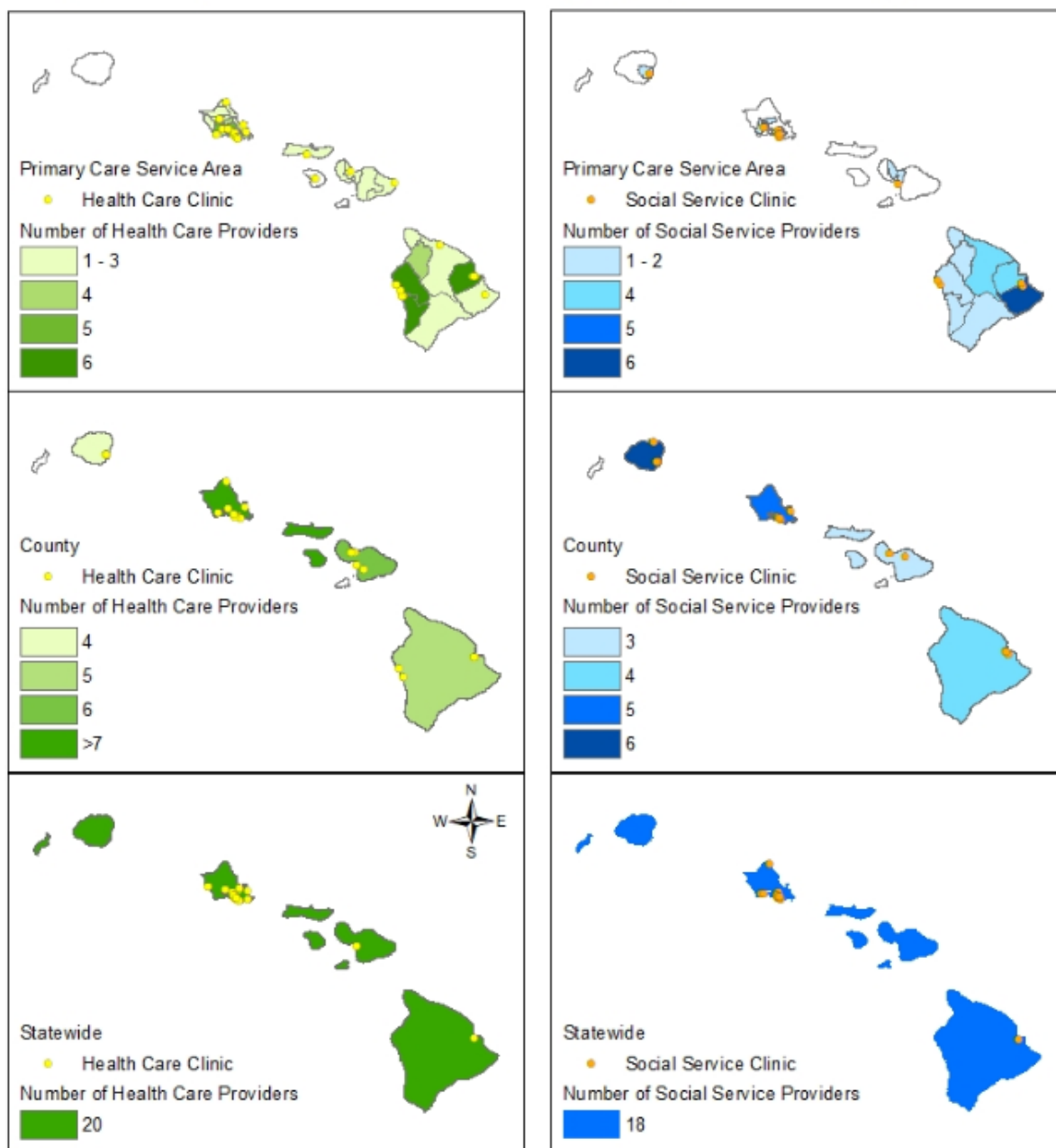
Figure 4. Detail about respondent locations by primary care service area, county, and clinical location

Populations served

Many vulnerable populations across the state were included in the covered lives of reporting agencies. These include: elderly, homeless, low income migrants/immigrants, disabled, persons with varied hearing and vision abilities and many special needs populations, and a wide variety of cultural groups. (Figures 5a and 5b).
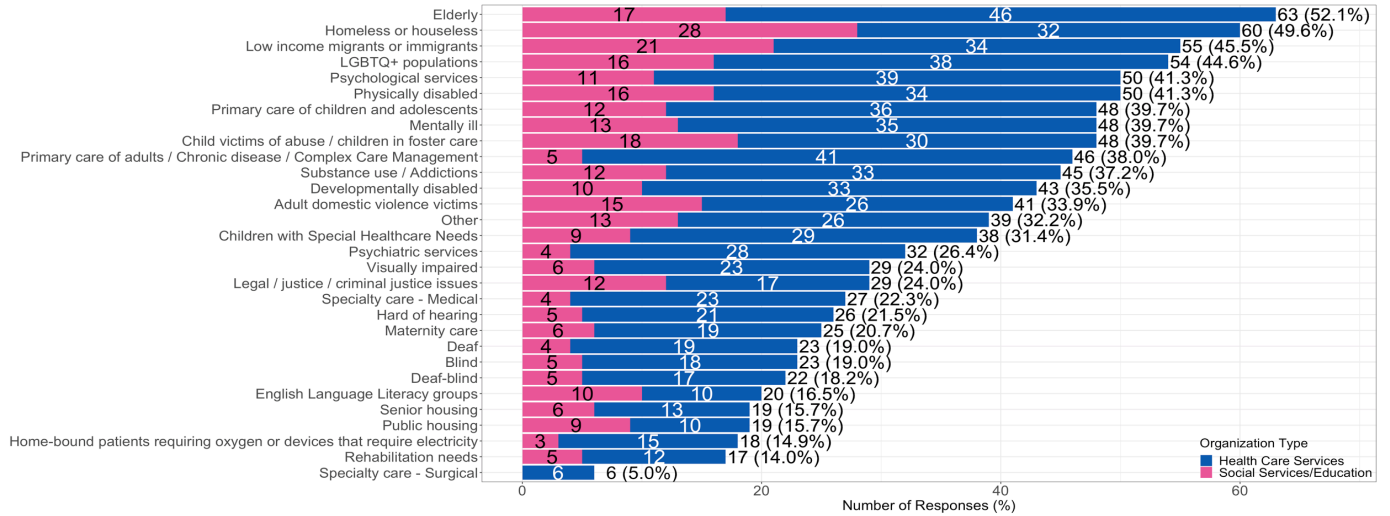
Figure 5a. Populations served by responding organizations
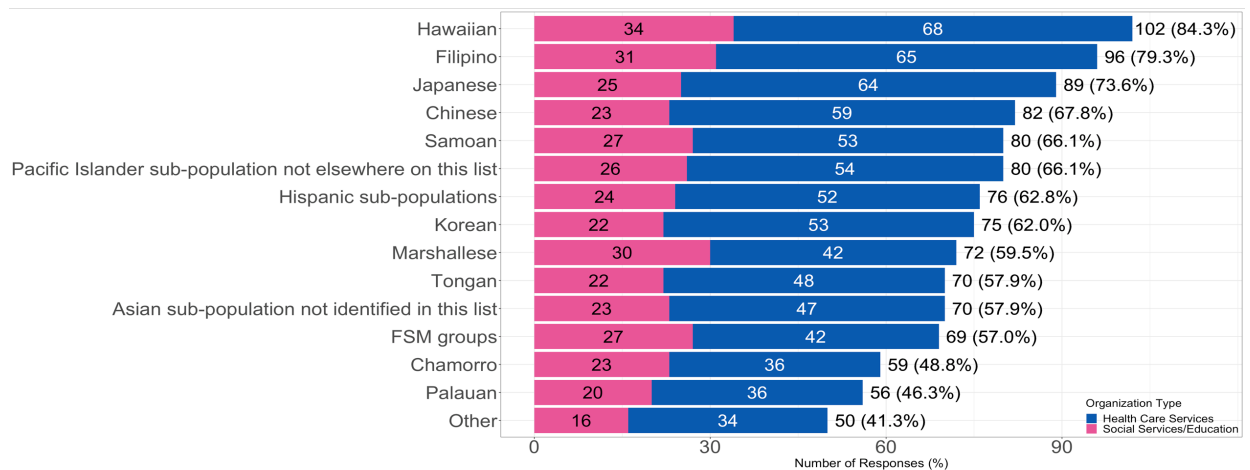
Figure 5b. Cultural groups served by responding entities

Community Needs

Survey respondents were asked to identify both immediate and longer term community needs related to COVID-19, and services that might be needed to meet these needs.   Detailed immediate and future needs are summarized below and reported in detail in Appendix C. Word clouds represent verbatim responses. (Figures 6 and 7).

Immediate Community Needs

Immediate needs appear to be largely related to the economic and social consequences of COVID-19, with resulting immediate requirements centering on **mental health needs, housing, food, medical care, other basic needs, PPE and cleaning supplies, isolation/social distancing, and child care.**

Figure 6. Word cloud for survey question, "What do you see as the top IMMEDIATE issues or problems for the community that you serve resulting from the coronavirus pandemic?"

Immediate needs were grouped into key areas:

Basic needs (mentioned 91 times)

The key immediate issues that communities are currently facing relate to the inability to meet basic needs. These include **housing** (mentioned 36 times), and include concerns of housing instability; families being unable to pay rent as a result of job loss; **food** insecurity (mentioned 34 times); and meeting **other basic needs** (mentioned 21 times), such as transportation and utilities.

"Food resources are one of the top needs of the community I am serving. They are not getting the information on where they can get this resource of emergency food sites."

Economic Consequences (mentioned 48 times)

There are immediate community issues that are a result of the economic consequences of the COVID-19 pandemic. These include **individual economic consequences** (mentioned 27 times), such as job loss, reduction of income, and financial strain and **community economic consequences** (mentioned 15 times) such as business closures.

"Many people are having economic issues as their income sources have dried up, which results in other issues with housing, interpersonal conflict (including within a family)."

Mental Health (mentioned 39 times)

Another common concern is an increase in **mental health challenges** across communities. Concerns include access to behavioral health services; stress, fear, and anxiety; and concerns of substance use. The increase in mental health issues is believed to be due to social distancing/isolation and drastic and rapid changes in lifestyle.

"The mental health challenges have been obvious with most all of our patients. However, it's more significant with the Kupuna we serve that are accustomed to going to church, having regular outings, seeing friends and family regularly."

Medical care (mentioned 32 times)

Concerns surrounding medical care was also commonly mentioned among respondents. This includes lack of **access to care** (mentioned 23 times), either due to fear of exposure to COVID-19, reduction in services, or lack of transportation; and **health insurance challenges** (mentioned 10 times) due to loss of employment.

COVID 19-related needs (mentioned 29 times)

Other issues centered on COVID19-related needs. These concerns include **PPE** (mentioned 17 times) and **other COVID-related needs** (mentioned 12 times), such as cleaning supplies, facilities for quarantine, and adequate testing.

Long Term Community Needs

The projected long term needs of the communities served were closely linked to current issues and centered on financial strain due to **job loss, becoming homeless, mental health, food insecurity, and access to care, fear of a second wave of COVID-19 (PPE and testing) and other basic needs.** It is clear that the reporting agencies expect the current needs to exacerbate overtime with the root cause for problems being stemming from job loss and economic insecurity. Family concerns including **domestic violence and child abuse** were also mentioned as increasing over time. The word cloud in figure 7 illustrates the themes for these anticipated problems.

Figure 7. Word cloud for, "Top three issues or problems that will emerge or be exacerbated within the NEXT 6-12 months for the community that you serve as a result of the coronavirus pandemic."

Financial strain (especially job loss)

The majority of the respondents regarded **economic consequences (mentioned 60 times) as the major issue that will emerge or be exacerbated in the community within the NEXT 6-12 months.** Community economic consequences such as the economy and business closures (mentioned 29 times) were most common, while individual economic consequences were mentioned 26 times, including financial strain, job losses, and unemployment.

> *"job losses from businesses closing or making more permanent layoffs, evictions and homelessness, increased violence and crime at home and in community."*

Homelessness

Homelessness, including the inability to pay rent and housing affordability, was the second most commonly mentioned issue expected to emerge or be exacerbated within the next 6-12 months (mentioned 41 times).

> *"Housing - This will be an ongoing issue, especially as many tenants presumably have inconsistent or lower incomes, and some property owners are likely to have their own issues over time, such as with foreclosure."*

Mental health, including substance use

Mental Health issues were also commonly mentioned, 36 times. Stress, fear, and anxiety were the most commonly mentioned, followed by behavioral health and substance abuse.

> *"Mental health challenges are already surfacing and we see that continuing for our staff and patients. We've also seen an increase in anxiety and stress related medical emergencies."*

COVID-19 concerns including adequate PPE, cleaning supplies, quarantine, testing

COVID-19 concerns included lack of **adequate PPE (10 mentions), fear of second wave (13 mentions), inadequate testing (5 mentions), and isolation/social distancing** (11 mentions).

> *"Adequate PPE and testing for those living on the streets; increased risk for those on street with existing medical conditions and mental health disorders; disruption in providing services due to crisis impact on providers."*

Access to health care

Access to healthcare was also commonly mentioned as another problem that may be exacerbated in the next 6-12 months (mentioned 22 times). Access to medical care and access to insurance were also mentioned 13 and 9 times, respectively.

"Currently we are able to provide on-going behavioral/mental health services and support as most HMOs have approved coverage of alternative means of providing services besides in-person, face-to-face. My concern is that they may revoke that privilege too early, when people are still recovering financially and emotionally, and it could be such a fragile balance for clients to have to take the extra step of coming in for appointments (even if it is deemed safe) that they will lose that support."

Other

Family related concerns, including domestic violence, child abuse, and child care remained important, as did concerns about telemedicine and the technological divide, and the loss of community, and fall out from isolation.

Immediate Organizational Needs

Survey participants were asked to identify immediate needs or issues that negatively affect their ability as an organization to provide services as a result of COVID-19. Key threats to organizational functioning include: **organizational strain as a result of social distancing** requirements which result in markedly reduced service volume which have led to significant a reduction in operating revenue, **COVID-19 specific issues which include the continued shortage of required PPE,** and the **need to rapidly switch to tele-health service** delivery which Is perceived as possibly negatively impacting quality of care. Other key issues for clients served include **social isolation and significant gaps in the technology r**equired for telehealth services as well as diminished access to care for chronic disease management.

Figure 8. Word cloud for survey question, "Q16: Please describe any IMMEDIATE needs or issues that your organization is encountering that negatively affects your ability to provide services as a result of the coronavirus pandemic?"

Key issues that negatively affect organizational ability to provide services centered on organization **strain, inadequate supplies of PPE, client isolation and social distancing, gaps in technology for telehealth and the declining quality of medical care**

Organizational Strain (47 mentions)

Organization strain was the most frequently reported issue that hinder agencies' ability to provide services. This includes issues related to **specific COVID challenges** (mentioned 19 times) including the reduction in patient visits due to perceived fears and closure of businesses; **funding** (mentioned 18 times), such as the lack financial assistance to provide resources and support and staffing; and the impaired **quality** of services (mentioned 7 times) due to social distancing regulations and the inability to have face to face or home assessments.

> *"The lock down has prevented normal business process and we have seen a decrease in patient visits."*

Personal protective equipment (24 mentions)

The second most frequently reported issue associated with organizations **was the need for personal protect equipment (PPE).** This included inadequate amounts of quality PPE supplies such as masks, hand sanitizers, cleaning supplies, gowns, and face shields needed to disseminate to vulnerable populations, employees, patient, and especially for healthcare providers.

> *"Adequate PPE and testing for those living on the streets; increased risk for those on the street with existing medical conditions and mental health disorders; disruption in providing services due to crisis impact on providers."*

Isolation and Distancing (16 mentions)

Isolation and distancing was another reported organizational issue that negatively affected the ability to provide services. This included **social problems** (mentioned 6 times), such as loneliness among members who seek social services and accelerated dementia symptoms of patients. It also included concerns about **home visits** (mentioned 4 times), such as challenges in providing in person support groups or home assessments for patients, especially those in long term care.

> *"Many of our individuals don't necessarily understand the "stay at home" directive and are challenged with not being able to participate in their normal schedule or being able to visit family and friends; limited social interaction."*

Other Technology (11 mentions)

Organizations also identified other technological issues as a barrier to providing services. This included problems surrounding **technology gaps** (mentioned 5 times) such as difficulties in access to assistance, placements, and funds. It also included issues regarding **technology training** (mentioned 2 times) such as educating people on how to access services with technological devices or how to participate in telehealth; and **technology needs** (mentioned 6 times) such as a lack of bilingual interpreters, internet services, and equipment.

> *"We would need to hire more bilingual interpreters and will need to be assured that we will have a site from which to work from. Additionally, we will need more job readiness programs to provide help with employment as well as social service providers. Computers and internet access for those that are working from home. Smart phones for key members of the community leadership."*

Medical Care (8 mentions)

Lastly, organizations identified lack of access to medical care as another issue that has affected their ability to provide services. This included problems with **access to care** (mentioned by 7) such as the lack of medications, childcare services, and healthcare access, especially for timely management of chronic diseases. Additionally, this also included problems regarding the lack of **healthcare insurance** (1 mention).

"Lack of access to care, gaps in care for certain age groups, disabled and others with limited ability to access telehealth and or/use telehealth (unable to read, lack of internet or phone."

Risk of Closure

24 organizations responded to the question around risk of closure with some concerns. These centered on concerns about complete closure, loss of certain program areas, **feeling that they were fine in the short term but much uncertainty remained in the long term**. (Figure 9). Organizations responding to risk of closure mentioned the following factors:

- **Lack of funding or loss of patient/client revenue** (10 mentions)
- **Reduction in staff and provided services**, due to COVID (8 mentions)
- Lack of PPE (1 mention) and telehealth challenges (1 mention)

Figure 9. Word cloud for concerns about closure

Services to Expand or Add

Organizations were asked: What additional or new services would you like to add to support the community you serve (in response to the COVID-19 pandemic)? **Meeting basic needs such as food, food distribution, and health services were most commonly cited as services that they would like to expand.** The largest barriers for expansion center on key resources such as **funding, human resources and adequate PPE, COVID-19 testing and improving public information sharing and client education.** Figure 10 illustrates key services respondents would like to expand and required resources to support such expansion.

Figure 10. Word cloud for possible addition or expansion of services

Basic Needs

The majority of the respondents said they would like to provide additional services that meet the basic needs of the community they serve. This was mentioned 18 times by participants. Services mentioned included **expansion of food distribution and food pantries and helping others to grown their own food.**

"We would like to expand our food plant distribution program as we help families to grow their own food at home with their children. We provide the plants and the science curriculum that helps them be successful at growing their

own food. There is something so positive and hopeful about waking up every morning and seeing your plants growing. It is helpful for parents and keiki!."

Public Enlightenment & Information

Respondents also mentioned that they would like to expand their services to **include more public information sharing and awareness**. This was mentioned 9 times.

"We will be looking at implementing a way to communicate effectively to our community. We intend to survey our Steering committees (Marshallese and Chuukese) on how they think the best way to disseminate information into their communities. Use this information to create a plan for them. It can be implemented now as we are currently all locked down and information is continuously changing."

Housing Needs

Housing services were mentioned 10 times, respondents would also like to provide affordable housing services to help community members meet housing needs.

"We would like to add resources to help families afford housing. This could include funding to purchase housing that could be rented at an affordable rate. Funding to build affordable housing. Or even funding to provide rent subsidies."

Other Services

Additional services mentioned by respondents included

- o **Provision of robust telehealth** services as well as the need for funding to hire more human resources to support telehealth;
- o **Enhanced linkages with social services** and new capacities to address social and behavioral health needs;
- o **COVID-related support (PPE, testing, client education).**

There was also hope for greater accessibility to service, especially to alleviate stressors related to basic needs and for more flexibility, including relaxation of telehealth rules.

"Funding for operations and personnel, PPE, and testing supplies."

Services for Disabled Individuals

Sixty-four percent (77/121) of organizations serve **disabled individuals**. We asked what **challenges** they were experiencing as a result of social disruption from COVID-19. Diminished or reduced hours of many organizations have contributed to a marked barrier for access to care and services, as well as an increase in social isolation for the disabled. Closure of day programs has resulted in families being required to provide 24/7 care for children and elders, and home care attendant services have been curtailed. The need for tele-communication has been more difficult for the disabled. Figure 11 illustrates key themes that emergency regarding the impact of COVID-19 on the disabled.

Figure 11. Word cloud for special challenges encountered by disabled individuals

Isolation/Distancing

One of the most common challenges faced by **disabled individuals mentioned include the issue of self-isolation and social distancing** (mentioned 11 times). Numerous facilities that were deemed "non-essential" closed their doors, and this has dramatically hindered those with disabilities to have social interaction with family and friends as well as access to supportive services that may assist with ADL's. **Mental Health appeared to be another challenge faced by disabled persons due to the social isolation**. Other forms of communication (video conference, phone calls, etc.) may not be as easily accessible to disabled individuals as well.

*"Many of our individuals don't necessarily understand the "stay at home"
directive and are challenged with not being able to participate in their normal
schedule or being able to visit family and friends; limited social interaction"*

Access to Medical Care and Health Information

Many disabled individuals rely on the support of family members and friends for access to medical care/supplies such as medication and trips for various check-ups. **The inability to conduct face-to-face interactions with the disabled has created significant challenges in terms of conveying health information, assuring adequate medical supplies, and access to other support services such as interpreters.** Medical care was mentioned 11 times and access to health information was mentioned 10 times by responding agencies.

*"Patient education. Our ESL patients don't understand what the definition of a
fever is, social distancing concepts, hand hygiene, etc."*

Access to Social Welfare and Basic Needs

The **ability for disabled persons to access social welfare support and provide for their basic needs was mentioned as a common challenge many may be facing** (5 mentions). This includes access to personal care attendants who frequently assist clients with activities of daily living. Numerous care centers have been required to close their doors which has increased caregiver stress. Challenges due to inadequate transportation during this time has resulted in increased difficulty for providing basic needs.

*"More difficulty with the parents who care for their children that have
such diverse needs. They are also not able to access more intense direct
services since no in person services are being provided."*

Telehealth/Technology

Another common concern mentioned includes the challenge in **utilizing technology to maintain communication (4 mentions).** Many disabled individuals don't have adequate access to technology to support communication with health care providers and other forms of support. It was also noted that there may also be a degree of distrust that prevents this group from utilizing telehealth technology.

"Inability to access services via internet (can't do med refills online, can't do telehealth visits, not current on best COVID practices, paranoia)"
"We have some who are hard of hearing at the moment. They need someone else with them if we need to communicate by phone, so that person can relay information to them – the phone itself isn't loud enough, and it's often not easy to show them writing or a screen like we can do if they're at our office in person."

Increasing Organizational Capacity

*Respondents were asked the percentage they could increase their organization's capacity to serve additional people TODAY and in SIX MONTHS. **Nearly all could expand**.*

Ninety-four percent reported that they could increase their capacity today and 97% could in 6 months. The majority reported that to do so they **required more resources, which includes: funding and additional healthcare personnel, PPE for safety, and expanded telehealth capacity.**

Increase Agency Capacity TODAY

The range was from 0-100%. The median increase in capacity was 25% and the mean was 32%. For health care services, the median was 28% and the mean was 34% and for social services, the median was 20% and the mean was 29%.

Increase Agency Capacity SIX MONTHS

The range was from 0-100%. The median overall was 40% and the mean overall was 44%. For health care services, the median was 35% and the mean was 43% and for social services, the median was 49% and the mean was 44%.

Resources needed to increase capacity

We asked respondents what they would need to grow and solutions they would recommend.

Figure 12. Word cloud for resources required to add or expand capacity

Organizational Strain

Additional funding and organizational needs were most commonly mentioned as what would be needed in order to grow (52 mentions). Such needs included funding, adequate staffing, and safety for staff and clients. This included augmenting human resources and staffing, additional funds to support increasing numbers of uninsured patient, and safety for staff and clients. Also noted was need for insurance credentialing with Quest plans in the event that patients lose their current private health insurance plans, need for PPE and other COVID-19 materials, and a need for telehealth equipment and technology upgrades, including improving technology to support remote and efficient operations.

> *"Our program is currently in a hiring freeze. Though we at our local center would like to increase our capacity, the workload could increase, but the staff wound not."*

Solutions

Various potential solutions were provided by responding agencies. These solutions were organized into key groups and included: flexibility focused (3), housing focused (1), basic needs focused (5), health insurance based (2), social network/family community strengthening (1), information (6), and other (19).

> *"We are a private operating foundation and have been impacted on the financial side ourselves. However, I believe that with increased collaboration with the state and others we could increase our capacity to serve additional people. It takes partnership."*

PPE and other COVID-19 concerns

The need for adequate and proper PPE was the third most common need mentioned. Various organizations felt it vital to ensure the safety of their employees and clients by providing them with adequate and proper PPE and cleaning equipment. The need for adequate testing throughout the community was also mentioned.

> *"Hiring qualified people. Once you hire more people then it is PPE."*

Telehealth/Other Technology

Reliance on Telehealth and other forms of technology has increased significantly during this time and has highlighted many areas that need improvement. Numerous organizations mentioned the increased use of telehealth technology to maintain relationships with their clients, however there **have been many challenges along with these changes.**

> *"Increased funding and increased telehealth units (ex. Computers, laptops or cameras, microphones, etc.)"*

KEY ADDITIONAL THOUGHTS ABOUT THE **NEEDS OF THE POPULATION**
We asked respondents for their additional thoughts about the needs of the population.

Respondents had many insightful ideas, including a one-stop resource library, flexibility in how federal funds can be used, a strong desire to avoid duplication, continued collaboration between national, state and city & county governments to disperse accurate data and information to the community, and address the need for affordable housing. Other specific ideas are noted below.

Increased Health Burden for Those with Chronic Conditions

Due to fear of risk of exposure to COVID-19, there is concern that patients may not seek primary health care and follow up for **management of their chronic conditions**. This may exacerbate their chronic diseases, especially for those that do not have access to medications/refills as a result of expired prescriptions due to lack of follow up visits or loss of health insurance.

Expansion of Food Distribution Programs

Respondents would like to **expand Hawaii's food / plant distribution program to help families to grow their own food at home.** One responding agency noted: *"We provide the plants and the science curriculum that helps them be successful at growing their own food. There is something so positive and hopeful about waking up every morning and seeing your plants growing. It is helpful for parents and keiki!"*

Concerns about Youth Homelessness

A special concern for homeless youth was noted. This group is deemed to be extremely vulnerable, and is part of the hidden population that must be accounted for. It was noted: *"Homeless youth/young adults have always been a "slippery" population and good data have always been hard to come by. COVID-19 has, thus far, seemed to reduce the number of youth on the streets (at least in the Waikiki/Downtown areas), but I think that many may be "couch surfing"*

for the short to medium term and I would not be surprised to see an increase over the next few months as they wear out their welcomes and/or get kicked out again."

Hope for Transparency and Coordination

Respondents would like to see **a more open and transparent process for assure that funding to nonprofits and community groups is more widely dispersed**; It was noted that *"A lot seems to be happening behind closed doors without public info or opportunity".* Others suggested that there is a need for *"Continued collaboration between national, state and city & counties to disperse accurate data and information to community"* and continued news conferences.

Concern about Trust with Clients with Physical Distancing requirements

It was noted that having **no ability to go anywhere in person and contact people in a human way is interfering with generating trust needed to form effective treatment partnerships** between providers and patients. It is the right thing for infection control but without more PPE more patients will lose effective healthcare partnerships.

Community Health Workers

It was suggested that **increasing capacity for community health workers would be beneficial** for addressing many of the problems our communities are facing. *"Public health and social navigation should be one of the top drivers of solutions. Start there and we can really ensure our most vulnerable are supported through this."*

Telehealth Across the Digital Divide

Responding agencies clearly noted a **digital divide in terms of access to and ability to use telehealth.** Those with the most need seem to have a lower degree of access to telehealth services.

Respondents stated that *"If we are going to do more telehealth, we need to have more instructions for the patients/clients, they don't have hardware and I'm not sure how to provide hardware/software."*

"The telehealth items help for them not to be so isolated and maybe we can get them back to senior care, etc."

"Providing alternative modes of care, such as telehealth, to individuals without modes of access and without other assistive services, such as interpreter services."

We have excellent community resources!

While there are deep concerns about increased demand with limited resources, many organizations noted that they are ready to step up and praise their amazing volunteers and staff that deserve recognition and public praise for their dedication and hard work.

Recommendations from responding organizations regarding next steps for issues / challenges

The responding agencies represent a large segment of the health and social service infrastructure of the State of Hawaii. Fulfilling the immediate and future needs of health and social service agencies and the individuals they serve, as articulated in this report, can serve to dampen the effect of COVID-19 and promote resilience among the population. Table 1. Summarizes the **challenges for organizations** to provide services and strategies to address. Table 2. Summarizes the **challenges for individuals** (that the organizations reported), and strategies to address.

Table 1. Responding to needs/ issues for agencies that provide health and social services:

Issues/ Challenges	Strategies to address
Organization strain related to severe decline in revenue	Address funding and reimbursement issues that are driven by patient volume
Challenges with meeting basic needs of individuals	Monitor and augment services to assure access to food, housing, mental health, transportation and social services
Lack of resources required to expand **telehealth services**	Provide support for telehealth (financial and technical support)
Inadequate supplies of **PPE** and assurance of employee safety	Assure availability and access to appropriate quantities and types of PPE
Lack of resources to support **client isolation and social distancing**	Provide funding to support expansion of social services
Lack of means to address **declining quality of medical care** related to missed care for chronic disease management and decline in face to face interaction with clients	Provide adequate PPE and transportation to support home care and community based encounters with providers
Most agencies are willing to **expand services** but require resources to do so.	Increase funding for personnel and increased capacity and expertise for telehealth services to support chronic disease management and expand social services to meet basic needs.

Table 2. Responding to key needs /issues of individuals in the population:

Issues/ challenges	Strategies to address
Economic insecurity related to unemployment	Expand social service support for basic needs
Mental health services for exacerbation of existing and emergency of new metal health issues	Expand access to mental health services
Housing – risk of eviction or loss of home	Social policy to protect those at risk
Food insecurity – lack of funds to pay for food, low knowledge about access to food banks	Assure availability of food via food bank and educate community about how to access
Decreased access to health care for chronic disease management (includes access to telehealth as well as access to medications)	Provide financial and technical support as well as PPE and transportation to support access to primary care
Access to adequate **levels of PPE and household cleaning supplies**	Develop a distribution system for PPE and household clearing supplies
Mitigate effects of **social isolation/social distancing**	Increase access to social services
Need for **adequate childcare**	Increase access to childcare services

Recommendations, next steps and comments from CCO Unit Community Partners

The findings from this report were considered and discussed among the CCO Unit Team and the CCO Unit Community Partners. The findings and recommendations are consistent with comments from the responding agencies.

Community partners identified immediate next steps to support individuals in the community

Food/Housing/Other Basic Needs
- This needs to be addressed urgently and monitored closely over time as needs are growing, and changing.

Telehealth support across the digital divide

- Many individuals, particularly those who have low incomes or are houseless, may not have access to WIFI or hardware. Houseless individuals may not have access to a safe place to store or charge a phone. Potential ways to address this would be through partnerships with entities that have the required technology already, such as libraries and schools.

- Other individuals may have difficult with accessing telehealth technology due to low technological literacy. Kaiser and HMSA, for example, require their own apps to access Telehealth. Community Health Workers or other individuals could be available to assist individuals in navigating these apps.

- Disabled individuals and individuals with linguistic needs may also require additional services to make telehealth accessible.

Access to Quality Health and Social Services

- Support and create policies that establish and sustain health insurance, access to healthcare, allow paid sick leave for workers, and increased access to telehealth

- Examine ways to provide adapted in-person services that allow for physical distancing for high-risk individuals and those with co-occurring needs whose services may not be able to be delivered through telehealth platforms

- Increase awareness of the Crisis Text Line, CARES Crisis Line, National Suicide Prevention Lifeline, free Hawaii TelePsych Visits, etc.

- Work with local partners and state agencies to ensure:
  - Communities and organizations have access and knowledge of financial support services
  - Awareness and accessibility of mental health services, substance use services, domestic violence and child abuse service
  - Inform parents of existing child care services and financial aid

Support for Specific Vulnerable Populations

- Disabled:
  - Focus efforts on disabled individuals to address access to services, virtual platforms, telehealth, and provide support for social isolation, and services for basic needs (housing, food, rent, etc.)

- o Provide opportunities for individuals with disabilities to participate in discussions regarding COVID-19 to address their needs

- **Culturally and Linguistically Diverse Populations:**
  - o Engage community members to assist in the development and dissemination of culturally and linguistically appropriate health information.
  - o The DOH website has been updated with disaggregated race/ethnicity, indicating disparities that should be considered and addressed, especially for Filipinos and Pacific Islanders at the time of this report.
    https://health.hawaii.gov/coronavirusdisease2019/what-you-should-know/current-situation-in-hawaii/#race

- **Neighbor Island Populations:**
  - o The neighbor islands, in particular, are highly dependent on tourism. If it is not possible for tourism to make a strong comeback, thousands will have to consider making a career change, a massive workforce shift. This will be particularly crucial for those who elect not to return to their old jobs, thus rendering them ineligible for unemployment compensation benefits. "Transitional Career Support Funds" could be a reservoir of funding that individuals seeking to make a career change could draw from to support continuing education, learning a trade, and paying for living expenses (rent, food, medicine, gas, car payments, loan payments, credit card payments).

COVID-19 Specific Concerns of community members
- Address availability and resources for materials and supplies, like PPE, cleaning supplies, etc. for individuals and organizations that are in the service industry.
- Ensure access to testing and availability at clinics, community health centers, and hospitals in the community.

Social Isolation
- Collaborate with faith-based organizations and support groups to reach out to the community to combat isolation and facilitate connective-ness.

Community Partners Suggested Strategies to Address Organizational Concerns

- Work with Hawaiʻi's Department of Health Services to address lack of PPE at worksites.
- Address organizational strain and need for support for staff and human resources.
- Provide training for worksites regarding telemedicine resources.

- Improve care coordination among providers and health institutions to focus efforts on technology needs and training on telehealth.
- Engage community members and organizations to assist in the development and dissemination of culturally and linguistically appropriate health information.
- Gauge and provide translational services to organizations.
- Work with organizations to seek input on additional resources needed to sustain their capacity.
- Disseminate information on funding resources to community organizations.

Future Directions

This report Phase I of a project that aims to rapidly identify the needs and threats to health and social welfare as a result of the impact of COVID-19 among vulnerable populations in Hawaii. The majority of key informants responded as a representative of a community or social service organization or entity, with analysis of the findings informed by the ESF-8 CCO Unit community partners. Phase 2 of this endeavor will focus on obtaining answers to the similar (and additional) questions, but from individuals residing in our communities. Combining data from both sources, (organizations as well as community members) will provide an accurate picture of the needs and threats to health and social welfare among our State residents as a result of the COVID-19 pandemic.

The CCO Unit community partners formulated a series of questions that will be further explored during Phase 2 of this project. Key questions include:

- How can we increase access to care and resources for vulnerable populations including those who are elderly, disabled, homeless, have lower social economic status, or have poor health literacy?
    - For example, the use of bilingual interpreters were mentioned, however what other kind of services/systems are needed to support these groups?
- What other vulnerable populations need help that were not mentioned above?
- What is the impact of social distancing/isolation on mental health generally and for specific communities?
- What is the impact of COVID-19 on homelessness?
- What are the Effects COVID-19 on the disabled community and what specific support is needed?
- What is the level of caregiver burnout with the increased responsibility coupled with decreased support?

APPENDIX A: COVID-19 Response and Recovery Survey

State of Hawaii
Hawaii Emergency Management Agency
Community Care Unit

Kris Qureshi, PhD, RN, CEN, PHNA-BC, FAAN, Lee Buenconsejo-Lum, MD, FAAFP,
Tetine Sentell, PhD, Robin Arndt, MSW, LSW, & Rachel Burrage, MSW, PhD

Community Based Organizational Capacity and Needs for COVID-19 Response & Recovery

Aloha! The State of Hawaii's Hawaii Emergency Management Agency (HI-EMA) is working to coordinate the response to the COVID-19 pandemic. HI-EMA is conducting a rapid needs assessment for community-based health and social services programming. The survey findings will inform the identification of gaps in services and the resources required to fill these gaps for COVID-19 response and recovery.

The survey should take about **5-10 minutes** to complete and is voluntary. Please assist this effort by completing this survey by **Monday, May 11th.**

Mahalo for helping us address the health needs of our communities during this difficult time.

If you have questions about this survey you may contact: Dr. Kristine Qureshi at hiemacco@hawaii.edu.

Instructions:
For each question please enter the information, then click on your keyboard TAB button to answer the next question. After the last question click Submit. Thank you.

Information regarding you and your organization

Your Name	
Your Email	
Organization's Name	
Organization's Street Address	
Organization's Zip Code	

How many covered lives (or enrolled individuals) did your organization support in the past fiscal year?

How many visits (or encounters) did your organization provide in the last fiscal year?

What geographic area(s) does your organization serve? (check all that apply [If Statewide, just check that box and no others])

| Statewide |
| City & County of Honolulu |
| Maui County |
| Hawaii County |

Kauai County

< >

Group(s) served by your organization (check all that apply)

Adult domestic violence victims	Primary care of children and adolescents
Child victims of abuse / children in foster care	Psychiatric services
Children with Special Healthcare Needs	Psychological services
Developmentally disabled	Public housing
Elderly	Rehabilitation needs (physical, occupational, speech-language/cognitive)
English Language Literacy (ELL) groups (adults or children)	Senior housing (including foster care, care homes)
Home-bound patients requiring oxygen or devices that require electricity	Specialty care – Medical (please specify in the "other" response)
Homeless or houseless	Specialty care – Surgical (please specify in the "other" response)
Legal / justice / criminal justice issues	Substance use / Addictions (including treatment, rehab)
LGBTQ+ populations	Deaf
Low income migrants or immigrants	Hard of hearing
Maternity care	Deaf-blind

Maternity care	Deaf-blind
Mentally ill (seriously mental ill or other)	Blind
Physically disabled	Visually impaired
Primary care of adults / Chronic disease / Complex Care Management	Other
	[ ]

Ethnic or cultural groups served by your organization (check all that apply)

Chamorro	Marshallese
Chinese	Palauan
FSM groups (Chuukese, Kosraean, Pohnpeian, Yapese)	Samoan
Filipino	Tongan
Korean	Asian sub-population not identified in this list
Hawaiian	Pacific Islander sub-population not elsewhere on this list
Hispanic sub-populations	Other
	[ ]
Japanese	

Which of these services does your organization provide?

Behavioral health services	Medical or surgical care other than primary care, OB, behavioral health
Case management	Navigate clients to access a variety of needed services and assistance
Child care options	Parenting or family strengthening
Complex care management (tailored interventions/education to address specific needs identified by various screening tools or	Primary care

Early education	Provide information to clients to help address food security, transportation, social or behavioral services, etc.
Economic security (TANF, unemployment assistance, etc.)	Psychiatric services (including medication management)
Food security (WIC, EBT, food banks, food drop-off, etc.)	Peer support
Home visits	Resource line
Housing, shelters, alternate living arrangements	Transportation services (i.e., to healthcare, pharmacy, grocery, MedQUEST or other appts)
Interpreter services	Other
Maternity care	

What do you see as the top three IMMEDIATE issues or problems for the community that you serve resulting from the coronavirus pandemic?

What do you foresee as the top three issues or problems that will emerge or be exacerbated within the NEXT 6-12 months for the community that you serve as a result of the coronavirus pandemic?

Please describe any IMMEDIATE needs or issues that your organization is encountering that negatively affects your ability to provide services as a result of the coronavirus pandemic.

What additional or new services would you like to add to support the community you serve (in response to the COVID-19 pandemic)?

Does your organization provide services to persons with any of the following diverse abilities: deaf, hard of hearing, deaf-blind, blind, visually impaired?

Yes

No

Considering the resources you currently have, using the slider, please indicate what percentage (%) could you increase your organization's capacity to serve additional people TODAY and in SIX MONTHS?

| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |

What percentage (%) could you increase your organization's capacity to serve additional people TODAY?

What percentage (%) could you increase your organization's capacity to serve additional people in SIX MONTHS?

What additional resources would you need, if any, for these increases to be sustainable?

Is your organization currently providing any services via telehealth?
(If you need more information or assistance, please go to PBTRC.org to contact the Pacific Basin Telehealth Resource Center)

Yes

No

In the process.

No, but we would like to.

Would you or your organization be interested in receiving streamlined information from HI-EMA (e.g., list-serv)?

Yes

No

Do you have any other thoughts about community care and outreach to meet the needs of our vulnerable populations in response to the COVID-19 pandemic?

Mahalo for your time and your responses!

Submit

APPENDIX B: Codebook for Qualitative Themes

Qualitative Question Codebook

Main codes:

1. **Housing**
2. **Food**
3. **Other Basic Needs**
    a. Utilities
    b. *Transportation*
4. **Economic consequences**
    a. Individual consequences
        i. *Job loss*
        ii. *Financial strain*
    b. Community consequences
        i. *Stores closing*
    c. *Reopening economy*
5. **Medical Care**
    a. Access to care
        i. *Primary*
        ii. *Specialty*
        iii. *To those with Chronic Disease*
        iv. *interisland transportation for medical treatments*
        v. *dental*
        vi. *put behavioral health access with mental health*
    b. Health insurance
        i. *Access to or loss of*
6. **Access to Social Welfare System**
    a. Access to caregiver resources
        i. *Personal Care Attendants*
7. **Telehealth**
    a. Reimbursement
        i. *relaxation of telehealth rules*
    b. Infrastructure
        i. *telehealth hardware/software*
8. **Other Technology**
    a. Technology Gap/Divide
    b. Technology Training
    c. Technology Needs
        i. *access to internet, phone service with unlimited data*

        ii. Improving technology to support remote and efficient operations

9. **Mental Health**
   a. Access to behavioral health
   b. Depression
   c. Suicide
   d. Substance Use
      i. Substance abuse treatment services are needed now more than ever
   e. Stress and fear and anxiety
      i. fears of contracting the disease, increased symptoms of illness e.g., anxiety and depression and increased sense of isolation due to shut down
   f. Trauma and PTSD
      i. for first responders and safety net providers

10. **Child Specific**
    a. Child Care
    b. School
    c. Child Abuse and/or neglect
    d. Students
       i. Students need resources for childcare expenses and safe places for children

11. **Relationship Challenges (except isolation)**
    a. Pregnancy
    b. Divorce
    c. Domestic Violence

12. **Isolation/Distancing**
    a. social interactions with each other and with others
    b. cannot conduct home visits/be in person
       i. outreach works but we're limited now because of social distancing

13. **PPE**

14. **Other COVID 19**
    a. Positive test
       i. Support to the person/families who tested positive, e.g. quarantine space, necessities delivery, psychological support
    b. Liability issues pertaining to the pandemic
    c. Designation/quarantine location
       1. *No proper designation/quarantine location for unaccompanied minors for intakes/elopements*
    d. Second wave
    e. Testing

15. **Coordination** -- responses about issues with duplication; need for coordination
    a. Duplication
       i. avoiding duplication

      b. Transparency

      c. Collaboration

         i. *continued collaboration between national, state and city & county to disperse accurate data and information to community*

16. Health Information

      a. Language Access

         i. *A plan to get information disseminated to the non-English speaking community in a more coordinated and timely way*

      b. Public Awareness

         i. *continued news conferences*

17. Recommendations/Solutions

***I think these solutions will code with the categories above, but we want to group them so I am doing them separately just to be sure!!

      a. Flexibility focused solutions

         i. *flexibility in how federal funds can be used*

      b. Housing or basic needs focused solutions

         i. *rental assistance for the working poor*

      c. other basic needs focused solutions

         i. *help families to grow their own food at home with their children*

      d. Health Insurance based solution

         i. *Insurance credentialing with Quest plans in the event that our patient loose their current private plans*

      e. Family, social network, or community strengthening focused ideas

         i. *family strengthening and support*

         ii. *social support through meeting for classes*

         iii. *Online support groups*

      f. Information focused solutions

         i. *one stop resource library*

         ii. *social support through meeting for classes*

      g. Other Ideas

         i. *community fund developed to care for workers who get sick in the service of the community. These workers are heroes and should be regarded as such*

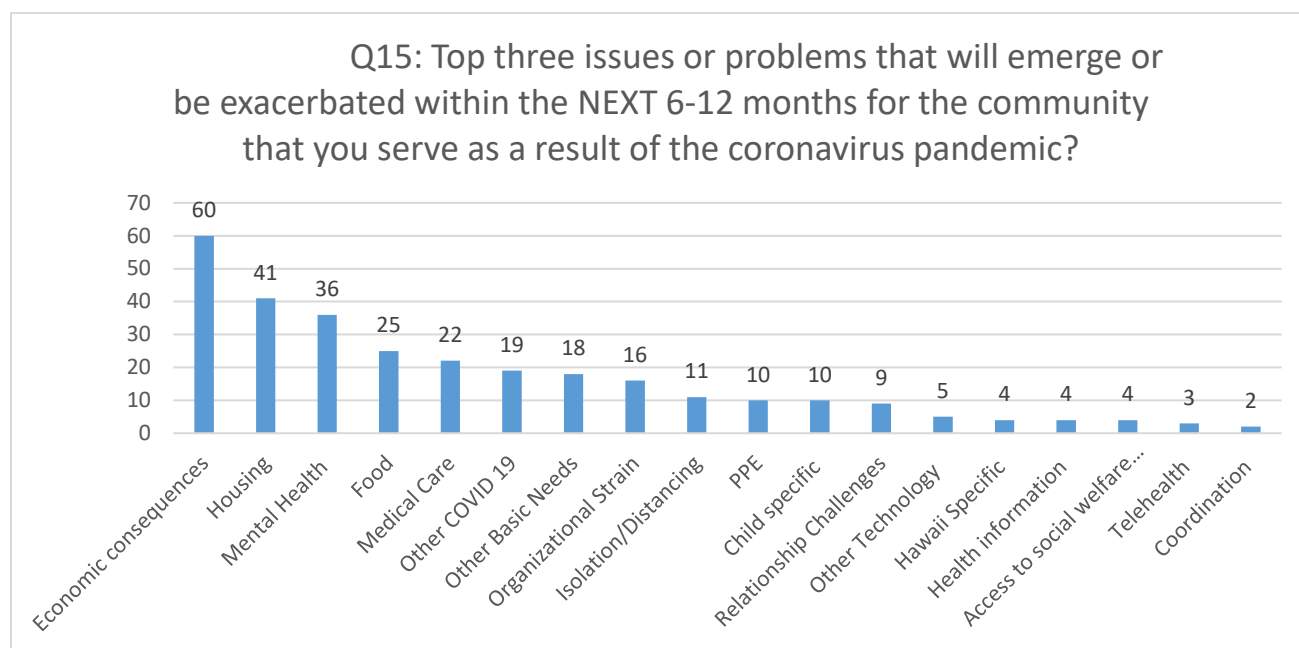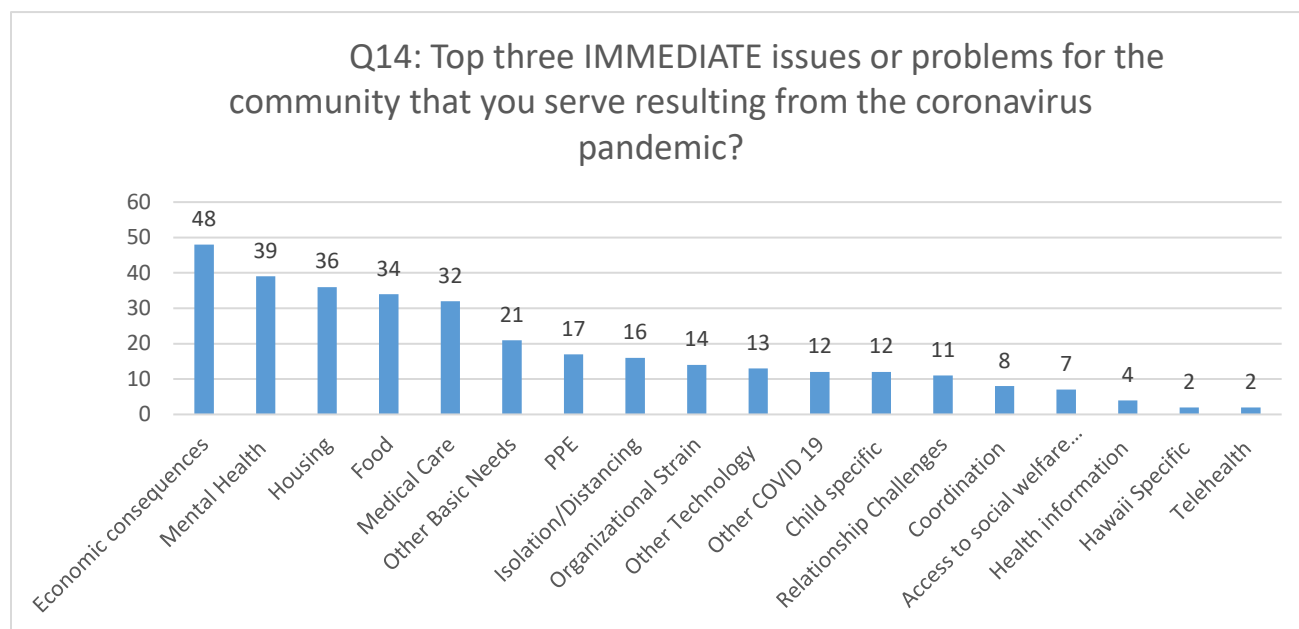## 18. Organizational Strain

      a. Funding

         i. *grant funding availability*

         ii. *needs higher/funding less*

         iii. *loss of patient revenue*

         iv. *additional funds to support increasing numbers of uninsured patients*

         v. *patient revenues brought back to their prior level*

      b. Human resources

       i. *securing staffing*

      ii. *fill staff openings and add positions*

  c. Training for organizations

  d. COVID responses for organizations

       i. *Reduced capacity of community agencies because of changes in how care must be delivered and/or contagion risks in community agencies.*

      ii. *Adapting the workplace for new "social distancing" protocols to ensure safety*

  e. Organizational Confidence/Trust

       i. *Employee confidence to deliver services*

      ii. *Client confidence to receive service*

  f. Quality

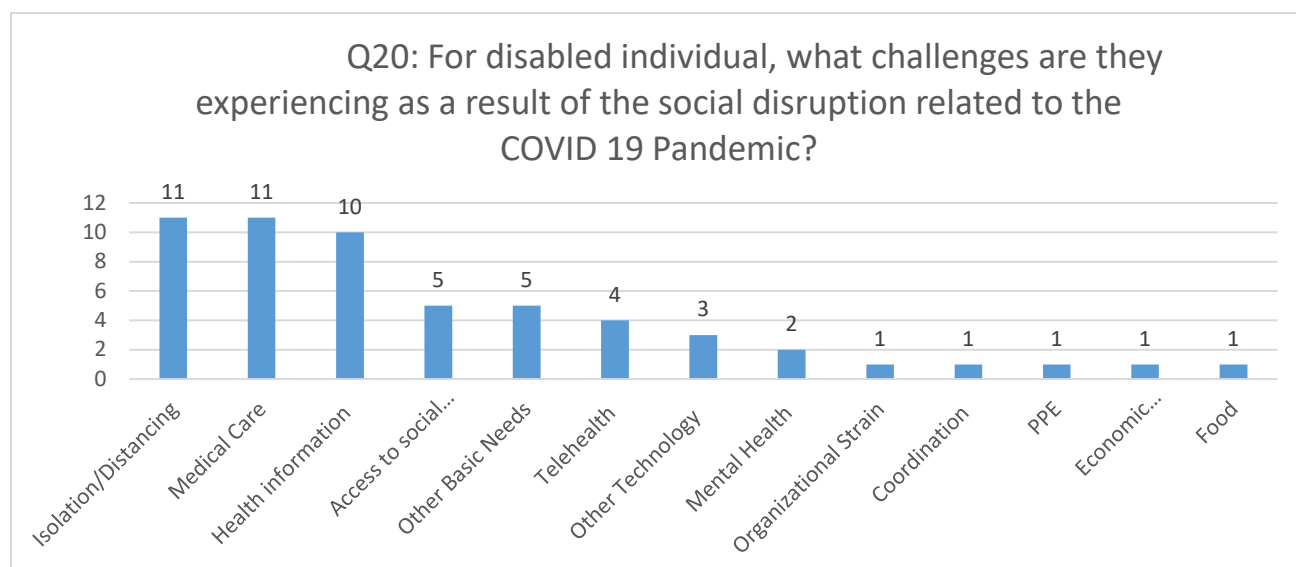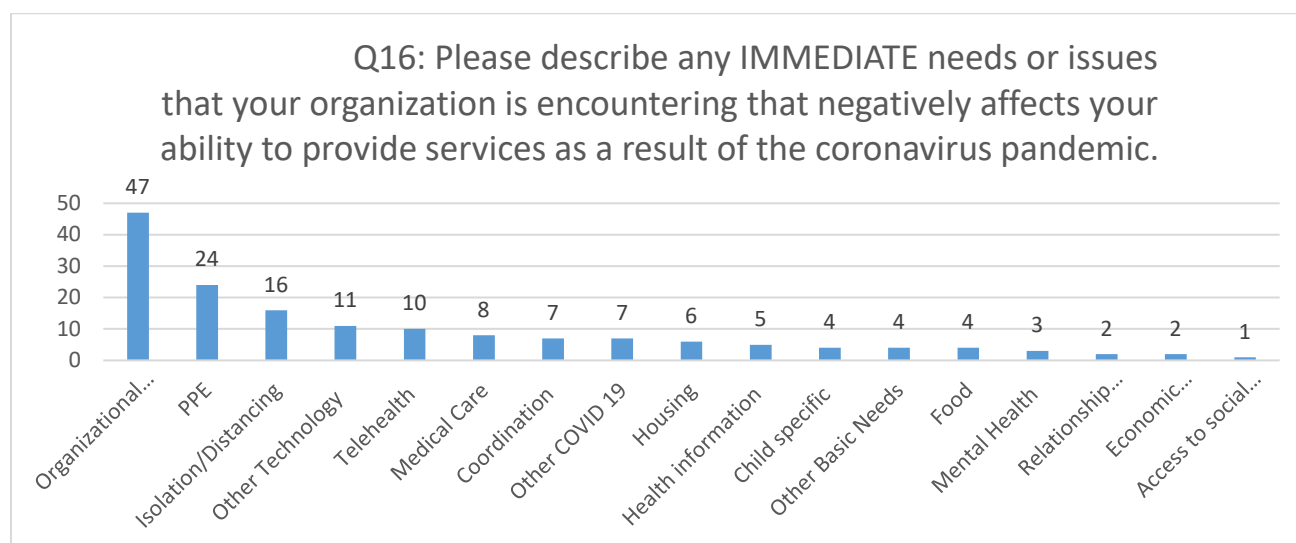   i. quality of services if social distancing is still required

19. Hawaii specific issues

  a. Cultural concerns

       i. *Intergenerational trauma*

  b. Island challenges

       i. *Ability to move patients off island for CT scan and evaluation when they require higher level of care*

  c. Tourism

  d. Hurricane season

       i. *how do we prepare for the hurricane season on top of the pandemic*

APPENDIX C: SPECIFIC DETAILS FOR NEEDS AND PROBLEMS/ ISSUES

Q14: Top three IMMEDIATE issues or problems for the community that you serve resulting from the coronavirus pandemic?

Bar chart values: Economic consequences 48, Mental Health 39, Housing 36, Food 34, Medical Care 32, Other Basic Needs 21, PPE 17, Isolation/Distancing 16, Organizational Strain 14, Other Technology 13, Other COVID 19 12, Child specific 12, Relationship Challenges 11, Coordination 8, Access to social welfare… 7, Health information 4, Hawaii Specific 2, Telehealth 2

Q15: Top three issues or problems that will emerge or be exacerbated within the NEXT 6-12 months for the community that you serve as a result of the coronavirus pandemic?

Bar chart values: Economic consequences 60, Housing 41, Mental Health 36, Food 25, Medical Care 22, Other COVID 19 19, Other Basic Needs 18, Organizational Strain 16, Isolation/Distancing 11, PPE 10, Child specific 10, Relationship Challenges 9, Other Technology 5, Hawaii Specific 4, Health information 4, Access to social welfare… 4, Telehealth 3, Coordination 2

Q16: Please describe any IMMEDIATE needs or issues that your organization is encountering that negatively affects your ability to provide services as a result of the coronavirus pandemic.

Q20: For disabled individual, what challenges are they experiencing as a result of the social disruption related to the COVID 19 Pandemic?

Survey Team

ESF 8 Team members

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Student practicum participants

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HI-EMA S ESF-8 COO Unit Community Partner Advisory Group:

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[For Questions please contact: Dr. Kristine Qureshi at kqureshi@hawaii.edu]

The end