FTS-DHHS-OS

Moderator: Kimberly Konkel
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Coordinator: Thank you for standing by. At this time all participants are in a listen-only mode. After the presentation we will conduct a question and answer session. To ask a question please press star 1.

Today's conference is being recorded. If you have any objections you may disconnect at this time. Now I will turn over the meeting to Ms. Kimberly Konkel. You may begin.

Kimberly Konkel: Thank you. My name is Kimberly Konkel. And I am the Associate Director for Health in the Center for Faith Based and Community Initiatives at the Department of Health and Human Services.

It's my pleasure to introduce to you Mr. Joshua DuBois who is the Director of the White House Office of Faith Based and Neighborhood Partnerships.

Joshua DuBois: Well thank you so much Kimberly. And thank you for your great work in pulling this call together and for the work of the HHS Faith Based and Community Initiatives Office and our good friends at CDC who are helping us pull the call together as well.

As Kimberly noted, my name is Joshua DuBois and I'm the Executive Director of the White House Office of Faith Based and Neighborhood Partnerships.

And the reason why President Obama has this office and the reason why we're doing this call is because he understands that you all, that the faith based and community based organizations all across the country are at the front lines of meeting the needs of individuals and families all across our great land.

And whether it's providing housing to those who don't have a roof over their head or making sure that the hungry have enough food to eat, you're the ones that are working day in and day out to serve those in need and we want to engage with you.

And you're also working to address issues like the H1N1 virus and other health issues that will arise and over the course of our nation's history.

So we wanted to pull together this call to connect you with the experts from CDC and from HHS who can talk with you about where this virus is now and what you can do to be prepared. And not to just talk to you, but also to engage with you because we understand that you're the ones that are working in communities day in and day out to serve people in need.

So thank you so much for joining. We're excited about this conversation. We're excited about the question and answer period that will come. And we look forward to following up with you to make sure that we're all prepared together and addressing this challenge together.

So Kimberly, I appreciate the opportunity to be on the call and I know you have a wonderful program planned. So I'll pass it back to you.

Kimberly Konkel: Thanks Joshua. Just to reiterate, the collaboration of the faith based and community organizations with public health agencies is essential in protecting the public health and safety during the 2009 Novel H1N1 outbreak.

This call is designed to provide information and guidance for religious organizations, social service agencies and community organizations in responding to and preparing for the 2009 Novel H1N1 flu outbreak.

Understanding that your organizations and leadership are able to reach difficult to reach populations and (culture) to this in an appropriate way, we are really grateful for the opportunity to partner with you now in response to this outbreak.

The intent of this call is to provide you with the most up to date information, help you to know where to get more information and how to stay updated.

We're going to start the call with about 40 minutes of information sharing from our federal experts. And then we'll have time for questions and answers.

We'll explain the - how the questions and answers will work just after we get an update from the Centers for Disease Control and Prevention.

So (Scott), I'm going to turn the time over to you to explain what H1N1 is and why it's different from seasonal flu and then to give us an update on the current situation.

(Scott Santa Binez): Sure. Thanks Kimberly. My name is Dr. (Scott Santa Binez) and I'm from the CDC from the Centers for Disease Control and Prevention.

And I'd like to echo the comments from my colleagues. I'd like to thank all the participants for giving this - us this opportunity to speak with you taking time out of your busy schedules.

And we realize the important role that faith-based organizations and community based organizations play in responding to emergencies like we're looking at right now as well as other types of emergency situations that our country faces. So again, thank you for this opportunity.

Let me start out by describing what we mean by Novel influenza H1N1 and which you may have also heard referred to as Swine Flu and how it's similar and different from the usual seasonal influenza.

So the H1N1 virus is a new virus that hasn't been recognized before in the US or really anywhere in the world.

And because it's a new virus, most people don't have any immunity to it and it can spread very quickly.

Now influenza viruses like H1N1 and like the seasonal flu that we're all very familiar with usually infect animals. They can infect birds and they can infect humans. And usually these influenza viruses stick to one particular species.

But occasionally what you'll see happen is an influenza virus will jump from one species to another. So you'll have a virus that jumps from an animal species to a human for example.

And when this happens you can have more than one type of influenza virus in a host whether that's an animal or a human.

And what can happen is there's mixing between the different viruses. And you can have a mixing of the virus genetic material and it results in a new virus. And we believe that's what happened with this new H1N1 virus.

And so it's what we refer to as a quadruple reassortant virus, again quadruple reassortant virus which means it's a new virus that has the virus genetic material from a number of different viruses.

Now because it's a new virus that hasn't been seen before in the US or elsewhere, again, most people won't have immunity to it. And we're learning about this virus. We're learning new things about it every day as we study the virus.

And what we learn from the science about this virus informs the actions that we recommend and the responses that we recommend that people take.

But it's an ongoing process. And each day we're learning new things about the virus.

Now let me mention some ways that this is similar to the seasonal flu that we know about. And in some ways it's dissimilar to the seasonal flu.

So it's different from the usual seasonal flu in that most people don't have immunity to it. So it can spread quickly and infect a lot of people.

It's also different in that we don't have a vaccine for this virus right now like we do for the seasonal flu. It actually takes several months to develop a

vaccine so that's not possible right now but it will be further down the road a couple months.

In some ways it's similar to seasonal flu in the way that the virus is transmitted. And what that means is it spreads from person to person when a person is sick with H1N1 influenza and they cough or sneeze and someone is in close contact with them and they inhale the virus, get it into their mouth or nose and become infected that way.

And it also spreads when a person is sick with H1N1 influenza and they decide to go into work anyway or they go into a place where there's a crowd of people and they may cough or sneeze on their hand and then they touch a doorknob or touch a computer keyboard for example. Someone else comes along and touches that and then touches their own mouth or nose and they can get infected that way. So it spreads from person to person.

It doesn't spread by food. So you don't get this H1N1 flu by eating pork products for example. It's really from person to person and when an infected person coughs or sneezes.

It's also thought to be similar to the seasonal flu in that we know that the seasonal flu is more active at certain times of the year.

You know, for example we see seasonal flu in the winter months for example. So we're realizing that it's quite possible the cases we've seen this spring could be one phase of this outbreak. But we need to be vigilant and be prepared that even if things calm down at this point that the virus could outbreak again this fall. So we need to be aware that this could be a long several months process of addressing this type of infection.

So that is the main introduction to the H1N1. I can give you a little update on the current situation that we're seeing. So currently in the United States we have seen 2488 confirmed and probable cases. It's been reported in 43 states across the US.

Now you may have been reading the news and seeing that we first detected cases in the US and Southern California and in Texas and there was also an outbreak in Mexico.

And now cases, confirmed or probable cases have been reported in 43 states across the US and as well as a number of different countries across the US.

We think that the number of cases that we're reporting may actually underestimate the number of cases that are out there. There could be more cases.

And CDC has been working with public health labs and state health departments across the US so that they're able to test for this virus. And that will give us a better indication of how many cases are actually out there.

So the number of cases that we're reporting today, 2488 is an increase from what we saw yesterday. Yesterday the number was 1823. So that's an increase of over 600 cases. And we think part of that is due to the increased testing as we have been able to provide assistance to state labs as they're able to test for the virus.

So far in the US there have been two deaths that have been attributed to the H1N1 infection. And we fully believe that any flu related death is tragic. And we were very sad to see these two deaths.

And sadly there are about 3600 people who die from seasonal flu related illness each year in the US.

Kimberly Konkel: Thank you (Scott) for that update. Operator, would you now please give us instructions on asking questions?

Coordinator: Sure. We will now begin the question and answer session. If you would like to ask a question, please press star 1. You will be prompted to record your name. To withdraw your question press star 2.

Once again to ask a question please press star 1. One moment please for the first question.

Kimberly Konkel: Well actually what we're going to do is those questions will go into a queue. And you will be - those questioners will be - the questions will be screened. But we're going to continue on with our call and describe now what the government is doing in response to the outbreak of H1N1 Novel flu virus.

(Scott), I'm going to turn the time back over to you for a few minutes to explain what the Centers for Disease Control and Prevention are doing. And then we'll turn the time to Roberta from our Administration for Children and Families. And then at that point I'll introduce someone from the Department of Homeland Security.

(Scott Santa Binez): Sure. Thanks Kimberly. So the Centers for Disease Control and Prevention, CDC as well as many other federal partners have been very active in addressing this outbreak of H1N1. So I'll mention a couple things that we have been doing.

For one thing, CDC staff have been deployed to cities and health departments across the US as well as some international sites. And right now there are 97 CDC staff who are in the field who are working with health departments helping to investigate cases and learn more about the virus, how it's transmitted and ways that it can be prevented.

In addition to sending CDC staff the (field), as I mentioned earlier, we've been working with laboratories on ways to detect cases of H1N1 influenza.

CDC lab has been able to do this testing. And we have produced kits that can be used by state health departments across the US. And we've also provided these kits to countries around the world so that they're able to detect this virus.

And we're providing guidance for these laboratories so that they know how to use the test. And this could be related to the increase in cases that I mentioned earlier with the increased testing that's done by the state public health labs.

A third thing that CDC has been involved with is what we call our strategic national stockpile. Now we've been testing the virus to see how it's susceptible to the medicines that we have.

And we know that this virus is susceptible to two antiviral medications. And these are - one of them is called Oseltamivir or Tamiflu. And the other one is Zanamivir or Relenza.

And there - for the past several years, the federal government and CDC has been storing up a stockpile of these antiviral medicines to use in an emergency like this.

And so we've now provided antiviral medicines as well as other personal protective equipment to states across the US, state health departments and as well as other US sites.

So as of today we have supplied the anti-rival medicines to 61 different sites in US states and territories. And the only remaining place which should get their allotment later on today is American Samoa.

So as you can see from these three things, deploying CDC staff to places all across the US, laboratory support and kits for the state health departments and supplying the anti-viral medicines and personal protective equipment, a lot of the bulk of the response is happening at the state health department level, and at the local city and county health department level.

So one of the things I'd like to emphasize is the importance of local organizations, faith-based organizations, congregations working with your local city and county health departments because they're really coordinating things at the local level and they are the main groups that we're working with at CDC to get that assistance out to communities.

Kimberly Konkel: Great. Thank you (Scott). Roberta, would you mind introducing yourself and then sharing with us what the Administration for Children and Families are doing?

Roberta Lavin: Sure. I'm - my name is Roberta Lavin. I'm the Director of the Office of Human Services Emergency Preparedness at the Administration for Children and Families and also the designated federal officer for the national conditions on children in disasters.

And our office at ACF is more focused on issues related to human services and the needs specifically of children and families during any crisis.

So the main things that we have really been focusing on is iterations with childcare facilities, head start facilities, our partners that work with those. And then more organizations like runaway shelters for children and making sure that we get out to them common sense guidance on what they can do, specifically during the period of time when schools were shutting, how did that apply to them. But more importantly making sure that it's the little things like they continue to get their funding, because most of those folks work on a shoestring budget.

And since the funding follows the kids, if the kids aren't there, then they're looking at what they do without their funds.

And we were trying to make sure that that can - that the money continues to flow, that they know who to ask the questions and that we worked with CDC to make sure that there was very specific guidance that dealt with children that was easy to locate on the CDC Web site underneath children. So those are the big things that we've been working on right now. Thank you.

Kimberly Konkel: Thanks Roberta. And do we have a representative from the Department of Homeland Security on the line?

Roberta Lavin: Yes Kimberly. It's (Jana Scott).

Kimberly Konkel: Oh fantastic. We were having trouble getting (Jana) on. Would you mind just sharing with us (Jana) your - just introduce yourself quickly and then share what Homeland Security's doing?

(Jana Scott): Thank you Kimberly. My name is (Jana Scott). I'm the Deputy Director for the Center for Faith Based and Community Initiatives within the US Department of Homeland Security.

And on behalf of Secretary Napolitano, I just want to take a moment to thank everybody who joined the call today. I suspect there must be hundreds of people.

The secretary continues of course to meet with the President and cabinet to go over additional areas where the federal government's response can be even more robust than it has in the last 10 to 12 days.

She gave her last daily press briefing yesterday. She had been giving daily press briefings on the situation or awareness on the issue. And now the staff has continued to work with state, local, tribal and territorial health officials, as well as emergency managers, to identify and address any gaps that there may be in their systems. Because the staff - the department wants to work with them in conjunction with the health department and others to ensure that we understand and what needs to be present.

We are looking at this from a preparedness standpoint. So you may have heard that there may be an opportunity for things to come up in the fall. So we just want people to be as well prepared for that as possible.

And over the past several days we've had several private sector calls from the department reaching about probably over 1000 participants. And we'll continue to work with the private sector to make sure they have plans in place should a pandemic threaten their workforce.

What came out of those calls basically is that it looks like many of the private sector organizations including faith based and community groups have gone through some planning for what they need to have in place to continue business operations if they experience a high rate of absenteeism because of an outbreak.

So we'll continue that work. But for those on the call, if you have not thought about doing that type of planning yourself as an organization, we encourage you to consider that.

There are some great checklists online at www.pandemicflu.gov\plan where you can actually go in and do a checklist to see how prepared your organization is and whether or not there are some steps you need to take to ensure that you are prepared for anything that may happen down the line.

And I just want to reiterate (Scott)'s point about working closely with the health officials. We really encourage you to know your local health community in your area, know where your local community health centers are so that as you work with people in particularly vulnerable populations, if you see signs of illness and they have not been able to locate care, you can help them to locate care quickly.

So I'll leave it at that for now Kimberly. And if there are any questions I'll stay on the line.

Kimberly Konkel: Thank you. Okay, We will - just a reminder that if you would like to submit questions, operator, will you explain what they do to speak with (Ben) who will take those questions?

Coordinator: Yes. Once again, if you'd like to ask a question please press star 1. You will be prompted to record your name. To withdraw your question press star 2.

Once again to ask a question, please press star 1.

Kimberly Konkel: Thank you. Now we're going to turn the time over to a discussion around stigma and the H1N1 Novel flu virus. I'll turn the time over to (Dan). Thanks.

(Dan Dogen): Hi everyone. This is (Dan Dogen). I'm in the Office of Assistant Secretary for Preparedness and Response at HHS. And I direct the office that handles mental health, behavioral health issues and also special needs or vulnerable populations.

And our job is to make sure that we integrate attention to those important issues into everything we do as a federal agency and really is all of (ESFH) in response to a disaster or a public health emergency.

So two things that I want to talk about today very briefly. One is stigma and the other one is the physiological impact of what's going on.

Now I imagine that many of you are part of community based organizations. I started my professional career at a community mental health center in Los Angeles. And I worked a lot with community based organizations.

So we appreciate all of the faith based and community based organizations and the incredible work that you do.

You're so often where the rubber meets the road. And we're really glad to be on this call with you.

So what do we mean by stigma? When we talk about stigma in this context, we're just really trying to mindful of the fact that very often when a new disease, particularly something like H1N1 emerges, the potential to stigmatize, people, places, animals or products exists. And if a particular illness evokes and instant negative association with a specific group, stigmatization is already occurring.

And I think we already saw that. Some of you may recall that there were even some federal governments outside of the United States that wanted to begin referring to this as the Mexican flu. And you can understand why that could potentially lead to some kind of stigmatization.

So in addition to the obvious thing, we find that there are often other groups that become stigmatized by this kind of event. As you can imagine because it was highly associated with certain geographic regions both with countries and then with parts of the US we found that there was stigmatization of particular groups.

For example people who speak Spanish who may not have any contact with Mexico or with the areas where the outbreak has been strongest, nevertheless, may experience some stigmatization.

And there's a couple of reasons why stigmatization is critical for us to be mindful of as public health workers.

First off, we need to be aware of it because it's the right thing to do. We should be concerned about stigma. We don't want to be stigmatizing people.

But also from a public health perspective it becomes important because if certain groups become stigmatized, there's a couple of things that can happen.

They may actually not seek services because they don't want to stand out. They don't want to be identified as somebody who has a problem.

And also there may be some long term psychological consequences for folks who've been stigmatized. If you feel like you're part of a group that people are viewing very negatively that can have some long term effects.

We're going to talk a little bit more in a couple of minutes about the psychological impact. But I want people to be thinking about that.

There's some basic things that we can do in order to avoid stigma. Obviously one of the first is to avoid wherever possible using either visual or verbal references to a specific group, national origin, et cetera. Again so we have to be very careful that all of the pictures that we show aren't of people from Mexico or Mexico-American people, that when we disseminate information that we're very careful not to do those kinds of things.

And of course the verbal and written information the same thing. We just need to think about it.

One of the ways that you can help, just in your own community level to address this, is before you forward materials or as you're creating materials for information to the people that you serve, if you have someone on your staff or maybe a partner in your community who is Mexican or Mexican-American or Spanish speaking, maybe asking them to have them look at what you're writing and see if perhaps it might be something that might inadvertently be causing stigma.

Obviously for those of you that have contacts with the media, it's important always to remind them of this issue. Because as you know, we tend to boil our information to the media down to the very, very simplest sound byte. And often the simple sound byte is one that can also inadvertently create stigma.

The other thing that I think is important for us to do is when we see particular groups being stigmatized, all of you are community leaders to make sure that from the get go we react to that immediately, that we counter it immediately. So that we're not allowing things to go unchallenged, particularly negative statements or statements that maybe don't have particular negative or a positive tone but nevertheless could be misinterpreted.

Towards that end I wanted to let you be aware of something that the Department of Justice is going. Of course that's the big federal agency.

They've put out a statement reminding people that when we do provide information that we need to provide information in languages other than English so that groups who not only are stigmatized, but maybe groups who just tend to get left out -- for example, people who don't speak English -- but also perhaps people who have a communication disorder or some kind of other disability, or who perhaps just don't read or write at the level that the information is being provided at -- we need to make sure that we're reaching out to them.

So the Department of Justice has put out a reminder that we need to provide information in languages other than English, that we need to provide access to information and health services to people with disabilities. And we need to ensure that there's no harassment or other discrimination directed at people who are immigrants or of Mexican dissent.

So there's a lot of attention to this issue I think on the part of the federal government. And we're certainly trying to do our best in everything that we do to follow our own advice.

But I know we love to give advice to the field and then sometimes we don't take it ourselves. And we're trying not to fall into that trap.

The other thing I wanted to talk about very briefly was the psychological impact of these kinds of events. And I think I've already helped you to understand and I imagine many of the people on this line already understand these issues very well which is simply in this kind of event people can become more anxious, it can affect the way we treat others and it also can affect our behavior.

So people are really worried that it may cause them to go more - to go to healthcare settings before they really need to or to avoid healthcare settings because of their anxiety. And I think that's what's very important to remember the advice and the guidance that we just got from (Scott) at CDC about the public health issues.

A couple of things that we can do to help us combat stress and anxiety, obviously public education is the key, reaching out to the most vulnerable groups so that we insure that they have the information available to them, making sure that we focus on community directed events.

These are the kinds of things that people within a community can do to help one another stay safe and to promote the safe health practices that we've been talking about from CDC.

Obviously providing information that promotes self-care, so reminding people that even in the midst of these kinds of things it's important. And again, it isn't - hasn't gotten as serious, so some of this will be for future reference. But it's certainly important to remind people about things like maintaining your nutrition, keeping - taking care of your sleep, health, all of the things that we normally do to take care of ourselves.

This is particularly important for parents. I think Roberta will talk about working with parents more in a minute. But very often what we find is that children who are exposed to a lot of information in the news, for example, a lot of the news in the last several days has been about H1N1, it creates a lot of extra anxiety for them, particularly if there are school closings or other things going on.

So it's very important for parents to be able to monitor that and to just guide, you know, if they're watching too much TV, you know, provide something else to watch or something else to do. Again, these are things that are commonsense but often in - during an emergency we sometimes forget to follow these things.

Obviously many communities have existing resources, and we just want to remind folks that there are some sources in the community, and some of you may even represent some of these like suicide hotlines, call centers, 211 services, etcetera, that are really critical partners at the community level to make sure that this information is in their hands. Then when people call them they're going to be able to provide it.

The last thing I wanted to say was that we would be very interested in hearing what people are doing. Often the most innovative activities that are happening, particularly around stigmatization and psychological support are

happening at the local level. And those of us in Washington, D.C. never get to hear about it or see them. So certainly, if during the Question & Answer period there's someone who would like to share something that you're doing in your community that's been really effective at reducing stigma or reducing the psychological impact, we would love to hear about it.

I've probably gone over time, so I think I'm going to stop there. And certainly we'll entertain questions if we have time at the end. Thanks, Kimberly.

Kimberly Konkel: Thank you, (Dan). I appreciate that. Now let's turn the time over to a discussion about how we can mitigate the spread of H1N1 novel flu virus. First, we'll have a discussion about what organization, faith-based and community organizations, can do. And then we'll have a discussion regarding individuals and families.

(Scott), if you wouldn't mind addressing from the CDC standpoint some of the individual strategies and then we'll turn the time over to (Jana), at Homeland Security to talk about organizational strategies for employees who are out of work.

(Scott Santa Binez): Sure, thanks, Kimberly. So how can we mitigate this - the spread of this virus, or how can we decrease the transmission of this infection? Well, if you think back to what I mentioned earlier about the way the virus is spread, it spreads from person-to-person. When you have an individual who is sick with H1N1 influenza, and they go ahead and gut it out and go into work or in a crowded setting they cough and sneeze. And someone is in close contact with them and then they inhale the virus and get infected that way.

And also when an ill individual may cough or sneeze into their hand and then touch a doorknob or something someone else comes along and touches that

same thing then touches their mouth or nose and they can get infected that way.

So if you remember that that's the way it's transmitted then you'll understand why it's so important that we encourage that people stay at home when they're sick.

And specifically what we're recommending is that people should stay at home when they're sick, they should not attend public gatherings for seven days after the start of their illness. So it's at least seven days after you start to get sick and at least 24 hours after your symptoms go away. So it's going to be at least seven days and potentially longer than that to make sure that you haven't had any symptoms in the last 24 hours.

Now, you may have heard the question about schools closing, cancelling public gathering and so forth and right now CDC does not recommend cancelling public gatherings. What we do recommend is that sick people stay at home from these gatherings but we're not saying to cancel those gatherings right now.

There may be instances in some cities, in some locations, where that's recommended and that's on a case-by-case basis, it depends on how many cases are being seen in your community. So I'd like to go back to what I mentioned earlier about the importance of local organizations and congregations working with, and having good relationships with, your local County and City Health Departments so you know what they're recommending in your area and whether things would need to be closed. But across the board CDC isn't recommending cancelling pubic gatherings.

Now, in addition to encouraging people to stay at home when they're sick, we would encourage people who are at high risk of complications from H1N1 influenza to think about avoiding situations where they might be at the risk of getting infected.

So this would be, you know, people with chronic medical conditions like diabetes or asthma, young children, younger than 5 years old, older people older than 65 years of age or older and pregnant women. And they should consider avoiding crowded places when possible, avoiding places where they might be at risk of infection.

Now, when you do have public gatherings, like, religious services or other types of gatherings, you can make sure that people have ample opportunities to practice good hand hygiene which means washing hands frequently with soap and water, also using alcohol-based hand gels to make sure the people can keep their hands clean.

And we talk about good cough and sneeze etiquette which means when you do cough or sneeze us a tissue and dispose of it right away or cough or sneeze into your sleeve instead of using your hand. So these are important things to do in public settings that can help decrease the likelihood of spreads.

Now, what can faith-based and community-based organizations do? So one thing is getting the information out that, you know, encourage people to stay at home when they're sick. In our culture, you know, it's really hard to stay away when you're sick. I know that that's been hard for me personally when I had bronchitis earlier this year and other people in our workplace, and we're kind of a very driven culture and we want to go out when we're sick.

But if you can help us get the message out that it's better for people to stay at home when they're sick so that they don't infect other people so that they keep their communities healthy, that's an important thing that your organizations can do.

Also, what (Dan) mentioned earlier about avoiding stigma for people who have become ill. We know that this virus spreads from person-to-person but it isn't based on a person's race or ethnicity or socioeconomic status. It's indiscriminate that anybody can get infected with this. So it's important not to stigmatize any particular community.

And faith-based organizations and community organizations can play an important role in making sure the people realize that they don't want to stigmatize any particular group because they've been infected with this virus.

Kimberly Konkel: Thank you, (Scott), we really appreciate that. I'll turn the time now over to (Jana) to speak about business and operations strategy.

(Jana Scott): I do want to just comment briefly on what (Scott) said that clearly the personal hygiene issues are important, and also the periodic wipe down of surfaces in businesses. But I think also as I may have mentioned earlier on the call that it's very important for organizations to develop contingency plans for larger volumes of employee absences if that were to happy, particularly as it relates to cross-training for the most critical functions that you provide.

I think that most of us know in faith-based and community organizations many are very small staff and if one or two people are out, particularly for service providers, that could have a huge impact on delivering necessary services to the people that you so ably serve.

The major point though really the focus again, is on preparedness planning. I don't think we can stress that enough is that it's better for you to be prepared ahead of time. And so in two ways, I think, you can help your organizations as well as the people you serve.

One, and I'll repeat it again, is to insure that you have taken a look at the various planning checklists on pandemicflu.gov/plans and second, to know where health centers are in your area, particularly for lower-income populations who may not have access to private doctors or health insurance, and you can find that information on the hrsa.gov Web site if you just Google, "findahealthcenter," all one word.

So I think I'll leave it at that and wait for questions.

Kimberly Konkel: Great, thank you, (Jana). And now we'll turn the time over to - for a discussion, I think we've talked enough and we're running short on time. So I'm going to skip our discussion on individual and families. (Jana), I think you covered that. And we'll move now to have Roberta explain how parents can cope with children that must stay home while schools are closed and then just ask (Scott) to just talk a bit about how to care for a sick loved one.

Roberta Lavin: Thank you. Just for a little bit of information so everybody knows, approximately one-third of the population has a child under the age of 16. And of that group - and of that one-third of our population, probably about half of those are single parents. Most of them single moms.

And we all know that single moms tend to be among our lower income earners. So when they're out of work and they have to stay home with a child, they are going to have a more significant impact, and frequently are going to be those people that don't get sick leave. So they're not going to have money.

And it's going to make them turn to your services in the faith-based community more than most populations would. They're going to be looking for assistance from food pantries and other organizations.

But when they are home with their kids there's things that you can encourage them to do with those children while they are home, especially if they're staying home with a child for seven days and the child is feeling better after 2 or 3 days. And really then you have a child who's wanting to go out and do things, and you're going to always be fighting the never ending battle with the child, "I'm bored, I'm bored, I want to do something."

So the time to actually encourage parents to use the time to educate their child, to play games with their child, and - but to still try to keep their life as routine as possible even though they're staying home.

So while they're home you can encourage them to still keep up with their school work and do their studies. But the parents really need to be helped to realize some of the things that their children might be facing.

(Dan Dogen) already pointed out that if they're home a lot they're probably going to be watching a lot of TV. And I don't know what most people's kids are, but the news usually isn't their number one choice. So I'm not as worried about them seeing the news too much as long as you're letting them watch what they want.

However, as parents, parents will frequently turn on CNN and then they might get overload. You want to try to keep their worries down, their fears down, and basically just give them some activities they can do.

I would add that for most people I think that there is a resource that you can hand out to your parents in your organization and the resource is basically a stay-at-home toolkit for influenza. And the toolkit is available on the Internet. If you just Google, "stay-at-home toolkit," or if you want to email me I'll send you a copy of it.

A lot of different Health Departments have adjusted this so it's very specific to their local community. And it gives valuable phone numbers to call for assistance, it gives you check lists in the back that you can use to monitor your child's health while they're at home, and it's written in very basic, very simple language and it really is meant for your average American.

It's not meant for the person with the college degree, it's actually meant for the average person. And I think you will find this to be an extremely good resource to help you with children who are at home.

And the last thing I would say is that the resource that is probably available most widely to people who are in need of assistance if they're home with their child and they just don't know what to do, is 211.

Over 38 states now have 211. Most states have some level of 211 and they are probably at this point our best resource for getting information on Human Services and can really help out all the case managers that your organizations have that I know are probably the greatest source of Human Services in the country.

And with that, I will turn it over because I know we're short on time.

Kimberly Konkel: Thanks. (Scott), would you just briefly discuss care for sick loved ones?

(Scott Santa Binez): Sure. And let me just mention briefly about the issue of school closure, again, and I mentioned that CDC is not recommending that schools be closed across the board, but there may be individual settings where that's necessary if there are a lot of cases in your communities. So again, work with your local Health Department to know what the situation is in your local area.

And so the situation right now might be where a sick child would need to stay home from school and there might be a parent who would need to care for that child and it would be particularly difficult if it was a single parent household situation.

And so I think that caring for the sick child we would want to encourage the same things that I mentioned earlier, making sure that you're having good hand hygiene practices, washing hands frequently, using alcohol-based hand gels. Teaching the child good sneeze and cough etiquette so that they don't spread the virus more than necessary.

As Roberta mentioned, we need to make sure that the sick child stays at home for that period of time. And they may want to go out, go to the mall, congregate with their friends or some other situation and we need to make sure that they don't get together with other children in another setting where they could potentially spread the infection. So it's important that you have a way of making sure that they're able to stay home and things to keep them entertained and occupied and busy and that type of thing.

Also, when you have a parent who's caring for a sick child, it would be helpful for congregations, faith-based organizations, community based organizations to check on people who might need a little bit of extra help. Give them a call. How are they handling the situation? Is it putting financial

stress on them? Are they feeling particularly anxious about the situation and giving them support that they need in that way.

Kimberly Konkel: Okay, (Scott), that's a really nice segue to ask Roberta to address the issue that families may face a loss of income if they have to stay home with their children.

Roberta Lavin: I think the big thing that happens is because there are so many single parents in this country, and the single parents are among our poorest that it - while if I stay home as a federal employee I still get my salary. Most single parents, and especially most people who are poor, when they stay home they actually don't get their salary. So they're going to have a significant loss of the income.

And if you're talking about seven days, that's a week's worth of income. That means they're going to have specifically a very hard time with enough food for the family. So food pantries could be very helpful.

They may have a hard time making their rent or their utility bills and those are probably the most significant issues. But I also might add that not all employers are sympathetic to people being off for seven days if they have a kid, and God-forbid they have two children, because you know they're probably not going to get it at the same time. One's going to be getting well, another one's going to be getting sick, and then the parent may be off 14 days.

At that point you may have a person who's going to need assistance finding new employment or longer term Human Services assistance. So just be vigilant in paying attention to people, especially those who are poor, that may have to stay home with children, because a lot of people aren't going to say anything to you, but they are the ones that are probably going to be the most significantly impacted by the loss of income.

Kimberly Konkel: Thank you, Roberta. It seems that our Q&A queue didn't work. And so we're going to - Operator, if you would please allow those lines to be opened up for questions now. We can take a couple of questions. We just have a few more minutes.

Coordinator: Thank you. If you'd like to ask a question please press star 1. Once again, if you'd like to ask a question, please press star 1. One moment, please.

Kimberly Konkel: Well, we may not have questions. We might have run into some technical difficulties. I would like to thank everybody for their participating on this call. If you would like to stay updated, and we would encourage you to do so.

We ask that you please check out the Web site, www.pandemicflu.gov and we will have up-to-date information, all of the check lists that have been explained plus other documents that should help you navigate a response in preparations for this particular novel H1N1 flu outbreak and other flu-like disasters.

Josh, if you would like to make any final comments or if anyone would like to make any other final comments, I'll turn the time to you.

Roberta Lavin: Hey, Kimberly, this is Roberta. I actually just got an email comment from one of your listeners.

Kimberly Konkel: Great.

Roberta Lavin: And she basically said that one area that we didn't address that maybe we could have said more about was the issue related to U.S. born children of undocumented parents. It says, "There are many schools, particularly in rural

areas, with U.S. born students of undocumented migrants. In some places our communities report some schools of this population make up 98% of the student body. At the same time, the stigmatization issue is a real threat to this population coming forward for testing."

And she goes on to basically say that we really do need to be vigilant and to pay attention to this, and, "Is there a way to have a discussion or find a solution on this issue without endangering the anonymity of the parents?"

(Jana Scott): Roberta, I just want to respond briefly to that. That's an excellent question. This is (Jana) with the U.S. Department of Homeland Security. And if you could forward that email to me, I would be glad to follow-up with that person and maybe we could even get an answer out on the DHS Web site in terms of any kinds of strategies that USCIS or other components within DHS have developed to seek to provide guidance on that very important issue.

Roberta Lavin: Okay, and I will be sure to connect the two of you after this talk.

(Eileen Henry): And I just wanted to add, Roberta, this is (Eileen Henry), (here) in the Office of Civil Right in HHS. But I have contacts in the Department of Education Office for Civil Rights and we'll share that information with them. I think they'll be interested to know that and follow up.

Roberta Lavin: Okay, and I'll connect you also, (Eileen).

(Dan Dogen): And this is (Dan), just to say, too, we have been doing a number of outreach initiatives to immigrant communities and the Spanish-speaking communities. CDC has translated a number of their pieces of information. Now, I know sometimes the information is at a higher level than some of our constituents may be able to comfortably assimilate.

But there is a lot of good information out there. So maybe one of the things that we also can think about is how do we get information in the hands of people, including information about where to go for health services and those kinds of things? Because, in fact, at Community Healthcenters, there aren't any prohibitions about receiving services, you know, regardless of your documentation.

So I think perhaps together everyone can work together to reduce not just the stigma but also to improve knowledge and access to services.

Kimberly Konkel: Well, great, thank you all for your time, your attention and your interest in this topic. This conversation has been recorded and we will have it posted on the HHS Center for Faith-Based and Community Initiatives Web site and we will be sending the link out on our listserv and be sure that those on the call will be able to access that information.

If you have questions regarding that and would like to be able to receive that link, you can reach me at kimberly.konkel@hhs.gov. Thank you for your time. Operator, we can end this call.

Coordinator: Thank you. You may disconnect now. The call has ended.

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