COVID-19 Pandemic Scenario Planning

Organizations will benefit from thinking ahead about various possible COVID-19 Pandemic Scenarios and how each Scenario might impact individuals personally, individual work, and each organization's practice groups. These impacts might have implications for operations, goals and objectives, service alternatives, changes in delivery of services or products, and many other factors.

Scenario Planning Process:

A three-stage process for Scenario Planning is presented below. First, three plausible Scenarios have already been created and are included this handout. At the end of the handout, you are asked to define the impact and implications of each of three Scenarios to you and your work, your clients, your practice group and LSEM as a whole. In the final stage, you are asked to identify ways to adapt and innovate your delivery of services. You will be given breakout time to discuss and plan in your practice groups.

Create Plausible Scenarios	→	Define Impact and Implications	→	Adapt and Innovate Service Delivery

One reality is that no one knows with certainty how this Pandemic will progress and when its impacts will end or be sufficiently mitigated. Accordingly, three Scenarios are presented below of varying degrees of severity. The Scenarios are Moderate, Difficult and Severe. Assumptions have been made based on how each Scenario might develop, but no one can guarantee that any Scenario will depict how the future actually develops. Thinking through the implications of these Scenarios can help you and your organization be more proactive in planning how to better meet potential challenges.

Moderate Scenario:

- **COVID-19 Status:** The number of new cases of COVID-19 in the U.S. begins to decline during the Summer, 2020. Experts point to various potential reasons: warmer weather's impact on coronavirus contagion generally; more available rapid large-scale testing for COVID-19; and, earlier identification and isolation of those testing positive. By the start of Winter, development of an effective vaccine has progressed far more rapidly than expected. The vaccine is limited in quantity and is given only to high risk individuals, but it eases social concern about COVID-19 considerably.
- **Older Adults:** Some older adults who were not able to get the early vaccine are still self-isolating for protection. More effective treatments reduce the death rate for this at-risk age group.
- **Economy:** Economic disruption has resulted in a brief worldwide recession, but the world economy starts recovering by the end of Summer. Unemployment continues to decrease as people are called back to work. By the start of the Fall, nearly 80% of those who were out of work are now back to work.
- **Work Processes:** Many continue to work from home. Air travel and in-person work interactions are still somewhat limited until the Summer of 2021.

Difficult Scenario:

- **COVID-19 Status:** The number of new cases of COVID-19 in the U.S. continues to rise during the Summer 2020. Experts point to various potential reasons: the elimination of many stay-at-home orders leads to more social interactions with more infections; the numbers of new cases continue to overwhelm attempts to limit re-infection by isolate and control methods. An effective vaccine is not developed until mid-Spring, 2021 and in limited quantities. By the Summer, 2021, vaccinations are increasingly available and a predicted wave of new infections in the Winter, 2021 does not develop.

- **Older Adults:** Many older adults are still voluntarily self-isolating for protection. Better treatments have helped but not significantly reduced the death rate for this at-risk age group. Their isolation slows economic recovery.

- **Economy:** Economic disruption has resulted in a world recession which continues into Spring 2021. The U.S. and the world economy exit recession in Spring 2021, but economies are still not as robust as before COVID-19. Unemployment continues to lower as people are called back to work. By the start of the Fall 2021, nearly 80% of those who were out of work are now back to work.

- **Work Processes:** Work social distancing largely continues through Summer 2021. Many continue to work from home even after social distancing ends. Air travel and in-person work interactions are still somewhat limited until the Summer of 2021.

Severe Scenario:

- **COVID-19 Status:** COVID-19 continues in waves through 2021. When stay-at-home orders are lifted and social interactions increase, especially in urban areas and pockets of significant social interactions, positive test results rise significantly within a few weeks. The number of new cases of COVID-19 in the U.S. continues to rise during both 2020 and 2021. An effective vaccine is not developed until late Fall, 2021 and in limited quantities. Vaccinations are not easily available in significant numbers until Spring 2022. Fortunately, COVID-19 does not mutate as rapidly as influenza, so this vaccine brings the Pandemic under control by Summer 2022.

- **Older Adults:** Many older adults voluntarily self-isolate for protection until vaccines are more widely available in 2022. Better treatments have helped but not significantly reduced the death rate for this at-risk age group. Their isolation slows economic recovery.

- **Economy:** Economic disruption has resulted in a severe world recession which continues into Spring 2022. The U.S. and the world economy exit recession in Spring 2022, but economies are still weak. Unemployment continues to decrease as people are called back to work. By the start of the Fall 2022, nearly 70% of those who were out of work are now back to work.

- **Work Processes:** Work social distancing largely continues through Summer 2022. Many continue to work from home even after social distancing ends. Air travel and in-person work interactions are still somewhat limited until the Fall, 2022.

(Note: This is an excerpt of a larger document. Remainder of the document deleted.)

www.theleadershipgroup.com   2

EXECUTIVE SUMMARY

Introduction

This 2017 Community Assessment was prepared for Macomb Community Action (MCA). As a Community Action Agency receiving Community Services Block Grant funding, an assessment is required every three years to identify the community resources available to meet the needs of seniors, youth and low-income families. This assessment report contains an overview of Macomb County, a profile of MCA, a compilation of demographic data and input from community partners and customers. This report documents the process, results and findings of the assessment.

In preparation for the assessment, MCA formed a task force to oversee the assessment process. The task force included Ernest Cawvey (Executive Director, MCA), Joseph Cooke (Division Director-Community Services), Kristie King (Division Director-Office of Senior Services), Linda Azar (Division Director-Children and Family Services) and Karen Frasard (Operations Coordinator). The task force reviewed proposals, selected consultants and managed the project in pursuit of the following outcomes:

- Gain a better understanding of changing demographic trends and their impact on poverty in Macomb County;
- Gather community perceptions regarding the impacts of poverty and suggestions to address community needs;
- Validate community perceptions and ascertain needs through input from MCA customers and service organizations;
- Assess MCA programs and services;
- Develop recommendations and implementation steps to promote customer independence;
- Assess the current capacity building needs of MCA's nonprofit partners; and
- Develop recommendations and strategies to respond to capacity building needs.

Process

MCA specified three primary components for the assessment process: demographic analysis, community and customer input, and nonprofit capacity building.

Part I - Demographics

The demographic portion of the report includes an examination of Macomb County's population statistics and trends with an in-depth focus on people experiencing poverty. Numerous sources were queried to gather data relevant to the causes and impact of poverty on the community. A sampling of preliminary findings was shared at the MCA Leadership Meeting for review and feedback.

Part II - Community and Customer Input

Over 45 community stakeholders, representing a wide range of sectors, were convened for a demographic overview and facilitated discussion of poverty and MCA's role in promoting independence and collaboration. Results from the forum were compiled and used to shape the subsequent customer focus groups.

Five customer input focus groups were held in geographically diverse areas of Macomb County. Input was gathered from 63 MCA service customers. The facilitated discussion gained insight and built upon the priority areas identified in the community forum. Participants provided perspectives on human service systems, unmet needs, areas of excellence and ideas for improvement. The focus group participants responded to an anonymous survey that provided demographic and service needs information to be included in a state-wide roll-up.

Part III - Nonprofit Capacity Building Assessment (*contributed by NEW: Solutions for Nonprofits*)

To better understand the capacity building needs of the county nonprofits, input was collected from nonprofit leaders, stakeholders and funders through a *Nonprofit Capacity Building Needs Survey*, several interviews and an in-person "design session".

This report summarizes the demographic, community and customer input and nonprofit capacity building results and findings. Based on the analysis of these findings, MCA management and the assessment task force identified priorities, provided feedback and developed recommendations with implications for strategic planning.

Special Acknowledgements

The individuals listed below provided valuable assistance and expert support in identifying demographic sources, resources and documentation:

Karlene Ketola, Michigan Oral Health Coalition
Michael Patterson, Michigan Department of Health and Human Services
Elisa M. Ghezzi, DDS, PhD, Michigan Geriatric Dentistry Network
Katie Cahill, Area Agency on Aging 1-B
Jacquelyn Theriot-Merchant, Macomb Homeless Coalition
Mary Lebioda, MISD - McKinney-Vento Local Education Agency Liaison
Randy O'Brien, Macomb County Office of Substance Abuse
Natalie Dean-Wood, Macomb County Health Department Health Promotion and Disease Control
Em Maier, Macomb County Health Department
Stacy Bahri, Strategic Initiatives Manager, Chaldean Community Foundation

Special thanks to the following organizations who served as host sites for the community input forum and the focus groups:

Macomb Community Action Training and Conference Center, Clinton Township
Community First Health Center, New Haven
Max Thompson Family Resource Center, Warren
Riverwood Community Church, Sterling Heights
Macomb County Family Resource Center, Mount Clemens
Washington Activity Center, Washington Township

(Note: This is an excerpt of a larger document. Remainder of the document deleted.)

SWOT Analysis Cover Sheet

Data Summary/Themes*

( )=# of related comments

INTERNAL	**Strengths**	**Weaknesses**
	Member Agencies (20)	**Funding (10)**
	Board of Directors (11)	**Member Engagement (6)**
	Knowledge/Expertise (8)	**Board of Director (6)**
	Collaboration (5)	**Leadership/Management (5)**
	Teamwork/Committees (5)	**Strategic Vision (5)**
	Values/Culture (4)	**Staffing (4)**
		Committees (3)
EXTERNAL	**Opportunities**	**Threats**
	Funding Sources (11)	**Funding (9)**
	Collaborative Partnerships (6)	**Member Organizations (9)**
	Advocacy/Education (4)	**Government Policies (4)**
	Community Reputation (4)	**Leadership stability (4)**
	Boundary Expansion (4)	**MCOs (3)**
	Aging Population (3)	

* Themes emerged from coding and analysis of strategic planning stakeholder surveys and interview data results.

SWOT Analysis/Coding

Internal Strengths

#	Theme	Representative Comments
20	Member Agencies	Number of members, dedicated, experienced, diverse, inclusive, supportive, new faces, participative
11	Board of Directors	Committed, working board, perseverance, dedicated officers, energy, experience in aging, strong leadership
8	Knowledge/Expertise	Skill sets, understanding, strong knowledge base, experienced members, talented, member capacity
5	Collaboration	Partner resources, willingness, working together on common goals, shared purpose, shared resources
5	Teamwork/Committees	Team players/building, alliances between members, strong committees and leaders, focused on priorities,
4	Values/Culture	High morale, respect, dignity, optimistic, vision

Internal Weaknesses/Challenges

#	Theme	Representative Comments
10	Funding	Need unrestricted, limited, diversify sources, budget policy, fiduciary, limited revenue
6	Member Engagement	Limited to a few, overworked, need more participation, disconnected between meetings
6	Board of Directors	Hard transition to NP, need training/clarify role, not open to newcomers, exclusive, analyze lifecycle of organization
5	Leadership/Management	Internal management, unorganized, executive director turnover
5	Strategic Vision	Unclear: direction, vision, purpose, mission, focus, herding cats
4	Staffing	Limited funding for staff, no benefits, role unclear, not enough staff
3	Committees	Need more members, limited number of committees, few engaged

External Opportunities

#	Theme	Representative Comments
11	Funding Sources	Shifting priorities, MHEF, recognize importance of collaboratives, funders understand social determinants of health, diversify sources
6	Collaborative Partnerships	Nonprofits pooling resources, greater efficiency, organization interest in collaborating increasing
4	Advocacy/Education	Focus on health education, need for information sources, regional voice
4	Community Reputation	Share the impact, history/longevity, increase community connections
4	Boundary Expansion	Attract new partners, increase membership, leverage resources
3	Aging Population	Growing awareness, trends, research

External Threats

#	Theme	Representative Comments
9	Funding	Cuts, inadequate funding for services and programs, competition
9	Member Organizations	Too busy with jobs, time pressures, losing members, overwhelmed with projects, not enough help
4	Government Policies	Budget cuts, sequestration, change n laws, state bias toward for-profit providers.
4	Leadership Stability	Leadership turnover, need strong director
3	MCOs	Valued, seen as umbrella for all services