

# ANSWERS TO YOUR QUESTIONS

During our panel discussion on May 7th with five local physicians, many of you typed your questions into the chat area on the Zoom screen. As promised, here are the answers. If you didn't ask a question, we hope you will take the time to learn from others' questions.

- The Jacksonville Non-Profit Hospital Partnership

## Race & Place: COVID-19

A Candid Conversation with Our African American Community

### DISPELLING THE MYTHS AND MISCONCEPTIONS



## Next Steps

1. **QUESTION:** How shall we best follow up this powerful conversation with ongoing action to create a citywide initiative, structures and programs to address racial disparities in health outcomes for African American communities in Jacksonville?

**ANSWER:** The Jacksonville Non-profit Hospital Partnership plan to offer more educational opportunities as it relates to health equity and racial disparities in health outcomes. The Duval Medical Society offers an annual Future of Healthcare Conference that addresses health and racial disparities for local physicians.

2. **QUESTION:** Other communities, such as Detroit, have stood up special task forces to address the impacts of COVID-19 on African Americans. Is there such a resource planned for Duval? If so, will it address the mitigation of other long-term health disparities and underlying health conditions where they intersect with COVID-19?

**ANSWER Part 1:** Duval County has not stood up a task force to address impacts of COVID in our community, but that's a great idea.

**ANSWER Part 2:** Addressing long term health disparities is the goal of a new program at UF Health called the Urban Health Alliance that will tackle some of those issues. Food insecurity is being addressed as well.

3. **QUESTION:** What might our community do to address the mentality of internalized racism wherein self-devaluation, low self-esteem, and negative self-image inherited from cultural heritage leaves us not taking care of ourselves and contributes to the racial disparities?

**ANSWER:** That is a whole different webinar, but it is critical. The entire community should be a part of the solution.

4. **QUESTION:** What is the plan to get this type of information to the population who does not have access to zoom conferences?

**ANSWER:** We plan to continue to offer information in collaboration with faith-based and community partners to reach neighborhoods by distributing educational information on the topic of COVID-19 and other health disparities. We will also work with our media partners (news, radio) to share information with our community.

## Diet/Nutrition

5. **QUESTION:** Most of the people having adverse events due to COVID-19 have underlying diseases like Heart disease, Diabetes, Obesity, etc. The World Health Organization has put meat in the same category as cigarettes. There is several peer reviewed research linking consumption of Animal products to Heart Disease, Diabetes, etc. What are we doing to address the root cause of this pandemic (which started with Animal Slaughter) and the several diseases related to consumption of Animal /slaughter products? Thanks for organizing this.

**ANSWER:** This article might be helpful. *The Impact of Nutrition on COVID-19 Susceptibility and Long-term consequences*

<https://www.sciencedirect.com/science/article/pii/S0889159120305377>

6. **QUESTION:** Are there vitamins or supplements that will boost the immune system and make one less vulnerable to COVID-19 infection? If so, what are they?

**ANSWER:** It is well known that vitamins and minerals are vital for our immune systems, but there is no current evidence-based data available for review about the impact of vitamins on COVID-19.

7. **QUESTION:** Could a whole food plant based lifestyle help with having better COVID-19 outcomes?

**ANSWER:** A better diet, plant based, avoidance of fried foods, etc. is better for every disease, COVID included. But that's on the front end. I am not aware of any literature about diet once you have COVID. Here is an article that may be helpful. *Diet Can Fight Diseases Linked to Poor COVID-19 Outcomes*

<https://www.pcrm.org/news/blog/diet-can-fight-diseases-linked-poor-covid-19-outcomes>

## Faith Organizations

8. **QUESTION:** How can we determine when the time is right to reopen our churches?

**ANSWER:** The CDC has provided excellent guidelines for places of worship as they return. Attached is a consolidated document of CDC recommendations for faith-based organizations and here is a link to the referenced information.

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/guidance-community-faith-organizations.html>

9. **QUESTION:** How should it be handled if churches continue to have congregational services?

**ANSWER:** The CDC offers guidance for faith organizations

<https://www.cdc.gov/coronavirus/2019-ncov/community/community-faith-based/faq.html>.

In addition, the CDC offers guidance on personal protection for the general public -

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>, and

people who are at higher risk for serious illness - <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

10. **QUESTION:** A lot of the people from my congregation wanted to get on the call but was unable to. How can we get the recording and when will it be available?

**ANSWER:** Here is a link to the recording. Please share it with friends and family who were not able to join the presentation. *African American Community Myths and Misconceptions About COVID-19:* <https://youtu.be/WyhvXAK7ztI>

## Testing

11. **QUESTION:** Aren't there false positives with the tests? Are the tests all the same?

**ANSWER:** Laboratory tests have different ability to detect a positive case (sensitivity) and ability to determine a negative case (specificity). Sensitive tests are less likely to provide a false-negative result, and specific tests are less likely to provide a false-positive result. Reports from existing testing in the U.S have shown that false-negative results can occur by the type of sample, errors in the collecting of the sample or laboratory process. <sup>1</sup>

There are two main types of lab tests:

- Nucleic Acid Amplification Testing (NAAT)

This test identifies the genetic sequence of SARS-CoV-2; then, it is specific. On the contrary, the sensitivity of the NNAT test can vary based on the timing and the process of sample collection.

Obtaining a Nasopharyngeal swab sample can be challenging, and a false-negative result can be more likely when there is a suboptimal sample collection. Moreover, the amount of virus present in the nasopharynx varies over the course of infection, so the timing sample collection is also a key factor. Hence, patients who are infected but do not have symptoms may have false-negative test results.

-Antibody Testing

This test is used to detect the immune response caused by a person who has been exposed to the virus and has relatively high specificity. However, although the probability of a false-positive test is low, the specificity could vary depending on the type of assay. <sup>2</sup>

12. **QUESTION:** Address for testing

**ANSWER:** Updated information about testing location in Jacksonville can be found in the following website: <https://www.coj.net/covid19testing>

- Available Testing
- Ascension St. Vincent's (Drive-Thru)
- AVECINA Medical
- CareSport Urgent Care Center
- Crucial Care (Drive-Thru)
- CVS Pharmacy
- Florida Department of Health in Duval County (By Appointment Only)
- Henry Brown Kooker Park (Walk-Up)

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<sup>1</sup> Johns Hopkins: University and Medicine, J. H. (2020). *Coronavirus Resource Center*. Retrieved from <https://coronavirus.jhu.edu/testing/testing-faq/overview#why-are-there-inconsistencies-among-testing-data-for-covid-19>

<sup>2</sup> Jones, N; Carver, C. Comparative accuracy of oropharyngeal and nasopharyngeal swabs for diagnosis if COVID-19. (March 2020). *Care Health Sciences, University of Oxford*

- Legends Center (Walk-Up)
- Lot J (Drive-Thru)
- Mayo Clinic in Florida (Drive-Thru)
- Veterans Administration Jacksonville Out Patient Clinic (Drive-Thru)
- Walmart-Beach Blvd (Drive-Thru)
- Walmart- Lem Turner Rd. (Drive-Thru)

13. **QUESTION:** Is antibody testing recommended? Is it available yet in the Jacksonville community?

**ANSWERS:** Antibody/serology testing detects the immune response of a previous exposure to the virus. Currently, there are over 150 tests on the market; only 3 have been approved. Those three only give a yes or no answer, and they cannot provide an indication if someone may get the virus again.

CDC is evaluating the performance of commercially manufactured antibody tests in collaboration with other government agencies; also, the FDA has authorized emergency use of several antibody tests.

Moreover, CDC is also using antibody testing to learn more about how the body's immune system responds to the virus and to explore how the virus spreads among people exposed to it. <sup>3</sup>

Antibody test has been approved by the FDA to be available for Jacksonville during the first week of May 2020. Mayo Clinic Laboratories Serology Test Has Emergency Use Authorization to offer a new serology test to identify the presence of an immune response to SARS-CoV-2. <sup>3</sup> Additionally, Baptist Health Jacksonville has been working with Telescope Health to provide screen eligibility and appointments for patients. Testing is performed by LabCorp and Quest Diagnostics locations across Northeast Florida. In order to be eligible, patients must have gone ten (10) days without any symptoms. More information about testing sites and appointments can be found on the following link: <https://telescopehealth.com/>

14. **QUESTION:** What are the rates of the probability of false-negative testing results? Should we also consider confirmation testing?

**ANSWER:** False-negative testing results depend on multiple factors, including the type of test used, the time after exposure, and certain individual characteristics. Some people may take even longer to develop antibodies, and some people may not develop antibodies. <sup>5</sup>

A study published in the Annals of Internal Medicine Journal (May 2020) showed the variation in False-Negative testing rates. The authors pooled data from seven previously published studies (two preprints and five peer-reviewed articles, total n = 1,330), providing results on RT-PCR testing for SARS-CoV-2. The authors concluded that the false-negative rate testing is highly variable: highest within the first 5 days after exposure (up to 67%), and

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<sup>3</sup>Centers for Disease Control and Prevention. (2020). *Coronavirus Disease (COVID-19)*. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/testing>

<sup>4</sup> IBID

<sup>5</sup> IBID

lowest on day 8 after exposure (21%). It is suggested that if clinical suspicion is high, the infection should not be ruled out based on antibody testing alone.<sup>6</sup>

15. **QUESTION:** Do you have a concern with self-testing?

**ANSWER:** There is some concern about the accuracy of the home test currently, but it will likely improve over time. The U.S. Food and Drug Administration (FDA) approved an Emergency Use Authorization (EUA) in April 2020 for COVID-19 self-testing. The EUA permits nasal swab specimens to be collected at home using LabCorp's Pixel by LabCorp COVID-19 Test home collection kit. Healthcare providers recommend this after completing a COVID-19 questionnaire. The FDA continues to work with test developers to determine whether or not this self-testing can be used safely and effectively with other tests.<sup>7</sup>

16. **QUESTION:** What method will they test, nasal, throat, blood

**ANSWER:** The reissued FDA Emergency Use Authorization for LabCorp's test permits testing of a sample collected from the patient's nose using a designated self-collection kit that contains nasal swabs and saline. Once patients self-swab to collect their nasal sample, they mail their sample, in an insulated package, to a LabCorp lab for testing.<sup>8</sup>

17. **QUESTION:** Is the test painful?

**ANSWER:** Some describe the test as a bit "uncomfortable" because of the way the sample is taken from the very "back" of the nose, but it is not "painful".

The testing process consists of a special 6-inch cotton swab that is put up both sides of the nose and is moved around for about 15 seconds. Then, the swab sample is sent to a lab to test.<sup>9</sup>

18. **QUESTION:** Do I need to be tested if I am at home, promote social distance, very careful and have no symptoms

**ANSWER:** There is no need to be tested if a person is asymptomatic, the use of a viral (nucleic acid or antigen) test is recommended to diagnose acute infection. CDC does not recommend using antibody testing to diagnose acute infection.

The CDC provides a guide for COVID-19 priorities of

testing: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

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<sup>6</sup> Kucirka M, M. P., Lauer A, P., Laeyendecker O, P. M., Boon D, P., & Lessler J, P. (2020). Variation in False-Negative Rate of Reverse Transcriptase Polymerase Chain Reaction–Based SARS-CoV-2 Tests by Time Since Exposure. *Annals of Internal Medicine*.

<sup>7</sup> Food and Drug Administration. (2020). *Coronavirus (COVID-19) Update*. Retrieved from <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-first-test-patient-home-sample-collection>

<sup>8</sup> IBID

<sup>9</sup> Centers for Disease Control and Prevention. (2020). *Coronavirus Disease (COVID-19)*. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/testing>

19. **QUESTION:** History, perceptions of physician racism and expectations of experimentation in medical care contributed to the African American community distrust of physicians. That has impacted African Americans' trust in being tested for COVID. What are some successful efforts in addressing perceptions that resulted in testing the most vulnerable?

**ANSWER:** Although there is not current complete information about the effects of COVID-19 on racial and ethnic minority groups, CDC states that previous data has suggested disproportionate morbidity and mortality rates among minority groups. During public health emergencies, vulnerable groups have higher morbidity rates often due to economic and social conditions, including lower access to care, work circumstances, living conditions, and underlying health disparities among some racial and ethnic minorities compared with white groups.

Moreover, the CDC provides a guide about actions that can be made by the federal government, public health professionals, community organizations, healthcare systems, healthcare providers, and individuals to address the needs of vulnerable populations. Some of the actions listed include cross-sectional collaboration, promotion of information, evidence-based strategies, monitoring of health disparities, and partnerships.<sup>10</sup>

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

20. **QUESTION:** Initially, when testing started, testing was done through the nose, i'm hearing testing now is conducting through the mouth. Is one more effective than the other.

**ANSWER:** Testing can be done by nose (nasopharyngeal) or mouth (Oropharyngeal). By following the right collection, storage, and shipping procedures, both testing types have been found to be effective.<sup>11</sup>

21. **QUESTION:** I am a nurse, and had the oral swab. Self-testing I don't think the patient will be able to do an accurate swab. The tester did a deep oral pharynx swab soliciting a cough.

**ANSWER:** The FDA has approved Self-testing kits, and it is important to note that this testing and associates test are available by prescription only, and the instructions of its use should be previously specified by a healthcare professional.<sup>12</sup>

22. **QUESTION:** How do you know when you have done enough testing? If African Americans are 30% of the population, is there a random sampling number we should be reaching?

**ANSWER:** In general, the larger the sample size, the more accurate we can expect the estimates. However, there is not a specific random sampling number to ensure accurate

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<sup>10</sup> Centers for Disease Control and Prevention. (2020). *Coronavirus Disease (COVID-19): Racial and Ethnic Minorities*. Retrieved from

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

<sup>11</sup> Centers for Disease Control and Prevention. (2020). *Coronavirus Disease (COVI-19): Specimen Collection*. Retrieved from <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>

<sup>12</sup> Food and Drug Administration. (2020). *Coronavirus (COVID-19) Update*. Retrieved from <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-first-test-patient-home-sample-collection>

results. An analysis of the population characteristics must be performed to assess the best approach that defines the sample size. Further study about statistical methods can help to select the sample size. Some studies suggest selecting around 10% of the population, but it depends on a variety of aspects.<sup>13</sup>

It is important to track testing data among states and counties, and currently, states may not be distinguishing overall tests administered from the number of individuals who have been tested. This is a limitation to the data that is available to track testing in the U.S., and states should work to address it.<sup>14</sup>

## Symptoms

23. **QUESTION:** How long are you asymptomatic?

**ANSWER:** Some patients can be asymptomatic, test positive, but never have symptoms. For the patients who eventually develop symptoms, they are typically positive on the test for 2-4 days prior to symptoms.

24. **QUESTION:** Reports say that many people infected with the virus may be asymptomatic possibly 50% 1) How can such a statement be made when most testing was done on symptomatic people? 2) out of those who were asymptomatic but tested, isn't it a great assumption that conclusions based on the small number of asymptomatic people who were tested and confirmed to be positive is also true for the large number of people in the general public? 3) if anyone can be asymptomatic and there is no proof that a previously infected person is immune, why should we think that staying indoors (indefinitely?) is a real solution?

**ANSWER:** We agree with many of your concerns. We have no idea how many people are asymptomatic, but positive. It's hard to extrapolate to the larger community which is why the goal to test many, many more people. Actually the key isn't staying indoors, the key is staying an appropriate distance from others is the key.

25. **QUESTION:** Is it true that COVID symptoms present differently in African-Americans?

**ANSWER:** The CDC has not reported African Americans presenting with different symptoms for COVID-19 infection. People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills

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<sup>13</sup> Gerald, K. (2014). *Statistics for Management and Economics*. Boston: Cengage.

<sup>14</sup> Johns Hopkins: University and Medicine, J. H. (2020). *Coronavirus Resource Center*. Retrieved from <https://coronavirus.jhu.edu/testing/testing-faq/overview#why-are-there-inconsistencies-among-testing-data-for-covid-19>

- Muscle pain
- Sore throat
- New loss of taste or smell

This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

## Behavioral Health

26. **QUESTION:** Dr. Groover, thank you for stating that we must continue to support Behavioral Health. Due to the impact of COVID-19, we are expecting a spike in mental health issues and drug use. As the CEO of River Region Human Services and a pastor, it will be important that we make a collaborative effort to address these issues in our community. Prior to COVID-19, I was concerned about the disparity of access to healthcare for people of color. To that end, it is more of a concern as there will be an increase of co-occurring disorders (mental health and substance abuse) in the black community. What are the thoughts of the panelist and participants about how we address this issue as a community? Thank You.

**ANSWER:** In order to address the disparity of access for persons of color in our community particularly around Mental Health access, we need to be cognizant and vocal for this need in the community. Attached is a recent article from the CDC entitled, “Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S.” <https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf> It outlines we must advocate for Policy Updates; Communication, Health Literacy, and Public Awareness; Partnerships with Communities; and Health care Workforce and Practice Efforts.

## Data/Research

27. **QUESTION:** The state demographic health data appears to indicate that the ethnicity and race of about 15% of the patients are unknown/no data, so how can the basic demographic reporting be improved to get more accurate data to assess the challenges?

**ANSWER:** Demography data collection is usually a concern of population research; hence, new developments in sampling procedures, in fieldwork procedures and in the kind of information collected in demographic and social surveys are some strategies that can address challenges in the report of demographic health data<sup>15</sup>

28. **QUESTION:** Are local testing numbers available by race?

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<sup>1513</sup> Gerald, K. (2014). *Statistics for Management and Economics*. Boston: Cengage.

<sup>14</sup> Johns Hopkins: University and Medicine, J. H. (2020). *Coronavirus Resource Center*. Retrieved from <https://coronavirus.jhu.edu/testing/testing-faq/overview#why-are-there-inconsistencies-among-testing-data-for-covid-19>

Treiman, D., Lu, Y., & Qi, Y. (2012). New Approaches to Demographic Data Collection. *Chin Sociol Rev*, 44(3):56.  
Treiman, D., Lu, Y., & Qi, Y. (2012). New Approaches to Demographic Data Collection. *Chin Sociol Rev*, 44(3):56.

**ANSWER:** The Florida Department of Health has a Dashboard that shows the number of cases in Florida, by county, ethnic, race, and gender. Results of positive and negative testing are available by county. <https://experience.arcgis.com/experience/96dd742462124fa0b38ddedb9b25e429>

29. **QUESTION:** Does DOH have data on comorbidities and other health disparity indicators by race related to COVID-19?

**ANSWER:** DOH does not have data available yet to share on comorbidities as it relates to COVID-19. We have collected some data on this.

30. **QUESTION:** Is there a list of Long-Term Care facilities in Duval with COVID-19?

**ANSWER:** The Florida Department of Health provides a list of long-term care facilities with positive COVID-19 cases <https://floridahealthcovid19.gov/>

31. **QUESTION:** Regarding the large proportions of black people negatively impacted and dying from the disease - compared to non-black people, the differences percentage-wise is huge in some areas...has any research been done to see whether these particular people truly fit into those health/lifestyle groups? (Obese, diabetic, essential worker, etc.) - And why don't we see those numbers and related details?

**ANSWER:** We are doing research in real-time to address some of those health/lifestyle issues- we are trying to put together teams right now, hire additional researchers to answer those questions. During public health emergencies, minorities, including racial and ethnic groups, often face economic and social conditions that increase their risk of underlying health conditions.<sup>16</sup>

## COVID-19 Contracting/Reinfection/Immunity

32. **QUESTION:** How at risk would an individual with MS be to contracting covid-19 if she remains home all the time, but there are individuals who live in the home and constantly travel in and out of the home?

**ANSWER:** At this point, there is not hard data that shows MS patients are at significant increased risk of catching COVID19. But, some of the medicines used to treat MS could lower your immune system. So it would still be important for family members traveling in and out of the home to be extremely careful to protect themselves and, in doing so, protect their other family members from exposure. Below are useful sites to give information about MS and COVID-19 and guidelines for immunocompromised patients and COVID-19.

<https://www.nationalmssociety.org/coronavirus-covid-19-information>

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/immunocompromised.html>

33. **QUESTION:** If I have recovered from COVID-19, will I be immune to it?

**ANSWER:** CDC and partners are investigating to determine if you can get sick with COVID-19 more than once. At this time CDC is not sure if you can become re-infected. Until we know more, continue to take steps to protect yourself and others. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>

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<sup>16</sup> Centers for Disease Control and Prevention. (2020). *Coronavirus Disease (COVID-19): Racial and Ethnic Minorities*. Retrieved from

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

## Urban Health Alliance

34. **QUESTION:** Dr. Haley, how can organizations get involved with UF's Urban Health Alliance? Thank You!

**ANSWER:** The mission of the Urban Health Alliance is to looking for partners to improve the well-being of patients and the most vulnerable members of the community. Then, we look forward to partnering with organizations that are interested in improving the health and wellness of underserved communities by recognizing gaps in health resources, addressing SDOH to improve health and well-being, and planning permanent solutions for the future.

Internal and external partnerships play a crucial role in the accomplishments of the Urban Health Alliance. Health, education, and social service organizations can get involved in diverse strategies that include community engagement, education, funding, and evidence-based approaches to identify programs and services that address the needs of the population. We collaborate to explore how organizations can contribute to the missions of the Alliance. We also welcome any interest to learn more and ask that individuals or organizations send an email to Ann-Marie Knight, VP, Community Engagement @ [ann-marie.knight@jax.ufl.edu](mailto:ann-marie.knight@jax.ufl.edu).

35. **QUESTION:** Dr. Haley, I am interested in learning more about the Urban Health Alliance and ways for us to collaborate. In our local Head Start program, we serve over 1,400 low income children and their families with all of our centers in high-needs neighborhoods, particularly the urban core and new town success zone. Our children come to us during their most critical years for brain development. And we know that if we do not address the home environment, particularly access to health care and healthy food, we will not achieve long term change and success later in life.

**ANSWER:** The Urban Health Alliance aims to implement a multi-sector and evidence-based approach that focuses on the social determinants of health to improve the health of all people in Jacksonville.

## Treatment

36. **QUESTION:** Why are African Americans sent home from the ER without proper testing or treatment to die at home at a disproportionate rate than other groups?

**ANSWER:** CDC is continuing to address and collect data to monitor and track disparities among racial and ethnic groups to help best inform decisions on how to address the disparities. CDC is providing guidance for healthcare providers, communities, public health professionals on what they can do to address racial and ethnic disparities as it relates to COVID-19 and best communicate with patients.

37. **QUESTION:** How do we properly advocate for ourselves with medical professionals?

**ANSWER:** It is important for you to advocate for your health. Know your signs and symptoms as it relates to CDC COVID-19 signs and symptoms. Here are some important tips:

<https://chicagodefender.com/advocating-for-self-during-covid-19-resources-and-ways-to-navigate-the-current-healthcare-system/>

To help patients feel more confident in the US health care system, all patients, no matter their race or ethnicity, have the following rights.

#### Patient Bill of Rights

- The Rights of the Patients.
- Right to Appropriate Medical Care and Humane Treatment.
- Right to Informed Consent.
- Right to Privacy and Confidentiality.
- Right to Information.
- The Right to Choose Health Care Provider and Facility.
- Right to Self-Determination.
- Right to Religious Belief.

Here are two sites that will provide additional information:

[https://www.healthsourceglobal.com/docs/Patient%20Bill%20of%20Rights\\_merged.pdf](https://www.healthsourceglobal.com/docs/Patient%20Bill%20of%20Rights_merged.pdf)

[https://www.cms.gov/ccio/Resources/Fact-Sheets-and-](https://www.cms.gov/ccio/Resources/Fact-Sheets-and-FAQs/index#Patient%E2%80%99s%20Bill%20of%20Rights)

[FAQs/index#Patient%E2%80%99s%20Bill%20of%20Rights](https://www.cms.gov/ccio/Resources/Fact-Sheets-and-FAQs/index#Patient%E2%80%99s%20Bill%20of%20Rights)

## Reopening

38. **QUESTION:** Will it become difficult to adhere to the social distancing guidelines as more restaurants, retail stores & other businesses open in our community?

**ANSWER:** It is important that all of us adhere to the Centers for Disease Control Guidelines.

- Stay at least 6 feet away from others while shopping and in lines.
- Cover your mouth and nose with a cloth face covering when you have to go out in public.
- When you do have to visit in person, go during hours when fewer people will be there (for example, early morning or late night).
- If you are at higher risk for severe illness, find out if the store has special hours for people at higher risk. If they do, try to shop during those hours. People at higher risk for severe illness include adults 65 or older and people of any age who have serious underlying medical conditions.
- Disinfect the shopping cart, use disinfecting wipes if available.
- Do not touch your eyes, nose, or mouth.
- If possible, use touchless payment (pay without touching money, a card, or a keypad). If you must handle money, a card, or use a keypad, use hand sanitizer right after paying

More information on COVID-19 Guidance for Older Adults can be found at the following link: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

39. **QUESTION:** What can be done to advocate for the current Administration to allow for the release of the CDC guidelines on reopening the US as reported in today's news?

**ANSWER:** The Mayor's office can be reached at: <https://www.coj.net/mayor/contact-us>

40. **QUESTION:** Although the city is reopening, what is the advice for our senior population?

**ANSWER:** The Centers for Disease Control recommends the following for older adults.

- Stay home if possible.
- Wash your hands often.
- Take everyday precautions to keep space between yourself and others (stay 6 feet away, which is about two arm lengths).
- Keep away from people who are sick.
- Stock up on supplies.
- Clean and disinfect frequently touched services.
- Avoid all cruise travel and non-essential air travel.
- Call your healthcare professional if you have concerns about COVID-19 and your underlying condition or if you are sick.

More information on COVID-19 Guidance for Older Adults can be found at the following link: <https://www.cdc.gov/aging/covid19-guidance.html>

## Protection

41. **QUESTION:** As our government begins rolling back restrictions, please give guidance about the use of face masks on an ongoing or temporary basis

**ANSWER:** [CDC recommends](#) wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), especially in areas of significant community-based transmission.

CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others.

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>  
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

42. **QUESTION:** How often should you wash the face mask?

**ANSWER:** If a cloth mask, most institutions, say wash it daily, but there are no specific guidelines. CDC - In general, cloth face coverings should be washed regularly (e.g., daily and whenever soiled) using water and a mild detergent, dried completely in a hot dryer, and stored in a clean container or bag.

43. **QUESTION:** Is it True that Coffee filters can add some barrier with cloth mask as a insert

**ANSWER:** A coffee filter would help, but a cloth mask is fine. The key is wearing it. The Centers for Disease Control has guidelines for how to wear a mask correctly and how to make them yourself. You can find the details at this link. *Use of Cloth Face Coverings to Help Slow the Spread of COVID-19*

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

44. **QUESTION:** How many times should disposable masks be worn prior to discarding if they do not appear to be soiled? In addition, how should n95 masks be cleaned by individuals?

**ANSWER:** CDC Guidelines - Surgical masks, or respirators (such as N95 respirators) worn by healthcare personnel, first responders, and workers in other industries are personal protective equipment (PPE) and should be used by healthcare personnel and first responders for their protection. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance. There is no CDC guidance for individuals cleaning N95 respirators. The CDC recommends discarding masks when they are soiled, damaged or hard to breathe through. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

45. **QUESTION:** Will spraying alcohol on your hands and rubbing them together, in a washing fashion help?

**ANSWER:** Washing your hands with alcohol is reasonable if soap and water is not available. Alcohol content needs to be at least 60% though. The Centers for Disease Control offers hand washing recommendations. You can find more information at this link. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>

## Medical and Dental Care

46. **QUESTION:** What is the advice on routine doctor visits? Dental visits? Keep current scheduled appoints.

**ANSWER:** You should still do routine primary care visits so that other problems don't develop - same with dental offices. Keep appointments if they are open. Practice Social distancing and masking guidelines. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>