



Coalition Meeting Agenda
Thursday, June 17, 2021 - 9 am to Noon

City of Orlando Emergency Operations Center, JIC/EPG Room
110 George DeSalvia Way, Orlando, FL 32807

Or via webinar at

<https://global.gotomeeting.com/meeting/join/684815309>

Use speakers or call in at 1 (626) 521-0015, Access Code: 684-815-309, Meeting ID:684-815-309

NOTE: This meeting will be recorded

Time	Topic
9:00 – 9:10 am	Welcome & Announcements – Eric Alberts, CFDMC Board Chair
9:10 - 9:30 am	Update on AHCA/CMS Requirements Mark Ross, Florida Hospital Association
9:30- 10:30 am	It's All About You! Harriette Hill, Director Victim Services and Sexual Assault Assistance Program Office of the State Attorney/19th Judicial Circuit (Retired) and Florida Crisis Response Team member
10:30 - 10:45 am	Break
10:45 - 11:45 am	Looking Back at 2020-2021 & Looking Ahead to 2021-2022 <ul style="list-style-type: none"> • Recognition of All Pandemic Responders - Eric Alberts • EID Collaborative - A. C. Burke • FHA Agreement - Lynne Drawdy & Mark Ross • Regional Trauma Advisory Board - Dr. Peter Pappas • Regional Medical Assistance Team - Nick Pachota • Pediatric Annex - Medically Complex Children - Robin Ritola • Plan Updates - Matt Meyers • What's New in 2021-2022 - Lynne Drawdy
11:45 - 11:50 am	Eric Alberts <ul style="list-style-type: none"> • Other Announcements • Next Meeting: September 16 • Meeting Evaluation (e-survey following meeting)

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11:50 - Noon

Celebration of Dave Freeman's Retirement

Orange County Recognition

Lifetime Achievement Award Presented By:

Eric Alberts, CFDMC Board Chair, Health & Medical Co-Chair

Clint Sperber, St. Lucie Health Officer, Health & Medical Co-Chair

Dennis M. Lemma, Seminole County Sheriff, RDSTF5 Co-Chair

Lee Massie, FDLE Special Agent in Charge, RDSTF5 Co-Chair

Pillar of Preparedness Presented By:

CDR Aaron B. Otis

Assistant Deputy Secretary County Health Systems

Florida Department of Health

United States Public Health Service

CDC Public Health Advisor

A Special Gift Presented on Behalf of the Coalition

Remarks by Dave Freeman

6-17-21 CFDMC Member Meeting

Participants: See attached sign-in sheets and webinar attendees.

Welcome & Announcement:

Eric Alberts, CFDMC Board Chair, welcomed everyone and asked that those participating via webinar put their name and organization into 'Chat' or if participating by phone, send an email to info.centralfladisaster.org with their name and organization.

Update on AHCA/CMS Requirements: Eric advised that Mark Ross from the Florida Hospital Association had a conflict and was unable to present today, but provided this information for members:

The latest information they have available is posted on AHCA's Rulemaking page- https://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Rulemaking.shtml under Rule 59A-35.310, F.A.C. They had a rule workshop on April 20, 2021, and shared draft language at that time. AHCA indicated future workshops would be held to discuss program specific CEMPs. They are in the process of organizing and reviewing comments received on the draft language to determine if changes are needed based on the comments (probably). AHCA is also finalizing the CEMP drafts and getting feedback from the managers in order to begin routing for approvals prior to the next workshop. For now, all they have to share is the information found on their Rulemaking page above.

It's All About You!: Harriette Hill shared that the CFDMC member group are caretakers for Central Florida, and it is necessary for caretakers to take care of themselves so they can stay and do the important work they do. When caretakers become stressed, it often skews the way they take care of others and can change their values, perspectives, and beliefs in addition to the way they view life. Harriette shared a 'Do No Harm' self-care exercise (see attached).

Looking Back at 2020-2021 & Looking Ahead to 2021-2022:

- Recognition of All Pandemic Responders - Eric thanked and recognized all who were involved in the COVID-19 response.
- EID Collaborative - A.C.Burke reported that the EID Collaborative developed an Infectious Disease Annex, merging together the high consequence disease plan and the pandemic plan. The group also reviewed the COVID-19 after-action report and priorities for focus are on mental health training, early infectious disease detection within healthcare facilities, protocol consistency, maintaining equipment, and conducting an exercise related to the transportation network.
- FHA Agreement - Lynne Drawdy shared that as part of the CARES Act, FHA received federal funding for improving response to diseases such as COVID. FHA provided CFDMC with \$480,000 in funding. The EID Collaborative identified that the priority for the funding was nursing homes. The funding is being used to provide a nursing home consultation program designed to improve infection control and response plans, procedures, protocols and training. Nursing homes were offered free negative air pressure equipment and N95 masks as an incentive to participate. There are additional slots available in this program and we encourage all nursing homes to participate. A flyer with program details is available on the CFDMC website. Fit testing is also

offered to nursing homes participating, and a fit-test train-the-trainer program is available to all members. Once the new communications pilot begins, we will also set up a regional repository to share best practices.

- Regional Trauma Advisory Board: - Dr. Pappas shared the work of the regional trauma advisory board and its committees over the past year. The focus in the coming year will be to test the new regional trauma coordination plan (see attached presentation).
- Regional Medical Assistance Team: Nick Pachota said the team has been responding since April 2020 and will be demobilizing on June 26. He shared the team's activities over the past year, including managing testing and vaccinations in South Florida. The team has received recognition from the state. In the coming year, the team will be working on response protocols and credentialing.
- Pediatric Annex: Robin Ritola indicated she is excited about the focus on pediatrics and discussed the Pediatric Surge Annex developed this year which highlights preparedness and response for those hospitals that do not regularly see a lot of children. She also discussed the plan for Medically Complex Children; this is a major focus. Over the coming year, we will focus on the reunification of unaccompanied minors (see attached presentation).
- Plan Updates: Matt Meyers described the process for updating plans and reported that all annual plan updates are posted to the website.
- What's New in 2021-2022 - Lynne shared that beginning July 1, 2022, the CFDMC will begin year five of a five year work plan. We will submit a new work plan in response to a State Invitation to Negotiate (ITN) for new contract that will begin July 1, 2022. New priorities over the coming year will include development of Crisis Standards of Care, a Burn Annex, an Exercise with the Florida Infectious Disease Transportation Network, and a full-scale exercise in collaboration with UCF.

Other Announcements: Eric announced that the next CFDMC Member Meeting will be held on September 16th at the Indian River College and that Craig Fugate will be the presenter. There were no other member announcements.

Next Meeting: September 16, 2021

Meeting Evaluation: Eric encouraged all to respond to an e-survey that will be sent to all who participated today.

Celebration of Dave Freeman's Retirement:

The following awards were presented to Dave in recognition of his service, vision, leadership, mentorship and accomplishments to the CFDMC, Orange County, State of Florida and U.S. Public Health. Eric said, "we must carry on Dave's legacy" and Dave said, "it has been a labor of love"!

- Orange County Proclamation "June 17, 2021 as Dave Freeman Day"
- Lifetime Achievement Award from CFDMC & RDSTF5
- Pillar of Preparedness from the Florida Department of Health
- A Special Gift - a hat highlighting Dave's many accomplishments

6-17-21 CFDMC Meeting - Attendees:

In Person:

Matt Winter, AdventHealth

Brenna Young, AdventHealth

Robin Ritola, AdventHealth

Amy Cooper, AdventHealth

Eric Alberts, Orlando Health

Lynne Drawdy, CFDMC

Matt Meyers, CFDMC

Beverly Cook, CFDMC

Deputy Tomeo, OCSO/RDSTF

Lydia Williams, DOH St. Lucie

A.C. Burke, Consultant

Aaron Otis, FDOH

Joseph Burgess, Hotzone

Hillarie Burgess, Hotzone

Clint Sperber, DOH St. Lucie

Aaron Kissler, DOH Lake

Donna walsh, DOH Seminole

Dave Freeman, CFDMC Board

Terry and Casey Freeman, Guests

Lynda W. G. Mason, Northland

Opal Wilson, Northland

Bill Lee, FDLE, RDSTF

Nancy Woloshin, DOH Brevard

Harriette Hill, FCRT

April Taylor, City of Orlando EM

Manny Soto, City of Orlando EM

Via Webinar:

Alan Harris, Seminole Emergency Management & CFDMC Board

Alex Peterson, Seneca Area EMS / Allegheny General Hospital

Amy Gagnon, Palm Garden of Port St. Lucie

Avis Jenkins, Nurses and Moore

Christina Proulx, Cleveland Clinic

Ed Bradley, DOH Martin

Helen Rose, FL ESRD Network

Eric Tierfenthehler

Georgianna Kirk, Community Health Centers & CFDMC Board

J. White

James Witherspoon, DOH Seminole

Jemima Douge

Judy Head, Northland

Ken Peach, Planning Council & CFDMC Board

Lea Collins, FCRT

Dr. Peter Pappas, RTAB Executive Director & CFDMC Board

Todd Stalbaum, Orange EMS

Mark Krupa Air Care

Molly Ferguson, CHC

Reginald Kornegay, Orlando VA & CFDMC Board

Robert Contreras, Orlando Health

Nancy Handeweg, University Health Services

Nick Pachota, RMAT

Ihab Osman, DOH

Viveca McCluang, DOH

Wayne Smith, Davita

Sven Normann, Orlando Health

Gary Schindele



Central Florida Disaster Medical Coalition (CFDMC) Member Meeting

June 17, 2021 9 am to Noon

Note: Meeting is being recorded



Eric Alberts, 2021 CFDMC Chair

- ▶ Welcome & Announcements
- ▶ For those on webinar or phone, please submit your name and organization in chat or by emailing the Coalition at info@centralfladisaster.org

Update on AHCA/CMS Requirements

Mark Ross, Florida Hospital Assoc.



It's All About You!

Harriette Hill, FCRT

TAKE CARE



OF YOURSELF

Please be back at



Looking Back & Looking Ahead



EID Collaborative

A.C. Burke



FHA Update

Lynne Drawdy & Mark Ross



Mission to Care. Vision to Lead.



The RDSTF Region 5 Trauma Advisory Board

A Year of Challenges & Opportunities

Peter A. Pappas MD FACS

Executive Director

RDSTF-5 Trauma Advisory Board

Executive Committee

- ▶ **New members:**
 - **Chief Chris Kammel**
 - **Martin County EMS and EMS Co–Chair**
 - **Commissioner Jimmy Burry**
 - **City of Leesburg**

- ▶ **Gratitude for their service**
 - **Chief Chris Stabile, Martin County EMS**
 - **Mayor Elise Dennison, City of Leesburg**

Clinical Leadership Committee

▶ Highlights

- Convening Trauma and EMS leaders to draft COVID response guidelines
- Creating resources to support EMS and Trauma guideline development

System Support Committee

- ▶ **Supporting Trauma Centers through the COVID pandemic**
 - ▶ **Developing virtual injury prevention and education programs**
- 

Preparedness Committee

▶ Highlights

- September 2020 tabletop exercise
- Regional Trauma Coordination Plan
 - Ongoing project and a major goal
 - Functional exercise August 13, 2021
 - Region-wide full-scale exercise October 21, 2021

Conclusions

- ▶ **Turning challenges into opportunities**
 - ▶ **Uniting to create a seamless system of trauma care from the field to the bedside and beyond**
 - ▶ **Coming together for our communities and our patients**
- 

Central Florida Disaster Medical Team

Nick Pachota, Team Commander



Pediatric Focus

Robin Ritola, CFDMC Pediatric Champion



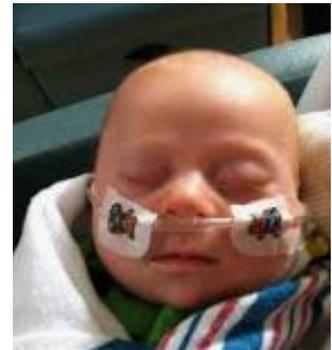
Pediatric Surge Annex

- ▶ Developed in 2020
- ▶ Included Health Care Coalitions within the state
- ▶ Purpose is to offer guidance and support in providing safe care to pediatric patients during a disaster
- ▶ Scope is newborn to 17 years



Medically Complex Children

- ▶ All counties involved
- ▶ Additional needs during a disaster
- ▶ Workgroup focused on Hurricane planning



TRAIN Tool

Transport	Blue/Car	Green/BLS	Yellow/ALS	Orange/CCT	Red/Specialized
Life Support	Stable	Stable +	Minimal	Moderate	Maximal
Mobility	Car/Carseat	Wheelchair or Stretcher	Wheelchair or Stretcher	Weight \geq 1.5 kg Stretcher	Incubator dependent Weight < 1.5 kg or immobile
Nutrition	All PO	Intermittent Enteral	NPO/Continuous Enteral or Partial Parenteral	TPN Dependent	
Pharmacy	Po Meds	IV Intermit meds	IV Fluids	IV Drip x1	IV Drip x2
Life Support	Stable+ =	Low flow oxygen			
	Minimal =	Oxygen hood, chest tube, etc.			
	Moderate =	CPAP/BiPAP/Hi-Flow, Conventional Ventilator, Peritoneal Dialysis, Externally paced , continuous Nebulizer treatments, etc.			
	Maximal =	Highly specialized equipment, e.g., Neonatal Ventilator, HFOV, ECMO, iNO, CVVH, Berlin Heart, wt. \leq 1.5 kg, specialized medical personnel, etc.			
Mobility	Car/Carseat =	Able to ride in automobile with age-appropriate restraints			
	W.C./Stretcher=	Able to ride in ambulance without specialized equipment for temp regulation			
	Incubator=	Transport incubator with equipment for connecting to ambulance			
	Immobile =	Unable to move without special equipment e.g., neurosurgical/bariatric			

TRAIN tool developed by:



Reunification of Unaccompanied Minors



Plans / Updates

Matt Meyers, Project Manager



What's New in 2021-2022

Lynne Drawdy

What's New





ANNOUNCEMENTS

- **Other Member Announcements**
- **Next Meeting: September 16 at Indian River College – special presentation by Craig Fugate (former FEMA Director and Florida DEM Director)**
- ▶ **Meeting Evaluation (e-survey following meeting)**

Celebrating Dave Freeman



Assess Your Self-Care

How often do you do the following? As you read the list below, rate the items using this scale:
5=Frequently, 4=Occasionally, 3=Sometimes, 2=Never, 1=It never even occurred to me

PHYSICAL SELF-CARE

- ___ Eat Regularly (e.g. breakfast & lunch) and healthy
- ___ Exercise (go to the gym, lift weights, practice martial arts, yoga, etc.)
- ___ Get medical care when needed and for prevention
- ___ Take time off when you are sick
- ___ Do a physical activity that is fun for you
- ___ Take time to be sexual
- ___ Get enough sleep
- ___ Take vacations, day trips, or mini-vacations
- ___ Get away from stressful technology such as cell phones, email, internet

PSYCHOLOGICAL SELF-CARE

- ___ Make time for self-reflection
- ___ Go to see a psychotherapist or counselor or coach for yourself
- ___ Read literature unrelated to work (or re-read a favorite book)
- ___ Do something at which you are a beginner
- ___ Notice your inner experience---your dreams, thoughts, imagery, feelings
- ___ Engage your intelligence in a new area—go to an art museum, performance, sports event
- ___ Practice receiving from others
- ___ Say no to extra responsibilities sometimes

EMOTIONAL SELF-CARE

- ___ Spend time with others whose company you enjoy
- ___ Stay in contact with important people in your life
- ___ Treat yourself kindly (supportive inner dialogue or self-talk)
- ___ Feel proud of yourself
- ___ Identify and seek out comforting activities, objects, people, places, etc.
- ___ Allow yourself to cry
- ___ Find things that make you laugh

(Over)

SPIRITUAL SELF-CARE

- Make time for prayer, meditation, reflection
- Spend time in nature
- Participate in a spiritual gathering, community or group
- Cherish your optimism and hopes
- Be open to mystery, not knowing
- Identify what is meaningful to you and notice its place in your life
- Sing and/or listen to music
- Express gratitude
- Celebrate milestones with rituals that are meaningful to you
- Remember and memorialize loved ones who have passed

WORKPLACE SELF-CARE

- Take time to eat lunch
- Take time to chat with co-workers
- Make time to complete tasks
- Identify projects or tasks that are exciting, growth-promoting, and rewarding for you
- Arrange your workspace so it is comfortable and comforting
- Get regular supervision or consultation
- Negotiate for your needs (benefits, pay raise...)

Now, re-read the list and put a star next to one item in each category that you would like to incorporate into your daily routine. Revisit this list from time to time to help stay focused on caring for yourself.

Adapted from: Kraybill, K. Healing Hands, Health Care for the homeless Clinicians 'Network,
Vol 6 No 2 February, 2002



Traumatic Incident Stress: Information for Emergency Response Workers

From the National Institute for Occupational Safety and Health

Disasters take many forms and demand quick response from emergency workers. They may include natural disasters such as earthquakes or hurricanes, or they may involve manmade disasters such as technological failures or terrorist attacks. As a member of an emergency response team, you and your team members are at risk of experiencing what psychologists refer to as a traumatic incident—an incident that may involve exposure to catastrophic events, severely injured children or adults, dead bodies or body parts, or the loss of colleagues, for instance.

Traumatic incidents can produce unusually strong emotional reactions that may interfere with your ability to function at the scene or later:

You may experience any of the physical, cognitive, emotional, or behavioral symptoms listed below in Table 1. Some people experience emotional aftershocks weeks or months after they have passed through a traumatic event. Others may experience these reactions while still at the scene, where they must stay clearly focused on constantly changing hazards to maintain their own safety and to rescue injured victims.

Remember that strong emotions are normal reactions to an abnormal situation!

Table 1.—Symptoms of stress that may be experienced during or after a traumatic incident

Physical*	Cognitive	Emotional	Behavioral
Chest pain*	Confusion	Anxiety	Intense anger
Difficulty breathing*	Nightmares	Guilt	Withdrawal
Shock symptoms*	Disorientation	Grief	Emotional outburst
Fatigue	Heightened or lowered alertness	Denial	Temporary loss or increase of appetite
Nausea/vomiting	Poor concentration	Severe panic (rare)	Excessive alcohol consumption
Dizziness	Memory problems	Fear	Inability to rest, pacing
Profuse sweating	Poor problem solving	Irritability	Change in sexual functioning
Rapid heart rate	Difficulty identifying familiar objects or people	Loss of emotional control	
Thirst		Depression	
Headaches		Sense of failure	
Visual difficulties		Feeling overwhelmed	
Clenching of jaw		Blaming others or self	
Nonspecific aches and pains			

*Seek medical attention immediately if you experience chest pain, difficulty breathing, severe pain, or symptoms of shock (shallow breathing, rapid or weak pulse, nausea, shivering, pale and moist skin, mental confusion, and dilated pupils).

Additional Resources

Disaster Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA).

<http://www.mentalhealth.org/cmhs/EmergencyServices/index.htm>

Tips for Talking About Disasters, SAMHSA.

<http://www.mentalhealth.org/cmhs/EmergencyServices/after.htm>

Self-Care Tips for Emergency and Disaster Response Workers, SAMHSA.

<http://www.mentalhealth.org/cmhs/EmergencyServices/response.htm>

Related Links, SAMHSA.

<http://www.mentalhealth.org/cmhs/EmergencyServices/links.htm>

National Center for Post Traumatic Stress Disorder (PTSD), Department of Veterans Affairs.

<http://www.ncptsd.org/>

Disaster Mental Health: Dealing with the Aftereffects of Terrorism. Brief Information for the Public and the Professional.

National Center for PTSD, Veterans Affairs

<http://www.ncptsd.org/disaster.html>

St. Laurent, D. (1996). The nutritional needs of rescue teams. *Emergency Preparedness Digest*, April-June, pp. 26–27.

Please stay safe at work.

OVER →

Traumatic Incident Stress: Information for Emergency Response Workers (continued)

What You Can Do On-site

Taking care of yourself will help you to stay focused on hazards at the site and to maintain the constant vigilance you need for your own safety. Often responders do not recognize the need to take care of themselves and to monitor their own emotional and physical health—especially when recovery efforts stretch into several weeks. The following guidelines contain simple methods for helping yourself. Read them while you are at the site and again after you return home.

- Pace yourself. Rescue and recovery efforts at the site may continue for days or weeks.
- Take frequent rest breaks. Rescue and recovery operations take place in extremely dangerous work environments. Mental fatigue over long shifts can place emergency workers at greatly increased risk for injury.
- Watch out for each other. Co-workers may be intently focused on a particular task and may not notice a hazard nearby or behind.
- Be conscious of those around you. Responders who are exhausted, feeling stressed, or even temporarily distracted may place themselves and others at risk.
- Maintain as normal a schedule as possible: **regular eating and sleeping are crucial**. Adhere to the team schedule and rotation.
- Make sure that you drink plenty of fluids such as water and juices.
- Try to eat a variety of foods and increase your intake of complex carbohydrates (for example, breads and muffins made with whole grains, granola bars).
- Whenever possible, take breaks away from the work area. Eat and drink in the cleanest area available.
- Recognize and accept what you cannot change—the chain of command, organizational structure, waiting, equipment failures, etc.
- Talk to people when **YOU** feel like it. You decide when you want to discuss your experience. Talking about an event may be reliving it. Choose your own comfort level.
- If your employer provides you with formal mental health support, use it!
- Give yourself permission to feel rotten: You are in a difficult situation.
- Recurring thoughts, dreams, or flashbacks are normal—do not try to fight them. They will decrease over time.
- Communicate with your loved ones at home as frequently as possible.

What You Can Do at Home

Over time, your impressions and understanding of your experience will change. This process is different for everyone. No matter what the event or your reaction to it, you can follow some basic steps to help yourself adjust to the experience:

- Reach out—people really do care.
- Reconnect with family, spiritual, and community supports.
- Consider keeping a journal.
- Do not make any big life decisions.
- Make as many daily decisions as possible to give yourself a feeling of control over your life.
- Spend time with others or alone doing the things you enjoy to refresh and recharge yourself.
- Be aware that you may feel particularly fearful for your family. This is normal and will pass in time.
- Remember that "getting back to normal" takes time. Gradually work back into your routine. Let others carry more weight for a while at home and at work.
- Be aware that recovery is not a straight path but a matter of two steps forward and one back. You will make progress.
- Appreciate a sense of humor in yourself and others. It is OK to laugh again.
- Your family will experience the disaster along with you. You need to support each other. This is a time for patience, understanding, and communication.
- Avoid overuse of drugs or alcohol. You do not need to complicate your situation with a substance abuse problem.
- Get plenty of rest and normal exercise. Eat well-balanced, regular meals.

When a Parent is Deployed

Family Separation and Readiness—Children's Issues

Parents can help children understand and accept the separation.



Pre-Family Separation

The pre-family separation period is stressful for parents and children. Confronted with an extended absence of a parent, family members sense a loss of continuity and security. Children may not fully understand why one of their parents must leave. Very often young children may become confused and fearful that Mommy or Daddy will desert them.

Change is puzzling to children. They want everything to remain the same. Children are not very good at expressing fears and feelings in words. Anger and a desire for revenge, as well as guilt for feeling that way, are often demonstrated in the child's behavior. When changes occur, children usually have no other way to release anxieties, and nowhere to go for help. At a time when the spouse readies to deploy, the remaining spouse may feel overwhelmed, as he or she prepares to solely support the children and home.

What can be done about relieving the stress of the pre-family separation period?

Consider the following ideas, which have been helpful to others in similar situations.

Talk to Your Children About the Deployment Before It Happens

Communicate your thoughts and feelings about the separation. Be open and honest. Some parents worry that advance warning will only give the child more time to fret. However, children can sense when something is about to happen and worry more when they are left uninformed. Knowing about the deployment in advance helps family members adjust to the idea.

Building an Emotional Bond

The departing parent needs to spend quality time with each child before he or she leaves. Do not be afraid to hug your child. A display of affection is a powerful communication.

Use this time to share pride in your work and the purpose for your deployment. Many school-age children understand that some events must happen for the good of everyone. It is a little easier to let go if mom or dad's job is seen as essential to the country.

Often when asked if something is bothering them, a child will say "no." But there are ways to get through. Make a casual reference to your own worries or ambivalent feelings about the impending assignment or deployment.





This helps a child realize that his or her parent is a real person who can cry as well as laugh, and it models an appropriate way to release feelings—talk about them.

Visit Your Child’s Teacher

Children frequently react to the deployment of a parent by misbehaving in class or performing poorly in their studies. A teacher who is aware of the situation is in a better position to be sensitive and encouraging.

Plan for Communicating

Expect children to stay in touch with the departed spouse. Encourage children to brainstorm the many ways communication can occur in addition to letter writing.

Help Children to Plan for the Departure

When the spouse is packing his or her bags, allow the children to assist in some way. Suggest a “swap” of some token, something of the child’s that can be packed in a duffel bag in return for something that belongs to the departing parent. Discuss the household chores and let the children choose (as much as possible) the ones they would rather do. Mother and father need to agree with each other that the division of household chores is reasonable. The role of disciplinarian needs to be supported by the departing parent.

Being a Long-Distance Parent

Parenting while away from home is not easy. The most important aspect of parenting from a distance is making those small efforts to stay in touch. Doing something to say the parent is thinking about and missing the child is what is most important. The following are some practical suggestions to help keep the absentee parent involved with his or her children:

- Letters and cards from mom or dad are important. The length and contents are not nearly as important as the presence of something in the mail from the absent parent. When sending picture postcards, make little notes about the place or write

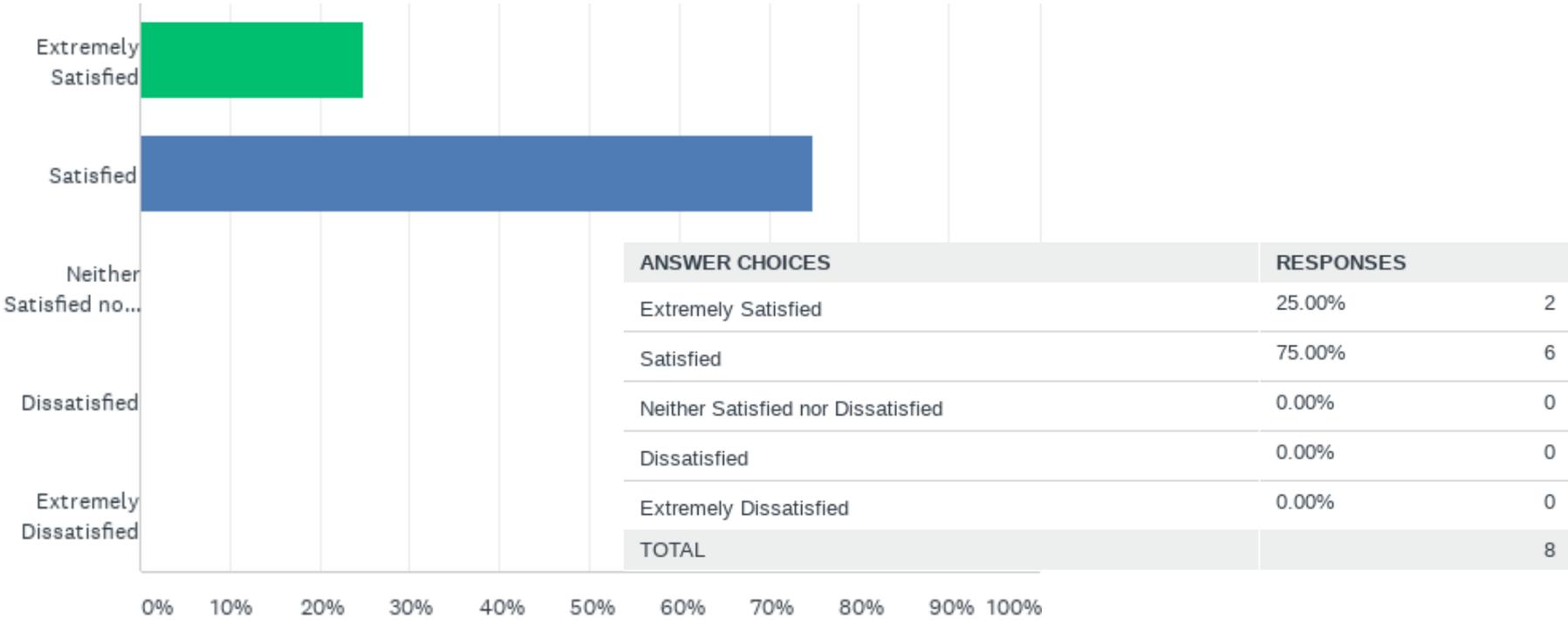
that you stood right “here”—“x” in the picture. Any small thing that makes the card personal will have tremendous meaning to children at home.

- When using a tape recorder, remember to be creative: sing “Happy Birthday,” tell a story, read inspirational material, or take it with you on your job or when visiting with other members of your working group. Do not try to fill a tape completely in one sitting. Make sure you describe details such as your surroundings, the time of day, and what you are doing.
- Try not to forget birthdays and special holidays that might be important to a child, particularly Thanksgiving, religious holidays, Halloween, or Valentine’s Day.
- Try to schedule phone calls when children are likely to be at home. Keep a mental list of things you want to talk about with each child, such as his or her friends, school, and sports. Ask each child to send you something from the activities they are involved in at school, home, or outside activities, such as dance lessons, youth groups, or scouts. If your child has a pet, make sure to ask about it.
- **TURN ON YOUR SENSORS AND TUNE IN TO YOUR CHILD’S WORRIES ABOUT THE DEPLOYMENT.** Just because a child does not tell you about their concerns does not mean that they are not troubled. Children do not usually recognize the cause, nor will they tell you they are concerned. The spouse that is departing should communicate with each child individually. There is no substitute for a letter with your own name on the envelope. Again, send postcards, snapshots, and tape recordings of the sounds around you where you are deployed. Let them know you are thinking of and loving them.

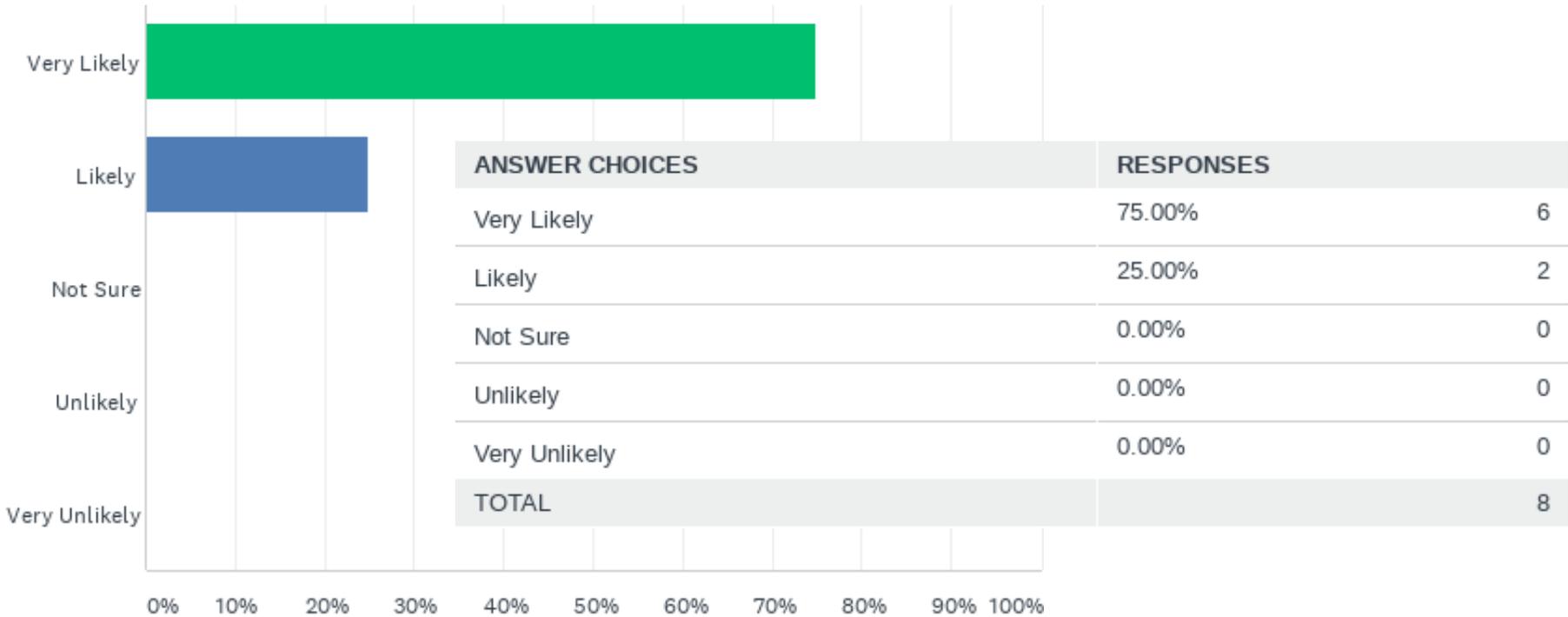
This material is adapted from the “Predeployment Guide: A Tool for Coping” on the Air Force Crossroads Web site at <http://www.afcrossroads.com/famseparation>.

June 17, 2021 CFDMC Meeting Survey Results 8 Respondents

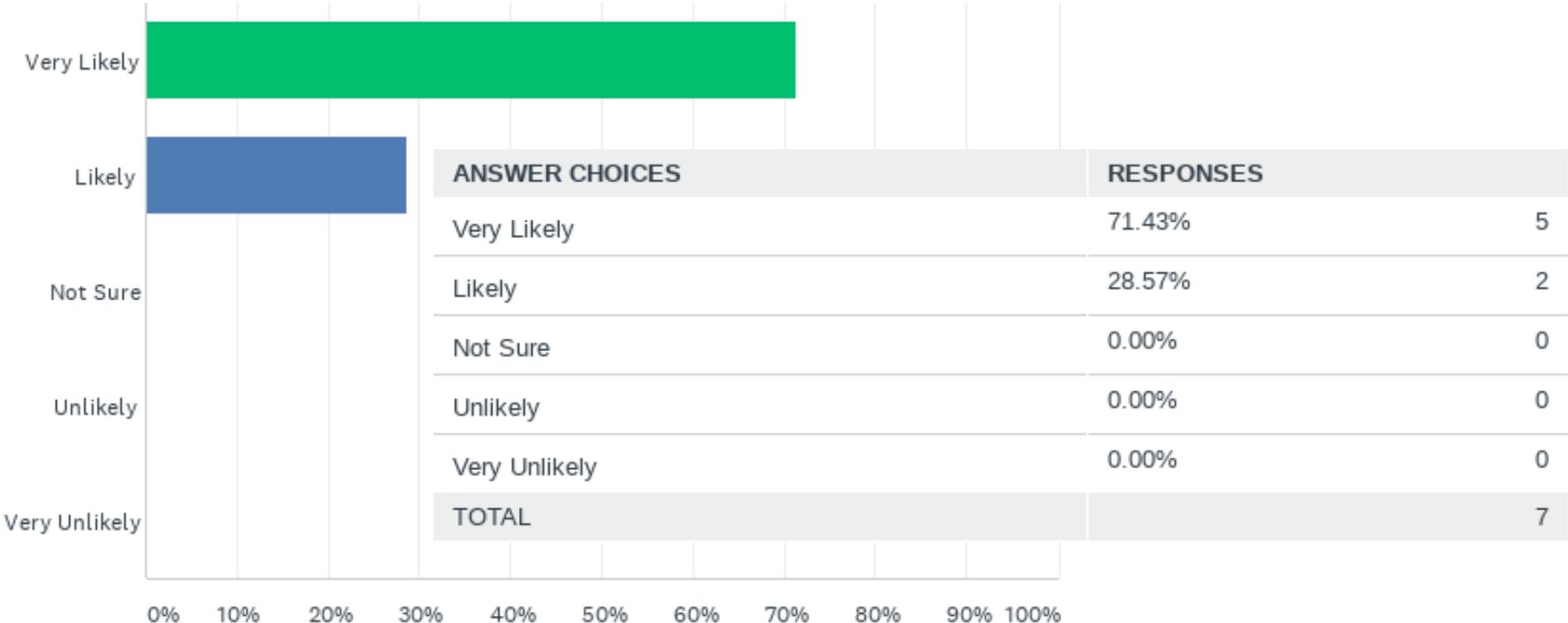
Overall satisfaction with the June 17 Coalition meeting: 100% Satisfaction Rate 25% Top Box



Likelihood to attend future coalition meetings: 100% Engagement Rate (75% Top Box)



Likelihood to recommend joining the coalition to others: 100% Engagement Rate (71% Top Box)



Comments

Most Valuable:

- Hearing updates and enjoyed the presentation of self care
- Stress reduction ideas
- Updates and info
- All the info is valuable. Enjoyed the self help presentation.
- Recognition of Dave Freeman

Improvement Opportunities:

- As you have been doing, continue to explain what each agenda item is/means as some of us do not have emergency services background or experience.
- Meeting was closed and was knocked off right when they started with honoring. Missed the ending.
- Send calendar invite to members and include agenda
- SME presenters in addition to the great information received.