CommuniVax

A Coalition to Strengthen the Community's Role in an Equitable COVID-19 Vaccination Campaign

Transcript from July 15, 2021: Carrying Equity in COVID-19 Vaccination Forward: Guidance Informed by Communities of Color

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00:02:13.290 --> 00:02:23.340
Prarthana Vasudevan: Welcome to today's webinar carrying equity and covert 19 vaccination forward guidance informed by communities of color Emily brunson will now begin.

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00:02:27.150 --> 00:02:35.220
Emily Brunson: Thank you everyone for joining us today, my name is Emily bronson and i'm an associate professor of anthropology at Texas State University.

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00:02:35.910 --> 00:02:42.060
Emily Brunson: i'm joined by my colleague, Dr Monica shock spawn a senior scholar at the Johns Hopkins Center for health security.

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00:02:42.780 --> 00:02:51.420
Emily Brunson: This webinar is an output of commune of X and national coalition to strengthen the communities role in an equitable koba 19 vaccination campaign.

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00:02:52.320 --> 00:03:01.590
Emily Brunson: Community box is co led by the Department of anthropology at Texas State University and the Johns Hopkins Center for health security at the Bloomberg school of public health.

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00:03:02.430 --> 00:03:11.040
Emily Brunson: The Community X coalition which includes local teams, working with black and Hispanic Latino communities across the United States.

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00:03:11.400 --> 00:03:24.360

Emily Brunson: The working group on equity and coven 19 vaccination and strategic partners, including the Association for immunisation managers was funded by the chance occur Berg initiative with additional support from the Rockefeller foundation.

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00:03:25.380 --> 00:03:36.630
Emily Brunson: Today we're very excited to share with you the newest commune of X report carrying equity and covert 19 vaccination forward guidance informed by communities of color which was released yesterday.

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00:03:37.620 --> 00:03:47.700
Emily Brunson: This report outlines new strategies for the coven 19 vaccination campaign that were informed by rapid ethnographic research conducted with black and Hispanic Latino communities.

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00:03:48.060 --> 00:03:58.500
Emily Brunson: In Alabama California Idaho Maryland and Virginia, it provides specific guidance on how to adapt coven 19 vaccination efforts to achieve greater vaccine coverage.

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00:03:58.890 --> 00:04:05.790
Emily Brunson: In underserved populations and through this to develop sustainable locally appropriate mechanisms to advance equity and help.

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00:04:07.230 --> 00:04:17.730
Emily Brunson: today's webinar based on this report will be split into two parts, in the first hour we'll be discussing cross cutting nationally relevant findings derived from the research of our local teams.

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00:04:18.480 --> 00:04:27.540
Emily Brunson: As part of this will hear from representatives of each of these teams about how the pandemic and covered 19 vaccination has unfolded and played out in their communities.

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00:04:28.320 --> 00:04:36.720
Emily Brunson: In the second hour, which will be moderated by Monica we will hear from members of the National working group about recommendations drawn from the local observations.

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00:04:37.320 --> 00:04:46.710
Emily Brunson: As a note, before we begin, we will answer questions from the audience after each panel, if you have a question Please submit it in the Q amp a box i'll now begin.

16
00:05:01.200 --> 00:05:10.590
Emily Brunson: The first observation from the local research is that naming vaccine hesitancy as the reason for low vaccine coverage obscures the more complex reality.

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00:05:11.460 --> 00:05:17.970
Emily Brunson: First hesitancy involves a range of concerns that can vary in detail and intensity from person to person.

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00:05:18.750 --> 00:05:32.820
Emily Brunson: For some individuals these concerns are centered on covered 19 vaccines for others, they focus on itself and for some hesitancy stems from a long standing just trust of medicine, public health and our government.

19
00:05:34.230 --> 00:05:48.360
Emily Brunson: Second, focusing myopically on hesitancy can obscure issues of access, including a lack of access to transportation and limited hours of vaccination states that are still preventing people in the United States from being vaccinated.

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00:05:49.740 --> 00:06:00.390
Emily Brunson: Finally, while it might be easy to envision a straightforward decision making process where an individual alone digest as educational materials and then moves to X X.

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00:06:00.750 --> 00:06:11.220
Emily Brunson: The reality is that decision making about Cobra 19 vaccination is messy, it is a social process that often prioritises social networks over authoritative sources.

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00:06:11.700 --> 00:06:16.320
Emily Brunson: It is not a linear process people cycle through information and can change their minds.

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00:06:16.800 --> 00:06:28.410
Emily Brunson: And it is ongoing some individuals who've already been vaccinated, for example, are still reconsidering their decision and that in turn is impacting the thoughts and decisions of the people around them.

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00:06:29.880 --> 00:06:38.550

Emily Brunson: In relation to this observation, we will hear from Dr Noah Crespo an associate professor of health promotion and behavioral science at San Diego State University.

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00:06:39.060 --> 00:06:56.220
Emily Brunson: He is the KPI for our California team following no way we'll hear from Dr Daniela Rodriguez Daniela is an associate scientist of international health at the Johns Hopkins Bloomberg School of Public Health she is a member of the Maryland baltimore team no way over to you.

26
00:06:58.470 --> 00:07:05.670
Noe Crespo: Thank you, Dr Robinson when was the yes good morning everyone by now, we are all familiar with the term vaccine hesitancy.

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00:07:06.120 --> 00:07:12.690
Noe Crespo: However, to blame lower vaccination rates in communities of color on vaccine hesitancy is incorrect, for several reasons.

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00:07:13.140 --> 00:07:17.940
Noe Crespo: First, it ignores the fact that many folks in hard hit communities are not hesitant at all.

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00:07:18.510 --> 00:07:30.120
Noe Crespo: in San Diego South region, for example, which is majority Latino vaccine update is remarkably high about 85% of eligible residents in this region have received at least one dose second.

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00:07:31.020 --> 00:07:35.160
Noe Crespo: hesitancy label overlooks persistent barriers to access and lumps together.

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00:07:35.820 --> 00:07:47.820
Noe Crespo: The many reasons, people have for not getting vaccinated and it places the responsibility on the individual this can divert attention away from social and structural factors that contribute to lower vaccination next slide.

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00:07:50.820 --> 00:07:57.510
Noe Crespo: Other traditional barriers to vaccination have been identified, we found a wider set of reasons that go beyond traditional hesitancy.

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00:07:58.290 --> 00:08:02.220
Noe Crespo: Some participants said that the new healthcare workers who did not believe in vaccinations.

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00:08:02.820 --> 00:08:10.980
Noe Crespo: This can help doubt downstream effects, since those providers may not model or encourage vaccination went on duty or two people who they know personally.

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00:08:11.670 --> 00:08:27.360
Noe Crespo: One participant was worried about the possibility of financial implications if something went wrong after vaccination another participant was afraid of the vaccine side effects and advocacy she said i'm a diabetic i'm not healthy, what if I get the vaccine and it makes me worse.

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00:08:28.440 --> 00:08:40.500
Noe Crespo: We also heard from undocumented individuals who feared, of being perceived as a public charge these individuals avoid any interactions with the health care system for fear that using public services may cause issues further.

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00:08:41.220 --> 00:08:49.620
Noe Crespo: down the line, other participants said that they had no one to care for their children or cannot take time off of work if they were to experience vaccine side effects.

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00:08:50.070 --> 00:08:59.310
Noe Crespo: Another participant may sure that his father got vaccinated but said he didn't take the vaccine himself, because he couldn't risk now being able to take care of his father next slide.

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00:09:00.900 --> 00:09:07.260
Noe Crespo: Other people may be vaccine indifferent, who have remained relatively untouched by the pandemic.

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00:09:07.680 --> 00:09:18.180
Noe Crespo: This might include people who are self employed or work under the table living in rural, remote places and those who whose children are not in public school systems such folks.

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00:09:18.570 --> 00:09:26.970
Noe Crespo: Do not consistent consistently received Cohen 19 information regularly, particularly if they are not consumers of social or news media.

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00:09:27.570 --> 00:09:43.680
Noe Crespo: We also learned that the initial messaging about prioritizing high risk groups may have backfired some under the age of 65 and in relatively good health may think that it's not necessary for them to get the vaccine for them if it's not required no action is taken next slide.

43
00:09:45.420 --> 00:09:59.700
Noe Crespo: Some are experts at self preservation, they are confident that they know how to protect themselves from corporate, for example, and essential worker said he was successful or taking all the necessary steps to prevent covert so from his point of view, there was no rush to take the vaccine.

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00:10:00.960 --> 00:10:14.820
Noe Crespo: Others expressed the need to endure I want our is the Spanish term by necessity, they felt the need to bear up push through and avoid complaining about daily struggles getting sick is an inconvenience that can preclude economic ruin.

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00:10:15.840 --> 00:10:20.580
Noe Crespo: Other reasons for not getting vaccinated or people's reliance on their faith versus a vaccine.

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00:10:21.000 --> 00:10:32.700
Noe Crespo: This may be reinforced, when a person feels that the formal institutions won't take care of them and that's contributing further to their increased reliance on their faith, these are just some of the main findings from our work in California, thank you.

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00:10:41.280 --> 00:10:49.260
Daniela Rodriguez | JHSPH: Thank you, Dr Chris Paul when he is when a fairly new many years i'm going to be talking about the work that we've been doing in baltimore city with our latinx residents.

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00:10:49.860 --> 00:10:56.730
Daniela Rodriguez | JHSPH: And, most of our Latino residents are immigrants primarily Spanish speakers some speak primarily indigenous languages.

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00:10:57.150 --> 00:11:03.450
Daniela Rodriguez | JHSPH: And you'll see a number of intersections between the work that the the issues that we're seeing in the ones that Dr Chris talked about.

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00:11:03.780 --> 00:11:15.120
Daniela Rodriguez | JHSPH: including issues of access, so we have technological access where so many of our folks don't have access to computers or smartphones or even data plans that allow them to access the information that's often online around the globe, including vaccination.

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00:11:16.620 --> 00:11:31.590
Daniela Rodriguez | JHSPH: We also see issues around livelihood access, where the people who are who were working with are primarily daily burst construction for men off of domestic work for women, and they cannot afford to take a day off work to go get vaccinated.

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00:11:32.310 --> 00:11:38.670
Daniela Rodriguez | JHSPH: Because it means not putting food on their tables or not being able to have enough money to send home to their families and their origin countries.

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00:11:39.450 --> 00:11:45.270
Daniela Rodriguez | JHSPH: There are also a lot of concerns around immigration enforcement and fears that if they go get vaccinated there will be.

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00:11:45.840 --> 00:11:53.130
Daniela Rodriguez | JHSPH: Police or ice in these places will end up in a database that will identify them to potentially be deported next.

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00:11:54.060 --> 00:12:06.300
Daniela Rodriguez | JHSPH: And next again, please they're also linked persistent language issues and where we see both on site and online activities not having sufficient resources in Spanish, to be able to navigate the.

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00:12:06.750 --> 00:12:13.590
Daniela Rodriguez | JHSPH: navigate the available resources next, but I think one of the biggest issues we saw is that a number of our.

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00:12:14.160 --> 00:12:25.170
Daniela Rodriguez | JHSPH: Community Members want to get vaccinated, so there is demand, but there just isn't enough supply, in particular, initially, when the vaccination was restricted to certain groups and either these folks did not.

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00:12:25.530 --> 00:12:33.060

Daniela Rodriguez | JHSPH: were not eligible or they did not have the documentation the formal documentation to indicate their eligibility is like a pay Stub next.

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00:12:34.320 --> 00:12:45.030
Daniela Rodriguez | JHSPH: These issues reflect the earlier and persistent in equity and access issues that you know residents in baltimore city have experienced and covert exacerbated these which is not.

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00:12:45.390 --> 00:12:58.890
Daniela Rodriguez | JHSPH: Which is not new, this is something that's experienced by a number of vulnerable populations in our city and beyond, and we saw that turn into disproportionate effect on our lives, you know residents with so many getting sick and showing up to care so late, because of these concerns.

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00:12:59.970 --> 00:13:07.350
Daniela Rodriguez | JHSPH: non governmental organizations stepped into this gap to provide testing to provide food distribution and other supports but it wasn't enough next.

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00:13:08.580 --> 00:13:20.160
Daniela Rodriguez | JHSPH: we're now seeing agencies working together government and non governmental agencies working together to offer vaccination sites where people are so in their communities and neighborhoods at churches places where they congregate.

63
00:13:20.490 --> 00:13:22.710
Daniela Rodriguez | JHSPH: During days and hours, where they can actually attend.

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00:13:23.130 --> 00:13:36.930
Daniela Rodriguez | JHSPH: And i've also included here an infographic in Spanish that's been now that indicates how folks can be registered for vaccination both online, but, as well as a hotline that is managed by people who speak Spanish in order to be able to increase access to the vaccine.

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00:13:37.770 --> 00:13:39.990
Daniela Rodriguez | JHSPH: And with that i'll turn it over to Dr bronson.

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00:13:44.910 --> 00:13:45.840
Emily Brunson: Thank you, both.

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00:13:48.270 --> 00:14:06.480
Emily Brunson: Both of you worked in Hispanic Latino communities so i'd like you to talk about for a minute what strategies by health departments hospitals Community based groups and other stakeholders have most enabled members of your local communities and baltimore and San Diego to get vaccinated.

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00:14:09.060 --> 00:14:18.570
Daniela Rodriguez | JHSPH: Well, I can say that in baltimore with there's been a reliance and some could even say an over reliance on non governmental organizations that had the penetration in this community in these communities.

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00:14:19.230 --> 00:14:28.170
Daniela Rodriguez | JHSPH: Some of our sort of more standing institutions like the hospital systems and the state and city agencies just didn't have the kind of networks to reach out to these folks.

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00:14:28.590 --> 00:14:37.050
Daniela Rodriguez | JHSPH: And so there's been a reliance on the on those networks outreach, in particular, but also layering of services, so if there's.

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00:14:37.530 --> 00:14:43.530
Daniela Rodriguez | JHSPH: You know, so if we're having testing site try to also offer food distribution and try to maintain those connections with people.

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00:14:43.920 --> 00:14:52.230
Daniela Rodriguez | JHSPH: Obviously language is a big issue but also making sure that services are provided or our connections are being made in a way that's culturally competent has been really important as well.

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00:14:54.150 --> 00:14:57.930
Noe Crespo: Thank you for that question, I can offer three examples our county health department.

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00:14:58.290 --> 00:15:08.910
Noe Crespo: and other Community based agencies hired train and deployed a large workforce of Community health workers, so this was a major contributor to promoting and increasing vaccination updates among Hispanics Latinos in San Diego.

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00:15:09.510 --> 00:15:14.820
Noe Crespo: The other is that county and Community clinics set up various mobile pop up vaccination sites.

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00:15:15.330 --> 00:15:22.740
Noe Crespo: Within the hardest hit communities which in included bilingual and bicultural staff this reduced transportation related language barriers.

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00:15:23.070 --> 00:15:34.350
Noe Crespo: And then the last is the state of California handed over large quantities of vaccines to local community clinics, so that they can decide how to best distributed the vaccines to their patients so, for example, some clinics will providers.

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00:15:35.490 --> 00:15:44.460
Noe Crespo: decided to expand eligibility criteria, including ethnicity or not only based on age and that increase uptake among the most high risk populations.

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00:15:46.590 --> 00:15:52.560
Emily Brunson: Thank you so when you're both cutting it with the Hispanic and Latino communities that you worked with.

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00:15:53.490 --> 00:16:00.660
Emily Brunson: instant very different ways it's obviously a majority of the population in San Diego in the region that your team was working in no way.

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00:16:01.140 --> 00:16:20.400
Emily Brunson: But this is a minority minority population in baltimore with with Danielle his team so thinking about what's happened what additional proof improvements to the local pub in 19 vaccination efforts, would you recommend based on on your research and these areas.

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00:16:22.260 --> 00:16:26.190
Daniela Rodriguez | JHSPH: Well, one of the things that we've seen change over time and we hope actually persists.

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00:16:26.820 --> 00:16:39.270
Daniela Rodriguez | JHSPH: As a change in practice is actually an effort for as new programs are being rolled out that we're thinking about our immigrant communities front and Center not necessarily planning for the majority and then retrofitting it later down the line.

84
00:16:39.510 --> 00:16:42.150
Daniela Rodriguez | JHSPH: Because they end up getting left further behind.

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00:16:42.990 --> 00:16:53.340
Daniela Rodriguez | JHSPH: And in fact that example that I gave with the infographic that vaccine registration site for here for baltimore city was was planned to be both in English and in Spanish, at the outset, and that was a change and how.

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00:16:53.790 --> 00:17:00.390
Daniela Rodriguez | JHSPH: Our agencies were typically working that's the kind of thing that we hope persists, I mean, but it also reflects and I believe that report talks about this.

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00:17:00.690 --> 00:17:14.190
Daniela Rodriguez | JHSPH: Is you know, there are infrastructure and capacity deficits within our within our health agencies that make it difficult to be able to have the kind of connection persistent connection penetration in marginalized communities that needs to be addressed.

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00:17:16.440 --> 00:17:23.400
Noe Crespo: Thank you there's a few recommendations that we can point to, for example, immigration policies need to be clearly articulated to and by.

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00:17:23.700 --> 00:17:35.760
Noe Crespo: Law enforcement Homeland Security lawmakers and public health leaders and then to the Hispanic Latino community and those that are meant to serve the vaccination side, so that the public burden policy is no longer a barrier concern.

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00:17:36.330 --> 00:17:46.260
Noe Crespo: Also, vaccines, need to be ubiquitous and getting vaccinated should be the default and easy choice, this includes recommending that employers make getting vaccination easy an easy option.

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00:17:46.920 --> 00:17:58.260
Noe Crespo: at work sites for their workers additionally healthcare providers faith based leaders need to get vaccinated and promote the vaccines among their congregants and their patients relatives and friends.

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00:18:00.870 --> 00:18:06.300
Emily Brunson: Thank you, both very much will now turn to our second observation.

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00:18:07.770 --> 00:18:09.900
Emily Brunson: i'm going to go ahead and screen share again.

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00:18:11.460 --> 00:18:21.900
Emily Brunson: So the second observation in the report that we'd like to highlight is that assuming communities of color are homogenous is a critical error.

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00:18:22.710 --> 00:18:40.320
Emily Brunson: We do want to acknowledge that commonalities exist racial and economic inequality is, for example, or economic and racial inequalities are common in in both of these areas, but at the same time differences do exist.

96
00:18:47.790 --> 00:18:49.500
Emily Brunson: So, for example.

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00:18:52.530 --> 00:18:56.880
Emily Brunson: Where communities are located can also create similar experiences.

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00:18:57.810 --> 00:19:05.910
Emily Brunson: urban areas, for instance, have more developed communication and transportation infrastructure, compared to frontier and rural locations.

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00:19:06.420 --> 00:19:13.590
Emily Brunson: Despite these similarities, however, differences also exist, and these differences result in unique experiences.

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00:19:14.190 --> 00:19:25.440
Emily Brunson: black and Hispanic Latino persons, for instance, experience racial inequality in very different ways and due to factors such as language, culture and historical experiences.

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00:19:26.160 --> 00:19:38.760
Emily Brunson: within communities as well, demographic characteristics like age, gender and political affiliation can also lead to disparate personal experiences and perspectives among Community members.

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00:19:39.450 --> 00:19:50.310

Emily Brunson: So for this observation, we will be hearing from Dr Elizabeth cartwright Liz is a professor of anthropology at Idaho State University and she is the KPI for our Idaho team.

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00:19:50.970 --> 00:20:03.300
Emily Brunson: Following Liz we will hear from Dr stephanie mcclair stephanie as an associate professor of anthropology at the University of Alabama and she is the key is for the Alabama team so Liz over to you.

104
00:20:05.640 --> 00:20:06.510
Elizabeth Cartwright: Thank you Emily.

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00:20:08.130 --> 00:20:15.510
Elizabeth Cartwright: And our team of university professors and students has worked with Hispanic Community members in rural Idaho since 1999.

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00:20:16.590 --> 00:20:22.380
Elizabeth Cartwright: Many things have changed over the last 20 years Hispanic agricultural workers are no more diverse than ever.

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00:20:22.980 --> 00:20:31.170
Elizabeth Cartwright: Our research shows the different generations have vastly different experiences, even in these small somewhat remote towns on on the snake river plane.

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00:20:31.830 --> 00:20:38.430
Elizabeth Cartwright: And these small rural communities individuals know each other to communicate easily they have a shared sense of belonging.

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00:20:39.120 --> 00:20:52.290
Elizabeth Cartwright: None of these things should be underestimated, when it comes time to face difficulties, such as those that occurred during the pandemic, as we strive to create livable places for future generations Size matters and bigger is not necessarily better.

110
00:20:54.090 --> 00:21:05.550
Elizabeth Cartwright: We learned much about vaccination perceptions next slide from conducting 41 interviews and three focus groups younger people tend to have better access to scientific information.

111
00:21:06.210 --> 00:21:15.270

Elizabeth Cartwright: Older individuals rely heavily on the younger generation to show new ideas and alleviate fears, they also tend to rely more on information from back home and Mexico.

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00:21:15.780 --> 00:21:24.450
Elizabeth Cartwright: constant contact between Idaho and Mexico is facilitated by social media of all kinds, information travels quickly back and forth across the borders.

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00:21:25.350 --> 00:21:34.110
Elizabeth Cartwright: Among males aged 1860 the need to work was a resounding reason for getting vaccinated the vast majority of men in this category we're working in agriculture.

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00:21:34.590 --> 00:21:45.180
Elizabeth Cartwright: Several interviewees to come on temporary work pieces from Mexico ultimate working on the large farms spoke about how their employers had gotten the vaccines for them and they had received the vaccines.

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00:21:47.160 --> 00:21:59.280
Elizabeth Cartwright: The local clinics pharmacies and health department all the dumb vaccine clinics at the farms and warehouses, no one spoke about having difficulties and accessing a vaccine if they wanted one and all, but a couple of interviewees wanted the vaccine.

116
00:22:00.870 --> 00:22:07.560
Elizabeth Cartwright: Next slide well vaccines may be available there's a lack of health insurance for many of the individuals working in agricultural jobs.

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00:22:07.950 --> 00:22:19.560
Elizabeth Cartwright: The fear of getting sick and losing work is palpable in interview responses, the huge hospital bills face families whose members were very sick with code early independent or strong incentive for vaccination.

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00:22:21.570 --> 00:22:27.390
Elizabeth Cartwright: those individuals who knew someone who had been very sick or died of colon 19 often stated that is the reason for wanting the vaccine.

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00:22:28.170 --> 00:22:33.240
Elizabeth Cartwright: Our team has helped local healthcare professionals develop just in time interventions.

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00:22:33.630 --> 00:22:41.010
Elizabeth Cartwright: Early this spring we determined that undocumented workers were concerned about going to a government sponsored public health office to get vaccinated.

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00:22:41.580 --> 00:22:44.970
Elizabeth Cartwright: People were afraid that they would have to show proof that they were in the US legally.

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00:22:45.480 --> 00:22:55.920
Elizabeth Cartwright: Our team worked with the local public health office to develop a flyer that expressly stated that no documentation of any kind, would be required for a person to receive a vaccination through their office.

123
00:22:56.460 --> 00:23:08.190
Elizabeth Cartwright: and additional flyer was developed in Spanish that explained, where one could get the code 19 vaccines, members of the research team distributed the flyers to local farms and Latino grocery stores were many members of the Hispanic Community live and work.

124
00:23:09.780 --> 00:23:22.260
Elizabeth Cartwright: Our TEAM members to have improved local vaccine access and they will carry understandings gained working on the Community backs project into their professional futures, helping to make our small corner of the world a better place, thank you.

125
00:23:27.450 --> 00:23:40.440
Stephanie McClure: Our findings around non homogeneous are very informative but not surprising is the anthropologist one of the things we know is that human groups are characterized by similarity and difference in the both similarity and difference, are important.

126
00:23:40.920 --> 00:23:58.650
Stephanie McClure: This was certainly true in Alabama and begins with codes effects in our target counties, we found similarity and difference at the county and individual levels, the experiences of the virus and an experience intention and action around that vaccination next slide.

127
00:24:00.180 --> 00:24:18.360
Stephanie McClure: There are similarities and differences between black majority and black minority counties in Alabama vaccination rates are higher among blacks than whites in rural Alabama counties, however, vaccination rates are below black population proportion in our three black majority county.

128
00:24:19.560 --> 00:24:30.030
Stephanie McClure: State level and grassroots access efforts and grassroots persuasion efforts explained the relative success in vaccinating older black Community members.

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00:24:30.420 --> 00:24:41.700
Stephanie McClure: But access and hesitancy continue to be barriers to progress towards population immunity This brings us to the consideration of variability within communities next slide.

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00:24:43.950 --> 00:24:55.500
Stephanie McClure: response to experience with the virus is not necessarily predictable on its face the response that you see here from one of our participants fits the mainstream vaccination protects narrative.

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00:24:55.950 --> 00:25:04.980
Stephanie McClure: After her husband's week of severe illness, during which he lost 25 pounds this woman and her husband were vaccinated as soon as they could be next slide.

132
00:25:06.690 --> 00:25:23.220
Stephanie McClure: But the response depicted here does not fit the vaccination protects narratives after the death of her mother from Kobe this participant wanted nothing to do with anything coven related including vaccination next slide.

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00:25:26.250 --> 00:25:33.000
Stephanie McClure: it's not always clear what did or will persuade people to be vaccinated so we have gained some insight.

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00:25:33.540 --> 00:25:41.580
Stephanie McClure: mini cited efforts of those, like the first participant who on this slide who encouraged vaccination among her family members.

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00:25:41.790 --> 00:25:58.440
Stephanie McClure: And then there are those, like the second participant, who see the virus and the vaccine as equivalent risks, it is often not immediately clear how to shift that balance of fear, however, it is clear that movement from hesitate from hesitancy to vaccination takes time.

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00:25:59.850 --> 00:26:00.480

Stephanie McClure: Next slide.

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00:26:02.460 --> 00:26:09.630
Stephanie McClure: If there is a common barrier to vaccination among our participants, it is distrust of medicine and the healthcare delivery system.

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00:26:10.170 --> 00:26:15.870
Stephanie McClure: overcoming distrust takes time So how do we move towards population immunity in the meantime.

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00:26:16.470 --> 00:26:24.210
Stephanie McClure: One participant frame her choice to be vaccinated as a combined response of experience, logical action and faith.

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00:26:24.750 --> 00:26:40.530
Stephanie McClure: her answer won't work for everyone, but it suggests a framework that we continue to seek combinations of experience, logical action and trust that will persuade other Community members to join the ranks of the vaccinated Emily.

141
00:26:43.200 --> 00:26:52.590
Emily Brunson: Thank you very much stephanie and Liz so i'd like to turn to a few questions for for the two of you and listening to each other's presentations.

142
00:26:53.310 --> 00:27:06.540
Emily Brunson: And, and you dealt with, with different ethnic and racial communities, obviously in different areas of the country, but you both had rural areas in your sights it was that was all Idaho and and part of the Alabama.

143
00:27:07.650 --> 00:27:19.260
Emily Brunson: Research Area so thinking about this and listening to each other's presentations, what do you feel was the the biggest similarity between your communities and and what was the biggest difference.

144
00:27:21.210 --> 00:27:37.140
Stephanie McClure: One of the biggest similarities, I saw was the importance of family to getting information about vaccination and also family considerations in the decision to to be vaccinated so in Alabama.

145

00:27:37.950 --> 00:27:45.330
Stephanie McClure: younger family members, often facilitated access to vaccine appointments in the early days, because of problems with broadband.

146
00:27:45.720 --> 00:27:53.100
Stephanie McClure: Access or skill level with the Internet, so people really looked out for each other and older people really took a role in persuading.

147
00:27:53.730 --> 00:28:06.600
Stephanie McClure: There are other family members to be vaccinated in many cases, so family was was really the the first level of connection and persuasion for people to be vaccinated in our in our group.

148
00:28:09.360 --> 00:28:17.370
Elizabeth Cartwright: Thank you stephanie um you know, I think that one of the things that really stood out to me is that in both of these rural communities.

149
00:28:18.570 --> 00:28:28.410
Elizabeth Cartwright: You know, we have these groups of majority and minority populations and the vaccination rates are very different between the two oftentimes.

150
00:28:28.830 --> 00:28:39.120
Elizabeth Cartwright: And I think that one of the interesting things at this point now for both of our rural communities, a similarity I think would be that I think it would be an important time to reach out and to try to figure out.

151
00:28:40.110 --> 00:28:53.490
Elizabeth Cartwright: What the majority, people are thinking and how the interaction between groups in these areas are really giving people the information that they have and it's pushing decision making, one way or the other.

152
00:28:55.710 --> 00:29:04.650
Stephanie McClure: And in terms of difference, I would say, one of the biggest one is that in the Idaho you had this large group of farm workers who were already vaccinated.

153
00:29:04.950 --> 00:29:15.510
Stephanie McClure: And, or who who stopped vaccination and then really large numbers, and this is a younger group of people and that's the group of people that were having difficulty.

154
00:29:16.080 --> 00:29:35.940
Stephanie McClure: Getting vaccinated in Alabama and I think Idaho is kind of pointing the way that work sites as know a mentioned are going to be really critical to to making vaccination easily accessible to people and and then tying that vaccination to work I think it's going to be a key strategy.

155
00:29:36.990 --> 00:29:50.310
Elizabeth Cartwright: I so agree stephanie um you know, the one thing that really stood out to me as we've been working in these communities for 20 years I mean we're working now with the sons and daughters of our first group of promoters a seller that we started, you know in 1999.

156
00:29:51.900 --> 00:30:00.810
Elizabeth Cartwright: And one of the things that we've seen over the years is that people work in the same places, and they have really strong relationships between employers and employees.

157
00:30:01.440 --> 00:30:18.240
Elizabeth Cartwright: And so, these long term work relationships that people can rely on and trust in is, I think a really strong building block for creating a good continued vaccine availability and acceptance.

158
00:30:19.980 --> 00:30:29.520
Emily Brunson: Thank you so considering the differences that exists among communities of color across the US, but also within these communities.

159
00:30:30.180 --> 00:30:44.490
Emily Brunson: That really make one size fits all solutions impossible, what can be done, how can local and state public health departments, for example, work more effectively with communities in their areas.

160
00:30:46.020 --> 00:30:57.480
Stephanie McClure: Well, again, I would say that we can take a lesson from Idaho and also from San Diego and in terms of their use of Community health workers, I think that's going to be key.

161
00:30:58.020 --> 00:30:59.670
Stephanie McClure: Particularly to for.

162
00:31:00.300 --> 00:31:09.630
Stephanie McClure: Public health promotion successful public health promotion, particularly in rural Alabama because what we've seen you know, over and over again, is the kind of disconnect.

163
00:31:09.840 --> 00:31:25.320
Stephanie McClure: From the the sort of state architecture of public health delivery and what happens on the ground with people who live in more remote areas so that Community health worker model I think it's going to be critical to changing the public health profile in Alabama.

164
00:31:27.270 --> 00:31:34.290
Elizabeth Cartwright: You know, I think that the Community health worker model is it's such a beautiful thing and it's such a great first step.

165
00:31:34.890 --> 00:31:44.580
Elizabeth Cartwright: And you know we took it maybe you know now maybe 15 years ago and I think we've really tried to now move on from that, and so our approach was to.

166
00:31:45.330 --> 00:31:53.610
Elizabeth Cartwright: engage 20 of our young university students, half of them were Hispanic first generation college students.

167
00:31:54.030 --> 00:32:01.620
Elizabeth Cartwright: To engage those as members of the research team, so they were Community members going to college and they were also part of the research team.

168
00:32:02.100 --> 00:32:09.300
Elizabeth Cartwright: Because it's in that it's in that moment when the students learn that they can and committee members, as they are.

169
00:32:09.570 --> 00:32:17.340
Elizabeth Cartwright: They learned that they can ask questions of the situation, they can gather data they can take that data and have a great seat at the table with the.

170
00:32:17.910 --> 00:32:26.610
Elizabeth Cartwright: You know, with our wonderful open public health department has allowed these students into the meetings and to see the students just glow when.

171
00:32:26.850 --> 00:32:39.810
Elizabeth Cartwright: When they are you know when they're asked their opinion it's just it's just great and so seeing how these students supporting their education and moving forward, I think that that's really a critical step.

172
00:32:41.370 --> 00:32:57.870
Emily Brunson: Excellent thank you both very much so, just as a reminder, we were going to get a time for audience questions, and if you have those please put those in the Q amp a box and we'll get to them in a moment, so we'll turn out to the third observation.

173
00:32:59.100 --> 00:33:01.080
Emily Brunson: i'm coming from the local research.

174
00:33:03.690 --> 00:33:15.180
Emily Brunson: So, and that is that hyper local responses to the pandemic results in better health outcomes Community lead organized and advocated Members who closed coven.

175
00:33:15.780 --> 00:33:23.160
Emily Brunson: Gaps a response gaps and stephanie and Liz were just giving us examples of some of those that occurred locally in their areas.

176
00:33:23.790 --> 00:33:36.840
Emily Brunson: we've also seen examples of this in the national media such efforts are particularly powerful because the grassroots organizations leading these initiatives already have the trust of Community members.

177
00:33:37.320 --> 00:33:46.890
Emily Brunson: They also understand the socio economic and cultural realities of their lives, this knowledge and understanding is critical as as trust.

178
00:33:47.340 --> 00:33:58.470
Emily Brunson: In fact, we propose through our local research that coven 19 vaccination is now moving at the speed of public trust and that without trust vaccination efforts.

179
00:33:58.980 --> 00:34:05.490
Emily Brunson: and especially covert 19 vaccination efforts moving forward or not capable of success.

180
00:34:06.360 --> 00:34:17.430
Emily Brunson: For this observation will be hearing from Dr Andrew plunk Andy is an associate professor of pediatrics at Eastern Virginia Medical School and he is the API for our Virginia team.

181
00:34:18.030 --> 00:34:29.280
Emily Brunson: Following Andy will hear from Dr Stephen Thomas Stephen is a professor of health policy management and the director of the Maryland Center for health equity at the University of Maryland school of public health.

182
00:34:29.790 --> 00:34:35.010
Emily Brunson: Stephen is the KPI for our Maryland Prince george's county team so Andy over to you.

183
00:34:36.300 --> 00:34:43.740
Andrew Plunk: Thank you very much, so here is Hampton roads, where we are working on it's the southeastern most region in Virginia.

184
00:34:44.430 --> 00:35:00.750
Andrew Plunk: The area itself is a mix of rural and urban communities Norfolk the city in which most of the team is located is more or less than the middle of that highlighted area there on the map and in our study we worked with area public housing communities next slide please.

185
00:35:04.500 --> 00:35:09.840
Andrew Plunk: will be found that differences between rural and urban areas seem to be very informative.

186
00:35:10.710 --> 00:35:20.520
Andrew Plunk: it's worth noting that even all access was far more restricted in rural areas of Virginia, many of those reasons regions achieved much higher than average vaccination rates.

187
00:35:21.510 --> 00:35:30.990
Andrew Plunk: On the other hand, not a single participant from the Hampton roads cities that we worked with reported that they had any barriers to getting a vaccine if they wanted one.

188
00:35:32.100 --> 00:35:43.230

Andrew Plunk: And vaccination rates and some of the cities here Norfolk, for example, are among the lowest in Virginia, however, I wouldn't call this vaccine hesitancy per se next slide please.

189
00:35:45.930 --> 00:35:57.330
Andrew Plunk: Instead um this really does seem to be related to a much more pervasive sense of mistrust and not just the vaccines, but rather almost everything that's happening right now.

190
00:35:58.500 --> 00:36:07.710
Andrew Plunk: And I think it's important to explain what this means trust seems to have real consequences for marginalized communities that most of us probably won't ever be able to fully understand.

191
00:36:08.640 --> 00:36:23.040
Andrew Plunk: And in this way trust could even be thought of as a survival strategy strategy mistress rather should be thought of as a survival strategy so in i'm talking about something that starts to represent a different way of looking at the world.

192
00:36:24.150 --> 00:36:30.000
Andrew Plunk: This type of mistrust seems to be associated with assuming that you have fundamentally different goals and values.

193
00:36:30.630 --> 00:36:43.860
Andrew Plunk: This isn't something that educational campaign, for example, will fix instead you address this by becoming more trustworthy and i'm convinced that the only way, you can do that is by building relationships next slide please.

194
00:36:48.240 --> 00:37:00.180
Andrew Plunk: I think our experiences get at some of what's really required to make this approach work we realized early on in the pandemic in that our engagement with our Community advisory board would be quite disrupted.

195
00:37:01.380 --> 00:37:07.920
Andrew Plunk: We couldn't just not easily transition to online meetings with them some of our cab, for example, had never used computers before.

196
00:37:08.790 --> 00:37:19.500

Andrew Plunk: So we have the responsibility for ensuring that we'd still be able to engage with our partners and our case being that make committing to not letting a lack of access technology, be a limiting factor.

197
00:37:20.370 --> 00:37:26.040
Andrew Plunk: Everyone we work with it's a tablet and unlimited data plan and as much technical support as they need.

198
00:37:27.270 --> 00:37:37.350
Andrew Plunk: So, how does all this worked out, I think it's gone really well as of yesterday, our team has had 166 zoom meetings with folks we've provided tablets do.

199
00:37:38.970 --> 00:37:47.400
Andrew Plunk: So what I didn't do what I didn't anticipate it always being able to build new relationships, especially not with communities who rightfully distressed outsiders.

200
00:37:48.270 --> 00:37:55.380
Andrew Plunk: When we started the lockdown with 11 cab members from Norfolk and now we're meeting with over 30 lake Community Members from all across our region.

201
00:37:56.460 --> 00:38:05.790
Andrew Plunk: And what we've been doing with the cab well they help interpret research findings that guide grant proposals and several Members have been co authors on recently submitted manuscripts.

202
00:38:06.840 --> 00:38:09.450
Andrew Plunk: So what is the key takeaway from this well, I think.

203
00:38:10.710 --> 00:38:19.470
Andrew Plunk: You have to commit to doing everything you can to create lasting respectful relationships in our case, one of the things that we had to do was ensure that folks had a way to talk to us.

204
00:38:20.190 --> 00:38:27.660
Andrew Plunk: The details of that got pretty involved with the technology and all that but, at the end of the day, it's still just a way to express a commitment to a relationship.

205
00:38:28.770 --> 00:38:31.860

Andrew Plunk: And I think that people will respond to that if you do it sincerely.

206
00:38:42.150 --> 00:38:43.440
Andrew Plunk: We have there we go.

207
00:38:49.800 --> 00:38:50.430
Stephen Thomas: Thank you.

208
00:38:51.480 --> 00:38:56.490
Stephen Thomas: nod your head Emily if you can hear me very good i'm Stephen Thomas.

209
00:38:57.720 --> 00:39:10.950
Stephen Thomas: From the community of actual rapid response team in Prince george's county and i'm so excited to be here and bring you greetings from our team, what does hyper local really me, and you know for us.

210
00:39:12.120 --> 00:39:29.580
Stephen Thomas: It was a recognition that Prince george's county has a population of almost 1 million people and 65% of them self identify as black another 820 percent identify as Latino or some other non white group.

211
00:39:32.580 --> 00:39:41.460
Stephen Thomas: We recognize that, even within this majority minority population there's heterogeneity next side.

212
00:39:42.300 --> 00:39:51.750
Stephen Thomas: Effects Prince george's county is seen as one of the wealthiest majority black counties in the United States, and yet there are pockets of poverty.

213
00:39:52.560 --> 00:40:05.580
Stephen Thomas: In Prince george's county was one of the hotspots in the state of Maryland for covert what you see here is how we built upon the existing infrastructure at our Center for health equity.

214
00:40:06.450 --> 00:40:10.770
Stephen Thomas: Where our theme is building bridges building trust building healthy communities.

215
00:40:11.430 --> 00:40:21.330
Stephen Thomas: And I just want to highlight one of those aspects and that's the work that we've been doing in barbershops and beauty salons Why not go where people already have trust.

216
00:40:21.990 --> 00:40:39.300
Stephen Thomas: Barber shops and beauty salons can be places where conspiracy theories spread or places where you get accurate information about code and an opportunity for people to make informed decisions, so, if you look at these images around the scene here.

217
00:40:40.380 --> 00:40:49.110
Stephen Thomas: We had our barbers and stylists including myself once we got fascinated We made it public, and we promoted that very important.

218
00:40:49.620 --> 00:40:59.250
Stephen Thomas: The other image, you see, there are two of our barbers getting a saliva Kovac test that we made possible for them now that's part of the conversation in the barbershops.

219
00:40:59.730 --> 00:41:07.800
Stephen Thomas: And we brought in graphic artists to translate the information into a format more accessible to the Community next side.

220
00:41:09.240 --> 00:41:20.160
Stephen Thomas: And so, with that look at what has happened we conducted the first covert vaccines in a barbershop in a beauty salon in the state of Maryland.

221
00:41:20.760 --> 00:41:34.410
Stephen Thomas: And it was hugely successful so successful that our efforts got picked up by the White House, and now this effort of bringing vaccines and barbershops and salons is occurring across the country.

222
00:41:35.760 --> 00:41:44.490
Stephen Thomas: here's how hyper local can also be hyper national that image in the middle, where you see the CNN coverage.

223
00:41:45.450 --> 00:42:04.440

Stephen Thomas: So the stories local but national take home misinformation is real, we need to address it number to meet people where they are no shame no blame and number three trust really matters it's not just the message, but also the messenger and with that i'll stop.

224
00:42:13.770 --> 00:42:21.930
Emily Brunson: My mommy Thank you Stephen and Andy and I think that the point that you're ending on Stephen the misinformation is pervasive.

225
00:42:22.290 --> 00:42:36.240
Emily Brunson: And it definitely is but, but one of the things that we're finding from our local research, including the research from Prince george's county and Virginia, is that trust matters and that's the key way to overcome this information.

226
00:42:36.960 --> 00:42:46.170
Emily Brunson: So both of you described building trust with Community members in your local areas and you both of your teams have been very successful at doing so.

227
00:42:47.040 --> 00:43:05.040
Emily Brunson: So i'd like you to consider how can this happen elsewhere, what steps can a mayor or a county public health official take to demonstrate to local communities of color that they in the coven 19 response and the vaccination campaign are trustworthy.

228
00:43:07.620 --> 00:43:09.060
Stephen Thomas: Let us know who you're throwing the ball to.

229
00:43:09.450 --> 00:43:10.440
Emily Brunson: You and Andy.

230
00:43:13.980 --> 00:43:19.500
Stephen Thomas: One of the things that we've figured out is that this zoom Hollywood squares.

231
00:43:20.520 --> 00:43:28.920
Stephen Thomas: has eventually brought us all together in ways that were unimaginable oh I got a mare on with a Barber and a physician and.

232
00:43:30.660 --> 00:43:38.580
Stephen Thomas: One of the leaders like Anthony foushee and the other national leaders to bring them all together in one room in a virtual space has been amazing.

233
00:43:39.150 --> 00:43:53.640
Stephen Thomas: And and and it shows respect for the common folk for the people from the common walk of life and when they have that interaction I think they come away feeling that they do matter and that's the beginning of establishing a relationship.

234
00:43:56.340 --> 00:43:58.710
Andrew Plunk: And I do think that the relationships are important.

235
00:43:59.850 --> 00:44:04.140
Andrew Plunk: and expressing a commitment to those relationships as well, making sure that.

236
00:44:05.520 --> 00:44:13.890
Andrew Plunk: you're going to give folks who might not have the ability, you know the capacity to do that without some help give them the ability to do that, you know, be able to connect with you to be able to talk to you.

237
00:44:15.060 --> 00:44:20.190
Andrew Plunk: I do think that when that's done sincerely like Steven mentioned this Hollywood squares kind of zoom environment.

238
00:44:21.810 --> 00:44:25.650
Andrew Plunk: You know, we have folks who like I mentioned never use computers before.

239
00:44:26.700 --> 00:44:36.360
Andrew Plunk: But they you know I, I know that they they set an alarm every week before our meeting so that they'll make sure that they attend because they enjoy it so much, and I think that.

240
00:44:37.590 --> 00:44:47.460
Andrew Plunk: That just wouldn't be the case if we hadn't made like if they didn't see that we had made a sincere commitment to them to want to do that to want to be there with them to experience that with them to get their feedback.

241
00:44:48.090 --> 00:44:57.870
Andrew Plunk: I think they anybody can do that local mayor's can do that as long as they are actually sincere about making those first steps and reaching out to folks and meeting them where they're at.

242
00:45:00.960 --> 00:45:08.340
Stephen Thomas: And you know that sincerity means that once you start the relationship you don't just abandon them and they've asked us this question.

243
00:45:08.820 --> 00:45:14.280
Stephen Thomas: Because they're seeing the health professionals in hospital systems come in fairly aggressively and they're saying, Dr T.

244
00:45:15.000 --> 00:45:30.930
Stephen Thomas: This for for them, or for us i'm saying what do you mean if they just give us the jab and leave us with diabetes and heart disease and obesity, then then it's very clear it's for them, we can shop, we can do things and spend money and not spread virus.

245
00:45:32.190 --> 00:45:44.310
Stephen Thomas: I think that if we don't figure out a way of addressing those underlying conditions that made covert so bad, with this new infrastructure that we have, we would be missing an opportunity I have health systems down that are.

246
00:45:45.120 --> 00:45:51.930
Stephen Thomas: That now have trustworthiness because they've come on our heels into these shops and they've made a commitment.

247
00:45:53.160 --> 00:46:05.280
Stephen Thomas: in public that we will stay to address the diabetes and hypertension and guess what flu seasons right around the corner, how can we use this infrastructure to get ready for the next wave.

248
00:46:07.800 --> 00:46:08.730
Andrew Plunk: that's super important.

249
00:46:09.960 --> 00:46:14.160
Andrew Plunk: of being responsive to what Community needs are listening to them, making sure that you're going to be there.

250
00:46:14.880 --> 00:46:26.400

Andrew Plunk: Not just to get their feedback and maybe not do anything with it bring your success and your results back to them, report back to them make them involved in the whole process I think those are all very positive steps.

251
00:46:27.060 --> 00:46:31.530
Andrew Plunk: That I do think that anybody if we actually do commit to that can do at any level.

252
00:46:32.220 --> 00:46:42.420
Stephen Thomas: And you know Andy when we talk about measuring success, sometimes the reporters asked how many arms, did you get a vaccine in I have to explain to them or at the hell no wall.

253
00:46:42.900 --> 00:46:45.870
Stephen Thomas: we're going to have our people are saying hell no for no reason.

254
00:46:46.260 --> 00:46:53.190
Stephen Thomas: And so it's really the stories that are more important is that grandmother who brought her grandkids in to get fascinated.

255
00:46:53.550 --> 00:47:06.180
Stephen Thomas: it's the families who come, and I think that's what can mean of X is able to do with our hyper local approach to literally bring the stories of the people to the table, and at this phase in our effort.

256
00:47:06.840 --> 00:47:16.080
Stephen Thomas: Around the hesitancy which does not mean never it means taking the time and treating people with dignity and respect, we have a gentleman who came in hesitant.

257
00:47:16.680 --> 00:47:31.320
Stephen Thomas: And guess what he left hesitant, but he got fascinated you don't have to change your worldview, but he was treated in a way, where he felt that he was respected at this point that's vitally important.

258
00:47:33.090 --> 00:47:44.370
Stephen Thomas: It also is helping our health systems rebuild their relationship with a community that has been neglected simply based on the epidemiology of these preventable diseases.

259
00:47:45.000 --> 00:48:01.920
Stephen Thomas: And I think that they're recognizing you know what you kind of make your friends before you need them, and this has given them an opportunity to be visible and present in the Community in ways that they're having an Aha moment that they need to be here on route on a routine basis.

260
00:48:04.800 --> 00:48:21.690
Emily Brunson: Thank you, both for your comments, so at this point we're going to turn to questions from our audience and, once again, please, if you have any questions put them in the Q amp a box and i'd like to turn this over to Monica who will ask the questions that have been submitted so far.

261
00:48:23.250 --> 00:48:37.110
Monica Schoch-Spana: Good afternoon, everyone, and thank you for attending and thank you for loading up our Q amp a box with good questions our very first question comes from ronnie Robin of the New York Times.

262
00:48:38.490 --> 00:48:48.690
Monica Schoch-Spana: And that concerns issues surrounding low vaccination rates in the black Community for researchers who have worked among local black communities.

263
00:48:48.930 --> 00:49:00.210
Monica Schoch-Spana: Are there additional insights and nuances that you can share with our audience today about the low vaccination rates in the communities that you have worked with.

264
00:49:02.880 --> 00:49:13.590
Stephen Thomas: Well, let me just begin by saying at the very beginning of this pandemic our communities are black and brown communities were marinating in misinformation.

265
00:49:14.460 --> 00:49:28.800
Stephen Thomas: And it's not a criticism of our health departments simply being stretched to a point where they could not counter those things in real time, and so, by the time community of X comes on board and begins building that infrastructure.

266
00:49:29.820 --> 00:49:36.570
Stephen Thomas: Those communities were sitting with that misinformation for months and a lot of it was coming from the White House.

267

00:49:36.930 --> 00:49:55.860
Stephen Thomas: In the previous administration if we don't acknowledge that then we don't realize the the the impact that that has had you don't overcome that in seven months you don't overcome that in seven months, and so I think that we simply need to make the commitment for.

268
00:49:56.940 --> 00:50:06.360
Stephen Thomas: Long term engagement long term engagement no shame no blame it means you actually have to listen and.

269
00:50:07.170 --> 00:50:14.610
Stephen Thomas: And so the low vaccination rates are are complex, but we're seeing the needle move, and we need to give a time.

270
00:50:15.210 --> 00:50:22.500
Stephen Thomas: And and and even be more aggressive and letting people know what this delta variant really means now be mindful.

271
00:50:22.860 --> 00:50:35.220
Stephen Thomas: The counter messaging out there has money, and they have literally produce movies kind of tell black people not to be vaccinated we have headwinds, but we also have a strategy to move forward.

272
00:50:38.280 --> 00:50:49.050
Stephanie McClure: Just like this second to what Dr Thomas had to say he's absolutely right about the pervasiveness of the misinformation and how long it takes to overcome that and.

273
00:50:50.340 --> 00:50:59.130
Stephanie McClure: and also to point out that I think everyone has said that number one hesitancy is multifaceted and that overcoming hesitancy takes time.

274
00:50:59.520 --> 00:51:14.580
Stephanie McClure: i'd also like to point out that the projected resistance has actually lower than is actually was actually higher than the resistance that we've met, in other words, there were African Americans from the beginning.

275
00:51:15.150 --> 00:51:20.850
Stephanie McClure: Who were eager to get the virus and in the early days, the problem was access um.

276
00:51:21.540 --> 00:51:32.040
Stephanie McClure: And so we say, at least on the Alabama team, we say fight access with hesitancy which goes back to the point that Dr Thomas was making let's stay present.

277
00:51:32.340 --> 00:51:39.150
Stephanie McClure: You know let's meet people where they are let's work locally and and particularly in Alabama.

278
00:51:39.750 --> 00:51:58.080
Stephanie McClure: What I talked about in our data, the the vaccination rates among rural Whites are actually lower than the vaccination rates among rural blacks so so let's then talk about how access is being done in those rural areas, so that people have the opportunity to say yes.

279
00:51:58.740 --> 00:52:10.080
Stephen Thomas: And you know stephanie and because the question came up from a New York Times reporter in the paper consistently when they say hesitancy they say other reason is the tuskegee syphilis study.

280
00:52:10.500 --> 00:52:25.230
Stephen Thomas: And I want that reporter to know this, then in macon county rural Alabama stephanie they get they are getting vaccinated the sons and daughters of the tuskegee syphilis study participants have been vaccinated.

281
00:52:26.340 --> 00:52:43.440
Stephen Thomas: And they began on camera to say, do not use that legacy and the suffering of our ancestors, as the reason for not being fascinated and so that story needs to be lifted up even more the real contextual ization of tuskegee is that those men were denied treatment.

282
00:52:44.610 --> 00:52:52.980
Stephen Thomas: What we need to do now is make sure every effort is made to ensure that African Americans receive access to this vaccine and trusted settings.

283
00:52:53.460 --> 00:53:03.570
Stephen Thomas: And so stephanie, you are absolutely right, we have moved the needle there and we need that story to be told, more broadly, and for our stories, not to be behind a paywall.

284
00:53:05.010 --> 00:53:12.450
Stephen Thomas: Of trash and and misinformation flows freely we can't have the good information behind a paywall So how do we handle that with the new.

285
00:53:13.500 --> 00:53:15.480
Stephen Thomas: business models of our newspapers.

286
00:53:16.590 --> 00:53:23.880
Stephanie McClure: Indeed, and one more thing, before we move on to the next question, I also want to emphasize and the sons and daughters of the ski.

287
00:53:25.740 --> 00:53:35.940
Stephanie McClure: patrol participants are making this point as well, our African American and everyone on this panel who's talking about the African American Community has also made this point.

288
00:53:37.020 --> 00:53:47.970
Stephanie McClure: African Americans distrust and hesitancy is not merely historical it is rooted in the poor relationships that that Andy.

289
00:53:48.720 --> 00:53:59.310
Stephanie McClure: As Dr Thomas talked about it's rooted in a long and ongoing incidence of unequal treatment in the healthcare delivery system.

290
00:53:59.730 --> 00:54:09.330
Stephanie McClure: And tuskegee serves as a MED in him because it's it's a big event right but it captures in a capsule eights it stands for.

291
00:54:09.660 --> 00:54:20.640
Stephanie McClure: All of those instances of being turned away or treated less well or ignored or having racist assumptions informed things like the administration of pain medication.

292
00:54:20.850 --> 00:54:34.530
Stephanie McClure: You can't wish that away and dismissing it as and historically rooted mistrust belies the present day reality of the structural barriers to healthcare access that exists for African Americans in this country.

293

00:54:36.630 --> 00:54:48.030
Monica Schoch-Spana: Thank you stephanie Thank you Dr Thomas for those additional comments, because the question opened up the, the issue of misinformation we're going to introduce the question.

294
00:54:48.900 --> 00:55:06.180
Monica Schoch-Spana: From Madeline panel we've seen that the impact of misinformation on decision making is particularly difficult to address, especially when it comes to overcoming medical mistrust to get the vaccine, so I would invite our researchers.

295
00:55:07.200 --> 00:55:29.160
Monica Schoch-Spana: Both who have worked in local black and local Hispanic and Latino communities, can you please share successful strategies for addressing that, how do you how, what are the the tools, the tasks the interventions that can be used to diffuse in defang misinformation.

296
00:55:32.700 --> 00:55:39.630
Daniela Rodriguez | JHSPH: I can start to speak to that Monica what we've seen in our in our city there's one.

297
00:55:40.890 --> 00:55:46.620
Daniela Rodriguez | JHSPH: In terms of combating this information there's one channel Facebook channel that provides news.

298
00:55:47.040 --> 00:55:56.220
Daniela Rodriguez | JHSPH: it's a local reporter named bit about them, you know everyone knows him everyone watches his channel and one of the things that happened early on, is that folks working in the code response.

299
00:55:56.700 --> 00:56:05.610
Daniela Rodriguez | JHSPH: started working with him and started doing shows on his channel trying to combat misinformation talking about initially was about.

300
00:56:05.940 --> 00:56:11.010
Daniela Rodriguez | JHSPH: It was about protective measures, then it was about testing it's eventually become about vaccines.

301
00:56:11.370 --> 00:56:22.290

Daniela Rodriguez | JHSPH: And so having a clear understanding about who the messengers are who your food your local population really listens to watches um has been a good strategy here.

302
00:56:22.680 --> 00:56:29.190
Daniela Rodriguez | JHSPH: The other thing that that struck us as the pandemic has has sort of persevered.

303
00:56:29.520 --> 00:56:36.600
Daniela Rodriguez | JHSPH: has been the role of whatsapp groups and that's very common in our immigrant communities, because that's how they're communicating with folks back in their countries of origin and.

304
00:56:36.960 --> 00:56:46.230
Daniela Rodriguez | JHSPH: and information just whips around whatsapp groups so so quickly and unabated and it can come a little bit of an ECHO chamber for folks.

305
00:56:46.620 --> 00:56:55.290
Daniela Rodriguez | JHSPH: So one of the things that we've been trying to do is make sure that there are Community outreach workers are health workers are able to join those groups.

306
00:56:55.620 --> 00:57:04.470
Daniela Rodriguez | JHSPH: And do their best to be able to combat the misinformation as much as possible, as it comes around I mean we hear folks saying look I saw this video of this woman in a doctor's coat.

307
00:57:04.860 --> 00:57:16.410
Daniela Rodriguez | JHSPH: From you know, El Salvador, Guatemala, where folks are from and saying she's saying all these things, and she looks very serious and very professional and so that takes a conservative persistent effort.

308
00:57:16.740 --> 00:57:20.910
Daniela Rodriguez | JHSPH: To combat what ends up coming across as quite authoritative but, in fact, is spreading.

309
00:57:21.480 --> 00:57:27.150
Daniela Rodriguez | JHSPH: Terrible misinformation in these communities and so Those are some strategies that have been tried to your both using our local media.

310
00:57:27.750 --> 00:57:38.100
Daniela Rodriguez | JHSPH: partners that are connected to these communities as well as I don't want to use the word infiltrating but but joining these groups these these which are sharing this information.

311
00:57:39.360 --> 00:57:50.130
Monica Schoch-Spana: Daniela we have a request for you to put the link to the Facebook channel children mind putting that in the in the Q amp a or chat whichever works.

312
00:57:50.370 --> 00:57:55.410
Daniela Rodriguez | JHSPH: i'll do that as soon as you finish the Q amp a session, just so I can be paying attention to your heart patient.

313
00:57:55.440 --> 00:57:55.770
Good.

314
00:57:58.470 --> 00:58:03.750
Stephen Thomas: In Monaco what we've done are doing these web zoom town halls.

315
00:58:05.160 --> 00:58:15.240
Stephen Thomas: and bringing the Community voices to the table and not in the form of a lecture but in the form of a conversation, and they love that.

316
00:58:15.930 --> 00:58:31.920
Stephen Thomas: And and and then it was so successful in the black community are latinx friends that can you do one and all, Spanish and we did one in all Spanish with English translations and you could tell that just the passion with which they spoke and they told their stories.

317
00:58:33.030 --> 00:58:49.440
Stephen Thomas: really came through when they could speak in their own language and so that request keeps coming again people are now getting comfortable with this format this this zoom town hall format I think it's a way for us to counter some of the misinformation.

318
00:58:52.440 --> 00:58:58.440
Andrew Plunk: And I just add I think again, this idea where we need to really worry and be thoughtful about.

319
00:58:58.890 --> 00:59:03.570
Andrew Plunk: How we're being perceived if we are being perceived as truthful if we are being perceived as trustworthy and.

320
00:59:04.020 --> 00:59:13.800
Andrew Plunk: and doing what we can to maintain relationships with the communities with whom are interacting so that we don't just you know we're not being seen as this maintaining the status quo.

321
00:59:15.300 --> 00:59:31.650
Andrew Plunk: If we can you know if we can kind of flip that on its head meet people where they're at again be sincere when we do that, I think that we can it's not just education at this point it's who do they trust right and they're going to trust people who they have relationships with.

322
00:59:33.540 --> 00:59:34.230
Stephen Thomas: You may say.

323
00:59:35.310 --> 00:59:50.520
Monica Schoch-Spana: Oh thanks and in the interest of moving through some of them are questions, I want to pull in Jesse know dora's question, there are many national equity focused research projects, and that includes the red X up.

324
00:59:51.540 --> 01:00:11.040
Monica Schoch-Spana: initiative from sponsored by the national institutes of health, so what is happening researchers in your communities in your areas to coordinate your efforts with these other ones that are going on and how do you think the results from the research is going to be useful.

325
01:00:12.210 --> 01:00:17.220
Monica Schoch-Spana: To the communities with whom you and the others out there are working.

326
01:00:21.060 --> 01:00:30.210
Noe Crespo: Maybe I can briefly touch on that here in San Diego we are now also integrating strategies to understand vaccination update.

327
01:00:30.690 --> 01:00:44.520

Noe Crespo: Within the roddick's of infrastructure, and so we are now planning to include strategies and activities within those sites that radek sub sites to that now increased vaccination updates among those communities, so that is happening locally.

328
01:00:46.020 --> 01:00:53.460
Daniela Rodriguez | JHSPH: And I can say that here baltimore city, I mean the universal folks that are working with this community and immigrants in general is quite small so we a lot of us already.

329
01:00:53.790 --> 01:01:02.490
Daniela Rodriguez | JHSPH: know each other we're actually familiar with the we actually work with some of the Members on the remix team that's working with us here baltimore city, but the other thing that's happened is that.

330
01:01:03.120 --> 01:01:11.340
Daniela Rodriguez | JHSPH: there's a couple of city agencies that have come together to form specific subcommittees that are in that are focused on immigration, our.

331
01:01:11.970 --> 01:01:21.300
Daniela Rodriguez | JHSPH: outreach to immigrants and so those those end up being a forum, we need every couple of weeks those ends up being a forum for sharing what folks are doing what kind of strategies are being planned.

332
01:01:22.260 --> 01:01:35.070
Daniela Rodriguez | JHSPH: and trying to address and being cognizant of the fact that some access issues are common across our immigrant groups in the city, but some are not and so thinking about ways of addressing them in in ways that are responsive to each community's needs.

333
01:01:36.000 --> 01:01:46.620
Monica Schoch-Spana: Thank you, Daniel and thank you for those wonderful answers and questions i'm going to turn this back to Emily who's going to close out this portion of the discussion.

334
01:01:48.150 --> 01:01:49.530
Emily Brunson: Thank you, Monica.

335
01:01:50.910 --> 01:02:01.230

Emily Brunson: As as all of our audience audience Members have not experienced that local teams have been conducting research and results that have come out of their work.

336
01:02:02.670 --> 01:02:14.010
Emily Brunson: I think a exemplify the complexity of this issue we're not dealing with a simple issue, and because of that there aren't simple solutions, there are no silver bullets with us.

337
01:02:14.700 --> 01:02:26.670
Emily Brunson: But we are going to get to some recommendations that the the working group primarily was able to take based on these local observations and that will take us to the second half of our webinar.

338
01:02:27.780 --> 01:02:38.490
Emily Brunson: That session will be moderate moderated by Monica and so i'll turn it over to you just saying once again, thank you very, very much to all of our local team panelists.

339
01:02:41.550 --> 01:02:42.480
Monica Schoch-Spana: Thank you Emily.

340
01:02:43.560 --> 01:02:52.410
Monica Schoch-Spana: it's my pleasure to introduce the work of the working group that was informed by the local researchers.

341
01:02:53.610 --> 01:03:01.140
Monica Schoch-Spana: going to call out the five recommendations that were included within our report.

342
01:03:02.700 --> 01:03:13.410
Monica Schoch-Spana: And the first is humanized delivery and communication strategies for covert 19 vaccines and we have very concrete examples of that next slide.

343
01:03:16.140 --> 01:03:16.920
Monica Schoch-Spana: Next slide.

344
01:03:17.940 --> 01:03:25.680
Monica Schoch-Spana: From our local teams, the second is about embedding vaccination within a larger holistic recovery process.

345
01:03:26.730 --> 01:03:42.150
Monica Schoch-Spana: And those two recommendations are what the working group considers urgent that these need to be taken immediately, and that they can enhance vaccination coverage and underserved populations moving forward.

346
01:03:42.840 --> 01:03:54.300
Monica Schoch-Spana: The second set of recommendations were what we call the central that these are ones that can steadily drive systems level changes that advanced health equity.

347
01:03:55.230 --> 01:04:02.970
Monica Schoch-Spana: In an ongoing way, and the first is to develop a national immunization program to protect people throughout the life course.

348
01:04:03.930 --> 01:04:20.190
Monica Schoch-Spana: Second, second of our essential recommendations is rebuilding the public health infrastructure and properly staffing it for Community engagement and then lastly stabilizing the Community health system as the backbone for equity and resilience.

349
01:04:21.870 --> 01:04:34.080
Monica Schoch-Spana: And power if you could go back to the prior slide I do want to introduce our panelists they are members of the working group on equity and covet 19 vaccination.

350
01:04:34.770 --> 01:04:44.970
Monica Schoch-Spana: Before you, you will see the list of of all the working group members, they include Community advocates social scientist public health experts and leading back sinologist.

351
01:04:45.630 --> 01:04:56.130
Monica Schoch-Spana: And today we're going to hear from and prior to we can close out the slides Thank you we're going to hear from miss area to chicos.

352
01:04:56.610 --> 01:05:09.060
Monica Schoch-Spana: Who is a principal at urban Brazilian strategies and i'm going to introduce all of our panelists at once, because we're going to have a moderated discussion among them.

353
01:05:09.900 --> 01:05:22.350

Monica Schoch-Spana: Our second participant is Dr Walter orenstein and Walt is a professor of medicine pediatrics global health and epidemiology at emory university.

354
01:05:22.920 --> 01:05:34.200
Monica Schoch-Spana: Dr Richard creek, who is a visiting professor of political science at Texas State University and also an editor of the journal of critical infrastructure policy.

355
01:05:34.620 --> 01:05:40.920
Monica Schoch-Spana: And we also have with us today, Miss today Hamilton Franklin, who is the Vice President.

356
01:05:41.280 --> 01:06:01.710
Monica Schoch-Spana: of health equity and stakeholder engagement at health leads so it's a it's a wonderful pleasure to have these colleagues here with us today, the format for today is i'm going to present each of the five recommendations and turn and then ask our panelists to comment on recommendations.

357
01:06:02.940 --> 01:06:13.320
Monica Schoch-Spana: particularly those who have expertise and operational experience in dealing with the content so let's first kick off.

358
01:06:14.190 --> 01:06:19.500
Monica Schoch-Spana: With recommendation number one and area to chicos will be joining me so.

359
01:06:20.040 --> 01:06:30.270
Monica Schoch-Spana: Just to reiterate the second of the first of their urgent recommendations is humanizing delivery and communication strategies recovered 19 vaccines.

360
01:06:30.630 --> 01:06:49.140
Monica Schoch-Spana: Basically, that campaign should support more peer led and neighborhood based opportunities for Community conversation and convenient vaccine access, just like the barbershops and hair salon hair salons in Prince george's county, for example.

361
01:06:50.370 --> 01:07:02.820
Monica Schoch-Spana: And we heard from multiple local sites that this human touch really does matter in terms of the success within the hell no wall.

362

01:07:03.930 --> 01:07:10.680
Monica Schoch-Spana: days of the vaccination campaign as Dr Thomas put it so today, our first question is to you.

363
01:07:11.280 --> 01:07:21.120
Monica Schoch-Spana: you're one of the nation's leading voices on health equity stakeholder engagement and intercultural competence, can you comment on.

364
01:07:21.810 --> 01:07:39.210
Monica Schoch-Spana: How the Community health workforce in particular can best be engaged in activities to reverse the current vaccinations so down and also reverse the persistent unevenness in the vaccine coverage that we're seeing today.

365
01:07:41.640 --> 01:07:45.930
Tene Hamilton Franklin: i'll i'll start by saying a lot of my comments are going to.

366
01:07:47.070 --> 01:07:53.580
Tene Hamilton Franklin: are going to be similar to those that we had in the first and that that the discussion in the first hour.

367
01:07:54.060 --> 01:08:09.720
Tene Hamilton Franklin: And that just means that to me that it's really, really important that we take notes and we get this right, moving forward as a country we've made incredible efforts to engage communities throughout the country during the pandemic.

368
01:08:10.860 --> 01:08:21.870
Tene Hamilton Franklin: But imagine for a moment how effective our strategies, would have been if we had Community health workers, and if you today's workforce infrastructure in place before the Internet.

369
01:08:22.530 --> 01:08:39.120
Tene Hamilton Franklin: Imagine his Community health workers were robust part of our public health and healthcare infrastructure already if that were the case, a wonder what our local responses could and would have been more efficient and seamless, particularly when it comes to messaging.

370
01:08:40.200 --> 01:08:49.470

Tene Hamilton Franklin: And vaccination turnout it's not uncommon for us to turn to the Community when it comes to executing health interventions.

371
01:08:50.190 --> 01:09:05.250
Tene Hamilton Franklin: Public Health academia and and local governments routinely do this they did we decide on an effective intervention, and then we turn to the Community and say Okay, now we need your help to execute this particular strategy.

372
01:09:06.210 --> 01:09:15.660
Tene Hamilton Franklin: We turned to Community health workers and community based workforce because, again, these are trusted members of the community it's possible.

373
01:09:17.100 --> 01:09:27.360
Tene Hamilton Franklin: To engage, but we should be engaging them at the beginning of the onset of the development of the strategy and it's possible for us to do that, but a lot of times, I think.

374
01:09:28.020 --> 01:09:43.620
Tene Hamilton Franklin: When we're faced with an emergency situation we do our best to scramble and say Okay, now we need your help, but again, imagine if we had taken time upfront to build out that infrastructure with Community health workers.

375
01:09:44.550 --> 01:09:50.310
Tene Hamilton Franklin: I think and i'm from where I said also my other role that I have as the.

376
01:09:51.150 --> 01:10:03.600
Tene Hamilton Franklin: Board of health number of my local health department, I think that our rollout with vaccination education messaging and turnout could have been a little bit more efficient.

377
01:10:04.110 --> 01:10:15.300
Tene Hamilton Franklin: Lastly, what i'll say is that wrong at my mom always told me it's funny how you never have time to do it right, the first in the first place, but when you do it wrong, you always have time to do it over.

378
01:10:15.750 --> 01:10:26.550
Tene Hamilton Franklin: This is how I think about ch w's now that we are in a law, I think it's an opportunity for us to take a step back and engage our Community health.

379
01:10:27.060 --> 01:10:47.370
Tene Hamilton Franklin: Workers and community based work for us at the table to develop that next strategy it's not too late, and so that is what I would encourage our local communities to do is pull our ch w's in or development of a vaccine strategy in response to Internet.

380
01:10:49.320 --> 01:10:52.110
Monica Schoch-Spana: Thank you to name much appreciate those comments.

381
01:10:53.280 --> 01:11:03.450
Monica Schoch-Spana: Walt if you could also comment on this first of two urgent recommendations that need to humanize delivery and communication strategies for cubby 19 vaccines.

382
01:11:03.900 --> 01:11:18.990
Monica Schoch-Spana: While you were one of the designers of the highly successful us childhood immunization program So could you please comment on why you see public health partnership with community groups and.

383
01:11:19.470 --> 01:11:38.250
Monica Schoch-Spana: Also, the Community health workforce that today was just discussing as a critical move for improving vaccine coverage and for coven 19 but then also living, leaving a legacy of greater public trust eliminate immunisations overall.

384
01:11:39.960 --> 01:11:40.770
Walter Orenstein: Thank you very much.

385
01:11:42.120 --> 01:11:49.860
Walter Orenstein: One I will be also emphasizing, a number of the points that were made, which is good in the sense that we're and a lot of agreement here.

386
01:11:50.490 --> 01:12:00.300
Walter Orenstein: With regard to the immunization program The first issue is, you need to make the right diagnosis, in order to design the right therapy.

387
01:12:00.870 --> 01:12:10.830
Walter Orenstein: And each community may have different problems, for example on the childhood side in some places, the problem was clearly.

388
01:12:11.460 --> 01:12:25.080
Walter Orenstein: financial barriers to access and that led to the development of something called the vaccines for children program which removed vaccine costs as a barrier for eligible children which about 40 to 50% of the population.

389
01:12:25.800 --> 01:12:39.480
Walter Orenstein: Other problems dealt with hesitancy and then for that to support research into determining who is trusted and who is not trusted and working with them on the childhood side, it turned out.

390
01:12:39.840 --> 01:12:52.980
Walter Orenstein: The primary care provider was one of the major people trusted and we worked very carefully with them The other thing that was very important, is we had substantial political support.

391
01:12:54.270 --> 01:13:04.980
Walter Orenstein: A colleague of mine trained at Hopkins said he was taught the p and public health is politics, you need to have that and we got a presidential initiative.

392
01:13:05.700 --> 01:13:12.690
Walter Orenstein: Supported by children's Defense fund where we're able to give substantial grants to states and localities.

393
01:13:13.110 --> 01:13:22.530
Walter Orenstein: And one of the requirements of that grant is they had to develop coalition's and reach out to Community based organizations to work on.

394
01:13:23.190 --> 01:13:34.530
Walter Orenstein: on reaching out and determining what is the problem, and how can we best address the problem and then, finally, we had a good accountability system we had good measurements.

395
01:13:35.070 --> 01:13:47.580
Walter Orenstein: And people who are interested use that, for example, the first measurement the national immunization survey curtain 1994 state of Michigan came out at the bottom.

396
01:13:48.240 --> 01:14:07.620

Walter Orenstein: The person in charge of immunization in Michigan use that to get it get funding from the state legislature and then he used that to build these relationships and Community relationships and enhance michigan's uptake having that kind of data would be very, very important.

397
01:14:10.020 --> 01:14:25.650
Monica Schoch-Spana: Thank you so much, well, thank you today we're going to now shift to the second of two urgent recommendations, and that is to anchor cover 19 vaccination for hard hit areas in a holistic recovery process.

398
01:14:26.790 --> 01:14:36.510
Monica Schoch-Spana: Essentially, this recommendation has two components and the first is that public agencies, hospitals and health systems nonprofit social service providers.

399
01:14:36.870 --> 01:14:46.860
Monica Schoch-Spana: Community based groups face faith faith based organizations and also Community health workers should all align around a whole person model of recovery.

400
01:14:47.220 --> 01:14:54.150
Monica Schoch-Spana: And then multiply the benefits of each vaccination counter and then the second part of the recommendation.

401
01:14:55.050 --> 01:15:01.950
Monica Schoch-Spana: Has a longer tail, and that is that state and local jurisdictions should now.

402
01:15:02.340 --> 01:15:13.560
Monica Schoch-Spana: Stand up a long term recovery and Community resilience organization applying a health and all policies approach and also pulling in data driven coordinating bodies.

403
01:15:13.800 --> 01:15:21.270
Monica Schoch-Spana: That already facilitate long range planning comprehensive planning disaster recovery economic development i'm going to ask.

404
01:15:21.960 --> 01:15:36.810
Monica Schoch-Spana: area to join us and reflect on this recommendation area, drawing on your former career and local government and your ongoing work on Community resilience to 21st century disasters.

405
01:15:37.230 --> 01:15:42.270
Monica Schoch-Spana: What advice would you give decision makers who may be thinking about covered 19 vaccination.

406
01:15:42.990 --> 01:15:58.020
Monica Schoch-Spana: In terms of restarting the economy, economy and getting back to normal, how should they be thinking about recovery from the pandemic from the pandemic, especially for constituents who have been hit the hardest over to you area.

407
01:15:58.830 --> 01:16:05.250
Arrietta Chakos: Well, first of all I want to thank you renee and walk through the wonderful comments they made, I deeply appreciate.

408
01:16:05.640 --> 01:16:14.850
Arrietta Chakos: Those comments about wishing we had that ch w structure in place when things hit and i'm also going to take waltz colleagues quote.

409
01:16:15.270 --> 01:16:25.320
Arrietta Chakos: The pee in public health is politics, and I agree with that and so really we have not so much a technical problem before we have people problems and challenges.

410
01:16:25.980 --> 01:16:35.760
Arrietta Chakos: So I want to give you a quote from one of our colleagues in the San Francisco mission district is shared by one of our working group colleagues Isabel neuron.

411
01:16:36.210 --> 01:16:48.540
Arrietta Chakos: And this leader said we can't return to normal, that is what God is here, in the first place, so the first thing I would like to recommend to local communities, and especially the sort of.

412
01:16:48.990 --> 01:16:56.730
Arrietta Chakos: Foot dragging bureaucrats, is that number one, we need to have shared and equalize local decision making.

413
01:16:57.240 --> 01:17:12.000
Arrietta Chakos: And we have to acknowledge and act on the power disparity in our communities that follow our local residents and their community groups as leaders for elected representatives, as we move into an equity and recovery movement.

414
01:17:13.140 --> 01:17:24.060
Arrietta Chakos: I think, also, we should think about making this moment, turning it into a movement as a community that's coalition has talked about so that we can start to build that proper.

415
01:17:24.690 --> 01:17:31.470
Arrietta Chakos: and productive health equity and health and health and all policies efforts into our daily lives.

416
01:17:31.710 --> 01:17:39.810
Arrietta Chakos: We can, I think leverage or vaccination efforts as gateway activities to a longer recovery implementation for communities writ large.

417
01:17:40.110 --> 01:17:51.840
Arrietta Chakos: We won't have to start at point zero, we have a lot to build on and the guidance in our local teams in our Community partners have shared with us really give us a ready made blueprint for the work ahead.

418
01:17:52.410 --> 01:18:00.000
Arrietta Chakos: So I would recommend that we anchor all new equity programs as parts of our general and comprehensive Community plans.

419
01:18:00.270 --> 01:18:08.220
Arrietta Chakos: That we built those out along with economic disaster mitigation and climate action requirements that all local communities have to work on.

420
01:18:08.730 --> 01:18:22.590
Arrietta Chakos: And I think once we move in these health and all policies efforts into our daily lives in neighborhood plan school safety plans are clean water programs or housing plans we're going to have something that will really.

421
01:18:23.790 --> 01:18:29.100
Arrietta Chakos: endure over time in the life of a local jurisdiction.

422
01:18:30.060 --> 01:18:37.620
Arrietta Chakos: we've had a lot of success, using this immersive technique, with respect to natural disaster readiness and resilience, which has been a field that i've worked in.

423
01:18:37.950 --> 01:18:44.880
Arrietta Chakos: and local government and regional government and we seen that protective X taken ahead of time to safeguard Community readiness.

424
01:18:45.090 --> 01:18:51.270
Arrietta Chakos: will save lives can reduce people suffering, but for the skeptics we're going to save some money as well.

425
01:18:51.570 --> 01:19:07.770
Arrietta Chakos: We can make a heart knows business decision as we learn from our public health colleagues that preventative actions ahead of time can increase our resilience women next disruption stripes and I think that is both a good humanitarian investment, it makes good business sense.

426
01:19:08.850 --> 01:19:18.840
Arrietta Chakos: The coalition at code at Community of X headquarters has learned a lot from our Community partners and our local residents and we're calling attention.

427
01:19:19.110 --> 01:19:26.520
Arrietta Chakos: To ways government can rebalance power sharing with communities of color and really look at how we can co produce health equity actions.

428
01:19:26.820 --> 01:19:37.890
Arrietta Chakos: and ensure that equitable decisions are adopted together with people in our communities in the lead to build for an equality for all future ahead.

429
01:19:38.220 --> 01:19:48.810
Arrietta Chakos: And I think right now in our country, we have literally have a funded mandate for health and Community equity and together we can use this possibility and make.

430
01:19:49.830 --> 01:19:54.240
Arrietta Chakos: Great progress in the disparities that we face the last 400 years.

431
01:19:56.100 --> 01:19:59.220
Monica Schoch-Spana: Thank you very much area to just sort of build on that.

432

01:20:00.720 --> 01:20:07.770
Monica Schoch-Spana: let's imagine you're the Mayor of hometown USA mean what capital human capital financial capital.

433
01:20:08.310 --> 01:20:20.460
Monica Schoch-Spana: or stakeholders, would you be, would you be pulling together right now to plan for long term recovery from the pandemic and given everything else you have to do as Mayor, how would this activity rate.

434
01:20:21.960 --> 01:20:28.680
Arrietta Chakos: Well, I would say number one as Mayor hometown USA hope you evolve voted for me and contributed to my campaign.

435
01:20:29.010 --> 01:20:37.020
Arrietta Chakos: And together we're going to work on moving forward in the coming years and number one, I think we have to look at how do we harvest.

436
01:20:37.440 --> 01:20:45.690
Arrietta Chakos: Funding from the American rescue plan that cares Act and the other server again unprecedented flow of federal resources.

437
01:20:46.020 --> 01:20:56.310
Arrietta Chakos: That have come into our local communities and use that to good purposes, we went forward on planning a long term equitable recovery for everybody in our Community.

438
01:20:56.820 --> 01:21:14.400
Arrietta Chakos: And I think that the second again the second national report gives government and public health leaders a set of actionable recommendations developed by community leaders and Community members, and we should you know put that to good use, so what I would I would do three things.

439
01:21:15.930 --> 01:21:21.210
Arrietta Chakos: As we launch into this long term recovery planning number one I would look at how I.

440
01:21:22.410 --> 01:21:29.970
Arrietta Chakos: convene and resource a health equity Council in my community and how the city government and local.

441
01:21:31.380 --> 01:21:41.610
Arrietta Chakos: Elected and appointed officials serve as the staff to that Council and it would be you know, composed of people from our.

442
01:21:42.570 --> 01:22:01.530
Arrietta Chakos: communities, all in all sectors in in hometown and I would i'd like to say is that we will compensate our health equity Council members and value the time and leadership that they're bringing to crafting a future plan for where our Community will go in the coming three to five years.

443
01:22:03.180 --> 01:22:14.850
Arrietta Chakos: Number two I would appoint an equity advisor in my office to help coordinate again and bring resources to that equity Council and to work on all things pandemic recovery related.

444
01:22:15.210 --> 01:22:18.630
Arrietta Chakos: And I think, together with our community leaders with other government.

445
01:22:19.590 --> 01:22:30.990
Arrietta Chakos: partners, along with our media will assess the implication of the health and Community recovery data that we're getting and share our findings and actions from that health equity.

446
01:22:31.290 --> 01:22:34.740
Arrietta Chakos: Council in a very participatory decision making contacts.

447
01:22:35.160 --> 01:22:46.350
Arrietta Chakos: And then third I would galvanize my neighboring mayors and city managers in the region to join a regional recovery alliance, so we can build on what the municipalities are doing together.

448
01:22:46.590 --> 01:22:54.480
Arrietta Chakos: You know, this is the recovery doesn't stop it or city borders, so we have to really look at broadening our look into the future.

449
01:22:54.660 --> 01:23:07.050

Arrietta Chakos: And figuring out how we can use this literally once in a generation opportunity to jumpstart equity action and improve our public health and our Community health systems writ large, I think that.

450
01:23:07.710 --> 01:23:15.060
Arrietta Chakos: local governments really have to take that evolutionary leap into allowing communities to lead the way.

451
01:23:16.800 --> 01:23:25.890
Monica Schoch-Spana: Thank you so much Jared area you've outlined very concrete, specific things that decision makers at the local level can do starting today.

452
01:23:26.910 --> 01:23:39.900
Monica Schoch-Spana: Well i'd like to return to you, particularly to address recommendation number three, which is to develop a national immunization program to protect people throughout the life course we have the.

453
01:23:40.800 --> 01:23:51.360
Monica Schoch-Spana: Vaccination moment to build out systems to provide a broader coverage for not only covered, but the 13 other vaccines that are urged for some are all adults.

454
01:23:51.990 --> 01:24:02.520
Monica Schoch-Spana: We do know well that immunization rates for racial and ethnic minority minority adults are far below those of white adults so.

455
01:24:03.210 --> 01:24:24.030
Monica Schoch-Spana: If we apply hyper local strategies, like the report recommends to improve broad coverage of covered 19, how can, how can hyper local strategies be folded into and help build out this national immunization program that could help people throughout the life course.

456
01:24:24.810 --> 01:24:37.890
Walter Orenstein: Thank you very much, I think that's a very important question first thing we need to realize is most of the vaccine preventable diseases are what's known as person to person spread diseases.

457
01:24:38.460 --> 01:24:44.520
Walter Orenstein: And if we have pockets in our population of poor vaccination status.

458
01:24:44.940 --> 01:25:04.740
Walter Orenstein: Then those populations service potential reservoirs to infect populations everywhere, so that it is in our universal interest to get immunization rates against the vaccine preventable diseases of adults up in every single population.

459
01:25:05.790 --> 01:25:19.620
Walter Orenstein: And so I think it's it's it's a mutual it's a win, win situation for all populations to as I think it's very important to try and work with people to.

460
01:25:20.490 --> 01:25:36.510
Walter Orenstein: Try and overcome the problem and build an infrastructure that can be helpful, not only for routine vaccination but in dealing with emergencies like covert 19.

461
01:25:37.080 --> 01:25:48.120
Walter Orenstein: We don't we have a great infrastructure in childhood vaccinations we close the gaps in immunization in childhood.

462
01:25:48.600 --> 01:26:00.360
Walter Orenstein: And we have, for the most part, for most vaccines about 90% and if there are gaps they're usually just a few percentage points in differences and that's because we have.

463
01:26:00.990 --> 01:26:09.390
Walter Orenstein: Substantial funding that was given to state local health departments to work with communities and getting innovation coverage up.

464
01:26:09.900 --> 01:26:22.860
Walter Orenstein: We need to do that for adults, we do a lousy job for adults, for example, for influenza and the last state, I saw on the CDC website for 2017 2018.

465
01:26:23.340 --> 01:26:41.610
Walter Orenstein: Is in the white population 49% in the black population 39% and Hispanic 37.5% and that's terrible, I think we need to do a lot better in order to reduce transmission.

466
01:26:42.000 --> 01:27:00.870
Walter Orenstein: and reduce the stress on a healthcare system and our employment system because of people potentially getting sick and I think the goal, I think, by raising this is to have an infrastructure that can be pulled into emergencies, instead of creating.

467
01:27:03.390 --> 01:27:26.280
Monica Schoch-Spana: Thanks well um you really sketch out a really critical public health and societal glow we're still in the middle of a pandemic, so is this now really the time to be talking about building out the national immunization program for protecting people throughout the full life course.

468
01:27:27.750 --> 01:27:33.840
Monica Schoch-Spana: It Why is now a good time for us to be talking about this and doing things about it.

469
01:27:34.410 --> 01:27:43.860
Walter Orenstein: I think the potential here is because we can get attention now people realize, we did not have the infrastructure available.

470
01:27:44.310 --> 01:27:54.840
Walter Orenstein: To deliver Kofi 19 vaccines in a fashion, we would have liked to if we had an adult immunization program that was in good shape.

471
01:27:55.290 --> 01:28:06.420
Walter Orenstein: We could draw on that infrastructure and, in my opinion, done a much better job in getting vaccines out to the people who need them with regard to covert 19.

472
01:28:06.930 --> 01:28:17.610
Walter Orenstein: This is the right time, because I think we're likely to have the best political will to get it, and the people that understand and move forward.

473
01:28:18.030 --> 01:28:34.380
Walter Orenstein: With funding efforts to enhance our adult immunization program for measles, we found that the outbreaks of measles was very, very helpful and getting that political will.

474
01:28:34.890 --> 01:28:41.220
Walter Orenstein: And it got us to presidential initiatives funding very, very substantial funding.

475
01:28:41.610 --> 01:28:49.980
Walter Orenstein: And I think now we have this big concern that we're not vaccinating enough people, and we need to develop a program.

476

01:28:50.220 --> 01:29:00.330
Walter Orenstein: where people can be reached where there's, for example, immunization registries where you can get to people and explain things and offer them information.

477
01:29:00.660 --> 01:29:14.280
Walter Orenstein: and overcome some of the hesitancy and also overcome some of the access barriers, and so this is the perfect time to begin thinking about this, we think of vertical programs in horizontal programs.

478
01:29:14.610 --> 01:29:30.090
Walter Orenstein: Vertical would be covert and just coven horizontally, is using coburn to pull along the overall problem program which will have substantial benefits well beyond the end of the code at 19 pandemic.

479
01:29:31.830 --> 01:29:38.010
Monica Schoch-Spana: Thanks very much well your comments dovetails very nicely with recommendation number four.

480
01:29:38.820 --> 01:29:51.150
Monica Schoch-Spana: Which is to rebuild the public health infrastructure properly staffing it for Community engagement and the three specific actions of this are leveling out boom and bust funding.

481
01:29:51.870 --> 01:30:02.250
Monica Schoch-Spana: mirroring the communities being served and strengthening human centered competencies i'm going to ask rich creek to join us rich.

482
01:30:03.360 --> 01:30:12.240
Monica Schoch-Spana: You once ran a metropolitan health department in a city that is Chicago where today 150 plus languages are spoken.

483
01:30:13.560 --> 01:30:15.720
Monica Schoch-Spana: Why is it so critical.

484
01:30:17.100 --> 01:30:29.160
Monica Schoch-Spana: That public health agencies committed to the strategical of promoting equity in their ranks at every level, including the department and including the their Department of Health.

485
01:30:30.900 --> 01:30:32.100
Monica Schoch-Spana: Rich please join me.

486
01:30:42.000 --> 01:30:42.810
Emily Brunson: Rich you're on mute.

487
01:30:53.520 --> 01:30:55.950
Richard Krieg: There we go, can you hear me okay.

488
01:30:56.130 --> 01:30:57.090
side and clear.

489
01:30:58.350 --> 01:31:04.350
Richard Krieg: Okay, I wanted to just start you know, Walter just mentioned.

490
01:31:06.600 --> 01:31:18.330
Richard Krieg: The measles situation and how it helps to fulfill more funding for for health departments and you mentioned that hundred 50 languages in the.

491
01:31:18.780 --> 01:31:27.810
Richard Krieg: Back in Chicago we had a measles epidemic, where we had a couple of kids I have several is it was a bad scene, all the major cities were experiencing this.

492
01:31:28.380 --> 01:31:41.610
Richard Krieg: And the vector for that virus was Latino daycare centers that were that were not certified in terms of reporting vaccinations and we learned back there that.

493
01:31:42.270 --> 01:31:55.290
Richard Krieg: Spanish has subdivisions, in terms of the Puerto Rican community and Mexican American Community living in Chicago so so I I say that take illustrate that.

494
01:31:56.100 --> 01:32:04.080
Richard Krieg: You cannot discharge the public health function unless you have connections to the Community and the ability to away to communities.

495
01:32:04.590 --> 01:32:14.850

Richard Krieg: You know, this issue is a push pull really the health departments cannot do what they what they have to do.

496
01:32:15.270 --> 01:32:24.060
Richard Krieg: Unless they have the involvement of communities and that really is the focus of the major public health organizations in the public health field.

497
01:32:24.720 --> 01:32:32.010
Richard Krieg: Going back to decades, the first report that was written on the future of public health was the Institute of medicine.

498
01:32:32.910 --> 01:32:48.300
Richard Krieg: Which said basically that health departments have to have an organic connection to communities in order to do the mainstream public health departments and anything else that that falls within their responsibilities by way of new events that happen.

499
01:32:49.620 --> 01:32:50.430
Richard Krieg: In addition.

500
01:32:51.480 --> 01:32:52.710
Richard Krieg: As its evolved.

501
01:32:53.970 --> 01:33:08.940
Richard Krieg: The current state of the art, and this is taught in schools of public health, and it also is the position of most health departments, and that is that the health leaders at the state and local level really need to be chief health strategists that.

502
01:33:10.110 --> 01:33:16.560
Richard Krieg: You have to have an ability to register with the problems are in the Community to study those.

503
01:33:17.040 --> 01:33:26.130
Richard Krieg: Problems and to take whatever strategy makes the most sense to solve those problems and to have the capacity to continue working those problems.

504
01:33:26.490 --> 01:33:35.100
Richard Krieg: So that in many of the plans that occurred, you cannot do it unless you're a Community Members involved, unless you have.

505
01:33:36.060 --> 01:33:48.630
Richard Krieg: A health department there reflects the Community within the ranks and unless you have the broad vision of looking towards health equity as the ultimate outcome of what the health department does.

506
01:33:49.650 --> 01:33:58.200
Richard Krieg: That is the state of the art of the field that's where health departments need to go, and I think that that perspective is very important to the Community also.

507
01:33:59.490 --> 01:34:05.250
Richard Krieg: Among the 2800 local health departments, for example, we have the full range of.

508
01:34:06.300 --> 01:34:15.330
Richard Krieg: Awareness of Community involvement and the need to have health department that interacts very closely with Kimberly.

509
01:34:16.320 --> 01:34:21.600
Richard Krieg: In terms of all of the work that he does so in places where you have.

510
01:34:22.500 --> 01:34:29.910
Richard Krieg: A lack of health involvement with the Community, there has to be an awareness, for the Community that they have health department.

511
01:34:30.180 --> 01:34:38.370
Richard Krieg: These to up its game and move in the direction that the field is going and that's a that's a tough thing to do, but that perceptual understanding.

512
01:34:38.970 --> 01:34:55.140
Richard Krieg: That modern public health cannot occur without solid linkages with the Community and in many cases leadership by the Community will not allow you to register what's happening, so I think that.

513
01:34:56.610 --> 01:35:07.050
Richard Krieg: You know, we have to look towards departments that are doing this, Nicole Alexander Scott and Northern Ireland has set up over the years it's part of the setup of like with these zones that.

514
01:35:07.740 --> 01:35:17.220
Richard Krieg: really are formulated on this basis, how do we achieve health equity in terms of populations that fall under the jurisdiction of the adult department.

515
01:35:17.850 --> 01:35:35.310
Richard Krieg: And there are other half departments at the state level also that have very good models one size does not fit all and you know we heard and in the first question first group of presentations from the Community, that there were Community health workers also that.

516
01:35:36.600 --> 01:35:41.520
Richard Krieg: You can list various categories of people to get involved college students were mentioned.

517
01:35:42.600 --> 01:35:53.580
Richard Krieg: I sit on the national advisory committee of the association returned peace corps volunteers and when we pull back those volunteers from other countries, based on program 19 everybody.

518
01:35:54.030 --> 01:36:09.330
Richard Krieg: Who was out in the world came back to the states we work to get people of color primarily but others as well involved in vaccination campaigns so resourceful thinking about how it is that you.

519
01:36:10.170 --> 01:36:18.720
Richard Krieg: You get people on the ground and working with the health department, are essential, the last thing I want to say is that schools of public health.

520
01:36:19.170 --> 01:36:31.020
Richard Krieg: really are should be a focal point in the barbershop interactions that we heard about before I love to hear a Barber say to a young African American or Latino youth.

521
01:36:31.980 --> 01:36:44.070
Richard Krieg: Everything and being the head of your of the health department here's here's a here's a job path it's pretty exciting and I think that schools of public health are really wanting to bring in.

522
01:36:45.450 --> 01:36:54.510

Richard Krieg: People who are reflecting into these around the country and have very good programs to arm them with with public health science, so I think it has to be a multi.

523
01:36:55.560 --> 01:37:03.600
Richard Krieg: Factor approach and the last thing I would say, following what Barry mentioned just now, we have to turn this moment into a movement.

524
01:37:04.560 --> 01:37:18.210
Richard Krieg: And the movement should not just be to increase the capabilities of health departments, but also towards health equity in the appropriate public health and healthcare rules that you have to follow on that mission.

525
01:37:22.500 --> 01:37:37.500
Monica Schoch-Spana: Thanks so much read sevens that was very, very helpful i'm going to combine your conversation with the close out of our fifth recommendation which i'm going to direct today, but again, these are systems level.

526
01:37:38.370 --> 01:37:52.410
Monica Schoch-Spana: investments and I love the connection rich you made about engaging students engaging Community health workers and sort of thinking ahead to to leadership roles within the health department.

527
01:37:53.610 --> 01:38:01.230
Monica Schoch-Spana: So we know, sadly, that there's been racial disparities and rates of cover 19 infection and deaths.

528
01:38:02.340 --> 01:38:15.750
Monica Schoch-Spana: And we have a renewed awareness about glaring health inequities in the US, but we also have a renewed awareness of the Labor force uniquely suited to help repair both of those things, and today kicked us off originally.

529
01:38:16.350 --> 01:38:29.850
Monica Schoch-Spana: With a focus on the Community health workforce, so the fifth recommendation is about stabilizing the Community health system as the backbone for equity and resilience and rich.

530
01:38:30.330 --> 01:38:51.120
Monica Schoch-Spana: You know that public health has a very strong and lasting relationship with Community health workforce, so this recommendation is about formalizing and sustainably

financing the Community health workforce and granting funds to Community based and faith based organizations directly.

531
01:38:52.200 --> 01:38:53.520
Monica Schoch-Spana: And so today.

532
01:38:55.830 --> 01:39:03.450
Monica Schoch-Spana: I would like you to talk a little bit more about what bearing the strength of the Community health system.

533
01:39:03.870 --> 01:39:23.370
Monica Schoch-Spana: has on the overall well being of low income communities of color mean what is it that sets apart the Community health workforce and the services they provide, I mean, how did they stand, apart from other other portions of the larger health sector over to you today.

534
01:39:30.030 --> 01:39:44.370
Tene Hamilton Franklin: I do agree with what rich so eloquently laid out about the systemic barriers that are in place and the systemic opportunities to overcome those barriers, I think that's important.

535
01:39:45.270 --> 01:39:53.400
Tene Hamilton Franklin: But let me just sent her before I dive deep into my comments, let me just Center as for a moment we're talking about racial disparities with rates of covert.

536
01:39:54.000 --> 01:39:58.740
Tene Hamilton Franklin: But, particularly in the black community and the land next community, we know that these.

537
01:39:59.430 --> 01:40:07.530
Tene Hamilton Franklin: Rates racial disparities amongst all public health and health outcomes have existed for years, and that was clear in the 1985.

538
01:40:07.950 --> 01:40:14.130
Tene Hamilton Franklin: a heckler report conditioned by Margaret heckler who has been head of health and human services for.

539
01:40:14.550 --> 01:40:27.270

Tene Hamilton Franklin: And Federal Government, so this is not anything new, but what the pandemic has done is it has given us an opportunity to change those systems, once and for all to get it right.

540
01:40:27.900 --> 01:40:45.630
Tene Hamilton Franklin: We think about Community health workers, I just want to offer another perspective, particularly from the faith based perspective in the black church for existence, we think about individuals in the Church, that are the ones that are most likely to lean in with health interventions.

541
01:40:46.770 --> 01:40:59.670
Tene Hamilton Franklin: That could be nursing ministries so that's not uncommon across different denominations and particularly with the black church, particularly in in the south.

542
01:41:00.510 --> 01:41:23.220
Tene Hamilton Franklin: And so those individuals are the same individuals that one have trusted relationships in the Community, they have somewhat of a health education background or they are nursing background and they're able to approximate and are able to help execute and help me in with strategies to.

543
01:41:24.390 --> 01:41:38.790
Tene Hamilton Franklin: To help with ours two different health interventions and so that's the type of workforce that we're thinking about so the health system has an opportunity to once and for all validate that expertise.

544
01:41:39.210 --> 01:41:49.800
Tene Hamilton Franklin: And that lived experience as a commodity that's helpful for healthcare and until we do that and it's going to be we're going to.

545
01:41:50.160 --> 01:42:00.750
Tene Hamilton Franklin: sort of stop and start stop and start all over again, and so, if we really want to change the system, so if we really want to address them in equities are going to have to invest.

546
01:42:01.140 --> 01:42:15.450
Tene Hamilton Franklin: And that particular workforce with Community health workers with others that have that level of expertise and approximation to the Community and that have that have the trust, I will say this and closing for this statement.

547

01:42:17.490 --> 01:42:27.810
Tene Hamilton Franklin: Access to health interventions cannot always be done in the clinic and we've seen this with the pandemic in terms of taking the vax vaccination efforts to the communities.

548
01:42:28.950 --> 01:42:41.100
Tene Hamilton Franklin: I first learned of ch w's for Community health workers as part of the medical home to make sure that patients and families at everything that they needed that that physicians and nurses can provide.

549
01:42:41.970 --> 01:42:58.440
Tene Hamilton Franklin: So Community health workers as part of the public health work for us really health workers are integrating into the Community, and they also build on their individual a Community pass it by increasing health knowledge and self sufficiency your range of activities i'll stop there.

550
01:42:59.460 --> 01:43:12.840
Monica Schoch-Spana: Thank you very much, today, I think, to close out a comments by our working group members on the five recommendations i'm going to invite all four of you to consider this scenario.

551
01:43:14.010 --> 01:43:26.670
Monica Schoch-Spana: The four of you have been tapped to advise let's say county leadership or state leadership on how to achieve greater vaccine coverage and underserved populations.

552
01:43:28.470 --> 01:43:35.640
Monica Schoch-Spana: The problem before you is how do you encourage these decision makers who may be thinking in terms of you know, getting.

553
01:43:36.960 --> 01:43:47.250
Monica Schoch-Spana: Vaccines getting people to roll up their sleeves and get vaccinated, how do you encourage them to plan for the long game, because all four of you have been talking about.

554
01:43:47.550 --> 01:43:55.800
Monica Schoch-Spana: Systems level changes that take investment of human and financial capital and political will.

555
01:43:56.670 --> 01:44:04.710

Monica Schoch-Spana: So what arguments, would you use in advising county or state leadership to take the long game perspective.

556
01:44:05.100 --> 01:44:22.050
Monica Schoch-Spana: You know what evidence, would you deploy what steps would you recommend first you know what would you tell them to set aside in their budgets, not only in the coming fiscal year but for ongoing investments and i'll just open the floor.

557
01:44:23.100 --> 01:44:25.860
Monica Schoch-Spana: up for any of you to kick off.

558
01:44:29.760 --> 01:44:30.450
Richard Krieg: Go ahead.

559
01:44:31.020 --> 01:44:39.270
Tene Hamilton Franklin: i'll just i'll jump in and i'll make a quick and so we've talked about how we need investment in.

560
01:44:40.050 --> 01:44:51.120
Tene Hamilton Franklin: In our communities and with regards to a disparities in communities of color Community health workers, that is a strategy, and in order for to do that.

561
01:44:51.690 --> 01:44:58.440
Tene Hamilton Franklin: Community health workers have to be compensated with the living wage is not enough just to write them into a grant temporarily.

562
01:44:59.010 --> 01:45:09.210
Tene Hamilton Franklin: There has to be Community career development for Community health workers and then Lastly, there also needs to be an evaluation component on the effectiveness of of Community health workers.

563
01:45:09.750 --> 01:45:17.010
Tene Hamilton Franklin: That is Those are the three things that I would I would start with start the conversation off with with our.

564
01:45:17.730 --> 01:45:32.760

Tene Hamilton Franklin: mayor or elected officials in terms of a long term strategy to help mitigate that only vaccination disparities with regards to hold it and other vaccinations, but also with regards to addressing the inequities that we have.

565
01:45:35.520 --> 01:45:42.990
Richard Krieg: yeah That was my very same thought was the budgeting process because lots of local health departments.

566
01:45:44.250 --> 01:45:52.080
Richard Krieg: Were decimated someone from having had the lower budgets, I known that the county health department in Toledo Ohio, for example.

567
01:45:52.890 --> 01:46:02.340
Richard Krieg: They had one worker who's environmental health worker who was in charge of version control influence and so on, and she had to staff with what we're doing.

568
01:46:03.150 --> 01:46:10.950
Richard Krieg: Disease prevention, who are content to start working on the vaccine program and they all got cove and 19 it was a mess.

569
01:46:11.430 --> 01:46:18.540
Richard Krieg: So I think it's a moment when local health department directors and I think this applies to the state level as well, have people's attention.

570
01:46:19.020 --> 01:46:30.030
Richard Krieg: And need to build into their budget and ability to bounce off this pandemic and have the requisite staff, the first place, to look is is where to go for their budget every year.

571
01:46:30.540 --> 01:46:35.250
Richard Krieg: But beyond that they have to put to the side, the time to understand that this is the moment.

572
01:46:35.820 --> 01:46:45.570
Richard Krieg: that perhaps the field can get off its roller coaster boom or bust funding type of thing and zeke it came in each one and one came and budgets went up, then they went down.

573
01:46:46.080 --> 01:46:58.140

Richard Krieg: And just just think you know that when a local health department director if there's a emergency at the local level that health department directly becomes the incident commander of all of the other.

574
01:46:58.980 --> 01:47:09.780
Richard Krieg: Parts of the local government and imagine if the fire police chief mentioned the fire department had no fires among year and they cut the budget 30% because of that.

575
01:47:10.890 --> 01:47:15.450
Richard Krieg: And so what's what's happening, a public health, so I think there's a long term.

576
01:47:15.870 --> 01:47:23.160
Richard Krieg: advocacy for more budgets and make very good cases for that and, and I think that's the time to do it and, secondly, to.

577
01:47:23.520 --> 01:47:33.330
Richard Krieg: say the time for the site to work within associations and other networks that helped directors have to advocate for more funding and to put that in.

578
01:47:33.570 --> 01:47:41.010
Richard Krieg: to people who can can work, the Community work in the Community work in the department, on behalf of the Community that that's where those months ago.

579
01:47:41.910 --> 01:47:50.970
Walter Orenstein: I agree completely of those comments I think we're focused on the local, but this is a national problem.

580
01:47:51.540 --> 01:48:10.410
Walter Orenstein: This is again a community that is not well vaccinating not only has that Community risk puts other communities to risk as a reservoir for transmitting infection and I think one of the things that would be very important, is from the local level to talk with your congressperson.

581
01:48:11.670 --> 01:48:26.880
Walter Orenstein: years at the state level of Senator to try and get federal support for this and I completely agree with Richard indeed for long term maintenance of that support and not an up and down kind.

582

01:48:27.270 --> 01:48:46.380
Walter Orenstein: of effort and that's why I think trying to add on other issues, such as an adult immunization program or other kinds of things could be helpful and then again building an infrastructure to deal with emergencies that we don't have very well in most areas right now.

583
01:48:47.970 --> 01:48:59.010
Arrietta Chakos: I agree with all the comments that people have made and we're working on a pilot project with our San Diego community that site to mobilize.

584
01:48:59.700 --> 01:49:10.440
Arrietta Chakos: funding and the funding strategy to support salaries for comatose Community health workers, but also to sensitize.

585
01:49:11.280 --> 01:49:18.210
Arrietta Chakos: Local state and federal elected to the issues at hand, and so, when we look at the budgets.

586
01:49:18.750 --> 01:49:34.920
Arrietta Chakos: Of all of our local communities, public health, gets maybe a 10th of what law enforcement guess and that's mirrored at the federal level CDC gets maybe 1,000th of what Defense department get so we have to reprogram our.

587
01:49:36.000 --> 01:49:46.200
Arrietta Chakos: funding allocations and it can be done with this great boost from our federal funding right now and then figure out how we build sustainable.

588
01:49:47.250 --> 01:49:54.930
Arrietta Chakos: Financial lives for health equity and health and all policies and it's honestly it's a possibility and within our reach right now.

589
01:49:57.420 --> 01:50:09.150
Monica Schoch-Spana: Thank you so much areata rich Walt and today for those comments we're going to encourage all of you to type in your questions in the chat box.

590
01:50:10.050 --> 01:50:17.250
Monica Schoch-Spana: And i'm going to turn this over to Emily who's going to facilitate questions from from our participants.

591

01:50:17.760 --> 01:50:31.890
Monica Schoch-Spana: It would be great to have some conversations between the local teams and the national working group so local teams you guys go ahead and and ask your questions as well, so Emily back over to you.

592
01:50:32.490 --> 01:50:39.840
Emily Brunson: Thank you, Monica and and Liz and Stephen I think that this set of questions will resonate with with you in particular.

593
01:50:40.470 --> 01:50:53.940
Emily Brunson: This question about funding has come up twice, once from an anonymous anonymous participant, and the other from Mary l metaphor thinking about funding university systems, the Federal Government.

594
01:50:55.080 --> 01:51:04.530
Emily Brunson: Local Government public health departments and definitely communities all work on different timelines funding needs are not connected well.

595
01:51:05.250 --> 01:51:17.550
Emily Brunson: But it comes down to the point of you know, when thinking about all of this and funding and making the argument that what we're doing is important and it's important to continue, or that it is working.

596
01:51:18.300 --> 01:51:27.690
Emily Brunson: What are some short term metrics that can be used to evaluate that especially and in relation to Community health care workers.

597
01:51:28.080 --> 01:51:36.270
Emily Brunson: there's been a lot of evaluation around the effectiveness of Community health workers but at what point should we stop highlighting the need to evaluate.

598
01:51:36.720 --> 01:51:46.890
Emily Brunson: And then acknowledge the effectiveness of this workforce so So what can we do in terms of proving that things work in, especially in a Community driven scenario.

599
01:51:48.000 --> 01:51:57.780
Richard Krieg: I think marshaling metrics that do exist and it's pretty compelling is one step, I do think, though, that, especially at the local level.

600
01:51:59.550 --> 01:52:10.830
Richard Krieg: You know, in a budget process oftentimes it's one picture, or one graph or one one or two numbers that's that swing that the argument I really think it's kind of relating.

601
01:52:11.400 --> 01:52:23.010
Richard Krieg: The situation of the pandemic to decision makers and laying out for those people how a Community workers i'll use the word force extender it just so happens that.

602
01:52:24.600 --> 01:52:28.890
Richard Krieg: You know if you if you imagine the roles that Community health workers have.

603
01:52:29.580 --> 01:52:38.070
Richard Krieg: They can double task they can serve multiple functions, you know, there may not be a translator in the apartment with someone who's working in the field, on behalf of the.

604
01:52:38.430 --> 01:52:43.350
Richard Krieg: Of the health departments in the health work and can play that role of being a translator and.

605
01:52:43.920 --> 01:52:56.970
Richard Krieg: and politicians like getting to their their main or they can use these as well as majority of the Communities, so I think that there's a bonafide case that can be made and it's just it's just at the level of common sense, then.

606
01:52:57.870 --> 01:53:04.230
Richard Krieg: And there has to be a career ladder also for Community health workers and I love the thought that they will go back to school and.

607
01:53:04.560 --> 01:53:11.640
Richard Krieg: upgrade their credentials as well, and I think there's a pretty powerful case that could make the made that when you look at your staff compliment.

608
01:53:12.570 --> 01:53:24.570
Richard Krieg: That by hiring Community health workers, even on an exploratory basis if you're going to set up the ability to garner metrics but also to marshal the evidence that exists, we make that pitch.

609

01:53:26.970 --> 01:53:35.400
Tene Hamilton Franklin: I also want it to take a moment to respond and I do agree with everything that you said, Richard i'm here in Tennessee and we've been in the media lately.

610
01:53:36.330 --> 01:53:43.320
Tene Hamilton Franklin: And I will say and I in my previous position, I was director of the office of minority health Tennessee Department of Health.

611
01:53:43.860 --> 01:53:56.820
Tene Hamilton Franklin: But had an opportunity to really have a perspective of what our legislators needed to be convinced that public health was worth worth investment in general right.

612
01:53:57.330 --> 01:54:07.290
Tene Hamilton Franklin: And so, at the end of the day, it really is about the bottom line for some individuals, and so I think that there might be an opportunity to incorporate.

613
01:54:07.650 --> 01:54:17.880
Tene Hamilton Franklin: and healthy economists, as part of this solution with regards to evaluating the effectiveness or the bottom line and and how that could save the state.

614
01:54:18.330 --> 01:54:29.430
Tene Hamilton Franklin: and healthcare dollars overall if we if we did have a Community health workers work for us if we did invest in public health over off so.

615
01:54:30.180 --> 01:54:43.890
Tene Hamilton Franklin: I think it was I forgot, who was Elizabeth it might have been you and that mentioned that there was an effort to also engage elected officials and educate them about public health.

616
01:54:44.700 --> 01:54:57.390
Tene Hamilton Franklin: So it is that I think we also have to frame it in a way that legislators, understand and from my experience here in Tennessee it helps to really target that bottom line.

617
01:54:58.410 --> 01:55:01.320
Tene Hamilton Franklin: And with regards to cost savings that we could possibly have.

618
01:55:03.360 --> 01:55:08.430

Stephen Thomas: You know i'm wondering if we when we do the right thing if it costs more.

619
01:55:09.840 --> 01:55:30.510
Stephen Thomas: Maybe if your argument is also a moral one, and not just cost savings and then though the cost saving sighs Tina i'm saying F, the vaccines are effective in preventing death and serious illness right, what is the cost of one case in an icu.

620
01:55:31.650 --> 01:55:41.790
Stephen Thomas: it's unknowable number, if you take a look at it we're talking hundreds of thousands of dollars, so why aren't we saying that every time we give a vaccine in the Community at the local level.

621
01:55:42.930 --> 01:56:03.750
Stephen Thomas: That that is X number of dollars saved why doesn't that argument work as well, especially in the moment of covert because now we know by averting people ending up in the hospital we're saving hundreds of thousands of dollars why can't public health get credit for that.

622
01:56:04.920 --> 01:56:23.520
Stephen Thomas: that's what I don't get about how we do our arguments, the other is there's a lot of guilt out there we've met young people who did not get vaccinated got sick defective grandma grandma dies, they are guilty, we need a way for them to.

623
01:56:24.750 --> 01:56:40.620
Stephen Thomas: kind of deal with that and that story in and of itself, combined with these other things, I think, can help move the needle with these legislators, these are their constituents and then last but not least, since I saw your story in Tennessee last night.

624
01:56:41.760 --> 01:56:47.880
Stephen Thomas: about all those elected officials who had been vaccinated and refuse to tell their constituents.

625
01:56:49.080 --> 01:56:52.890
Stephen Thomas: Why don't we tell their constituents they've been fascinated.

626
01:56:54.330 --> 01:57:03.870
Stephen Thomas: And then we can say follow your leaders, we have to be more creative because the other side is actively involved.

627
01:57:04.800 --> 01:57:22.140
Stephen Thomas: In very sophisticated strategies and I don't think we're quite equal to it, yet, sometimes we don't even want to talk about it doesn't mean we have to go down the rabbit hole but to ignore it is to ignore very powerful forces targeting a very communities we're talking about.

628
01:57:24.060 --> 01:57:27.270
Richard Krieg: Top seeded you said a lot there.

629
01:57:27.330 --> 01:57:27.720
and

630
01:57:28.830 --> 01:57:38.700
Richard Krieg: Just on the first comments the moral aspects of the stair many in they are real and I think that.

631
01:57:39.990 --> 01:57:54.780
Richard Krieg: That information is available in terms of the preventive approaches and using both healthcare and in public health and what the outcomes are, if you don't do those things, and what they cross the Community and also what Walter said in terms of.

632
01:57:55.980 --> 01:58:06.750
Richard Krieg: viruses, being a net not discriminating in terms of who they will affect in the Community so it's in everyone's interest but I wanna I want to jump from that to kind of the worst case scenario.

633
01:58:07.530 --> 01:58:14.010
Richard Krieg: Because he said, be creative and and and so on, and that is where you have a local health department.

634
01:58:14.430 --> 01:58:27.780
Richard Krieg: In the Community I won't say what part of the country, or where their workers they're all over, but where the the staff does not reflect the Community where the expertise and Community skills is is.

635
01:58:28.890 --> 01:58:39.240
Richard Krieg: is not there any favorite person and say that, then I think it really is a call for Community action which is hard in instances i've always been amazed, with a.

636
01:58:39.570 --> 01:58:47.700
Richard Krieg: Large hospital shuts down that one's out on the street protesting people don't feel empowered with miss area, particularly on the heels of covert.

637
01:58:48.060 --> 01:58:58.170
Richard Krieg: It gets down to communities organizing and having a basis to really make their voice heard tough thing, but there are ways to do it.

638
01:58:58.500 --> 01:59:06.750
Richard Krieg: And I think in those communities where it's at ground zero it's incumbent on anybody who has access to that community in any way, shape or form.

639
01:59:07.170 --> 01:59:18.180
Richard Krieg: to arm them, I always like the thought of the force field analysis that you watch the Community who's for doing what's right who's against it had the neutralizes against it, have you.

640
01:59:18.540 --> 01:59:27.540
Richard Krieg: Have you bulk up the parts of the Community that can take action politicians or use our know when that happens, and when the Community.

641
01:59:28.230 --> 01:59:38.280
Richard Krieg: Does that there's got to be some response, at least, it will shake things up, so I think in the worst case, you have to use all the strategies, you spoke to and more but.

642
01:59:38.910 --> 01:59:51.780
Richard Krieg: that's a case where you can wait around for 20 years and there may not even if they're spending their it may not be applied to the things that that health department needs to do if it's going to function as a health department to improve Community health.

643
01:59:53.730 --> 01:59:54.210
Emily Brunson: Thank you.

644
01:59:54.960 --> 02:00:05.820
Walter Orenstein: For that i'm just going to say that, having been at the national level formal cost benefit analysis economic analysis very, very helpful.

645
02:00:06.210 --> 02:00:19.050
Walter Orenstein: I think would be important to invest in that, so I would like to agree with what I said in terms of doing that I think the other issue, and I think Steven mentioned, is the issue.

646
02:00:20.280 --> 02:00:34.500
Walter Orenstein: My boss at CDC is to say anak data will always be real data, the issue is to get attic data that illustrate real data and to try and get some of these stories and put them in perspective, so that it can motivate people.

647
02:00:35.670 --> 02:00:40.290
Emily Brunson: So we're all the time, but Liz and no way your comments.

648
02:00:41.790 --> 02:00:56.430
Elizabeth Cartwright: um i've worked with Community health workers now for almost 30 years 10 years down on the US Mexico border, and I would really like to emphasize, something that Richard said that, and I think it was reflected on something that I said a little bit earlier that.

649
02:00:57.600 --> 02:01:09.870
Elizabeth Cartwright: The Community health worker cannot be seen as a band aid to fix everything they will be the lowest paid person on the totem Pole, they will have no job security.

650
02:01:10.920 --> 02:01:26.730
Elizabeth Cartwright: I have seen people in these roles over the years, not advance the way that you can make it work is to have an embedded within a university setting actually how this my university, it means refining but.

651
02:01:27.750 --> 02:01:39.030
Elizabeth Cartwright: It and it needs to be a ladder and intellectual ladder to a more professional level and a bsn or to be a mid level practitioner or to go on to be a doctor or.

652
02:01:39.570 --> 02:01:44.700
Elizabeth Cartwright: You know any other level of health care, professional and that is how you change like Richard said.

653
02:01:45.090 --> 02:01:57.510

Elizabeth Cartwright: What the public health department looks like that's how you change how all these things look like is by getting more and more people into that professional level of economic and intellectual functioning.

654
02:01:58.260 --> 02:01:58.620
Emily Brunson: Thank you.

655
02:02:00.930 --> 02:02:02.760
Emily Brunson: So snowy and then Daniela.

656
02:02:03.270 --> 02:02:08.820
Noe Crespo: Briefly, if I can add to the conversation of the huge value added by Community health workers.

657
02:02:09.780 --> 02:02:23.880
Noe Crespo: Often the label that's used to describe communities is hard to reach and oftentimes my responses hard to reach for whom, and that is that the Community health worker is is really the the the the workforce that is able to reach.

658
02:02:24.630 --> 02:02:31.260
Noe Crespo: invigorates and and create action that otherwise does not happen, so I think that that's an important consideration.

659
02:02:33.900 --> 02:02:36.930
Emily Brunson: So Daniela we're at time, but if you want to just add your.

660
02:02:37.950 --> 02:02:41.700
Daniela Rodriguez | JHSPH: No, I didn't have a comment on them to agree with everything that's been said here, thank you.

661
02:02:42.000 --> 02:02:47.190
Emily Brunson: So Monica and thank you all i'll turn this over to Monica to close us out.

662
02:02:48.900 --> 02:02:59.460
Monica Schoch-Spana: Thanks to our panelists both from the first half in the second half, and thanks to all of you for joining us just to be quick the country.

663

02:03:00.060 --> 02:03:08.940
Monica Schoch-Spana: needs to seize this moment to achieve widespread and lasting coven 19 vaccine coverage, including among the most vulnerable groups.

664
02:03:09.540 --> 02:03:29.100
Monica Schoch-Spana: But we can also be developing locally appropriate mechanisms that advance equity and health along the way, so let's act in ways that are both urgent and essential and all of us at the Community X coalition wish you well, and thank you for your participation take care.

665
02:03:33.150 --> 02:03:34.140
Stephen Thomas: Where your man.