



CommuniVax

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

**Transcript from September 15, 2021: Equity in Vaccination:
A Plan to Work with Communities of Color Toward COVID-19 Recovery and
Beyond**

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00:00:03.000 --> 00:00:16.379

Andrea Lapp: Welcome to today's webinar Community experiences with Community backs carrying equity and coven vaccination forward in local areas our moderator beth Weaver will now begin.

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00:00:18.090 --> 00:00:18.660

Beth Weaver: Thank you.

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00:00:18.720 --> 00:00:28.890

Beth Weaver: and welcome to everybody this webinar is an output of the Community backs a National Coalition to strengthen the communities role and equitable covered 19 vaccination campaigns.

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00:00:29.550 --> 00:00:37.200

Beth Weaver: mean of X 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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00:00:37.590 --> 00:00:43.560

Beth Weaver: For Community backs coalition which includes researchers across the United States has been funded by the Chan Zuckerberg initiative.

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00:00:44.010 --> 00:00:47.010

Beth Weaver: with additional support for the rock from the Rockefeller foundation.

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00:00:47.910 --> 00:01:01.200

Beth Weaver: My name is beth Weaver i'm a senior mediator with resolve a member of the Community backs coalition's national working group and a Co leader of the coalition's Community work group i'm honored to be monitoring moderating today's webinar.

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00:01:02.670 --> 00:01:12.690

Beth Weaver: This week, the Community backs coalition's local research teams have each release reports detailing their findings and recommendations we will include links to these reports in the chat box.

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00:01:12.990 --> 00:01:19.440

Beth Weaver: We would encourage you to download these reports, learn from the experiences of others and replicate the evidence based practices.

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00:01:20.040 --> 00:01:28.770

Beth Weaver: Best the best practices highlighted in these reports in whatever ways, you can in your own communities, please also share these reports with your network so others can benefit from this information.

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00:01:29.820 --> 00:01:38.040

Beth Weaver: During the next hour through a moderated discussion, we will explore the impacts of the research and outreach activities of for of Community axes local teams.

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00:01:38.430 --> 00:01:43.500

Beth Weaver: Which together represent a mix of black and Hispanic and Latino communities in rural and urban areas.

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00:01:44.070 --> 00:01:52.650

Beth Weaver: We will also hear from our panelists from these communities about what is needed to implement the recommendations from the Community X coalition regarding.

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00:01:53.460 --> 00:02:01.560

Beth Weaver: Rebuilding and strengthening Community health and the public health infrastructure at the local level i'd like to take a moment to welcome our esteemed panelists.

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00:02:02.130 --> 00:02:08.820

Beth Weaver: George asked you, the deputy chief administrative officer for health human services and education for Prince george's county Maryland.

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00:02:09.420 --> 00:02:19.740

Beth Weaver: Jennifer brantford coons the director for the office of equitable communities and the Department of homeless solutions and equitable communities for the county of San diego's health and human Services Agency.

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00:02:21.210 --> 00:02:30.750

Beth Weaver: Maggie man, the district director for South Eastern Idaho public health and level in Rome, President of the hale county Chamber of Commerce in hale county Alabama.

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00:02:31.560 --> 00:02:39.840

Beth Weaver: Each of our panelists are familiar with the work of the Community X local teams and their locality, and can speak to the value and impact of the Community X.

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00:02:40.770 --> 00:02:44.640

Beth Weaver: coalition and the larger context in which the local teams have been operating.

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00:02:45.390 --> 00:02:58.530

Beth Weaver: I want to now give each of our panelists two or three minutes to further introduce themselves and provide a very brief overview of their community and the local covered 19 situation before we begin the moderated discussion George i'd like to go ahead and start with you.

21

00:02:59.130 --> 00:03:00.570

George Askew: Great Thank you.

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00:03:00.840 --> 00:03:03.660

George Askew: for having me it's a it's a pleasure to talk about.

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00:03:04.290 --> 00:03:12.960

George Askew: Well it's not necessarily a pleasure to talk about coven and kind of tired of talking about coven, as we all are, but it's a it's a pleasure to be here to share with you our experiences.

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00:03:13.470 --> 00:03:16.800

George Askew: With the hope that it may be helpful to others and other communities.

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00:03:17.790 --> 00:03:30.510

George Askew: My name is George ask you i'm a pediatrician by training and i'm the deputy chief administrative officer for health and human services and education here in Prince george's county a rather unique county of about 1 million people.

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00:03:31.140 --> 00:03:45.270

George Askew: were a county that's 80% black and brown folks with the with about 65% of our folks who are black or African American and 20% of latinx community.

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00:03:46.530 --> 00:03:49.500

George Askew: With coded we were among.

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00:03:50.640 --> 00:03:58.110

George Askew: I wouldn't say among we were the hardest hit county in all of Maryland now that may strike some folks.

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00:04:00.480 --> 00:04:07.770

George Askew: As surprising, given what is also known about Prince george's county and is, that is, we are the most affluent.

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00:04:09.060 --> 00:04:15.900

George Askew: predominantly minority county in the country predominant predominantly black county in the country.

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00:04:16.410 --> 00:04:25.650

George Askew: What Kobe pointed out clearly was that the sort of historical structural and institutional issues of race and racism.

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00:04:26.520 --> 00:04:48.480

George Askew: That have beleaguered communities of color throughout the throughout the years did not spare communities of seeming affluence when it comes to being black and brown person or persons growing up and living here and in our country so so, as I said, we.

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00:04:49.650 --> 00:05:00.180

George Askew: took the took a very heavy below here when when when Kobe struck and what resulted from that was.

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00:05:00.720 --> 00:05:10.410

George Askew: In the initial code response which, as we all saw was a bit challenging not only for at the federal level but at the State level and many places, and certainly no no.

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00:05:10.890 --> 00:05:18.870

George Askew: No, no different here, and at the local level, where we were sort of left to to to sort of pick up the pieces.

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00:05:19.680 --> 00:05:32.640

George Askew: That we were struggling with issues of equality versus equity and I won't go into that deeply here but made us the opportunity later to talk about what we saw as equal distribution of resources which did not.

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00:05:33.150 --> 00:05:41.820

George Askew: result in equitable distribution of resources and the big difference that that makes when it comes to social justice, and in response to a pandemic, such as this.

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00:05:43.980 --> 00:05:50.310

Beth Weaver: Thanks so much George really helpful context there Jennifer she like to go ahead and go next.

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00:05:51.030 --> 00:06:07.800

Jennifer Bransford-Koons: morning so i'm Jennifer brands for coons and i'm, as you said, the Director for the office of equitable communities here in San Diego county for the last 18 months, though i've led the testing and vaccine operations for our county within our public health department.

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00:06:09.090 --> 00:06:15.840

Jennifer Bransford-Koons: As many of us did we we pivoted when covert hit to taking on new roles San Diego county is.

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00:06:16.920 --> 00:06:23.970

Jennifer Bransford-Koons: is accountable very large county geographically lots of urban and rural settings lots of agriculture.

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00:06:25.050 --> 00:06:33.450

Jennifer Bransford-Koons: And what we noticed early on, is that different parts is George alluded to different parts of our county were hit with coded.

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00:06:34.110 --> 00:06:45.300

Jennifer Bransford-Koons: more strongly than other parts of our county and so early on, we recognize that we were going to need to make some concerted efforts to make sure that our response was equitable.

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00:06:46.290 --> 00:06:53.640

Jennifer Bransford-Koons: And so we focused primarily a lot of our efforts in the southern part of our county near the border.

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00:06:54.480 --> 00:07:15.330

Jennifer Bransford-Koons: Our border region was being very hard hit large lot next community in our south bay and as well as in parts of our northern county where we have a lot of agriculture that happens, but primarily our south Bay was being hit the hardest, so we did some concerted efforts with our Community.

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00:07:16.710 --> 00:07:28.110

Jennifer Bransford-Koons: In the south Bay with our municipalities with faith based organizations with Community based organizations and worked very, very hard to make sure that we were placing.

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00:07:29.610 --> 00:07:46.890

Jennifer Bransford-Koons: The needed the needed supports in the parts of our community that were the hardest hit, and so, you know as of today, i'm very proud to say that you know 86 almost 87% of our county has at least one vaccine.

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00:07:47.910 --> 00:08:08.640

Jennifer Bransford-Koons: Over 76% have are fully vaccinated but the thing that makes me the most proud, is that in our south Bay area over 95% of our Community is vaccinated and has been given that tool and fighting coded so that's where we are today with our code response.

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00:08:10.350 --> 00:08:11.730

Beth Weaver: Thanks so much Jennifer that's.

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00:08:12.540 --> 00:08:14.400

Beth Weaver: Encouraging statistics, there to.

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00:08:15.090 --> 00:08:21.300

Beth Weaver: to share appreciate that Maggie do you want to introduce yourself and share a little bit about what's going on in Idaho.

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00:08:22.050 --> 00:08:27.360

Maggie Mann: Sure, so i'm Maggie man i'm the district director for southeastern Idaho public health.

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00:08:27.720 --> 00:08:33.150

Maggie Mann: Which is an eight county public health district one of seven public health districts within our state.

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00:08:33.780 --> 00:08:40.290

Maggie Mann: We are accountable to the eight counties that we serve our county Commissioners appoint our Board of health.

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00:08:40.890 --> 00:08:53.640

Maggie Mann: And our experience with code is has been a little bit different largely probably due to the fact that we are for the most part, rural and sometimes in some areas, even frontier designations.

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00:08:54.120 --> 00:09:07.830

Maggie Mann: We do have a couple of more urban areas, but certainly very, very small populations, compared to Dr ask you and Miss brands brands for coons so.

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00:09:10.680 --> 00:09:32.910

Maggie Mann: Right now, our situation in our state and within my own jurisdiction is is pretty bleak or seeing the worst case counts, that we have seen since the pandemic started and projections are that by mid October, we will hit 30,000 new cases a week and 2500 new hospitalizations a week and.

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00:09:33.990 --> 00:09:47.940

Maggie Mann: We are our hospital care systems are already very stressed, as you may have heard, because it has been shared nationally in the media are to northern most regions have.

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00:09:49.560 --> 00:09:54.420

Maggie Mann: transitioned to crisis standards of care, which is something that has never happened in our State before.

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00:09:55.020 --> 00:10:06.990

Maggie Mann: it's imminent that the western and South central portions of the state will probably make that transition in the next day or so and we anticipate that the eastern part of the state.

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00:10:07.860 --> 00:10:22.770

Maggie Mann: will probably get there, within the next week so we're very concerned, we have low vaccination rates, I think, but when I checked Monday morning we are third from the bottom with vaccine coverage and that's very discouraging.

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00:10:24.690 --> 00:10:25.320

Maggie Mann: We have.

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00:10:26.760 --> 00:10:33.630

Maggie Mann: made lots of efforts and i'll talk about that, when we get to the questions but but right now, our situation is pretty tough.

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00:10:37.860 --> 00:10:41.400

Beth Weaver: Thank you Maggie I know there are a number of.

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00:10:41.460 --> 00:10:51.150

Beth Weaver: places in the country that are also experiencing very similar circumstances and will be very interested to hear as the conversation unfolds.

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00:10:51.780 --> 00:11:02.280

Beth Weaver: More about what's happening on the ground in Idaho Thank you and, last but certainly not least level and rowan if you want to go ahead and introduce yourself and share a little bit about what's happening in Alabama.

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00:11:03.360 --> 00:11:26.880

Llevelyn Rhone: Yes, as I mentioned i'm in hale county Alabama hill county as part of what's known as the black belt and depending upon definition that is anywhere from 14 to as high as 22 counties, essentially in the middle of the state, these counties collectively have evolved from an agrarian.

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00:11:28.230 --> 00:11:49.050

Llevelyn Rhone: Industry base and have often been, since you know, a time of slavery have actually been under invested and as a result of that the pandemic had a catastrophic effect on many of the struggling economies as well as the healthcare situations of many of the residents.

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00:11:50.190 --> 00:11:57.480

Llevelyn Rhone: But we are resilient and continuing to move forward, like many in the country and our statistics.

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00:11:58.620 --> 00:12:15.540

Llevelyn Rhone: While we have as a state have been you know somewhere in trading between the bottom and near bottom in terms of vaccination rates around the country we have over the last several weeks, seeing those numbers start to an upward which gives us a bit of hope.

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00:12:16.860 --> 00:12:19.830

Llevelyn Rhone: I guess in a perverse way the delta Lambda.

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00:12:21.630 --> 00:12:28.110

Llevelyn Rhone: delta and Lambda to come out hope landed done arrived, but delta has been kind of.

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00:12:29.340 --> 00:12:37.770

Llevelyn Rhone: An advocate in that way of encouraging people who may have been a little more hesitant to go ahead and actually get a vaccine.

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00:12:38.160 --> 00:12:56.310

Llevelyn Rhone: Right now, our county is just a couple percentage points above the state's average we're at about 54% the state is about 50 51% in terms of at least one vaccination, we are doing a bit better in terms of to.

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00:12:57.480 --> 00:13:12.750

Llevelyn Rhone: To vaccines to vaccination doses, and when we're about six points and ahead of the state in that range so once we can get that first needle in their arm it there's a increased possibility that people are in turn.

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00:13:13.770 --> 00:13:21.240

Llevelyn Rhone: Coming back, and we are using you know the smallness that that miss man talked about of being a role community.

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00:13:21.690 --> 00:13:30.000

Llevelyn Rhone: As one of the things that we're trying to leverage that those communities have relations those Community Members that have one on one relationships.

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00:13:30.330 --> 00:13:50.250

Llevelyn Rhone: Are our greatest asset, if you will, in terms of you know motivating and encouraging can controlling others to be more diligent about vaccines, as well as taking some precautions as well, and I know we'll talk a little bit more about some of those efforts later.

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00:13:52.590 --> 00:13:59.520

Beth Weaver: Great Thank you so much you're Obviously, we can see that there are some differences in the communities that are represented.

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00:14:00.000 --> 00:14:05.040

Beth Weaver: In the webinar today, but I think also will probably hear a little bit of similarities in terms of.

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00:14:05.820 --> 00:14:18.090

Beth Weaver: You know some of the challenges and some of the successes that have been experienced so I really you know first again, thank you all for for being a part of this panel we're looking forward to learning more about.

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00:14:18.810 --> 00:14:22.290

Beth Weaver: what's what's happening in your communities and i'd really like to start.

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00:14:23.010 --> 00:14:31.110

Beth Weaver: By asking you all to reflect on where we currently are with regards to curve and 19 vaccination and the rollout of the vaccination campaign.

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00:14:31.740 --> 00:14:40.530

Beth Weaver: So this is a two part question that I want to pose to you the first part is you from your perspective, what have been the greatest successes so far in promoting.

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00:14:40.890 --> 00:14:53.160

Beth Weaver: cover 19 vaccination in your community, and you know, the second part of that is what challenges, do you see that still remain in your community to to cover 18 vaccination.

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00:14:55.800 --> 00:15:09.030

George Askew: i'll be happy to jump in and get started, I think that our success stems from our early challenges we were as as I would describe a bit behind.

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00:15:09.780 --> 00:15:15.690

George Askew: You know the rollout itself and the Fed, as I said, from the federal level and then at the state level.

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00:15:16.200 --> 00:15:22.140

George Askew: was a bit sluggish and the local health departments, who particularly our local health department.

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00:15:22.620 --> 00:15:39.030

George Askew: had been traditionally underfunded and under resource for many, many years, and I think that that's probably a common thread throughout for many local local health departments, and we were sort of relied on to pick to pick up the pieces, it was particularly challenging in our Community.

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00:15:40.080 --> 00:15:49.470

George Askew: Where we were already facing significant other social and and health, health challenges, so when the numbers began to come out early on.

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00:15:50.130 --> 00:16:01.440

George Askew: We were we were behind and then, when the rollout started and vaccines are made available, of course, the folks who were to receive the vaccines first were.

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00:16:02.820 --> 00:16:07.230

George Askew: For frontline folks the elderly for us that representative.

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00:16:07.770 --> 00:16:21.360

George Askew: A population of folks that did not necessarily represent the broad population of folks so what you saw in Prince george's county a county that was 80% black and Brown was that the percentage of lights that were being.

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00:16:21.900 --> 00:16:31.590

George Askew: That were being vaccinated was astronomically higher than what you saw him on the black the black and brown black and brown community.

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00:16:32.370 --> 00:16:35.850

George Askew: What also happened was that there were very few restrictions on where you could.

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00:16:36.150 --> 00:16:51.300

George Askew: come from to get the vaccines, when we started rolling out these these large vaccine sites, so you what you had was folks who had greater resources, the ability to take off time for more work, the ability to cross borders because they had cars.

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00:16:52.800 --> 00:17:01.320

George Askew: able to come and get vaccine that was being distributed in Prince george's county but not being captured by Prince george's.

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00:17:02.310 --> 00:17:16.170

George Askew: Again, that was part of the issue of equality versus versus equity once we were able to have conversations with the governor's office work with our folks are partners who were part of them became part of the.

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00:17:17.790 --> 00:17:24.030

George Askew: Community banks project as well University of Maryland starting our own equity Task Force here.

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00:17:24.930 --> 00:17:34.320

George Askew: At equity task force that was started at the governor's office, we were able to be much more intentional and focused on equity and social justice with respect to distribution.

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00:17:34.710 --> 00:17:47.190

George Askew: And the numbers began to shift, and I think the greatest success in those numbers shifting was we saw actually are latinx population quickly once the vaccine was made.

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00:17:49.440 --> 00:18:05.460

George Askew: equitably available to that population in Prince george's county the numbers went up what up quickly and they have eventually now in terms of percentage of vaccinated surpassed the the white population here in Prince george's county.

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00:18:06.510 --> 00:18:14.430

George Askew: surpassed the black and brown black and African American population quite quite some time ago, and also the Asian population and we actually have done.

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00:18:15.120 --> 00:18:30.510

George Askew: A job it's it's far better than most places across the country with respect to our latinx population, the remaining challenge in my mind is that we still have struggled with our black and African American population here in Prince george's county.

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00:18:32.220 --> 00:18:35.160

George Askew: Where we don't quite have 70% of those folks vaccinated.

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00:18:36.030 --> 00:18:53.250

George Askew: As yet, and we've gone from sort of these mass vaccination sites that have now closed down because the demand has died down to going from neighborhood to neighborhood that was kind of our next our next thing we've now gone from neighborhood to neighborhood and sort of.

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00:18:54.690 --> 00:19:08.190

George Askew: That that that that river has run dry and now we're really down to the very intimate one on one one on two conversations with folks where you really have to answer questions and depth.

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00:19:08.550 --> 00:19:13.830

George Askew: and very carefully and articulately for folks who are very smart and who.

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00:19:14.670 --> 00:19:23.130

George Askew: You know I don't even like to use the word hesitancy I like to use the word thoughtful we're being very thoughtful about whether or not they will take the vaccine.

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00:19:24.000 --> 00:19:36.120

George Askew: And really want to be convinced, with the facts and those conversations take a lot of time take a lot of capacity and take a lot of energy but that's where we are right now, Prince George's county.

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00:19:36.900 --> 00:19:45.030

George Askew: Just to give a sense of where we have 80% of our adult population haven't received at least one vaccination so quite good about that and 70%.

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00:19:45.300 --> 00:19:56.790

George Askew: of our adult population is fully vaccinated, but that is still not going to be enough for those other communities where there's pockets of of communities where there's less than 50% of folks vaccinated.

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00:19:58.080 --> 00:20:14.730

Beth Weaver: Thanks so much George sounds like real progress, but still some some hurdles to overcome there and Prince george's county other do other panelists want to share just kind of briefly the some of the successes and challenges that remain in their communities regarding vaccination rollout.

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00:20:16.650 --> 00:20:22.530

Jennifer Bransford-Koons: So here in San Diego I want to echo what Dr sq said in terms of this similar.

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00:20:23.580 --> 00:20:37.560

Jennifer Bransford-Koons: rollout where you have massive sites super stations, we call them and then, but we also have smaller vaccination sites to reach into Community even with the large superstation I think having both.

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00:20:38.820 --> 00:20:49.140

Jennifer Bransford-Koons: And the way that we we figured that piece out was really about talking to the communities and figuring out from them Where do they feel safe what are trusted sites.

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00:20:49.680 --> 00:20:58.980

Jennifer Bransford-Koons: And then, even more so, who are the trusted Community members that can help those that are I like your term Dr sq vaccine thoughtful and.

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00:20:59.430 --> 00:21:05.010

Jennifer Bransford-Koons: And who maybe need a little more information in order to take that leap.

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00:21:05.700 --> 00:21:12.390

Jennifer Bransford-Koons: And so we have really relied heavily on our Community health worker from a thought on model.

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00:21:12.690 --> 00:21:28.920

Jennifer Bransford-Koons: To make sure that trusted messengers within the Community are there to answer questions and to connect people and to even help them go to a site, so if they are hesitant, we have people who live here who may have documentation issues.

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00:21:29.610 --> 00:21:38.970

Jennifer Bransford-Koons: We want them to feel safe and welcome to come to our sites so sometimes it means their neighbor or their friend coming with them to one of our sites.

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00:21:39.330 --> 00:21:52.650

Jennifer Bransford-Koons: We also looked at for those particular populations as well, going to them to their employers, because they felt safe there and they felt like their their employer was supporting their effort to get vaccinated.

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00:21:53.310 --> 00:22:04.350

Jennifer Bransford-Koons: So I think utilizing multiple different ways of getting into communities that are harder to reach I also agree, we have pockets, where.

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00:22:05.010 --> 00:22:16.860

Jennifer Bransford-Koons: You know, we definitely still need to make strides with our African American and black community, and we have regular health equity Task Force meeting with that community to.

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00:22:17.670 --> 00:22:25.320

Jennifer Bransford-Koons: To try to make more headway and getting people vaccinated, so I think that's what I would add on to Dr ask you, I know.

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00:22:26.850 --> 00:22:28.980

Jennifer Bransford-Koons: Ms man may have some other things, to put in.

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00:22:30.750 --> 00:22:42.750

Maggie Mann: So, so a couple of the things that were most effective for us in reaching especially populations that are often underserved is similar to what Jennifer spoke about.

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00:22:43.170 --> 00:22:51.270

Maggie Mann: We did a lot of outreach agriculture is a primary economic driver in southeastern Idaho, and so we did a lot of outreach to.

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00:22:52.860 --> 00:23:14.160

Maggie Mann: To farm farmers and their employees and we worked very closely with the Community health workers that were involved in the Community of X program to do some of that outreach either independent of us are alongside us to help us get access to those ag operations and we actually did.

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00:23:15.210 --> 00:23:24.690

Maggie Mann: Many vaccinations on site at those farm sites to help get that population vaccinated that agricultural worker population.

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00:23:25.500 --> 00:23:34.260

Maggie Mann: We did a lot of door to door vaccinations going to people trying to make it easy for them to add to access.

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00:23:34.650 --> 00:23:46.050

Maggie Mann: And then also be able to to answer their questions, because there is a lot of misinformation out there certainly that's been one of the biggest challenges that we faced is is.

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00:23:46.560 --> 00:24:06.360

Maggie Mann: Trying to present factual information in a way that is understandable and digestible and relevant for people, and so, and then we've also done pop up clinics in all kinds of locations we've done churches we've done Community parks we've done county fairs we've done.

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00:24:07.740 --> 00:24:22.020

Maggie Mann: A concert series that's offered in one of our counties that draws a lot of people, we have a food truck round up and like revive it five kind of event that happens weekly so our teams are there.

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00:24:24.390 --> 00:24:43.110

Maggie Mann: kind of ever present just trying to again make it accessible for people who may have been a little bit hesitant or just unsure about what they wanted to do so, those are probably the most successful strategies that we've had.

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00:24:44.520 --> 00:24:47.220

Maggie Mann: To date, but again, our numbers remain.

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00:24:49.350 --> 00:24:50.460

Maggie Mann: Very sadly low.

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00:24:52.980 --> 00:24:55.710

Beth Weaver: Thank you Maggie level and did you want to add some.

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00:24:56.550 --> 00:24:57.090

Llevelyn Rhone: wanted to.

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00:24:57.450 --> 00:24:59.220

Llevelyn Rhone: And somewhat you know can ECHO.

141

00:24:59.280 --> 00:25:06.360

Llevelyn Rhone: Some of the points that this man was making, particularly from a rural community standpoint, one of the things I think.

142

00:25:06.870 --> 00:25:24.840

Llevelyn Rhone: That was helpful for us, after a little bit of a slower start we formed a local county wide task force that met mom weekly virtually and consisted of stakeholders obviously from the healthcare Community but also law enforcement.

143

00:25:26.190 --> 00:25:39.960

Llevelyn Rhone: and public safety from the civic and the faith based communities as well, and those folks became you know early messengers in terms of getting weekly updates, you know literally about county level data.

144

00:25:40.440 --> 00:25:51.180

Llevelyn Rhone: You know, you know as granular as here in our county at the time we only had two ambulance services and our county covers 600 a little over 600 square miles.

145

00:25:51.660 --> 00:26:00.030

Llevelyn Rhone: And you need more than two ambulances, in a good day well during the middle all this, we had an ambulance to actually go down.

146

00:26:00.750 --> 00:26:10.440

Llevelyn Rhone: And so you know what does that mean if you live in a certain part of the county you're going to get slower service, because they essentially like most places were being overworked.

147

00:26:12.120 --> 00:26:21.630

Llevelyn Rhone: So getting that sort of data and knowledge right into the hands of folks who are residents of communities themselves, I think, was very helpful or has been.

148

00:26:22.350 --> 00:26:29.790

Llevelyn Rhone: You know, while the numbers have not been as strong as we would hope in the long haul I do think it could have been worse.

149

00:26:30.720 --> 00:26:37.020

Llevelyn Rhone: And we are you know remain optimistic and diligent of trying to push them higher.

150

00:26:37.410 --> 00:26:46.740

Llevelyn Rhone: But I think that was one of the early things because from that actually there's been I think increase cooperation among organizations and agencies.

151

00:26:47.040 --> 00:26:54.150

Llevelyn Rhone: that are not in not necessarily healthcare related, which is something we could benefit in the long haul I think overall so.

152

00:26:54.690 --> 00:27:05.400

Llevelyn Rhone: We think that collaborative spirit of bringing folks together around what clearly has a common cause has been very helpful in one of the brighter spots in this fight.

153

00:27:07.800 --> 00:27:13.440

Beth Weaver: Thank you so much, I think you all have sort of hinted at this in your comments, so far, about the.

154

00:27:14.340 --> 00:27:22.950

Beth Weaver: The Community engagement activities that the Community X team and your locality has undertaken and there's also been ethnographic research.

155

00:27:23.370 --> 00:27:36.270

Beth Weaver: That those teams have undertaken and I guess i'd like to ask you, you know from your perspective, how do you think that these efforts have advanced equity in coven 19 vaccination and and other ways in your Community any thoughts that folks want to share.

156

00:27:37.320 --> 00:27:53.070

Maggie Mann: Oh just quickly one one key finding that we had, and we were having ongoing communication with our partners in this from Idaho State University, a major concern that was expressed by people who were being.

157

00:27:53.490 --> 00:27:54.990

Maggie Mann: interviewed by.

158

00:27:55.470 --> 00:28:06.090

Maggie Mann: Our Community backs Community health workers was that they had a perception that you had to have some form of legal ID to receive the vaccine.

159

00:28:06.600 --> 00:28:26.490

Maggie Mann: And so, that was not true for the vaccinations that we were offering we did not require that and so they were instrumental in communicating that to people who, for whom that might have been a concern and really I think removed a barrier to access that had.

160

00:28:27.720 --> 00:28:34.740

Maggie Mann: been been pretty significant for a sizable population in in our eight counties.

161

00:28:38.670 --> 00:28:42.660

Beth Weaver: Thank you Maggie any other thoughts that others want to share.

162

00:28:44.190 --> 00:28:45.960

Llevelyn Rhone: Oh, oh go ahead.

163

00:28:46.350 --> 00:28:47.280

Jennifer Bransford-Koons: No, please go ahead.

164

00:28:48.390 --> 00:28:54.180

Llevelyn Rhone: For us, you know and led by the team at the University of Alabama in tuscaloosa.

165

00:28:55.560 --> 00:29:06.660

Llevelyn Rhone: We were able to tap that research and again in some cases, obviously validated some of our suspicions in a good way in terms of what people were thinking and their approaches.

166

00:29:07.080 --> 00:29:15.990

Llevelyn Rhone: But from that we were able to and are able to develop tools, not only for our county but for other counties involved in the effort.

167

00:29:16.560 --> 00:29:27.090

Llevelyn Rhone: With the university to tap various demographic populations here, obviously with the majority black county and most of the black belt counties.

168

00:29:27.510 --> 00:29:39.360

Llevelyn Rhone: Being majority African American we were able to tailor specific messages that were more resonant in terms of helping people understand some of the basic facts and dispel some of the.

169

00:29:40.230 --> 00:29:47.220

Llevelyn Rhone: Some of the challenges, one of the things for particular thing has been persistent here now Alabama is the.

170

00:29:48.390 --> 00:30:06.210

Llevelyn Rhone: tuskegee experiment, while it's not necessarily a direct corollary people made it as part of that you know, not necessarily understanding the facts, and that was a real and remains a real concern for some so when you're living in a part of a country that has.

171

00:30:07.200 --> 00:30:10.680

Llevelyn Rhone: has seen you know when things can go awry.

172

00:30:11.280 --> 00:30:19.080

Llevelyn Rhone: With with medicine and the healthcare of not properly and morally bound it, it makes it even a bit harder and more difficult.

173

00:30:20.190 --> 00:30:25.020

Llevelyn Rhone: we've also been able to through the Community Max effort to work with a regional.

174

00:30:26.250 --> 00:30:34.410

Llevelyn Rhone: Chamber of Commerce to work with employers in the area to offer both education, as well as site.

175

00:30:35.010 --> 00:30:53.490

Llevelyn Rhone: on site at work locations where people can get vaccinated and which is a big effort for us because in our county, for example, 45% of our working population drives out of our county to work i'm at 75% drives out of our county every day to work so that's a very large.

176

00:30:55.170 --> 00:31:10.470

Llevelyn Rhone: segment of our population that is traveling somewhere else, and so having more of a regional context has been helpful and then last but not least, you know, for example in the earlier days when part of the national strategy has been to work with.

177

00:31:11.820 --> 00:31:20.130

Llevelyn Rhone: pharmacies national chains here in our county we fortunately had one national chain but in many of the surrounding black belt count is there weren't.

178

00:31:20.460 --> 00:31:29.970

Llevelyn Rhone: So those sites just simply didn't exist until somebody pointed out, you don't have those stores, here we have to do something and that actually you know part of that.

179

00:31:30.330 --> 00:31:36.930

Llevelyn Rhone: effort to you know, come up with alternatives was you know, some members of the Advisory Board for Community back so.

180

00:31:37.290 --> 00:31:52.590

Llevelyn Rhone: I have wrapped that all up to say that you know Community X has been you know a good base of you know base for information research base as well as being that connector on different communities as in different folks doing the work.

181

00:31:55.860 --> 00:31:58.500

Beth Weaver: Excellent Jennifer did you want to add something as well.

182

00:31:58.770 --> 00:32:05.880

Jennifer Bransford-Koons: just add in I echo what level and said in terms of our partners at SDS you have been.

183

00:32:06.990 --> 00:32:17.070

Jennifer Bransford-Koons: have been great partners throughout the Code, the code pandemic and commune of X is one piece of a very big pie, I think, being able to.

184

00:32:17.880 --> 00:32:26.550

Jennifer Bransford-Koons: utilize the entire team of what they're doing at as a university to make sure that we were making inroads in different communities.

185

00:32:26.880 --> 00:32:31.110

Jennifer Bransford-Koons: Community banks, in particular, made a really big difference when it came to working with.

186

00:32:31.590 --> 00:32:38.160

Jennifer Bransford-Koons: Our Community partners in the Community health workers and making sure and validating the work that we were doing was really.

187

00:32:38.520 --> 00:32:50.160

Jennifer Bransford-Koons: Key in messaging to the Community, particularly in our south Bay area and about the vaccine and how to get how to get the vaccine and to dispel some of those rumors.

188

00:32:50.520 --> 00:33:01.140

Jennifer Bransford-Koons: And to be a connector actually also they didn't just they weren't just researchers, but helped us to connect the dots for many of our our Community members.

189

00:33:02.970 --> 00:33:03.570

George Askew: or.

190

00:33:05.100 --> 00:33:12.300

George Askew: I just had 111 thing quickly, and you know part of the ability to to address issues of social justice.

191

00:33:13.110 --> 00:33:25.170

George Askew: Is intentionality and the way you and part of that and part of being intentional is being able to look at the data and being able to say hey in this neighborhood in this zip code, there is a problem.

192

00:33:25.980 --> 00:33:35.850

George Askew: You can't intentionally attack the problem if you don't know where the problem is, and that is one of the I think greater contributions of having our Community backs partners.

193

00:33:36.450 --> 00:33:53.730

George Askew: With data available to us on ethnographic data and really helping us, you know, along with the data that we had to point out the neighborhoods the zip codes, the very specific and intentional areas we wanted to to address to to bring about equity.

194

00:33:56.700 --> 00:34:01.530

Beth Weaver: Thank you all, you know, I guess, I want to get your.

195

00:34:02.820 --> 00:34:18.810

Beth Weaver: thoughts on excuse me some of the recommendations that were reiterated or that were put forward in the Community X national reports around advocating for rebuilding the public health infrastructure and for Popper properly staffing it for meaningful Community engagement.

196

00:34:19.860 --> 00:34:31.380

Beth Weaver: Excuse me, the recommendations from the national community X coalition from their reports were really reiterated and a number of the local reports that have just been released, this week.

197

00:34:32.040 --> 00:34:37.620

Beth Weaver: And i'd like to get your thoughts on kind of who or what is needed to really make that happen at the.

198

00:34:38.190 --> 00:34:49.590

Beth Weaver: At the local community level and in your Community so again really kind of who or what is needed to rebuild the public health infrastructure and then properly staff it for meaningful Community engagement.

199

00:34:54.720 --> 00:35:07.410

Jennifer Bransford-Koons: So um Well, I can start off this question, I think, for us in San Diego county we really had support and continue to have support from the top down that's our.

200

00:35:07.710 --> 00:35:21.930

Jennifer Bransford-Koons: Our elected officials at the at the county board of supervisors really understanding and supporting the need for us to not only respond to code, but some of the lessons that we've learned.

201

00:35:22.800 --> 00:35:33.210

Jennifer Bransford-Koons: Since early on to continue that work going forward so the state has several grants this the CDC has had several grants to help us to.

202

00:35:33.750 --> 00:35:51.240

Jennifer Bransford-Koons: build an infrastructure around some of those lessons learned related to, for instance, the Community health workers and being able to continue that work and build it so that should any kind of public health need, whether it be you know breastfeeding or.

203

00:35:52.350 --> 00:36:01.230

Jennifer Bransford-Koons: Or you know drug and alcohol issues or obesity, that we have trusted messengers in our Community.

204

00:36:01.950 --> 00:36:10.410

Jennifer Bransford-Koons: Around building infrastructure with our lab and making sure that we're able to best respond to incidents that come up.

205

00:36:10.980 --> 00:36:17.430

Jennifer Bransford-Koons: into supporting that at the highest levels, I think, has made all the difference for us here in San Diego.

206

00:36:18.240 --> 00:36:31.860

Jennifer Bransford-Koons: That that has been the charge, and we know it going forward is that we need to make sure our infrastructure is strong and that we are able to respond to whatever may come public health wise here in San Diego county.

207

00:36:35.880 --> 00:36:37.980

George Askew: I think it's started with.

208

00:36:39.450 --> 00:36:48.900

George Askew: Having the pleasure of working with the county executive that actually listened to the science and paid attention to the science all along it starts there if you if you.

209

00:36:49.590 --> 00:37:04.470

George Askew: If you believe in the importance of science and health and human services, then you'll be willing to make to make investments, we have been here for many years, long before this administration came on.

210

00:37:05.910 --> 00:37:13.110

George Askew: Poorly invested in health and human services, and that has began began to shift.

211

00:37:14.490 --> 00:37:32.430

George Askew: What we saw coming out of coded was and then you probably all saw similar things in the budgets in your in your communities, a difficult budget time so lots of things were cut there were there wasn't the same type of money from commerce that would normally come in and so.

212

00:37:33.660 --> 00:37:44.010

George Askew: While a lot of the institutions, here in the county to cuts health and human services was not one of those where cuts were looked to be made.

213

00:37:44.580 --> 00:37:54.630

George Askew: The investments that were investments made and increase staffing and again we weren't cut as many other places, as many other places within the the the budget work cut.

214

00:37:55.050 --> 00:38:05.670

George Askew: Now I say that all with my my concern broadly, not just with what could happen here in the county the what has seen to happen across.

215

00:38:05.910 --> 00:38:11.970

George Askew: The state in the country, whenever you have an event like this, is that we tend to have short memories.

216

00:38:12.330 --> 00:38:25.650

George Askew: We tend to forget about the investments, we made previously, and why we had to make those investments, why we had to put increased resources into communities of color why we had to put increased investments.

217

00:38:26.100 --> 00:38:37.830

George Askew: into health and human services when things get tough and the attention gets turned elsewhere, I don't want us to be in a situation where the next disaster, the next pandemic, the next catastrophic event.

218

00:38:38.250 --> 00:38:45.420

George Askew: leaves us right, where we are now because we've forgotten about the importance of keeping these investments that we're making now going and increased.

219

00:38:49.650 --> 00:38:51.270

Beth Weaver: By one did you want to add something as well.

220

00:38:51.660 --> 00:39:04.980

Llevelyn Rhone: yeah I think for us again as a roll under invested area, to begin with, I don't know if the word rebuild is actually quite the word for us it's it's still build.

221

00:39:06.150 --> 00:39:12.960

Llevelyn Rhone: And part of I think the hopeful lessons that are coming out of this is that need has doctor asked you talked about.

222

00:39:13.260 --> 00:39:26.790

Llevelyn Rhone: have continued investment in health and human services and the institutions and the infrastructure to support those particular at the local level, while we are fortunate as a rural county to still have a.

223

00:39:27.510 --> 00:39:33.120

Llevelyn Rhone: hospital many of our neighbors and neighboring counties down and it's you know, while it's a small.

224

00:39:33.660 --> 00:39:52.560

Llevelyn Rhone: hospital, you know with 29 beds, it still provides at least a gateway and particularly with the use of telemedicine, that you know may not exist in the form that you have those areas who don't have it so investing in those sorts of assets are key and will be needed to continue.

225

00:39:54.420 --> 00:40:01.980

Llevelyn Rhone: In addition to that, we also you know see this need around adjusting you know large institutions both.

226

00:40:03.060 --> 00:40:09.870

Llevelyn Rhone: On the philanthropic as well as the State and Government, because most of those institutions in many instances are geared.

227

00:40:10.260 --> 00:40:17.430

Llevelyn Rhone: To work more directly with larger institutions like universities, but, as many of us have talked about here.

228

00:40:17.820 --> 00:40:28.470

Llevelyn Rhone: It is those look very local and, in some cases hyper local organizations that have the real abilities to make a difference in inroads and situations like this.

229

00:40:28.860 --> 00:40:43.410

Llevelyn Rhone: So you know the question becomes, how do those institutions and their processes that are built quite differently need to adapt to the reality is when we need to operate at.

230

00:40:43.770 --> 00:40:53.520

Llevelyn Rhone: A neighborhood level or Community level or i'll be at an individual level of trying to have and support those people out there, so I think that is a longer term.

231

00:40:53.970 --> 00:40:59.070

Llevelyn Rhone: Change and transformation that needs so that we can ultimately have a more robust.

232

00:40:59.490 --> 00:41:13.170

Llevelyn Rhone: And I would say nimble system in place to address things like pandemics and other disasters that unfortunately seem to be coming more common, as we go I don't know if we will be in for next hundred year event.

233

00:41:14.130 --> 00:41:18.840

Llevelyn Rhone: That hundred years seems to be getting shorter and shorter as we look at it.

234

00:41:24.240 --> 00:41:25.740

Beth Weaver: And you did you have anything you want to add.

235

00:41:27.330 --> 00:41:33.600

Maggie Mann: I echo what the other panelists have said just two things.

236

00:41:34.740 --> 00:41:48.600

Maggie Mann: You know, in the 25 years that i've been in local public health, there have been three different times, where we've seen a huge influx of funding and resources be directed to public health, and that was.

237

00:41:49.080 --> 00:42:04.080

Maggie Mann: After the anthrax situation and in 2000 September in the fall of 2001 and then each one and one in 2009 and now with coven and in between those times it's.

238

00:42:05.040 --> 00:42:20.850

Maggie Mann: Pretty lean and so when these situations occur, we don't have the infrastructure to respond really quickly and effectively, and so just a plea for maybe more level.

239

00:42:22.830 --> 00:42:37.530

Maggie Mann: funding of infrastructure of local public health and and then, when we talk about rural areas and latinx populations, which is the primary disparate population in my jurisdiction.

240

00:42:38.880 --> 00:42:45.720

Maggie Mann: It can be very, very challenging to recruit individuals to serve in that capacity and so.

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00:42:46.440 --> 00:43:02.160

Maggie Mann: going way upstream to maybe even the high school level and exposing students to opportunities and and disciplines that they may not have been familiar with and getting them excited about it and then helping support them.

242

00:43:03.120 --> 00:43:10.410

Maggie Mann: Moving forward on that as a career path, I think, is something that's going to be really critical if we're going to have.

243

00:43:12.000 --> 00:43:17.250

Maggie Mann: providers and infrastructure that reflects the Community that needs to be served.

244

00:43:19.530 --> 00:43:24.810

Beth Weaver: yeah i'm hearing some real common themes amongst all of you, in terms of the need for kind of that.

245

00:43:24.870 --> 00:43:34.050

Beth Weaver: High Level support for expanding the public health infrastructure and then consistent and steady and sustainable funding that will allow you to be.

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00:43:34.560 --> 00:43:47.190

Beth Weaver: nimble and responsive and prepared for for future issues, I really love to shift the conversation a bit to the role of Community health workers or promo Doris.

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00:43:48.690 --> 00:43:52.710

Beth Weaver: You know, we know that in several communities around the country they're playing a key role in promoting.

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00:43:53.820 --> 00:44:01.830

Beth Weaver: Vaccination efforts, and you know if this is true in your communities i'd really love to hear more about what kind of role.

249

00:44:02.220 --> 00:44:10.320

Beth Weaver: These Community health workers are playing and also you know get your thoughts for what you think is needed to make their continued involvement in Community health possible.

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00:44:13.170 --> 00:44:24.990

Llevelyn Rhone: Oh actually start, and we are actually in the midst of literally launching an effort with Community health workers throughout the 12 counties that I mentioned Alabama hope.

251

00:44:25.590 --> 00:44:34.170

Llevelyn Rhone: We are in consideration for a sub recipient of a brand a larger CDC grant through the Alabama department of public health.

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00:44:34.710 --> 00:44:45.150

Llevelyn Rhone: And what we would do is to put a number of public health of actually Community health workers in these local communities by county.

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00:44:45.540 --> 00:44:52.890

Llevelyn Rhone: And we intentionally recruit folks who are, I think Jennifer as you've used a term which are like those trusted messengers.

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00:44:53.400 --> 00:45:03.330

Llevelyn Rhone: And those folks that have existing relationships and are being to be authentic and well and give them the training and support to be successful.

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00:45:03.930 --> 00:45:12.390

Llevelyn Rhone: But in addition to that one of the things we are also mindful of is to try to make sure that those folks are actually being better position.

256

00:45:12.810 --> 00:45:19.170

Llevelyn Rhone: Through their economic situations by paying them a living wage and here in this part of the country.

257

00:45:19.590 --> 00:45:29.040

Llevelyn Rhone: Are in the state that is not necessarily always the case, so, in our case, we are looking to start these workers at \$22 an hour.

258

00:45:30.000 --> 00:45:38.520

Llevelyn Rhone: Which is well above market with someone argue for similar roles doing you know activities here.

259

00:45:38.880 --> 00:45:55.410

Llevelyn Rhone: locally and we feel very strongly as one that gets these folks into an economic situation that they can kind of breathe economically, as well as to put them on a career pathway that will hopefully lead some of them to be within this healthcare.

260

00:45:56.880 --> 00:46:07.920

Llevelyn Rhone: void that we all see in this talked about earlier, so if some folks go on to achieve you know credentialing and degrees as nurses and you know all the way through.

261

00:46:08.340 --> 00:46:17.100

Llevelyn Rhone: You know, as an allied health worker we've now improved our own situation, but in doing that we've also model behavior for our younger people to see.

262

00:46:17.550 --> 00:46:31.140

Llevelyn Rhone: And grass on opportunity, you know I can stay in my local community and have a viable career in healthcare, while serving people I know so we're taking a short term need and also trying to stretch it, it will.

263

00:46:32.160 --> 00:46:43.260

Llevelyn Rhone: into a longer term opportunity around workforce development we're also you know looking with these health care workers to actually have them technology enabled.

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00:46:43.800 --> 00:46:52.710

Llevelyn Rhone: we're working with a technology company that will have you know, a suite of technology tools that are very simple and straightforward to use.

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00:46:53.100 --> 00:47:03.780

Llevelyn Rhone: Because broadband access is a challenge in many rural areas in particular we're mindful of that and trying to make a lot of this very central to a smartphone.

266

00:47:04.080 --> 00:47:14.520

Llevelyn Rhone: where you can get a cell signal you can use your phone to hopefully access a health or mental health provider, which is a part of this, we often talk about.

267

00:47:15.000 --> 00:47:22.650

Llevelyn Rhone: You know, to get those services, you may need in the middle of the night so we're trying to adapt to some of the current realities, but use some of the tools.

268

00:47:23.070 --> 00:47:35.820

Llevelyn Rhone: That are there to make this a better situation for those delivering the work through the healthcare workers, but also those most folks that are patients and receivers to make them better self advocates.

269

00:47:38.880 --> 00:47:42.180

Beth Weaver: Maggie it look like maybe you wanted to jump in and the Jennifer after Maggie.

270

00:47:43.410 --> 00:47:54.960

Maggie Mann: So I think the Community health workers through the Community vaccine program were absolutely instrumental in helping to expand our reach, and access to.

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00:47:55.410 --> 00:48:03.540

Maggie Mann: vaccinations and because they were able to build our capacity to have those one on one conversations.

272

00:48:04.020 --> 00:48:13.560

Maggie Mann: They were trusted in or are trusted in their communities, and so the information that they were able to share in the conversations, they were able to have.

273

00:48:13.860 --> 00:48:30.000

Maggie Mann: were much more effective and impactful then if say I was to go and have that conversation with someone that doesn't know me and doesn't have that connection to me so The short answer is yes, absolutely instrumental.

274

00:48:32.760 --> 00:48:50.370

Jennifer Bransford-Koons: So for here in San Diego county we have been using promo photos and Community health workers even prior to the pandemic, but we really upped our game, knowing that it was going to be vital for people to to receive information from people who they trusted so we.

275

00:48:51.390 --> 00:48:56.250

Jennifer Bransford-Koons: contracted with many of our community based organizations, in addition to the Community backs.

276

00:48:58.230 --> 00:49:21.360

Jennifer Bransford-Koons: Health workers, we use them early on and like tracing and treat and testing and then pivoted them towards our vaccination efforts we had things like project SAVE, which was scheduling scheduling assistance for back for vaccine equity, so that people who maybe didn't have access to.

277

00:49:22.740 --> 00:49:34.080

Jennifer Bransford-Koons: The Internet or to telephones, or were having difficulty scheduling an appointment, if in fact they needed an appointment that they could they would have somebody right there to help them do that.

278

00:49:35.100 --> 00:49:41.700

Jennifer Bransford-Koons: Even walk them to the to the vaccine side, if needed, and then we had you know there's different.

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00:49:43.020 --> 00:49:47.910

Jennifer Bransford-Koons: Different types of Community health workers so there's folks that may be older adults in the Community.

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00:49:48.300 --> 00:50:05.490

Jennifer Bransford-Koons: You know that will eat does the grandmothers the the neighbors the aunties that the as but there may also be young people who can act as Community health workers, so we also had and continue to have them table at some of our.

281

00:50:06.600 --> 00:50:15.480

Jennifer Bransford-Koons: Supermarkets some that maybe work with or that cater to the next population or African American population.

282

00:50:16.470 --> 00:50:24.360

Jennifer Bransford-Koons: They ride on trolleys and buses and and our sprinter line, which is our train to talk to people about vaccination.

283

00:50:25.080 --> 00:50:43.560

Jennifer Bransford-Koons: And so they go, not only to their neighbors and friends, but also the Community areas where people naturally gather to share information and to let people know how to get vaccinated they have truly been an integral part of everything that we've done in terms of vaccine, since the start.

284

00:50:47.760 --> 00:50:56.520

Beth Weaver: hey Thank you so much, George I know if you have any comments you want to share briefly, I do we have one more question I want to try and get to before we wrap up but i'd love to hear your thoughts on this.

285

00:50:56.520 --> 00:51:03.510

George Askew: question that i'll keep i'll keep this brief and just to piggyback on what what Jennifer just said, for us it was a.

286

00:51:03.900 --> 00:51:09.330

George Askew: You know, part of the group that we use in our Community was our barbershops and beauty salons.

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00:51:09.690 --> 00:51:21.060

George Askew: Again, the idea of having trusted voices places where people go in and kind of barrier souls when you think about the places where you have real conversations and also the ability.

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00:51:21.900 --> 00:51:30.990

George Askew: To to get the real skinny on on on information places like your barbershop and the people you trust are actually those people your friends and.

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00:51:30.990 --> 00:51:36.120

George Askew: neighbors and so that was that played a big part and in the work that we did and will.

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00:51:36.300 --> 00:51:42.870

George Askew: continue in the future to play a role where this other kinds of health information and resources that you can.

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00:51:43.500 --> 00:51:51.150

George Askew: have distributed through those through through through those kinds of connections and, of course, our church Community here our faith based community did a fantastic job.

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00:51:51.810 --> 00:52:01.380

George Askew: and helping us even serving as in many cases as slides for vaccinations for either long term sites or mobile sites that we put together.

293

00:52:02.910 --> 00:52:11.730

Beth Weaver: Now, these are all some really great examples of the innovative ways that Community health workers have been utilized in your communities and then also some really interesting ideas.

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00:52:12.330 --> 00:52:21.150

Beth Weaver: From the folks in Alabama about the ways in which you're looking to support and sort of continuing and prop up Community health workers as a.

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00:52:22.050 --> 00:52:30.150

Beth Weaver: Part of the public health infrastructure there i'd love to just sort of turn to one last question before we move to wrap up here shortly.

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00:52:30.600 --> 00:52:41.550

Beth Weaver: I just want to give you all the opportunity to share briefly, you know what it is you believe is most needed to ensure and enhance health equity in your local community moving forward, meaning kind of beyond.

297

00:52:43.080 --> 00:52:46.980

Beth Weaver: and also to get your thoughts on what is required to make this possible.

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00:52:51.480 --> 00:52:52.860

George Askew: For me it's it's.

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00:52:52.920 --> 00:52:55.740

George Askew: it's always about, no matter where i've worked and.

300

00:52:56.490 --> 00:53:16.200

George Askew: it's about intentionality you have to be intentional about it, it doesn't happen passively so investments have to be made, based on the data without fear of political ramifications, but really about pseudo scientific science and data.

301

00:53:18.660 --> 00:53:26.370

George Askew: You have to be able to say there's a problem in this Community, I can see it i'm going to point my finger at it and i'm going to put resources there.

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00:53:27.660 --> 00:53:36.390

George Askew: Because that's the the right thing thing to do, not having a short memory, in this case we need folks like us to continue to beat the drum.

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00:53:36.750 --> 00:53:51.180

George Askew: Around remember what happened when because we didn't put in, you know, make the the appropriate resources available to folks and so that's the drama i'm going to continue to be, and i've been doing this kind of work for 30 years and part of it is.

304

00:53:52.410 --> 00:54:10.680

George Askew: You know, political will drives a lot of this so having partners, having elected leaders who pay attention to the science, who are willing to make the investments that others may not have made in the past, is going to be critical.

305

00:54:14.790 --> 00:54:17.730

Jennifer Bransford-Koons: I echo a doctor asked you said, I mean, I think.

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00:54:17.730 --> 00:54:18.120

Jennifer Bransford-Koons: he's.

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00:54:18.240 --> 00:54:20.400

Jennifer Bransford-Koons: His points are extremely valid.

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00:54:21.930 --> 00:54:34.920

Jennifer Bransford-Koons: In fact, for here in San Diego my office, the office of equitable communities was created July 1 as a as a way to make sure that a lot of the work that was done during Kobe continues.

309

00:54:35.400 --> 00:54:56.010

Jennifer Bransford-Koons: To really embed in the Community and to be sure that people didn't just have a seat at the table, but they actually had a voice to share with us what is going on in their community, I think we need to continue to look at things community by Community because, just because San Diego county.

310

00:54:57.210 --> 00:55:06.780

Jennifer Bransford-Koons: You know, we talked about San Diego county but it's not just one thing, it is a whole bunch of different micro communities that we need to pay attention to.

311

00:55:07.140 --> 00:55:19.860

Jennifer Bransford-Koons: To be sure that we're meeting the needs of those specific communities and we can't tell them what they need, they need to tell us and to have that voice and to be a part of the conversation.

312

00:55:21.120 --> 00:55:38.670

Jennifer Bransford-Koons: Is is key and vital and then as Dr sq said, making sure that our leadership is really behind that so it's not just lip service that we're actually really focusing in on those needs and putting the efforts behind that.

313

00:55:42.270 --> 00:55:47.070

Beth Weaver: Thank you so much, we if there's just a quick comment from Maggie or level, and I want to give you.

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00:55:47.070 --> 00:55:49.560

Beth Weaver: The chance to say that, and then move us towards wrap up here.

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00:55:50.550 --> 00:55:57.540

Llevelyn Rhone: yeah i'll make this very brief, I think there's two things and we've talked about them in various ways, one is just a local advocacy of.

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00:55:57.900 --> 00:56:03.300

Llevelyn Rhone: letting people are giving them the tools to be empowered I would encourage you, if you haven't already.

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00:56:03.870 --> 00:56:12.600

Llevelyn Rhone: there's a documentary that was shot not too far from here in a place called canola it's called the nola project, you can Google it and it shows.

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00:56:13.230 --> 00:56:27.510

Llevelyn Rhone: Two women who live in that local community of 400 and a rural area who empower themselves to get 94% of their residents vaccinated when they had no vaccination plan whatsoever and through that.

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00:56:28.590 --> 00:56:41.310

Llevelyn Rhone: is really you know I think insightful of you know, Miss Oliver and Miss rust Dax and how they were able to you know manage through that with just two people and I built their will to want to do it.

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00:56:41.910 --> 00:56:50.310

Llevelyn Rhone: The other is economic mobility, I think, if you give people appropriate economic resources, that is one of the best anecdotes tours.

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00:56:51.270 --> 00:57:09.180

Llevelyn Rhone: disease and pandemics, that there can be if i'm healthy healthier, to begin with, or have the means to take care of myself that is going to put me in a much better and stronger position for things like a pandemic and that we can see from the data.

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00:57:10.260 --> 00:57:20.670

Llevelyn Rhone: With the child tax credit that was put out there, how just in a short period, we were able to nationally, reduce the number of children and poverty.

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00:57:21.150 --> 00:57:30.450

Llevelyn Rhone: You know, through legislative fixes like that I think we have the ability to move people from one situation to another here in Alabama, for example.

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00:57:30.780 --> 00:57:45.270

Llevelyn Rhone: If that goes permanent, you have the ability to move at 1000 kids out of poverty in a very short time I think those are the things that we have to get to get more nuanced as well, as you know, fighting the good fight of using the science.

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00:57:48.120 --> 00:57:58.830

Maggie Mann: And I just ECHO everything that's been said and and the importance of continuing to invest in relationships and connection.

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00:57:59.880 --> 00:58:13.200

Maggie Mann: And and recognizing that no one individual or entity can accomplish this work alone, we need to be pulling together so.

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00:58:15.810 --> 00:58:28.740

Beth Weaver: Thank you so much, you know I just i've i'd love to keep talking to you, you all, because there's so much valuable information to share from your experiences and your communities, but this has been a really rich conversation.

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00:58:29.370 --> 00:58:37.560

Beth Weaver: And it really helps to contextualize the findings and recommendations in both the local in the national community backs reports, I want to thank.

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00:58:38.100 --> 00:58:43.230

Beth Weaver: In addition to our panelists for their time today, I also want to thank everybody who's taken the time to join this webinar.

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00:58:43.650 --> 00:58:47.100

Beth Weaver: Recording will soon be made available in the Community backs website.

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00:58:47.400 --> 00:58:58.830

Beth Weaver: You can also visit the Community website to access the coalition's local reports national reports recordings of previous webinars and other tools and resources Please see the chat box for links to these resources.

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00:58:59.160 --> 00:59:12.300

Beth Weaver: And again, we do want to encourage you to download these resources and reports share them with your networks and look for ways to utilize the learnings and best practices highlighted in the reports in your own communities Thank you again for joining us today take care and be well.

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00:59:14.850 --> 00:59:15.330

Maggie Mann: Thank you.