



Capitol Hill Steering Committee on Pandemic Preparedness & Health Security



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Center for
Health Security

Transcript from December 9, 2020 Steering Committee Webinar: Implementation of Mass Vaccination Campaigns in a Pandemic: Challenges and Opportunities during COVID-19

In the recent weeks there has been exciting news from the COVID-19 vaccine trials, bolstering hopes that the vaccines will bring the pandemic under control. This session focused on the implementation of mass vaccination programs. We discussed the challenges and opportunities at the local, state and national levels to maximize the effectiveness and equity of the impending COVID-19 vaccination effort.

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Andrea Lapp: Welcome to today's webinar implementation of mass vaccination campaigns and a pandemic challenges and opportunities during covert 19 or moderator. I need a Cicero will now begin

00:00:24.720 --> 00:00:32.160

Anita Cicero: Thank you. Welcome. Thank you all for joining us today for the Capitol Hill steering committee on pandemic preparedness and health security.

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Anita Cicero: My name is Anita Cicero I'm Deputy Director at Johns Hopkins Center for Health Security

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Anita Cicero: The Capitol Hill steering committee is a bipartisan effort that we formed at the center, but with the support of congressional leaders and also former administration officials.

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00:00:48.360 --> 00:00:55.290

Anita Cicero: All of whom are committed to making the country and the world more prepared for the most challenging of health security threats.

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Anita Cicero: We're very grateful that both this effort. This meeting today and our monthly meetings for the steering committee are supported by the open philanthropy project. So let's get started.

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Anita Cicero: The United States and other countries around the world are still struggling to bring the pandemic under control and concerns about the winter ahead are warranted rising case numbers and also hospitalizations in recent weeks, really underscore how much ground we have to cover

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00:01:25.260 --> 00:01:32.850

Anita Cicero: But at least they're the extraordinarily promising results of the vaccine trials so far are very encouraging.

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Anita Cicero: The US government has been a key driver in the development of these vaccines and there have been many discussions and plans underway to prepare for the rollout of the coven 19 vaccination campaign in the US.

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00:01:45.510 --> 00:01:58.080

Anita Cicero: But we are very cognizant that there are gaps and and challenges that remain. And that could disrupt an efficient and also equitable distribution distribution of vaccine.

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00:01:59.400 --> 00:02:07.560

Anita Cicero: We're very aware that successfully protecting Americans through vaccination is a key national priority. So we are so pleased that

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Anita Cicero: Three of our steering committee honorary co chairs will be sharing remarks today on this important issue.

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Anita Cicero: Senator Richard burger senator bob Casey and Senator Cindy hide Smith, there's a vote this morning. So we, the order may change a bit but

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00:02:26.670 --> 00:02:41.520

Anita Cicero: We will hopefully have all three co chairs with us today for brief remarks, we are also joined today by four experts who I'll introduce in a bit more detail later. And that is Michael Dr. Michael Frazier, Dr.

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Anita Cicero: Dr ALA Stanford and Dr. Sarah Prozac. Each has been working on different aspects of the coven 19 vaccination effort.

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00:02:51.510 --> 00:03:00.510

Anita Cicero: We have a very full house today with over 800 people. So we're going to save questions until after the senators and all of the panelists have spoken.

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Anita Cicero: And they each have brief remarks during the webinar. All the participants are going to stay on mute. So if you do have a question, please do enter it into the chat and we'll just get to as many as we as we can.

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00:03:13.650 --> 00:03:26.880

Anita Cicero: So without further ado, it's my honor to introduce Senator Richard for our first speaker who is known for his long standing support and leadership under the pandemic and all hazards preparedness act.

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Anita Cicero: Senator Byrd is currently serving in his third term in the Senate. He serves as chair of the Senate Select Committee on Intelligence

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Anita Cicero: He also sits on the Health, Education, Labor, and Pensions Committee and the Finance Committee. So Senator Byrd, thank you so much for taking the time to speak with us today, the floor is yours.

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00:03:45.360 --> 00:03:47.940

Senator Burr: Thank you assume that my mic is live.

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00:03:48.270 --> 00:03:49.050

Anita Cicero: Can you hear this.

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00:03:49.290 --> 00:03:50.640

Anita Cicero: Yes, we can hear you. Thank you.

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00:03:51.000 --> 00:04:01.020

Senator Burr: Let me thank john hopkins for the service that they're performing when we thank the members of the steering committee and thanks to my honorary co chairs.

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00:04:01.950 --> 00:04:11.280

Senator Burr: Let me just say I think history will record. This is one of the greatest challenges the United States of America has ever faced. Today we've developed vaccines.

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Senator Burr: Testing options.

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Senator Burr: And countermeasures.

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00:04:17.310 --> 00:04:23.550

Senator Burr: at a pace. I don't think we've ever experienced. Nor did any of us ever believe we could do.

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Why

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Senator Burr: In part, I believe it's because Congress was somewhat visionary after 911 and begin to build a statutory framework to allow it to happen.

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Senator Burr: It didn't mandate it empowered individuals who were in the executive branch to make decisions without the need to come to Congress.

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00:04:51.870 --> 00:04:59.670

Senator Burr: It didn't pick winners and losers. It allowed for competition and it didn't penalize for doing something that was novel.

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Senator Burr: And I think that word is going to become more important as time goes on.

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Senator Burr: While we can't take our collective foot off the gas of covert 19

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00:05:13.530 --> 00:05:21.030

Senator Burr: I think this is a time that we need to be reminded that it's important that we reflect today on what's working

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Senator Burr: What's not working.

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00:05:24.390 --> 00:05:27.450

Senator Burr: And what we didn't think of over the last decade.

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00:05:29.580 --> 00:05:34.890

Senator Burr: The only way that I think the United States or the world gets a failing grade on this.

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00:05:36.060 --> 00:05:38.370

Senator Burr: Is if we don't learn from what we're going through right now.

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00:05:39.210 --> 00:05:50.910

Senator Burr: So as your discussion today on vaccines takes place, and I apologize for all my colleagues, we've got a series of votes and we probably will miss majority of what said, but our staffers will listen

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00:05:51.750 --> 00:06:06.750

Senator Burr: I hope you'll not only think of it in the context of how we respond to. Today's challenge and how many noses. This month in January. In February, March, and when do we get to a point where it begins to affect the herd in a way that's positive.

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00:06:08.160 --> 00:06:11.190

Senator Burr: But more importantly, what's the takeaway from this for the

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Michael Fraser: next pandemic that we're faced with

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Senator Burr: What is it that we as a country need to have structured in the architecture, so that this is even more seamless in the future. What partnerships with both private sector and government and

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Senator Burr: philanthropic organizations should be set up now so that we understand what the lanes of the highway are and everybody knows how to plug in, in the future.

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Senator Burr: So again, my concern is with the day but I will always stay focused on what it is we need to do tomorrow to be better prepared and just this seminar is proof that that needs to be done. I thank all of you for your contribution to this. Thank you over.

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00:06:55.950 --> 00:07:05.970

Anita Cicero: Thank you so much, Senator. Very well, said, and you really underscore the importance of the purpose of the steering committee to continue to talk about these issues.

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00:07:06.270 --> 00:07:16.830

Anita Cicero: Not only in the middle of the pandemic, but really looking for future solutions ahead as we rebuild. So thank you again for joining us. Thank you.

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Anita Cicero: While we wait for our other senator leaders to come and speak to the group. Let me turn now to our first panelist, and I'm very pleased to introduce to you.

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Anita Cicero: Dr. Michael Frazier, Dr. Frasier is the CEO of the Association of State and Territorial Health Officials ASCO as you many of you know as the national nonprofit organization.

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00:07:42.390 --> 00:07:53.580

Anita Cicero: That represents public health agencies in the United States, the US territories, the District of Columbia and also over 100,000 public health professionals who are employed by those agencies.

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Anita Cicero: Dr. Frasier is a leader in the healthcare and public health fields and has experienced leading both public health associations and medical societies. Thank you for joining us Dr. Frasier.

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Michael Fraser: They need it. Thanks for the invite. And a special thanks to all your staff that are putting together a great event today. We appreciate it.

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Michael Fraser: You're going to actually hear next from one of our ass though members, Dr. Z gay and Illinois, who's an active

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Michael Fraser: Member of ass though, but I want to thank all of our state and territory health leaders who've really been working nonstop since the emergence of this new virus almost a year ago, or we're on almost a year in this

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Michael Fraser: So I've been asked to speak on the greatest challenges to successful distribution administration of the covert vaccine.

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Michael Fraser: And I was also given five minutes to do that. So basically, I've been asked to do the impossible, but I'll certainly try

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Michael Fraser: You know, a huge challenge has been addressed that's developing effective vaccines and that's still in progress, but with good good success so far.

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Michael Fraser: And there are two major barriers. I won't touch on too much because I know my colleagues will address them which are specific to communicating about the safety of vaccine and

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Michael Fraser: Encouraging it's uptake among people are communities that may be vaccine hesitant and also equitable distribution of the vaccine that will be limited and supply at the outset, I won't get too much into that.

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00:09:16.560 --> 00:09:25.590

Michael Fraser: But in my work with state and territory health officials and our federal partners, you know, the biggest challenge I hear about now is still this issue of how are we going to get vaccine.

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00:09:25.950 --> 00:09:36.330

Michael Fraser: To the American public state by state, county by county block by block arm by arm in a country as large and diverse is ours, and we call this the last mile problem or

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00:09:37.140 --> 00:09:44.430

Michael Fraser: The last inch problem, which is that syringe to arm transaction and look I know folks are watching the United Kingdom right now.

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Michael Fraser: They started vaccination yesterday. Remember, they have a national health system to which pretty much everybody has access

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00:09:52.110 --> 00:09:56.520

Michael Fraser: They have a very strong central government and centralized national public health authority.

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Michael Fraser: That coordinates administers and contract vaccine distribution uptake and centralized planning is a core part of their health system because they have this single system.

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00:10:06.090 --> 00:10:14.820

Michael Fraser: The US has multiple public and private healthcare systems that vary by state we have 59 states and territories from the Atlantic to the Pacific.

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Michael Fraser: And over over 3000 counties, all of which have a role in vaccine policy development and all have very public health authorities.

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Michael Fraser: So we have a very decentralized and privatized health system with tremendous variation, even in the same city or in the same state.

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Michael Fraser: So how you get your vaccine in our country is going to depend a great deal upon where you live.

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Michael Fraser: And ultimately, the decisions that local and state public health and elected officials are going to make in partnership with the federal government.

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00:10:43.050 --> 00:10:49.260

Michael Fraser: With private and public health care systems, and that includes pharmacies and you'll hear from a pharmacy partner in on this panel as well.

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00:10:49.650 --> 00:10:53.880

Michael Fraser: Successful distribution and administration of covered vaccine is going to take three things.

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Michael Fraser: In my opinion, one is a unified Concept of Operations so that every American understands how vaccines going to be deployed in their state and in their locality and how they can obtain that

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00:11:05.430 --> 00:11:18.090

Michael Fraser: Second, we need a public health workforce and public health organizational capacity to scale up now to address the massive effort needed to make a campaign of this size successful everywhere, not just in some states but everywhere.

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00:11:18.690 --> 00:11:29.130

Michael Fraser: And we need investments in modernizing our public health capacity for the future. So that efforts like this can be sustained and supported for the long term. So let me just briefly talk about the the first

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Michael Fraser: Solution. One is we need a unified local, state, federal Concept of Operations so that every American understands how vaccine is going to be deployed in their state.

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00:11:39.690 --> 00:11:43.710

Michael Fraser: And how they can obtain it regardless of where they where they live and how we get there.

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Michael Fraser: Is through close deliberative engagement between federal, state, local territorial tribal public health officials who will be needing to share information in real time about allocation.

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Michael Fraser: We need data reporting and vaccine tracking coordinated across the system. A lot of this is happening now. But these efforts, really need to be expanded.

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Michael Fraser: This deliberative pre decision engagement has not happened with many other areas of this code response testing is a good example.

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Michael Fraser: Where guidance and policy were not shared earlier was states and territories where there's still confusion about availability of testing of ancillary supplies for testing.

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00:12:21.330 --> 00:12:24.360

Michael Fraser: And who can be tested in what state or what locality.

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00:12:24.900 --> 00:12:36.510

Michael Fraser: There's been tremendous focus on logistics, which is only half the issue here. The other half is the actual work of what happens when that box arrived spec seen in its open and it has to be administered

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00:12:37.110 --> 00:12:45.870

Michael Fraser: And many of the decisions about that process are made at the state level, for example, state laws requiring vaccination and who can administer the vaccine are different.

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Michael Fraser: So this is what states are working on right now. There are also very significant interstate regional issues that involve multiple states needing to plan together.

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Michael Fraser: And sharing data. For example, our capital region where we have, you know, the district Maryland and Virginia all have to consider. You know how folks move back and forth, not just

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00:13:06.930 --> 00:13:15.900

Michael Fraser: Reporting up to the federal government. Second, we need a public health workforce and agency capacity to scale up and address this massive effort.

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00:13:16.530 --> 00:13:24.720

Michael Fraser: You know, we assume that public health will be engaged in the actual delivery of vaccine after the first allocations are made to the hospitals and long term care facilities.

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00:13:25.080 --> 00:13:31.650

Michael Fraser: And engaging governmental public health agencies in this is absolutely critical to getting vaccination done quickly.

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00:13:32.100 --> 00:13:38.070

Michael Fraser: Operation warp speed has directly engaged chain drugstores and independent pharmacies will hear about that soon.

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00:13:38.790 --> 00:13:47.490

Michael Fraser: To deliver vaccine at long term care facilities, but that program is going to most likely need to be expanded. When we get to larger groups such as essential workers and then the general public.

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00:13:48.000 --> 00:13:55.530

Michael Fraser: And health departments have a history and experience with vaccine distribution we do it every year with seasonal vaccine as well as childhood immunizations.

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00:13:55.920 --> 00:14:00.750

Michael Fraser: They're going to need the people power and the IT system upgrades to

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Michael Fraser: safely deliver vaccine in their settings, whether that's a health department or community setting that the mass fax clinic that they're setting up or a mobile clinic that their staffing

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Michael Fraser: And finally, we need sustained investment to modernize our public health capacity for the futures. You know, so these efforts can be sustained.

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00:14:17.940 --> 00:14:29.610

Michael Fraser: 10 years ago it with H1 and one 4 billion was spent by HHS on on the H1 and one response and 1.49 billion was spent to support the state and local aspects of that.

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00:14:30.090 --> 00:14:38.520

Michael Fraser: This year we spent 10 billion to develop a vaccine and to date we've invested 340 million on supporting state and local vaccine.

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00:14:38.760 --> 00:14:45.930

Michael Fraser: Vaccination response that's that's just not enough ask those put together a request for 8.4 billion that we know there's other requests out there.

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00:14:46.350 --> 00:14:57.450

Michael Fraser: But look, an investment of \$1 and American in our State and Territorial public health agencies to carry out what will be the most complicated National Vaccine effort in history to date.

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00:14:57.930 --> 00:15:04.980

Michael Fraser: Is not enough to support the public health effort needed to get this vaccine safely and efficiently delivered monitored and tracked

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00:15:05.250 --> 00:15:15.330

Michael Fraser: So we've we've been here before 10 years ago with h one and one is the center said let's learn from that my colleague Jim bloomin stock and I wrote a piece on lessons learned from each one and one that

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00:15:16.500 --> 00:15:24.360

Michael Fraser: Just got published in this special supplement of the journal public health management practice, but almost every single policy issue identified

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Michael Fraser: And barrier identified in each one and one is relevant today, some of which we're going to talk about in this panel and others need to be addressed. Soon those include prioritization allocation authority to administer the vaccine.

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00:15:37.590 --> 00:15:41.490

Michael Fraser: Consent authority to restrict vaccination questions about mandates.

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Michael Fraser: Issues using existing immunization registries versus creating data systems adverse event tracking and public communications equitable distribution.

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00:15:50.820 --> 00:15:56.250

Michael Fraser: And engaging vaccine hesitant Americans and funding. These are all issues today. And there are issues 10 years ago.

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00:15:56.580 --> 00:16:05.880

Michael Fraser: We are a week out from administering the first shot in the United States. And unfortunately, there are still many unresolved issues related to vaccine distribution. Fortunately, we do have time

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Michael Fraser: As this effort expands into the new year, our focus on development now needs to pivot towards distribution communication and monitoring equity and effectiveness of

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00:16:16.380 --> 00:16:31.230

Michael Fraser: The state and local vaccine vaccination process. We can do this, but a great deal more attention to an investment in our public health system is needed if we're going to achieve the outcome. We all want, which is to see an end to this pandemic. Thanks, Nate. I'll turn it back to you.

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Anita Cicero: Thank you so much, Dr. Frasier and now I'm honored to introduce our next speaker, Senator Hyde Smith.

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Anita Cicero: Senator Hyde Smith is serving her first term in the US Senate on behalf of Mississippi

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Anita Cicero: The senator serves on the Committee on Appropriations Committee on Agriculture nutrition and forestry, the Committee on Energy and Natural Resources and also the committee on rules and administration. Thank you very much for joining us today. Senator

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00:17:01.920 --> 00:17:17.550

Senator Hyde-Smith: Well, thank you for that kind introduction and I'm just really pleased to be here with my colleagues, Richard Burton Bob Casey. Thanks to each of you for your very important work and to John Hopkins center for the health security and helping us put all of this together.

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Senator Hyde-Smith: We have learned so much about this pandemic preparedness over the past year and that will continue in 2021, I'm sure.

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Senator Hyde-Smith: Many people have worked tirelessly to get to where we are today with two vaccines nearing approval and others in the pipeline.

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Senator Hyde-Smith: President Trump and the leaders of operation warp speed. They deserve a whole lot of credit for breaking down those barriers to speed up the development process while we continue to ensure safety.

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Senator Hyde-Smith: But getting to this point, the point where we have a safe and effective that same has been a true challenges, everyone on this zoom call knows

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Senator Hyde-Smith: And the next big challenge will be the distribution of these new vaccines. We have to get that right.

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Senator Hyde-Smith: I'm particularly concerned about how to get this vaccine to every corner of the country, especially in rural and harder to reach communities.

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Senator Hyde-Smith: And the United States Senate improving health care in rural America has been one of my top priorities and we're making strides toward that. But challenges still remain.

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Senator Hyde-Smith: Delivering the vaccine to Americans in rural areas will be difficult. Considering these areas have fewer healthcare providers less healthcare infrastructure and longer travel times

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Senator Hyde-Smith: More remote populations and less reliable internet connectivity, which is a challenge in so many areas specific aspects of the early vaccines pose challenges to one of the vaccines must be stored at almost negative 100 degrees Fahrenheit.

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00:19:02.970 --> 00:19:14.880

Senator Hyde-Smith: There aren't many freezers capable of such low temperatures, especially in rural areas and making sure that vaccine stays at that low temperature while in transit or rural communities.

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00:19:15.420 --> 00:19:24.360

Senator Hyde-Smith: Is another hurdle that we have to overcome. Nonetheless, providing the vaccines to these areas is absolutely imperative.

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Senator Hyde-Smith: While this pandemic might have started in big cities. It's bread rural areas and it has pushed our rural hospitals to the brink. I've been texting this morning with one of the administrators

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00:19:37.350 --> 00:19:47.070

Senator Hyde-Smith: Over the past four years, the Trump administration has put a special focus on rural health care, and I hope that continues as we roll out the vaccine.

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Senator Hyde-Smith: I have spoken with operation warp speed leadership about this issue and I continue to urge HHS to ensure all Americans had the same access to vaccine.

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Senator Hyde-Smith: As our more urban areas, ultimately success in this like in so many things.

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Senator Hyde-Smith: Will require close coordination between the federal government and our state governments, I came to the Senate from state government. So I have a

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Senator Hyde-Smith: True special appreciation of how truly important this coordination is I've worked hand in hand with our state leaders in Mississippi throughout this pandemic.

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Senator Hyde-Smith: And that will continue as we work to ensure the vaccine is distributed in all areas of my state and our nation.

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Senator Hyde-Smith: Again, thank you for being here to discuss this important topic. None of us have ever experienced anything like this.

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00:20:44.820 --> 00:20:56.550

Senator Hyde-Smith: And thank you for what you're doing to make sure we get this right. I personally am so grateful to everyone on this call that you all had a hand in this

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00:20:57.090 --> 00:21:10.560

Senator Hyde-Smith: And obviously, there's been nothing more important in the healthcare of our nation than what we're doing right this in my time right now in my time of service so very grateful for you.

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00:21:11.190 --> 00:21:18.750

Senator Hyde-Smith: And hopefully, you know, we can work together on this for true success. Thank you so much for having me.

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00:21:19.680 --> 00:21:40.710

Anita Cicero: Thank you, Senator. And we have seen the struggles in rural America now with the pandemic and an agree that special attention needs to be paid to get this right for urban and rural areas. So thank you very much for those remarks and for joining us today and for your support of this effort.

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00:21:42.090 --> 00:21:53.160

Anita Cicero: So I will move now to introduce our next speaker, Dr. And he goes, he is he gay Dr DK is the director of the Illinois Department of Public Health.

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Anita Cicero: She's a board, board certified internist and pediatrician.

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Anita Cicero: She joined the Illinois Department of Public Health from Cook County Health where she served for 15 years promoting the organization's mission of delivering integrated health services with dignity and respect, regardless of a person's ability to pay.

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00:22:12.240 --> 00:22:13.830

Anita Cicero: I turn now to you. Thank you.

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00:22:14.700 --> 00:22:19.110

Ngozi Ezike: Good morning and thank you so much for this opportunity to take part in today's discussion. I'm honored

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Ngozi Ezike: To join the Capitol Hill steering committee. The, the honorary co chairs and as well, my fellow panelists.

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Ngozi Ezike: I'm excited to talk about some of the important initiatives that we are undertaking here in Illinois, under the leadership of Governor JB Pritzker

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Ngozi Ezike: One of the most unique aspects of Illinois is our, our urban, suburban rural fingerprints. We have 12.7 million residents. A 21% are in that

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00:22:44.010 --> 00:22:55.290

Ngozi Ezike: Slightly known city of Chicago and Cook County, but the infrastructures which support the densely populated urban pocket of Chicago in no way resemble the systems.

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00:22:55.500 --> 00:23:01.500

Ngozi Ezike: That support the agrarian community of Alexander County, the state's SOUTHERN MOST county a population of

148

00:23:01.860 --> 00:23:15.450

Ngozi Ezike: 8000 people six hours away from Chicago, but of course the state's public health system is charged with addressing the needs of both areas equitably and efficiently, along with the other 100 counties within Illinois

149

00:23:16.260 --> 00:23:28.740

Ngozi Ezike: So against this mosaic backdrop. We're developing a mass vaccination campaign while simultaneously operating our free community based testing sites continuing to keep Illinois as one of the most

150

00:23:29.670 --> 00:23:37.170

Ngozi Ezike: Accessible test states for testing or continuing our contact tracing efforts were launching a Copa ambassador program.

151

00:23:37.380 --> 00:23:45.000

Ngozi Ezike: To use regular everyday people in every county or the state to consistently raise awareness and spread information about the vaccine and other

152

00:23:45.450 --> 00:23:49.740

Ngozi Ezike: related information. We're also collaborating with the state's emergency medical

153

00:23:50.190 --> 00:24:00.960

Ngozi Ezike: Emergency Management Agency I EMA we're working with our local health departments private industry associations pharmacies and academic institutions.

154

00:24:01.350 --> 00:24:12.000

Ngozi Ezike: We know that even with the best logistical plan for securing the vaccines and timely delivery. If we don't have willing arms to put that vaccination in

155

00:24:12.600 --> 00:24:23.490

Ngozi Ezike: We won't achieve our goal. So one of the critical aims of it, pH, and definitely of Governor Pritzker is to ensure the equitable delivery of this important resource to the state's diverse population.

156

00:24:23.820 --> 00:24:34.410

Ngozi Ezike: And key to that is establishing and growing those communication lines and addressing respectfully cultural perspectives and viewpoints regarding vaccination.

157

00:24:35.130 --> 00:24:41.880

Ngozi Ezike: Right at the beginning of this coven 19 response we stood up a health equity work group. And out of that we have been

158

00:24:42.180 --> 00:24:52.470

Ngozi Ezike: Conducting community listening forums with Members from the LGBT Q community members of the senior community refugee community people returning to society.

159

00:24:52.740 --> 00:25:04.530

Ngozi Ezike: Additional forums, with the African American communities Hispanic and Latino communities homeless Native Americans rural migrant workers have all been undertaken as well.

160

00:25:05.820 --> 00:25:14.340

Ngozi Ezike: Issues that are addressed within these forums address and include issues about vaccine mistrust mistrust of the government.

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00:25:14.760 --> 00:25:24.000

Ngozi Ezike: Information access as well as trying to identify who the key influencers are so that we can continue to partner with them to get accurate information out.

162

00:25:24.870 --> 00:25:34.350

Ngozi Ezike: And to further address equitable disbursement and allocation, you know, our management and operations system will permit us to track doses based on ethnicity data.

163

00:25:34.530 --> 00:25:48.870

Ngozi Ezike: Based on zip code data and will from the state level, be able to look at total vaccinations per zip code visa v. The social vulnerability indices to determine where subsequent weekly vaccination doses should be targeted.

164

00:25:49.440 --> 00:26:05.250

Ngozi Ezike: And so we will use this to continue to outreach to specific effort outreach to specific areas with mobile units educational campaigns and any other tools necessary to increase uptake of vaccination in the identified needed areas.

165

00:26:05.910 --> 00:26:12.180

Ngozi Ezike: Will also provide a statewide system for dissemination of information to vaccine providers.

166

00:26:12.780 --> 00:26:26.310

Ngozi Ezike: If you could just imagine a situation where a provider is treating a patient and then the patient as doc, will you, will you take this vaccine and the provider starts hemming and hawing about what they would or would not do.

167

00:26:26.730 --> 00:26:33.090

Ngozi Ezike: That patient has not given the vaccine and that patient is going to tell about 100 of their friends who also never take this vaccine.

168

00:26:33.300 --> 00:26:39.480

Ngozi Ezike: So as healthcare providers. We are the motivators in chief. And we have to enthusiastically promote

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00:26:39.750 --> 00:26:45.000

Ngozi Ezike: This vaccine once are regulating bodies, the FDA a step, give that thumbs up

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00:26:45.180 --> 00:26:56.610

Ngozi Ezike: And so we are working closely with physician groups provider groups to make sure that all of their questions are answered, so that they can address their hesitancy and get behind this important resource.

171

00:26:57.060 --> 00:27:04.200

Ngozi Ezike: For the public's questions. We also are standing up a statewide hotline where they can get information regarding

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00:27:04.920 --> 00:27:14.910

Ngozi Ezike: Most commonly asked questions that we can anticipate and as they ask, maybe even additional questions we will update the information that's provided on that hotline. We also want to make sure that we have

173

00:27:15.210 --> 00:27:25.110

Ngozi Ezike: The ability to direct people to the right place in case they have to report any adverse events adverse effects following vaccine administration.

174

00:27:25.890 --> 00:27:40.230

Ngozi Ezike: So following the recommendations of a set, we will obviously be following the prioritization of groups and we will continue to guide the administration of those initial doses of vaccines along those lines.

175

00:27:40.800 --> 00:27:48.840

Ngozi Ezike: We recognize that vaccine recommendations, the availability of vaccines. Even the types of vaccines that will be available over time.

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00:27:49.050 --> 00:28:01.140

Ngozi Ezike: Will continue to evolve. And so our plan will necessarily have to undergo that same individual evolution, so that we can be updating our plans as new information is result is released.

177

00:28:01.710 --> 00:28:08.610

Ngozi Ezike: We have various resources and systems to identify and reduce challenges in the vaccine efforts.

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00:28:09.180 --> 00:28:22.980

Ngozi Ezike: Just last week, we did a test run in collaboration with the CDC. We did a test run of the vaccine distribution process. We sent team members to the Strategic National Stockpile to receive the test shipments.

179

00:28:23.430 --> 00:28:35.340

Ngozi Ezike: Which helped us to get a sense of the dimensions and orient the logistical staff on the safe handling of the vaccine, because we want to make sure that we minimize any was wastage of this precious resource.

180

00:28:35.700 --> 00:28:53.700

Ngozi Ezike: We're also testing our communications systems and we're doing an additional exercise this week to test our ability to inventory and repackage the vaccine, so that we can simulate that process from transport to to the local health departments.

181

00:28:58.440 --> 00:29:06.120

Ngozi Ezike: This is the biggest lift that any state health department has ever undertaken, but we're excited to be at this point in the pandemic.

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00:29:06.330 --> 00:29:13.920

Ngozi Ezike: Despite the structural inequality that has resulted in the disproportionate amount of people of color acquiring and dying from covert

183

00:29:14.130 --> 00:29:30.360

Ngozi Ezike: We want all of our communities, to be able to have access and take advantage of this critical resource to overcome the pervasive negative societal impact that this pandemic is cause and we look forward to working with all of you in this tremendous effort. Thank

184

00:29:30.360 --> 00:29:30.600

You

185

00:29:32.520 --> 00:29:42.990

Anita Cicero: Thank you so much. Directors DK and I really do hope that during the campaign, it will be possible to share best practices and and lessons learned from

186

00:29:43.470 --> 00:30:01.800

Anita Cicero: Places like Illinois and and cities in Chicago and other cities and rural areas because there is a lot of careful planning in and targeted communications that you're undertaking and preparing for now, which I think is, is very much called for. So thank you so much for sharing that.

187

00:30:03.180 --> 00:30:12.840

Anita Cicero: And next we'll continue with Dr. A list Stanford who is a practicing board certified pediatric and adult general surgeon and healthcare advocate.

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00:30:13.380 --> 00:30:30.660

Anita Cicero: She is founder of the black doctors covert coven 19 consortium, which she founded to respond to the disproportionate number of African Americans who were being diagnosed and dying of coronavirus in Philadelphia and the lack of swift interventions to mitigate disease spread

189

00:30:31.740 --> 00:30:43.170

Anita Cicero: Dr. Stanford also serves on the CDC Philadelphia, Department of Public Health Koba 19 vaccine advisory committee and we're very grateful, you're with us today. Dr. Stanford I turn it over to you.

190

00:30:44.130 --> 00:30:58.320

Ala Stanford: Thank you so much for the invitation in my remarks, I will discuss access research prioritization policy and recommendations after my experience over the past nine months.

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00:30:58.650 --> 00:31:09.570

Ala Stanford: Being on the front lines testing people for coronavirus and most recently also administering flu vaccines. As we know, the flu and coronavirus as a deadly combination

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00:31:10.470 --> 00:31:17.310

Ala Stanford: We've been encountered with positivity rates up to 25% we've tested over 18,000 people to date.

193

00:31:17.790 --> 00:31:23.430

Ala Stanford: And it was because people needed referral. They needed state issued ID and appointment.

194

00:31:23.730 --> 00:31:29.310

Ala Stanford: Locations that only tested you if you are in a car locations only testing adults but not children.

195

00:31:29.490 --> 00:31:41.970

Ala Stanford: You needed a co morbid have co morbid conditions, you had to be a certain age, a healthcare worker and or have symptoms that excluded. Many African Americans, and I believe a large reason as to why

196

00:31:42.240 --> 00:31:57.870

Ala Stanford: They are three times more likely to have died and or contract coronavirus with no cure. Now a vaccine. What was most important was contact tracing and coronavirus testing and we provided that

197

00:31:59.160 --> 00:32:08.100

Ala Stanford: In essence, every person who needed a test whether they had insurance or not. I assumed the cost of that test.

198

00:32:09.030 --> 00:32:19.560

Ala Stanford: When the cares Act was passed the individuals that had insurance. We assumed the copay we did not want people to encounter barriers to

199

00:32:19.920 --> 00:32:27.840

Ala Stanford: Receive a coronavirus test is, these were the only two measures that exist to really get some mitigation and containment. We went

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00:32:28.140 --> 00:32:35.910

Ala Stanford: By zip codes, where the positivity rates were the greatest we tested in church parking lots street corners homeless shelters.

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00:32:36.690 --> 00:32:52.050

Ala Stanford: Labor unions trusted areas in the community and over that time we were able to analyze our data now reaching 20,087% of the people we tested were African American 10% white and 3% Latinx

202

00:32:52.410 --> 00:33:05.130

Ala Stanford: Our demographic is becoming much more diverse as the resources are more scarce still everyone who needs to test cannot get a test. So I do have concerns about the vaccine availability.

203

00:33:05.520 --> 00:33:21.570

Ala Stanford: We also learned that what was statistically significant is if you were African American Latin X and less than the age of 65 and only 22% of our most positive and now the hospitalizations had co morbid conditions.

204

00:33:22.110 --> 00:33:26.970

Ala Stanford: So when you look at the phase one c group, for example, which are 65 and up.

205

00:33:27.390 --> 00:33:37.350

Ala Stanford: And co morbid conditions. Again, African Americans can stand to be excluded because the ones who are contracting the disease in our city. And I would venture to guess.

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00:33:37.560 --> 00:33:48.270

Ala Stanford: And many rural areas are as well are the face front employees going to work every day in contact with the public, bringing it home to their communities and transmitting it

207

00:33:48.600 --> 00:34:01.800

Ala Stanford: If we use some of the current criteria they will be excluded because they don't primarily have vaccines, excuse me, they don't primarily have co morbid conditions and the majority are not over the age of 65

208

00:34:02.610 --> 00:34:09.300

Ala Stanford: We also instituted a psychometric tool over 800 people. We asked about their attitudes and

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00:34:10.440 --> 00:34:22.740

Ala Stanford: perceptions about a coronavirus vaccine 72% of them said the vaccine was developed too soon, however 43% of people said that they would take it if it was available right now.

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00:34:23.130 --> 00:34:31.620

Ala Stanford: And that largely correlated with the fact that half of them knew someone who was very ill or who had died from coronavirus

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00:34:32.640 --> 00:34:39.090

Ala Stanford: Prioritization, the phase one, a healthcare personnel and long term facility residents and workers.

212

00:34:39.600 --> 00:34:45.480

Ala Stanford: EVERY HOSPITAL should be required to have a culturally competent education program in place.

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00:34:45.990 --> 00:34:51.090

Ala Stanford: Number two, to report those of color who received the vaccine and refuse

214

00:34:51.510 --> 00:35:02.250

Ala Stanford: And keep track of how many non medical essential workers receive it. So we do not exclude security, the people who empty the trash that bring in the food that transport patients.

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00:35:02.580 --> 00:35:14.490

Ala Stanford: And release a statement that people's benefits will not be removed or diminished if they opt to not receive the vaccine. Initially, I had one of my

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00:35:15.510 --> 00:35:26.490

Ala Stanford: Veteran nurses come to me very upset in tears as her supervisor said to her, that she would be first in line for a vaccine because she is exposed to patients with coronavirus

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00:35:26.970 --> 00:35:38.400

Ala Stanford: She was concerned and said, I'm not sure I wanted her supervisor her white supervisor to this black nurse said to her, if you don't get it, we can't be responsible for you if you get sick.

218

00:35:38.790 --> 00:35:43.110

Ala Stanford: That can not happen that was five days ago.

219

00:35:43.620 --> 00:36:00.420

Ala Stanford: And we're talking about the vaccine now coming into our hospitals largely we're talking about the community, but these are in our healthcare entities, we must Institute policies and I implore the state and the institutions to let their providers know

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00:36:01.050 --> 00:36:06.090

Ala Stanford: That it's going to be okay. You need culturally competent education for the staff as well.

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00:36:07.200 --> 00:36:24.480

Ala Stanford: And finally, the question about antibodies millions of Americans have had coronavirus that means half have likely still have IgA long term antibodies. We need a direct message from the FDA about what should happen.

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00:36:25.800 --> 00:36:28.890

Ala Stanford: The leader of warp speed recently has talked about the fact

223

00:36:29.130 --> 00:36:41.100

Ala Stanford: That the naturally acquired antibodies are as good as the vaccine and the vaccine might be slightly better and even some is wreck have recommended that those who have been exposed step aside.

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00:36:41.280 --> 00:36:53.430

Ala Stanford: For at least 90 days so that we can rash in the vaccine that we don't have as much of we need a clear message that may give people the time they need to decide to take the vaccine.

225

00:36:56.040 --> 00:37:02.640

Ala Stanford: Finally access without empathy means nothing erodes the trust.

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00:37:03.750 --> 00:37:12.810

Ala Stanford: There needs to be a true effort to listen to our healthcare workers to listen to the communities and if they are hesitant to not penalize

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00:37:13.380 --> 00:37:25.320

Ala Stanford: We're not convincing. We're not coercing we're listening and we're educating and allowing them to be vulnerable in a safe space that they can report any biases. They may feel

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00:37:25.500 --> 00:37:34.350

Ala Stanford: Because remember, the scientists showed us that of the healthcare workers who have died from coronavirus 63% of them were of color.

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00:37:34.800 --> 00:37:48.690

Ala Stanford: And the majority of whom were African American so that push needs to be present for those individuals, I thank you so much for your time. This has been a labor of love. It's been tough.

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00:37:50.190 --> 00:37:51.420

Ala Stanford: It's been scary.

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00:37:53.160 --> 00:37:59.340

Ala Stanford: And I just want to continue to follow the science and represent the voiceless and advocate for those who don't.

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00:37:59.970 --> 00:38:08.010

Ala Stanford: And I want those who have been most affected to have the right of first refusal, and not presumed because of

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00:38:08.700 --> 00:38:24.270

Ala Stanford: The mistrust of the health care system that they will not take it, but to be transparent to educate, to have checks and balances in our hospital systems to make sure everyone who needs it has an opportunity to receive it. Thank you very much for the time

234

00:38:25.710 --> 00:38:39.150

Anita Cicero: Thank you so much, Dr. Stanford, both for your remarks and everything that you've been doing in in Philadelphia is quite amazing and appreciated in the community. And that is a good segue. I think

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00:38:39.180 --> 00:38:40.590

Call-In User_1: To go now to your state.

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00:38:40.590 --> 00:38:44.970

Anita Cicero: Senator, who I believe, Senator Casey has now joined us by phone.

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00:38:45.240 --> 00:38:46.260

Call-In User_1: We're very honored

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00:38:46.800 --> 00:38:50.100

Anita Cicero: To have him HIM WITH US Senator Casey, are you with us.

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00:38:51.690 --> 00:38:57.330

Call-In User_1: Yes, I needed. Thanks very much. I'll be brief in the interest of time, and I appreciate you accommodating or

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00:38:58.170 --> 00:39:09.780

Call-In User_1: Voting schedule which is particularly busy today. Unlike so many other days, but I think it's appropriate, and at the same time for me, difficult to follow Dr Sanford's

241

00:39:10.590 --> 00:39:22.770

Call-In User_1: So I won't, I won't repeat. Dr. Stanford I won't repeat some of the things that she said she and I have talked is and she's talked at length to command staff and

242

00:39:23.430 --> 00:39:32.670

Call-In User_1: has informed us on a whole range of issues that we need to be aware of. And I appreciate the fact that we have experts who are dedicating

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00:39:33.210 --> 00:39:44.490

Call-In User_1: Such a significant portion of their work and their, their time into combating the virus, and especially those that are helping communities that are hard hit. So

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00:39:45.120 --> 00:39:58.140

Call-In User_1: Dr. Stanford is in that that category of a of a servant leader that we all aspire to be, but I do want to thank everyone for this opportunity. I want to thank my colleagues.

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00:39:59.340 --> 00:40:09.420

Call-In User_1: for being on the call ahead of me. I know that both Senator Byrd was was on ahead of me as well as senator hide Smith, and I'm if I MISSED ANYONE ELSE. So

246

00:40:10.170 --> 00:40:22.110

Call-In User_1: I'll note that in a moment. But we know that there's much to be even in the midst of this darkness, there's much to be hopeful about with regard to the vaccine.

247

00:40:23.190 --> 00:40:46.350

Call-In User_1: And the, the likelihood of getting 10s of millions of Americans to be vaccinated. But we know with that comes remarkable challenges to get from where we are now, to where we want to get to and one. I'll just focus on one topic for today. And that's the skepticism that many people

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00:40:47.700 --> 00:40:55.860

Call-In User_1: Have with regard to taking a vaccine. We everyone on this call knows more than I about the challenges presented by that.

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00:40:56.490 --> 00:41:16.500

Call-In User_1: Reality, but we have to recognize that it is a reality and have a game plan to deal with it. We've got to figure out more and better ways to reassure to reassure 10s of millions of Americans of the safety and efficacy of any vaccine that is authorized or approved. We know that

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00:41:18.030 --> 00:41:36.330

Call-In User_1: We're dealing with in a number of communities that deep and and well deserved skepticism from many communities have been historically left out. They've been left behind, or even abused or mistreated by the medical system over the course of our history.

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00:41:37.380 --> 00:41:43.320

Call-In User_1: But these communities, these individuals also are in communities that are hardest hit

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00:41:44.490 --> 00:42:01.710

Call-In User_1: Black Americans and other persons of color are the number one example of communities have been in hardest hit as others on this call today have highlighted, we know that the statistics overall are staggering.

253

00:42:02.880 --> 00:42:11.100

Call-In User_1: Some black Americans dying of coven at twice the rate of white people Native American Latinx communities also seen higher mortality rates.

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00:42:11.640 --> 00:42:23.220

Call-In User_1: So whether we're a public official or a medical expert, we all have to do our part to earn the trust of have some so many Americans, Dr. Stanford today.

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00:42:24.270 --> 00:42:29.190

Call-In User_1: provided insight into how she and others are working through these issues.

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00:42:30.690 --> 00:42:37.740

Call-In User_1: And we want to make sure that we continue to focus our efforts by way of relief and we hope we get a relief bill done

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00:42:39.270 --> 00:42:50.760

Call-In User_1: I don't call this stimulus bill because that's not what it is. It's a relief bill for people that are really hurting and need help, right now, and should have gotten help five, six months ago.

258

00:42:51.900 --> 00:43:00.840

Call-In User_1: But the senate refuse to act so we're in the predicament, we're in now. We have to get a bill done. And as we as we consider these

259

00:43:01.650 --> 00:43:16.980

Call-In User_1: Vaccine and vaccination issues we've got to make sure that we're continuing to help people get from here to there, meaning the dark months of December, January, February, maybe even march until we get to the springtime. When we hope they'll be

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00:43:18.300 --> 00:43:29.130

Call-In User_1: Vaccinations that will be widespread. So a lot of challenges, but I know the expertise brought to bear with the steering committee is especially

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00:43:30.690 --> 00:43:40.020

Call-In User_1: Especially equipped to deal with these issues and especially passionate about finding solution. So I thank you, and I appreciate you accommodating our schedule. Thank you.

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00:43:41.430 --> 00:43:48.030

Anita Cicero: Senator Casey, thank you so much for calling in and what is a very busy day and busy period.

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00:43:48.030 --> 00:43:49.350

Anita Cicero: For for you all.

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00:43:49.890 --> 00:44:06.150

Anita Cicero: And I didn't get to do a proper introduction, but just wanted to thank you for your historic support the pandemic and all hazards preparedness act and just healthcare preparedness for infectious diseases now and into the future. So thank you again for your remarks.

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00:44:07.440 --> 00:44:07.800

Thank you.

266

00:44:09.840 --> 00:44:22.950

Anita Cicero: I will now turn to our final speaker. I'm pleased to introduce to you Dr. Sarah Prozac. She serves as vice president of pharmacy care and health strategy at the National Association of chain drugstores

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00:44:23.640 --> 00:44:36.030

Anita Cicero: There she advances the expansion of pharmacy care services including folding pharmacies into the nation's response, which is so important right now and Sarah I will now turn the floor to you. Thank you.

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00:44:36.840 --> 00:44:46.560

Sara Roszak: Great. Thanks so much and Nita appreciate the invitation from Johns Hopkins and it's great to be here with the honorary co chairs and my fellow panelists.

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00:44:47.010 --> 00:44:58.770

Sara Roszak: First, I wanted to very briefly provide an overview of what the National Association of chain drugstores is and and who we represent. So we have more than 80 chain pharmacy members.

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00:44:59.250 --> 00:45:05.370

Sara Roszak: Across the country, representing about 40,000 chain pharmacies nationwide and that includes

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00:45:06.270 --> 00:45:16.020

Sara Roszak: Stores that include for more stores traditional drugstores, grocery stores and mass merchants with pharmacies and as we've heard from

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00:45:16.710 --> 00:45:27.450

Sara Roszak: Senator Casey and Dr. Stanford this virus really has no boundaries. It's affected so many communities across the country, especially communities of color.

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00:45:27.870 --> 00:45:38.670

Sara Roszak: And, you know, pharmacies are well positioned to kind of reach out not only all to all communities across the country, but those who have been hardest hit as well. You know, we've stepped up.

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00:45:39.870 --> 00:45:52.140

Sara Roszak: During the nation's testing efforts and every day meeting the healthcare needs of Americans and we expect to do exactly the same with vaccination and are really thrilled to be a central piece.

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00:45:52.560 --> 00:46:05.880

Sara Roszak: Of the nation's plan to vaccinate Americans. We've heard a lot about uncertainty of health care coverage, loss of insurance, a lack of knowledge or information that may have delayed.

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00:46:06.420 --> 00:46:16.230

Sara Roszak: Or impeded people from going to get a diagnosis or get a test and we do worry that some of that misinformation could play a part.

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00:46:16.860 --> 00:46:23.880

Sara Roszak: In the vaccination strategy as well and pharmacists, along with other health care providers are really here to help.

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00:46:24.660 --> 00:46:32.970

Sara Roszak: educate the public and then also vaccinate the public and make sure that they know that the vaccine is available at no cost to them.

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00:46:33.870 --> 00:46:51.390

Sara Roszak: You know when when it comes to their priority group and time to receive it. I also wanted to mention that earlier this flu season and a CDs put out a video that kind of helps address some of these public messaging efforts and that will be shared in in the chat box.

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00:46:52.410 --> 00:46:59.790

Sara Roszak: Since last year. We've seen that in pharmacies across the country. We've had a 52% increase in flu shots.

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00:47:00.840 --> 00:47:13.590

Sara Roszak: Which I think is a testament, just to the demand for flu shots. This year, and also the proactive Enos of pharmacies to share information with the public and make sure they know the importance

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00:47:14.040 --> 00:47:28.350

Sara Roszak: Of getting vaccinated, especially while a pandemic is ongoing and we expect those types of efforts to continue and ramp up when the coven vaccine is available. So I'd like to make three brief points.

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00:47:29.280 --> 00:47:38.070

Sara Roszak: As we're talking today. First is the recent history of how pharmacies have become so central to our nation's mass vaccination efforts.

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00:47:38.400 --> 00:47:46.230

Sara Roszak: A lot of this dates back to h one and one and joint planning with health departments and the Centers for Disease Control and Prevention.

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00:47:46.710 --> 00:47:56.160

Sara Roszak: While pharmacies are part of the private sector, we have a shared mission with public health to serve the people of this country and to do so collaboratively.

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00:47:56.490 --> 00:48:06.810

Sara Roszak: And there were a lot of pilots and tests that went on during h one and one, and subsequently research and modeling that really shows how Pharmacy can

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00:48:07.230 --> 00:48:17.700

Sara Roszak: Supplements and add to what the public health system is doing to quickly vaccinate people during a pandemic situation CDC actually put out a research study

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00:48:18.090 --> 00:48:30.840

Sara Roszak: A couple of years ago that showed that when you add pharmacies to the nation's plan to vaccinate the public, you can actually vaccinate 80% of the target population in seven weeks.

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00:48:31.380 --> 00:48:42.390

Sara Roszak: Sooner than you would without pharmacies. So we're here as a collaborative partner very excited to step up to the plate and work with our public health partners on these efforts.

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00:48:42.810 --> 00:48:49.980

Sara Roszak: The second piece I wanted to share some of the specific programs and policies that have enabled pharmacies to

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00:48:50.730 --> 00:49:02.310

Sara Roszak: Be more engaged in this pandemic vaccination response. So at the federal level, there are two federal pharmacy programs where pharmacies are participating. The first is

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00:49:03.030 --> 00:49:09.000

Sara Roszak: Some chain pharmacies that will directly be going to long term care facilities to nursing homes.

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00:49:09.420 --> 00:49:18.090

Sara Roszak: And vaccinating residents and also healthcare workers there and that will be rolling out very shortly. And the second federal program.

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00:49:18.690 --> 00:49:30.540

Sara Roszak: includes more than a dozen national chain pharmacies regional chain pharmacies and networks of regional and independent pharmacies covering more than 52% of

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00:49:31.410 --> 00:49:50.130

Sara Roszak: Of the 60,000 community pharmacies across the country and that federal program will roll out as vaccine supply increases. And we can actually have vaccine available within pharmacy stores across the country and and then of course pharmacies will be

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00:49:51.150 --> 00:49:59.010

Sara Roszak: Directly partnering with public health agencies as well, where the public health departments see a need or desire to include pharmacies.

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00:49:59.610 --> 00:50:12.000

Sara Roszak: Additionally, the prep Act has been a great help. And this pandemic and some of the guidance is amendments declarations that HHS has made

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00:50:12.540 --> 00:50:23.280

Sara Roszak: In using the prep backs to ensure that some of the inconsistency is across state lines have been smoothed out to allow pharmacists pharmacy technicians.

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00:50:23.790 --> 00:50:35.670

Sara Roszak: And interns to vaccinate the public and the same was done for testing. So even though pharmacists have a doctorate level education and have since the 1990s.

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00:50:36.420 --> 00:50:44.040

Sara Roszak: scope of practice authority varies greatly by state and some of those actions through the prep Act allowed us to clear the way to allow

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00:50:44.490 --> 00:51:03.720

Sara Roszak: pharmacies and their staff to really most proactively support the pandemic response. And finally, I just wanted to share a couple thoughts on opportunities and challenges for mass vaccination efforts pharmacies that are participating at the state and federal level to receive

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00:51:04.890 --> 00:51:14.940

Sara Roszak: The government allocation of vaccine have all signed agreements that are very similar to agreements that other providers have signed. So they're bound to

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00:51:15.390 --> 00:51:25.950

Sara Roszak: Do registry reporting to provide information to patients to report on adverse events storage and handling issues. There's a whole slew of

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00:51:26.910 --> 00:51:43.200

Sara Roszak: Of action items that there are proactively ensuring that they're ready to handle all of these issues when the vaccine is here and there, you know, actively engaging updating the systems that they use every day to make sure that they're ready to go.

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00:51:44.280 --> 00:51:45.420

Sara Roszak: And supporting

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00:51:46.650 --> 00:51:57.510

Sara Roszak: The pandemic response. Still, there are some issue areas that needs to be smoothed out, for instance, related to reimbursement and billing and the administrative fee.

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00:51:58.470 --> 00:52:14.670

Sara Roszak: Related to the vaccine. And so we're working with payers and other groups representing to them to kind of smooth out some of those issues. But by and large, we're just thrilled to be part of this frictionless and seamless vaccination initiative and lend our support to the public health.

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00:52:14.670 --> 00:52:17.700

Sara Roszak: System and with that and Nita I will turn it back to you.

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00:52:18.480 --> 00:52:27.150

Anita Cicero: Thank you so much for those remarks and indeed the pharmacies are going to play a very linchpin role in, especially in this first phase.

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00:52:27.750 --> 00:52:44.040

Anita Cicero: So thank you again to all of our speakers and honorary leaders who provided remarks today. I understand that one of our founding members former governor Kathleen Sebelius is on the line and had a question. So I would like to turn the floor to you.

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00:52:47.490 --> 00:52:48.450

kathleen sebelius: Hi everybody.

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00:52:49.980 --> 00:53:07.770

kathleen sebelius: As a former governor and HHS Secretary, I live through H1 and one and I think you've already heard about a lot of lessons learned. I am just interested from the state point of view, since the audience for this.

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00:53:09.030 --> 00:53:15.690

kathleen sebelius: Pandemic collaboration are really House and Senate staffers

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00:53:17.520 --> 00:53:33.570

kathleen sebelius: What are the two things you need one from the incoming administration, what is most important to know that the federal government will do. And secondly, what is the most important thing that Congress could do right away.

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00:53:33.960 --> 00:53:45.360

kathleen sebelius: To make sure this vaccination effort is a success. I think as specific as you can be. And just, you get one shot at that house and senate and one shot at the incoming administration.

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00:53:46.920 --> 00:53:55.140

Michael Fraser: Thanks. Madam Secretary, I appreciate that and I'll defer to Dr. Z gay as well as a state health official, but this is Mike from us though.

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00:53:55.920 --> 00:54:10.740

Michael Fraser: I would say the transition, what we need and have actually started is much more robust pre decision or policy conversations with individuals making up you know guidance policy.

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00:54:11.490 --> 00:54:18.750

Michael Fraser: Recommendations. They have to include state and territory health officials and we've begun that process which has been fantastic.

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00:54:19.830 --> 00:54:30.090

Michael Fraser: And then from Congress. You know, the major job there is appropriations and we certainly need immediately need funding for a vaccine distribution efforts which has not yet.

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00:54:31.320 --> 00:54:36.510

Michael Fraser: Come from Congress. So those would be the two things I would say. But I know Dr. Z gay if you wanted to add to that at all.

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00:54:37.740 --> 00:54:48.000

Ngozi Ezike: No, I would agree in those and also getting input from the States as as the guidance comes down for prioritization, so that we can be

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00:54:48.510 --> 00:55:01.800

Ngozi Ezike: prepped and ready to enact these things, the time frames between when something comes down and when it has to be implemented is really a so short that it it has a scrambling and struggling when these things really need

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00:55:02.400 --> 00:55:08.400

Ngozi Ezike: You know, much more dedicated time much more collaboration with partners to make these effective efforts, we also the

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00:55:08.610 --> 00:55:22.770

Ngozi Ezike: The communication. Everyone has talked about how important it is to be able to communicate and be able to share information to be able to outreach to especially to the communities that need it most. So that those dollars in terms of being able to have

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00:55:23.670 --> 00:55:37.380

Ngozi Ezike: Social media buys network TV network and radio buys to be able to get that message out obviously our public health budgets didn't include that kind of kind of reserved. Thank you.

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00:55:39.300 --> 00:55:39.960

Anita Cicero: Yes, go ahead.

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00:55:40.230 --> 00:55:45.240

Ala Stanford: Dr slider. What I would say to the government is we need checks and balances.

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00:55:45.480 --> 00:55:54.420

Ala Stanford: It was wonderful to get the cares act in May, but there was no direct oversight and much of it went to the bottom line of hospitals.

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00:55:54.660 --> 00:56:02.910

Ala Stanford: That were losing money because they weren't performing procedures in the hospital, but not as much went to communities that were hurting the most

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00:56:03.120 --> 00:56:09.990

Ala Stanford: That needed mobile testing that needed access to the hospitals, so they weren't showing up when they were so far gone

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00:56:10.200 --> 00:56:16.740

Ala Stanford: That there was no supportive management that could help them. So I would say, as you're allocating the vaccines.

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00:56:16.950 --> 00:56:28.830

Ala Stanford: That there are checks and balances that you have assurance that they report that those who are most affected are receiving it that there's been culturally competent education to

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00:56:29.160 --> 00:56:38.310

Ala Stanford: Explain and be transparent when they have hesitancy and just as you have to report the reacted unity with the long term care facilities in terms of

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00:56:38.580 --> 00:56:53.010

Ala Stanford: Adverse reactions. You should also have to report your education practices that are present and also your acceptance rates from those who are most at risk, which are the folks of color. And I think that should be a prerequisite.

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00:56:53.370 --> 00:57:00.810

Ala Stanford: And to be able to report it before the vaccines are just given and you just trust that people are going to do the right thing.

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00:57:02.820 --> 00:57:10.110

Anita Cicero: Thank you. Yes, I think trying to maximize transparency, where we can in this process will be so critical to success.

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00:57:10.950 --> 00:57:17.610

Anita Cicero: I know we're nearing the end of our hour I think we can. We have a number of questions in the chat. I think we can extend by five minutes.

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00:57:18.420 --> 00:57:26.340

Anita Cicero: If you would all bear with us a bit and I will just turn to my colleague, Margaret Miller, who's been monitoring the questions and can't come up for us now.

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00:57:27.390 --> 00:57:29.250

Margaret Miller: Hey, I'm going to start with dr is the key.

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00:57:29.310 --> 00:57:38.550

Margaret Miller: Is the case or well my mic mechanisms exist to redirect vaccines applies to areas that experience new outbreaks or plans for distribution be fairly rigid

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00:57:39.480 --> 00:57:51.330

Ngozi Ezike: No, I mean, we think that this will be a many month process right most of 2021 and I think that every week as we're getting new allocations. We're going to be using the data that we have the metrics that we have that identify

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00:57:51.600 --> 00:57:57.090

Ngozi Ezike: hotspots that identify areas that have not had adequate uptake that identify areas that

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00:57:57.270 --> 00:58:10.830

Ngozi Ezike: Under, you know, according to our social vulnerability indices look like they should be prioritized and don't have good numbers that we will be able to be shifting allocations in real time to places that need it most. So we want to be very nimble.

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00:58:11.070 --> 00:58:20.220

Ngozi Ezike: And be able to follow the science follow the numbers. Follow the data to make sure that we direct allocations where it's needed most when it's needed most.

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00:58:22.410 --> 00:58:35.610

Margaret Miller: Great, thank you. And Dr. Stanford, have there been any validated approaches to address the mistrust of the health system and the communities of color. If not, do you have any specific plans or ideas that can unify approaches across states and municipalities.

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00:58:36.300 --> 00:58:51.720

Ala Stanford: Thank you for the question. Um, so one change the language of convince course force. And that's what I've been hearing a lot of we have to convince them that it's the right thing to do and switch it to listen.

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00:58:52.560 --> 00:59:05.430

Ala Stanford: Educate transparent and then to have the trusted leaders in the communities, your block captains your pastors of the doctors in the community.

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00:59:06.000 --> 00:59:19.050

Ala Stanford: Tangible folks that are can advocate for the vaccine. And I really think the question of, if you've had it because remember many African Americans have had it.

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00:59:19.410 --> 00:59:32.910

Ala Stanford: What does it mean if you have antibodies. The technology exists the Medina trial used rapid antibodies for ID G to coronavirus to exclude participants from the study. So, it exists. So we really need

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00:59:33.210 --> 00:59:48.750

Ala Stanford: A statement from the FDA to say how do we incorporate and if you still have them and you contracted it in the last two months. For example, maybe you step aside and let someone who's more vulnerable. We need a statement about that. So I would just

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00:59:49.530 --> 01:00:06.780

Ala Stanford: Transparency is key, no coercion be upfront with what they are hesitant about and trusted leaders and that needs to come from knowing who the people listen to and it's often not the state officials and not people in academic institutions.

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01:00:08.160 --> 01:00:10.890

Ala Stanford: Thank you for the question. Thank you.

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01:00:11.370 --> 01:00:25.080

Margaret Miller: Dr. Fraser Fraser Astro and others have called for 8.4 billion and public funding for State and Local distribution. Can you talk more about the elements of that request. One of the pools of money within that overall total. And what are some priorities in that amount.

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01:00:25.470 --> 01:00:34.950

Michael Fraser: Sure. Thanks. It's a great question, and I think we posted the letter that we sent the Congress. It has some more detail in it in the chat. But basically, the biggest component of that is

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01:00:36.450 --> 01:00:53.340

Michael Fraser: Of the 8.4 billion is 3 billion for Workforce Recruitment for both state and local health departments and contractor, you know, obviously contract positions to do vaccine distribution it all that kind of stuff, a billion is for State and Local vaccination infrastructure improvements.

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01:00:54.540 --> 01:01:10.980

Michael Fraser: And half a half a billion for immunization information system data modernization. We've got some significant it system upgrades needed in every state and territory, those, those would be some of the bigger ones, but the detail is in the letter in the chat.

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01:01:14.640 --> 01:01:29.850

Margaret Miller: Great, thank you. And so we actually have a question that I'll open multiple view. But, um, from our colleague in the Republic of Georgia. How are you going to paint information about prioritized groups will there be a registry. Or how will you identify those groups.

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01:01:35.820 --> 01:01:36.480

Margaret Miller: Stanford young you

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01:01:36.600 --> 01:01:45.180

Ala Stanford: Are on the vaccine advisory committee that I sit on with the Philadelphia, Department of Public Health largely that is coming from the hospitals.

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01:01:45.870 --> 01:02:00.570

Ala Stanford: Specifically, and they've identified, for example, er trauma OB personnel that work in the emergency department as the ones that are in contact with coronavirus the most and therefore priority.

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01:02:01.110 --> 01:02:11.580

Ala Stanford: The long term care facilities are where people in essence reside and don't have independent living living so it is that part is fairly clear.

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01:02:12.180 --> 01:02:14.790

Ala Stanford: I think for me for the person from Georgia.

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01:02:15.150 --> 01:02:27.630

Ala Stanford: It's real clear doctors, nurses, what's not crystal clear are the other folks that are equally exposed and some may even say exposed at greater rates because they're going in and out of the room and in more contact

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01:02:28.020 --> 01:02:34.800

Ala Stanford: Um, but your states are coming up with that criteria and in our case the state of Philadelphia or the City Philadelphia.

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01:02:36.900 --> 01:02:47.580

Sara Roszak: I can add into as well that we've looked closely at, you know, which states are following the CDC a C I P guidance for phase one, a

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01:02:48.780 --> 01:03:00.210

Sara Roszak: Versus tailoring their own and from our account, it looks like about nearly two thirds of states are directly following the, the federal guidance and then maybe one third are

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01:03:00.720 --> 01:03:11.820

Sara Roszak: creating their own nuances to that, you know, pharmacies will follow whatever the guidance is and given jurisdiction, but I would love to just make the note that

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01:03:12.150 --> 01:03:17.550

Sara Roszak: For the purposes of efficiency, especially when you have partners that operate across state lines.

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01:03:17.910 --> 01:03:33.030

Sara Roszak: To the extent that we can rally around national guidance that's science based and has been fully vetted rather than creating individualized guidance, per se. It really helps with the efficiency and the rollout for the vaccine distribution.

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01:03:35.400 --> 01:03:48.570

Margaret Miller: Great. And then this will be the last question, I'll start with you, Dr. Zach and then we can go to the other two speakers as well, does present planning for Kobe 19 vaccination in the US, involved the use of both Pfizer and Madonna vaccines and will there be different use cases.

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01:03:50.700 --> 01:04:00.990

Sara Roszak: So, um, I mean, I think, I think part of this has to do with timing, you know, we're waiting on you. A approvals and what that rollout looks like.

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01:04:01.290 --> 01:04:07.620

Sara Roszak: I can't speak to a specific facilities which vaccine, they'll be using one or over the other, but I think

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01:04:08.040 --> 01:04:14.730

Sara Roszak: You know, there are different cold chain implications of each of those vaccines and those implications are different than

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01:04:15.720 --> 01:04:27.300

Sara Roszak: The vaccines that will come down the pipeline later. And so, you know, I'm, I'm quite certain that those considerations will definitely be taken into account when thinking about

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01:04:27.780 --> 01:04:35.550

Sara Roszak: Which vaccine is going to which facts facility and how easy it is to transport them and get them to the right places.

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01:04:38.550 --> 01:04:46.800

Ala Stanford: And this isn't an answer. But to your point, Dr. Zach is if we're having the million that are coming from Pfizer next week.

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01:04:47.490 --> 01:05:00.810

Ala Stanford: That we still have them 21 days from now, that they still get the Pfizer as the second dose, as opposed to magenta comes along, you know, when the beginning of January, and I don't think it's recommended right now that you mix the two

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01:05:01.680 --> 01:05:13.230

Ala Stanford: And correct. So I think that has to be really clear that for example if 20 million come we don't give out 20 million in December and January, because they need that same

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01:05:13.680 --> 01:05:26.580

Ala Stanford: Dose or excuse me, the same manufacturer three days, three weeks later. And so just having to be very cautious about how much the initial and then storing for a second so you stay with the same company.

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01:05:27.960 --> 01:05:28.410

Michael Fraser: Yeah.

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01:05:29.280 --> 01:05:33.060

Michael Fraser: restores the complexity of this process and

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01:05:34.440 --> 01:05:49.860

Michael Fraser: You know, if we start seeing different advocacy and different products, then it's a whole other host of problems, which is, well, why am I getting the 70% effective and not the 95% effective and you can imagine how that's gonna play out in every state. So it's extremely complicated.

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01:05:51.420 --> 01:06:03.300

Anita Cicero: And well, thank you all. Thanks to answer for answering these important questions. I know we couldn't get to all of them, but we really so appreciative of you, your generous devotion of an hour.

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01:06:03.930 --> 01:06:20.580

Anita Cicero: Of your day here. And I'd like to thank all of our speakers and in our honorary leaders who joined us today. And with that, we will wrap up and see you again during our next steering committee meeting on January 28. Thank you so much.

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01:06:21.510 --> 01:06:23.430

Ala Stanford: Thank you so much. Bye bye.