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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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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Beth Weaver: Thank you.

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

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

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.

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.

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

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

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

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.

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

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.

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.

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.

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

George Askew: Great Thank you.

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

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.

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

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.

George Askew: With coded we were among.

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

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

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

George Askew: That have beleaguered communities of color 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.

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

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.
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.

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.

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.

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

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

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

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.

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.

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

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.

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.

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 has been given that tool and fighting coded so that's where we are today with our code response.

Beth Weaver: Thanks so much Jennifer that's.
Beth Weaver: Encouraging statistics, there to.

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.

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

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

Maggie Mann: We are accountable to the eight counties that we serve our county Commissioners appoint our Board of health.
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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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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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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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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Maggie Mann: transitioned to crisis standards of care, which is something that has never happened in our State before.

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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.

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.

Maggie Mann: We have.

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.

Beth Weaver: Thank you Maggie I know there are a number of.
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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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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Llelevelyn 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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Llelevelyn 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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Llelevelyn Rhone: But we are resilient and continuing to move forward, like many in the country and our statistics.
Lleven 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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Lleven Rhone: I guess in a perverse way the delta Lambda.

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

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

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.

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

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.

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.
Beth Weaver: coven 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 coven 18 vaccination.

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 behind.

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

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

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

George Askew: 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.

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

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.

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.

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

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.

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.

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

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.
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.

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.

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.

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.

George Askew: Where we don't quite have 70% of those folks vaccinated.
George Askew: As yet, and we've gone from sort of these mass vaccination sites that have now closed down because we did 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.

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

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

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.

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.
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%.

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.

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.

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

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.

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.

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

Jennifer Bransford-Koons: And so we have really relied heavily on our Community health worker from a thought on model.
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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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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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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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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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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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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Jennifer Bransford-Koons: Ms man may have some other things, to put in.

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

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

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Maggie Mann: Very sadly low.

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

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Lleelyn Rhone: wanted to.

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Lleelyn Rhone: And somewhat you know can ECHO.
Lleelyn Rhone: Some of the points that this man was making, particularly from a rural community standpoint, one of the things I think.

Lleelyn 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.

Lleelyn 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.

Lleelyn 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.

Lleelyn 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.
Lleelyn 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.

Lleelyn 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.

Lleelyn 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.

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

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

Lleelyn 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.

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

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

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.
Maggie Mann: Oh just quickly 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 interviewed by.

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.

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.

Maggie Mann: been pretty significant for a sizable population in in our eight counties.
Beth Weaver: Thank you Maggie any other thoughts that others want to share.

Lleellynn Rhone: Oh, oh go ahead.

Jennifer Bransford-Koons: No, please go ahead.

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

Lleellynn 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.

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

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.

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

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.

Llevelyn Rhone: has seen you know when things can go awry.
Llewyn Rhone: With medicine and the healthcare of not properly and morally bound it, it makes it even a bit harder and more difficult.

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

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

Llewyn 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.

Llewyn 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.
Lleelyn 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.

Lleelyn 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.

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

Lleelyn 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.

Beth Weaver: Excellent Jennifer did you want to add something as well.
Jennifer Bransford-Koons: just add in I echo what level and said in terms of our partners at SDS you have been.

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.

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.

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

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

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 Community members.

George Askew: or.

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

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.
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.

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.

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

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.

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.
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.

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.

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.

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.
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.

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

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

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

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.
George Askew: I think it's started with.

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.

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.

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

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.
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

Lleelyn 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

Lleelyn Rhone: And part of I think the hopeful lessons that are coming out of this is that need has doctor asked you talked about.
Lleelyn 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 hospital many of our neighbors and neighboring counties down and it's you know, while it's a small.

Lleelyn 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.

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

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

Lleveland 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

Lleveland 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

Lleveland 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

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

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

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

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

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.

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.
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.

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.

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

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.

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

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

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.

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.

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

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.

Lleelyn 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.

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

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

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.

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.

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

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

Lleelyn 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.

Lleelyn 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.

Lleelyn 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.

Lleelyn 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.
Lleelyn 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.

Lleelyn 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.

Lleelyn 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.

Lleelyn 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.

Lleelyn 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.
Lleelyn 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.

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

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.

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

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.
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.

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.

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

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 assistance for back for vaccine equity, so that people who maybe didn't have access to.

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

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

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.

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

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

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.

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.

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

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.
George Askew: To get the real skinny on information places like your barbershop and the people you trust are actually those people your friends and neighbors and so that was that played a big part and in the work that we did and will.

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

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.

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.
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.

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.

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.

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.

Beth Weaver: and also to get your thoughts on what is required to make this possible.
George Askew: For me it's always about, no matter where I've worked and.

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.

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.

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

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.

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

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

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

Jennifer Bransford-Koons: he's.

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

Jennifer Bransford-Koons: His points are extremely valid.

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.
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.

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.

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.

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

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.

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

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.

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.
Lleelyn 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.

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

Lleelyn 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.

Lleelyn 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.

Lleelyn 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.
Lleelyn 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.

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

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

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.

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.
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.

Beth Weaver: Recording will soon be made available in the Community back's website.

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.

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.

Maggie Mann: Thank you.