



CommuniVax

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

Transcript from February 10, 2022: Sustainability for the Community Health System: Takeaways for 2022

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Welcome to today's webinar, sustainability for the community health system takeaways for 2022, how our moderator Sasha White will now begin.

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Hello everyone. It's a real pleasure to be here. My name is Sasha white, I'm an assistant professor of sociology and history of medicine at Johns Hopkins University and a member of the community.

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Working Group and member of the vaccines equity cooperative advisory group, this webinar today is an output of community events and National Coalition to strengthen the community's role in an equitable coven 19 vaccination campaigns in partnership with

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the vaccine equity cooperative and national collaboration of organizations, committed to helping our country respond and rebuild from the pandemic in a way that sets us up to overcome the deeply rooted racial health inequities.

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We have access 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, and the community coalition which includes researchers across the United States

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has been funded by the Chan Zuckerberg initiative with additional support from the Rockefeller Foundation.

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Now, before I introduce our panelists, we have an opening question for the audience. If everyone could please answer it in one or two words in the chat box.

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We will compile the answers for viewing later in the hour.

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The question for our audiences. What are some of the positive outcomes of a sustained Community Health System.

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Thank you so much for putting your thoughts on this in the chat.

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So our panelists today is about Iran, president of the Latino Cancer Institute Dante Boston, founder and CEO of TGI movement and Stephen be Thomas, Professor of Health Policy and Management and director of the Maryland Center for Health Equity at the

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University of Maryland School of Public Health.

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After the panelists remarks, we will take q amp a from the viewers. And please put any questions in the q amp a box.

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Our first panelist is Isabel around member of the community that's working group, president of the Latino Cancer Institute, a nonprofit community and Research Network dedicated to promoting education services research and policy Filipinos nationwide around

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issues of cancer, a pioneering award winning Latina journalist and cancer survivor. She has been committed to educating supporting and providing essential services to low income Spanish speakers suffering from the disease.

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Isabel over to you please.

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Thank you Dr. White is very lovely to be here with all of you. Thanks for the invitation, I have a number of questions that were posed for me to answer so I'll get to them along the way.

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But first let me say welcome to all of you who are joining us I hope you'll find some takeaways in this conversation this morning, I heard Dr Michael Auster home is quite highly respected scientists say hope is not a strategy.

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And while we all live off hope I know that we all really need some strategies to move forward. I was at the President's Cancer Moonshot announcement last week in the White House.

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And after it was over I went up to all of the powers that be, and I had only two things to say, what is the plan, and will patient and community advocates be at the table, because this is what we knew, watching covered unfold.

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This is what we did during Colbert and this is what we suggest going forward, you're going to hear this from me very often.

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As part of the community, x national Working Group I've had a great opportunity to compare notes with or hear about others doing community work around the country and also to see the differences and opportunities and strategies to meet the need or not.

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In some cases, there might be a rich abundance of social and civic community agencies and in other communities, a real positive with a high dependence on one group like a church ministry.

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Looking at the cases of covert oppression and its impact on the Latino community from the Bronx in New York to the Mission District in San Francisco from Houston to Chicago to the rural communities of Idaho to San Diego where community supported a site

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project. I saw and read about heartbreak and tragedy resilience and determination fear and faith, all juxtapose juxtapose zones juxtapose Sorry about that.

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One in four coca deaths across the US are Latino according to the latest data from the CDC and we've hit over 900,000 deaths from covert in this country, at least one in five Latinos is low income 36% depend on Medicaid or Medicare, at least 60% of the

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population are essential workers without the privilege of working from home, a pre pew research study found that about half of the Latino surveyed in the country, either have taken a pay cut lost their job due to the pandemic, or they live with someone

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who has this mesclun makes for complexity and messaging beaming out information from a variety of mainstream and social media sources that feed the confusion the fear the downright falsehoods Facebook and WhatsApp, according to research were the most

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notorious for missing disinformation about covert in the Latino community countering it fell not to the macro approaches at the top of the food chain but to solutions within communities, one by one, and community health work community to community, using

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community health workers also known as gramma thought as in some of our Latino communities, based on what I observed heard or learned about it was community based agents agencies who ended up picking up the slack when larger political and health systems

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were flailing about loosely knit or tightly bound the community itself, the neighborhoods a zip code is the system within our organizations that reveal or reflect the social religious civic functions that support that community drive it help it thrive,

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or if those systems hardly exist as in rural communities, community members struggle harder to survive on their own. To me sustainability for Community Health requires that community based organizations who represent their constituents, be at the main

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table at all times to partner with larger health, social and political systems to identify the needs of their constituents to check that financial operational and programmatic infrastructures are consistently meeting the right needs of that community.

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They should be at the table to contribute, best practices to long term pandemic rescue and recovery plans, and other health needs going forward. Just yesterday I was discussing next steps here in Silicon Valley would Latino community leaders, Latinos

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about 25% of the 2 million population that is here and in California, but they that is here in Santa Clara County, California, but the current county budget has been earmarked for 2% in the budget, 2%, the pandemic showed how frail and faulty overarching

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systems can be covert turned up the spotlight on that. This kind of response a 2% investment is a failure of county leadership to learn the lessons of code, a county executive, and an executive director of the community based organizations have to know

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the same things, who are the customers or the constituents they are serving the demographic breakdown of these constituents, the types of services needed offered missing or need scaling up the amount of equity investment needed to address those concerns

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and the partners within those communities, either neighborhood the neighborhood zip codes zip code, who can come together to address problems holistically not piecemeal, and to address reallocation of resources requires political will, the right community

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members at the table and an equitable amount of dollars.

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What kinds of resources well one of my colleagues in San Francisco said in fall of 2020. We can't go back to normal, because normal is what God is here in the first place.

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Access to appropriate timely and equitable health has always been a challenge for vulnerable populations. So with the gap spotlighted by covert 19 era what kinds of resources, political, economic human and policies are needed to achieve sustainability,

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not sure, long term.

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The first resource in the Latino community is human capital in the Mission District of San Francisco the large Latino community became a petri dish for code and 28 neighborhood organizations to address all kinds of issues in that community coalesced as

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the Latino task force to address testing jobs food and housing insecurity broadband access for Virtual Education loans to small businesses problems for the undocumented.

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All this and more. When City Hall and public health were flailing, the passport partnered with a academics in a nearby institution UCSF to test the community and proved that encoded via that improved, they had to prove themselves that the covered virus

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was rampant due to low income crowding housing and the fact that the many were essential workers who feared not going to work because they couldn't afford to lose the income, San Francisco City and County is about 52% is about 850,000 residents.

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15% are Latino, they were 52% of the infections and 49% of the mortality rate at its peak, they finally got city halls respect and public health here, who then provided the resources both in money, initially \$28 million, and neighborhood testing and vaccination

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sites at very busy transportation hubs. This is an example of systems working together, the community City Hall public health, and it's incumbent on city leaders and public health to buy into this new method of addressing community health by continuing

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to collaborate with and invest in these agencies equitably. By the way, at last check 87% of Latinos in San Francisco county and city were fully vaccinated I gotta check my time here.

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Hard to say.

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Maybe just speak it out. What is your experience working in terms of successes challenges and future opportunities. What stood out to me most across Latino populations in California who make up 39% of the 40 million here in California.

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California is that dependent on who was leading the effort, whether in farmworker migrant or urban settings, those who are the most successful in testing and vaccine campaigns had the crucial Coalition's of community based organizations utilizing community

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health workers armed with the language and culture to connect and build trust academics scientist a number of them Latinos who partnered with these organizations to develop those educational materials established methods to survey or measure outcomes,

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and in many instances were able to access the money when CBS could. And finally the lawmakers who also brought in the critical dollars for me that the state, the Federal foundation entities and invested them back into these efforts, equitably building

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coalitions of partnerships and ongoing models of best practices that can be and should be duplicated in other states. To me this is a winning formula city hall or other government agencies need to know when to lead by securing the money, and when to get

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out of the way by investing those dollars in the hands of competent reliable community agents and groups, those who demonstrated leadership government also needs to invest more in public health, which was responsible for the big lift and pandemic response

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and public health needs to build bridges with community health agencies, as I saw them, for instance in Monterey County, California, which has a majority Latino population, a portion of them, agricultural workers county health was pleased with the results

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of engaging 10 CEOs and deploying their CHW to outreach and educate and move community members into vaccination clinics, they are now fully vested in developing out as CHW workforce.

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This was in fact enabled further going forward by policy change when California Governor Gavin Newsom wrote into the budget through Medicaid, Medicare reimbursement for clinics and hospitals, utilizing community health workers, and he also wrote in a

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one time \$250 million investment in the building a community health worker workforce. So what is the national dialogue around cover response at this time missing from hypersensitive my local hyper local perspective, well what we talked about is the trickle

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down problem, billions of dollars that were directed to address covert response, but go to large agencies city halls public health, but are not equally or equitably accessible by the very boots on the ground, community agencies that I have reference in

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order to actually get the job done. There should be a separate community funding mechanism built into federal, state and regional funding streams through which CEOs can apply and initiate plans, ASAP.

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The oversee of these plans should include CBS, the representatives at the table, who understand much better how small agencies operate, perhaps how to increase their infrastructure capacity to handle larger ground.

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Grant amounts and lead them to academic researchers who can help devise a simple plan to show impact and to justify that investment. And finally, I want to say what does a national that audience needs to hear.

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We have so many incoming channels of information. This is a challenge calls as we say in Spanish chaos. So messaging really has to be strategic delivered sport for a specific audience for a singular purpose.

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But generally, I think, national audiences need to hear some positive outcomes from a horrific season and all of our lives.

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about all of the work that these community based agencies are doing, how they responded to the pandemic. And what impacts they have from the San Francisco Mission District, which to this day has built a food hub that distributes 7000 food boxes three

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times a week, along with us, social, other social services to Monterey County were a team of 20 Spanish speaking community health workers and several farm workers who spoke indigenous languages, armed with electronic measuring tools, phone, and knocked

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on doors touching 160,000 people, resulting in 40,000 vaccinations, and this within a space of several months to New York where a breast cancer agency reached out to Spanish speaking cancer patients and taught them to join virtual support groups where

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we're at a time.

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Okay, I'm sure that's okay I appreciate the into the interruption. So let me just say, we have found that RCHWS and promoters are important that these stories of resilience and compassion and trust within communities that meet dire consequences head on

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our are important critical to pro to these, these are systems, outside of the community that need to listen and learn. Thank you, Sasha, sorry.

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No thank you, thank you so much and my apologies for the oh no problem. no problem.

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Our next panelist is the one who is a founder and CEO of TGI movement. Donna is a Southwest southwest side Chicago native and Amanda has been doing community work organizing for over a decade, and is passionate about increasing pathways and opportunities

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for youth in black and brown communities and allowing them to follow their passions, over to you.

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Hey, thank you. Good afternoon, everybody. Thank you all for being here. My name is Dante Boston, the founder and CEO TGI movement stands for Trump go to the gratitude, innovation, and we focused on curating and creating spaces that we call it the places

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where you can connect with one another coffee but her boundaries, while also ultimately dismantling dreams as it so we do a lot of community development.

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Economic campaigns Youth Development Program and community publications projects I design a lot of narrows clothing, as a way to fundraise and just a lot of focusing on the Arts, and community social events so I'll do a lot of open mics.

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Just anything to get the community engaged and most importantly, the use and on target demographic is 13 to 24, and I actually started TGI when I was a junior high school so something I'm really, really passionate about and that's actually be the main

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focus at TGI is making that a space for the youth. So whenever I do a vaccination outreach, or over now reached in general, always make it like this the extra.

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So I felt like you know through my events, my investors will get them that and then I always get a vaccination tables or Colby test them available at these big events so it was like it was in the face thing that they're not being like pressure to get

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it.

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So that's that's a little quick blurb about TGI some of some of the ways that we do our covert vaccination outreach to the community. And just going on to the second question about the working definition of a sustainable one community health for like

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Feel like one of the biggest pieces that's missing is having the community involved in the design system, because it is a lack of transparency between the community.

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And the Local Health Solutions in the community. So like for example,

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There's a lot of gun violence in Chicago, a lot of community, and other like Southwest communities but particularly this community I local hospital the Holy Cross isn't a trauma center.

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There's a lot of done by the system.

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So there's like just thinking about like things like that I had a community proceeds the hospital the now, because like, no, they knows a lot of components there but they still haven't like implemented the resources to help the community needs, and like

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for another example, mental health is becoming like a big thing and then Black and Brown community. And one of my friends brother went to the hospital for mental health issue, and he was left unattended on the ground floor.

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That wasn't for mental health, and he jumped out the window and committed suicide. and the hospital. Didn't alarm the family in a timely manner manner.

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And why he jumped out like 11:11pm the family thought that its way. And so just thinking about like, you know what was going on in those hours, the family wasn't made aware of.

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Why was he on the world for a while doesn't eat bad attended so because he supposed to be on 24 hours of the vision, and so you know when things like this happen happens in the community that distrust between the community and the health, health care

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system. No, it just grows deeper.

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So moving on to the third question, what kind of resources are needed to achieve sustainability sustainability for community health. I would say more investments and community groups.

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There's a lot of times when like you know new vaccines and new health initiatives are pushed out is pushed out by government officials and black and brown communities already have no we don't trust the government so when we say don't push the things that

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they have to, you know, you know, as a part of the agenda they get paid for. When you see like many leaders and the community organizations, pushing this stuff out.

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We don't have to do it. So there's that that trust like they see me in the community every day.

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So you know, that they trust information coming from somebody that they can see every day, and there's not like always in front of cameras and things like that, versus just hearing that on TV or in the news article, so I feel like you really utilize and

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community partners as a way to like get this information out certain communities.

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And also, of course, like I said before more transparency and just having better resources in the community so like going back to the local hospital. A lot of people don't like going to the hospital.

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In general, I have a.

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And this happened 2020 was really sick and have pancreatitis, and it was a really bad and I went there the first day they sent me back was appeals and I came back like a day later, and the doctor and he said, if it didn't come back with a dad and a couple

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in a couple of days so just just thinking about like what that does to the community like people are really don't trust the hospital written down like this story is like mine, or my friends brothers story that just depends that distrust in the community

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so really building more transparency building that trust and getting more resources to effectively came into the community at these hospitals and health institutions, I am a bond to the fourth question What has your experience working on covert 19 vaccinations

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Chicago been like challenges, biggest one is called the test. I was trying to get the home club it says, available at the center that I mean that opened up for the community.

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So people can come in and grab the test and it's so hard to like get extra tests these days.

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And then back when the numbers are spiking, Illinois second December, early January was hard for people to find test anywhere so we know schools is open work was going back.

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You could have access, it was one of the biggest challenges that I've seen recently.

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And just going back to what I mentioned earlier, my biggest success and getting people tested and wanting to get vaccinated is just having an event so like one of my one of my bigger events is like the toy giveaway the back to school event, until you've

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only had like 800 people just passed out like Kobe inflammation. The Back to School event was house. So we had like a vaccine vaccine show up at the event and he was able to get vaccinated so I duties.

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These big events like those to open minds and organized game nights, and as always like this I actually is not the reason people come out but if they if they want it you know take part in that.

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ways to like get the community out. So that's been like my experience doing this, this code work.

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And, and making a coherent resources available in community spaces so like a lot of youth comes to the Senate, just hanging out so you know if they wanted to contest we hit it they couldn't does that have a hard, hard time getting extra tests available

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to be in the space and know somebody wants to come by and get it, versus like want to like the hospital or the local, local CVS and Walgreens to get the test.

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And, and just thinking about like what other resources, we can implement in the, in the community to make people trust trusted more.

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Nothing. You know just just giving people time to adapt so my brother. For example, He waited at home, he just got vaccinated he waited the whole year to get vaccinated just to see like, what will happen in the year.

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So just given people that you know that that grace and that sounds like get vaccinated on their own times instead of like constantly pushing the algorithm know sometimes people just need sounds of processing information to process, you know all these

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words that's being thrown around all this data.

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that's being thrown around all this data. Now for like that's that's a that's a big thing in the community so that's why we try to make it accessible, so you know when they're ready, come get it.

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And just moving on to the last upon the question that I have.

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What does the national dialogue around Golden Knights and response at this time missing.

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I feel like the announcement of the, the mixtape mistakes in the past, a lot of time, government health system, they'd like to skip over things. So, what, that's, that's one of the biggest problems like I feel like if we began to acknowledge this trust

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and the mistakes made in the past, and being transparent about what went wrong in the process and why, why was wrong, and then moving forward from that, that can start to like rebuild that trust in me.

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And just ham what

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and hear from the people seeing how they see me how they like to receive information, seeing why they actually distrust the health system, and working with these local health institutions to like get better resources making began to have this dialogue

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with people in their community, the people that they're serving

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to be better not come from this community that say like, you know, they call it def cross hospital like their preferred to go to a hospital asset and community, rather than going to the hospital.

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They had say like, you know, they call it death cross hospital like their, their preferred to go to a hospital asset and community, rather than going to a hospital. The hospital is like four blocks from where I am right now people rather go to life. Oh wow she's like, 2030 minutes away because they believe they get better candidate.

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believe they get better candidate. And there's no trauma center here so if you decide you got to travel 3040 minutes to another hospital to get like the appropriate care, soft light that's, that's another thing that's missing, hospitals, normally, in

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these communities that that they know, go through certain obstacles and struggles and not intentionally implemented resources to cater to those situations, and really just using a using me as an asset.

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I'm in the community that day, not connect with people on the, on a ground level software like this that's one of the things that should be being in the dialogue around global night saying, and I believe it's almost one time.

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Thanks so much, do you want. That's, that's wonderful and I really, we all really appreciate your comments and thoughts I think that you provided so much to think with.

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As a reminder to those in the audience please put your questions in the q amp a box which would be kind of down here somewhere, not in the chat and then there's a q amp a on the bottom line of zoom so please feel free to put in your, your questions to

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Our final panelist today is Stephen be Thomas Stephen is a professor of Health Policy and Management and is the director of the Maryland Center for Health Equity at the University of Maryland School of Public Health. There is also the leader of a community that's local team in Prince George's County, Maryland.

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Stephen an expertise in Racial and Ethnic Health Disparities and the translation of science in the community based interventions, Stephen, over to you.

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Hey, so good to be here with you this afternoon. And, you know, I'm going to answer the question, all the questions at once.

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You know, most people don't know the history of barbershops and health barbershops and beauty salons and health.

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And that's why I got these poles back here they're the metaphor for what I think is the silver lining coming out of this pandemic. You know a brief review of the literature uncovers centuries of evidence, dating back to the humble origins of dentistry

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and surgery.

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Now you know today these prestigious specialties are far removed from those humble origins, you know, in the past centuries barbershops and salons were places where medical care was actually delivered.

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And while I'm grateful that, that isn't has evolved, you know there's real value and remembering the connections between the two.

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Now barbershops and salons are places of connection conversation and community. In fact, in our community of x efforts here in Prince George's County, we've discovered that these are sacred spaces barbers and stylists have the trust of the people in their

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neighborhoods and important conversations of the day are often discussed and debated in the shops and salons and you know what they're a place where there's no judgment, no shame.

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We need that more now than ever.

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So it makes sense that we think back to the original meaning of these red and blue barber poles and make barbershops and salons a place where health conversations and interventions can take place.

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And this is exactly what we did over a decade ago, building an infrastructure in African American, and Latinx communities, working through barber shops and beauty salons training them around the underlying chronic diseases.

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that's how we started. And then covert hit.

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And we made a pivot to address the infectious disease, to address the misinformation that's out there. Many communities.

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For many communities. Trust is more important than science and credentials. And for many of our medical professionals. They may have great health advice, but be totally unaware that there's someone in the community, with no degree, but when a lot of trust.

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That is overriding the doctor's advice, and it begs the question, What if our neighborhood barbers and stylist could be health partners.

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And that's exactly what we've done, we've trained our barbers and stylist in rapid response training to address coven.

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And we've got our first set of them that have made it to become certified community health workers by the state of Maryland.

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So now we have a, we have a bridge of say to the last mile communities we have that bridge to the people on the hell no wall Hell no, I'm not taking that vaccine, and most importantly, we have the covert stories, almost like diaries of these barbers and

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stylist, many of whom started out hesitant. And now are advocating and supporting vaccines.

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More importantly, they have transformed their barber shops in salons and the vaccine clinics.

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We did the first vaccine covert vaccine vaccination clinic in a barbershop in April 17.

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And last year. Okay. And 24 hours later we get a call from the White House.

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Can you scale this, and the answer I said was yes, I had no idea Shasha, if we could do it or not.

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But today we have 900 barbershops and salons across the country going through our training program. And one of the shops in Atlanta, they have done over 1000 vaccinations, in their shop.

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I come away with three takeaways. Number one, misinformation is real. No one anticipated that we would have weaponized misinformation that our health professionals, would be targets of attack, not just the entity fallacies of the world, but the local

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of a health department, finding themselves getting hate mail and being threatened and needing security. That's never happened before in this country. So we need to really address that number to meet people where they are, you know, have to tell my white

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friends, no self respecting black barber whatever say I get you in the last 15 minutes and Andrea, it doesn't matter how much hair you have, you're going to be there, half a day, catching up on the news, and whole families are there, and that's the beauty

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of this sacred space, we need to listen to people recognize that hesitancy does not mean never. In fact, we had people show up who were hesitant, and they left hesitant, but fascinated because they were treated with dignity and respect.

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And thirdly, trust matters. Not, not just the messenger, a trusted messenger matters is not just the message is also the messenger. And these barbers and stylist have tremendous trustworthiness.

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So when we think about community health workers as, as, Isabel described as promised Torres here in Prince George's County in the East Coast here in the state of Maryland.

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certified as community health workers, add new skill sets to what they can do, and embed them keep them in the community and the trusted roles that they play in their shops and salons.

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It's been amazing. And now we want to bring other health services into those communities. If I can give you a life saving vaccine in a barbershop. Well, why can't I give you the flu shot there.

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Why can't we do the diabetes test there. Why can't we do tell a wellness there. These are the opportunities that are before us now this is the silver lining around this pandemic.

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And last but not least, the message from the barbershop and salons is this.

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Nobody wants to go back to normal.

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Customer far too many black and brown people, people, normal means living sicker and dying younger, we've got to do better. We've got to come up with a new reality.

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And part of that I see taking shape as many African Americans and many of our Latin next friends are saying you know what we're going to take charge of our own health.

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These people would let us die.

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We're going to take charge of our own health. Let's meet them there.

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Let's help them with the health promotion disease prevention around the chronic diseases they were suffering from before coven, let's make sure that the barbershops and salons are places where you can get rapid test.

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Okay.

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And in 95, Mass. All right. So when we start distributing these resources. Let's not let them be in the traditional silos, only.

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Let's make sure that we look at the new partners that have emerged in the midst of this pandemic and use it as an opportunity for a new beginning.

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I'll give you back the floor now looking forward to the conversation.

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Thank you so much, Stephen that was, that was fantastic.

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No hesitancy doesn't mean never.

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Some of the few things. One of the many things I took from your from your comments. So now we'll move to the q amp a portion of the webinar. And once again, please put any q any questions you have in the q&a box, as we go.

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But I want to first kick off by revisiting the question posed to everyone at the beginning of the hour. What are some positive outcomes of a sustained Community Health System.

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So let's see what what everyone had to say,

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is about the one today Stephen what stands out to you about people's answers does anything surprise you.

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Nothing surprises me but I like that they get community engagement. You cannot move as any systems forward without community engagement champion Stephen.

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You know I'm looking here and and the same First of all, I love the colors.

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I think when we talk about equity.

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It's not just for example, hey, we're going to make these covert rapid test cases, free and available to all.

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And yet, we're going to, how do you get them you gotta sign up on the internet. All right, so, so did not, we did we not learn.

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We started rolling up the vaccine that people are living in literally dream deserts, my friend. They're living in internet deserts to.

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You're going to put a life saving vaccine of the end of the internet and not sure everyone has that. And now you're going to put the in 95 s on the end of the Internet, and the rapid test.

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That's not equity. So what are we doing to make sure that if I walk into my local barber shop. I got the same kind of internet connectivity, that I have when I walk into a Starbucks, why is a Starbucks internet better than my local barbershop How might

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How might our universities, use our bandwidth and share that with our neighborhood partners, that's another way how can we leverage the resources that we have with the privilege we have I'm acknowledging privilege being an academic, I might we leverage

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that in our local neighborhoods. So the divine pay has. He's got university level Wi Fi coming in his shop.

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Because he's got a leverage relationship with his local academic institution. These are things that can be done right now with, with leadership, willing to think outside the box.

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I want to add. You know what will it take politically financially socially to achieve some of the positive outcomes. People have listed here.

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Believe,

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transparency, we need to know what's going on, what they're doing.

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Just like the jnJ vaccine, they took it off, they put it back like what changed, like what happened, why that vaccine was taken down what Was I being done differently so it wouldn't affect people with the way it was before.

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That a recall happen, soft spot for like no Community Trust is like one of the most important ones because like we don't trust it. You know how can we promote it as leaders and how can the people who are promoting it to like trust us.

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So just transparency and trust, especially from the government level, like I had mentioned earlier, like they have to push it out. There's no they have no choice like they have to push it out to us.

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And so you know we are really not going to believe that so just being transparency into the entire system, and especially in the healthcare system was black and black, black and brown people are ready to a record of light, not taking care of ourselves

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not wanting to hospitals to get checkups.

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Just because like access and now like all these new things are happening and Kogan night team is just adding on top of what we already done. Do you know Sasha, I think that community based organizations who are particularly engaged, have sort of exercise

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the muscle.

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And I think that if they don't continue to utilize that and push against systems from returning to normal, that maybe we'll be able to be part of the decision making going forward.

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But if they sit and wait for folks to come calling to, you know to invite them back to the table I think that they'll be committing an era. I'm concerned and I think Stephen about no I have had this conversation before about returning to norm, because

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they thought the jobs been basically done.

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And I think that we have learned that there is power in numbers in community.

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And we need to learn to use those voices and that power, or we will have our communities back in the same place. And so I would say to Dante you have got a great coalition of people, and you need to bring them to the table and say what next steps do we

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need to do to now go to City Hall show what we have done, and where we can be at the table to help move the conversation forward. I have been saying over and over and over again.

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That all public health systems need to bring those community based organizations into the pandemic response planning process going forward, and the been at that table, addressing those immediate concerns but looking at how it was as a result to some extent

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about already poor health care system that you can address the greater number of issues to to positively impact that community, but without those folks at the table.

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I don't know how much more we're going to help change systems to be in the better place to respond. The next time Hey Sasha, you know, people in my community, before coven would watch we try to call the hospitals to have them come out with their mobile

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units and pop up units to deal with the diabetes and obesity, and they'd see me get no response.

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And then covered hits. And now the phones ringing off the hook. You know what they say to me, they said Dr Ty they want to come down.

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Why do it why do they want to, I think just going to give us the jab, and leave us with the obesity.

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Give us the jab so we can go to those low paid jobs essential jobs give us the jobs we can go to the mall and spend money, but leave us with obesity and type two diabetes, that's what they said to me, and I said this to the hospital administrators.

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You want to come.

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You have to come to stay. Get to make a commitment to stay and address the underlying conditions.

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And I think we need some leverage and some real juice, to make that happen. Why would you dismantle the very things you put in place to get to the last mile communities, in the name of all the searches over.

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Let's go back to normal.

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And guess what, is about all the convening that's being done. I've met people across so many different disciplines, I would never have met before. We literally create a solution spaces in the zoom, but as a health departments and agencies, go back to

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normal Guess what.

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Nobody's calling to meetings anymore.

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So now we have been left with a big gap, Isabel, because that infrastructure did not have a community anchor, like my brother there Dante fEf he was the anchor he could continue those meetings, when the health department people decided to go back to their

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corners. It's not a criticism of them, they are completely overwhelmed. They're tired they're being beaten up. They need us. But we need the infrastructure that they take for granted every day.

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So our community partners have been able to come into these spaces. And I consider a silver lining, how might we have routine town hall meetings to get those voices.

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Yes, maybe the 400 people out there today are part of the choir, but you know what good choirs practice.

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Let's come in here and have some practice so we can respond to that misinformation that's going on out there, you need us to do that. Let's, Let's build our skills right here.

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I think another opportunity that's missing Sasha that that's concerned me for a long time and this goes back to the, the science misinformation and how our communities, perhaps, at least a percentage of them have come to distrust science more even then

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before covert, and I would love to see communities, particularly those based in educational settings to get serious about going into the schools and trying to have really good authentic conversations and lesson plans lesson planning with students to really

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take covered as a, as a historical example but also is a health issue and to science issue, and help young minds to learn how to critically think about this, about this issue.

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I've often wondered is covered on the curriculum, every day that kids go into school. Is there one class or another who has made it a lesson.

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What did we learn today What did you hear. What do your parents say, how do you think about that statement, I mean there. There is such an opportunity for learning for our young community, our young people so that they don't grow up with this mistrust

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but have an open mind and critical thinking going forward. So they can turn back to their elders and say, Well, this is what we know, these are the facts I see that in the, in the chat here facts facts facts as a journalist, I believe in facts.

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So I just think we're missing a golden opportunity for not also working with kids and teaching them the Bombay that's where you need to go back and talk to your kids that the around the table and have the discussion about what they heard what they believe

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what they trust, and then bring in the experts like like Stephen and, you know, it there's such opportunities here that we the community should be for should be taken advantage of, and then bringing those experts and those, You know all of the folks with

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the dollars to the table and say hey we can do more, just invest, we're going to help you down the road here by, you know, really.

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We need to let people believe in science again.

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And then becomes is right.

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Right. They need to become more dr Thomas's.

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Hey, you know, Isabel you open with with Dr. Foster home. And then one of his podcast he talked about, you know, they were Rosenthal corsi box. Now the words these filters, inexpensive that can be built by hand and help.

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Hey Dante literally take code out of the air.

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Tomorrow my class of 25 students will build these boxes and give them away to local churches barbershop salons and community organizations, but is about, I got a call from a local charter school.

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All right, middle school through high and the kids at the school are going to paint the course he boxes avanti is the peace piece of art. Yes, and they'll use it in class.

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Nobody wants to be lectured to. Nobody wants to be pitched as the Monte said, we have a conversation we bring them together and natural, normal settings and then introduce them to this kind of information but we're going to build these boxes developed

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and deliver them to community centers just like yours. All of our area. I'd love to be able to do that right where you are my friend.

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Absolutely.

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Open Mind is usually about 30 or 40 people to, you know, be like Hey, welcome to the open mics analyst report by the way, it's called the lights in the back, you know like, this is there for them was not being like, forced upon though.

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And just to touch on this point for my you distrusted the most especially after January, December, the numbers spike, we all saw it and then January, they told the US to go back to school, you know, so like that just made it worse.

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Like, they was thinking about trusting the system and trusting the government, having to go back to school just made it worse and then they cancel school because of the snow storm was like CPS never does like I remember going to school and 2011, and the

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blizzard.

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Absolutely, like, three answers, and they cancel school for two weeks for Columbia. So just like to seem like what they do like know they look at that and that plays like a big part of like moving forward what you want to push these resources.

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And then people wonder why they respond the way they do.

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So I want to move on to q amp a from from our audience, because this has been such a wonderful and inspiring conversation but I want to really hit some of the q amp a with the, with the last remaining minutes that we have.

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So Maddie if you'd be willing to, to ask some of the questions that have been coming up so that a lot of great questions come in. This one is from Eva read.

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She says she can agree that coordination between CEOs and other entities as Coalition's.

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It's those Coalition's that drive real change and power within communities but how can we fund that coordination, how can we fund a coordinator position for example, when they don't belong to one organization.

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Well, I, I, here's part of good deal at least the.

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Well, I, I, here's part of the deal at least the end depending on which state you live because again it becomes unfortunately a political thing as well but I think that the CEOs have now and community health workers who to me should reside within Cabos,

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that they are finding their place. And I do believe that you can put least, and I'm sorry that we don't have one of our members on here because there is some federal funding for the emergency response.

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There are different and maybe community backs can put out the list or you can go to the community back site where we had a tool kit and where I think it listed.

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Various funding mechanisms and places where you can get it. Now it might be initially just a one shot deal where you can apply for the money.

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But if you can show its value added to the powers that be at the local level you can go. You should go back to local levels and say we're doing this, we've done, it's, it's shown this.

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We'd like more money to do this be your partner to help you. Obviously improve the health outcomes in our communities. I do believe that the whole concept of community based organizations being partnered with is taking hold, but more strongly in communities

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where there is a rich abundance of them, and they've been very engaged. I fear that in states and communities where they don't exist in great numbers, or where it's rural communities.

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This is a harder concept to sell and to fund. So there's still a lot of work left to be done, but I do think work least now on the front burner of a lot of people thinking about how do we find solutions and who do we work with to implement those solutions.

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And I don't know if Stephen has any other ideas for funding isn't that always the big question, where do I get them.

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Hey, did you know that hospital you talked about the people want to go past and go 30 minutes away these hospitals, many of them who are nonprofits, okay, have tax protection.

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and the Affordable Care Act that was legislation.

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Put teeth in new laws that said, you have to do a community benefits needs assessment, you have to do a needs assessment of your community.

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And, and then you have to invest money in addressing the needs of the community. If you want to keep your nonprofit status and the early days that was like the flavor of the month and they, they just ignored or they paid themselves for uncompensated care,

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but now there's real teeth there. But Dante fu organization your community, knew about that.

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If you had that community benefits report.

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And you held them accountable those dollars are there right now is about. Those are brand new dollars. I want to know, what are they doing with them.

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Why are they in the marketing departments of the hospitals rather than the community outreach departments, how might the community benefit dollars support community health workers that are actually located in the community.

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How about certified community health workers that are located in downtown community based organization, and they're being paid for their services. So the resources are there.

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Hey choir.

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How about we sing together, knock down some doors and hold these folks accountable for the community benefit dollars, and where we're talking millions of dollars Dante millions of dollars, where are they going, and why aren't they moving the needle in

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the very communities where the needs assessment tells them as a problem. So let's start with something easy. That's right in front of us. The law is there, you know, Thomas.

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I was just gonna say very briefly that we're getting a lot of requests for you to share more information about your various initiatives. So where can we find information on that.

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I'll drop something in the, in the, in the chat. And then, that sounds great. I'll send you some things.

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Sasha, for circulation.

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I'll just put a simple one in the chat.

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Sorry to interrupt the London office or, I wasn't saying it's kind of funny so the hospital is now industry.

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As I know the Vice President at the hospital, and he comes to a community meeting and he does the community's needs assessment and there's another organization down the street that those like so council meeting so the community like congregates probably

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like four times a year.

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Just to like talk about things like that and like representatives from the hospital who always there like I see them all the time. And so it's kind of crazy, they're like, you know they're they're involved in the community, to a certain extent, standing

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still fell into like meet the needs of the community. And I remember like probably 2016 and 2017, they were in the process of putting the trauma center in the hospital, and then like, this is when they're like radio silence, and that was like going to

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be like the biggest asset for this community that has gone by and it's a lot.

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like the biggest asset for this community that faces gun violence a lot. And then just speaking about the money issue for a little bit.

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Chicago's government decided it was a good idea to get CPD like \$70 million will cover really, that was like almost all of our money that we get CPD.

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Yes, the Chicago Police Department. Police Department. I was going to say public schools but no.

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I asked.

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So it's a school, schools are CPS but they she gave like the government gave my CPD almost all of our cloverleaf money and that kind of went. Other like, you know, other things in Chicago to help the community.

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So I feel like dependent really depending on where you live at the money's always there, they just decided to put it and other entities and other situations where to put it.

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where's that choir singing. Where's that choir, exposing them. That's what we got to do brother. So demanded pull out the needs assessment and point and maybe do a report card on how they've address those needs and then gather your coalition and go to

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to them and say, we still have all these things that you guys said you were going to fix and now we've had coverage so it's gotten worse. So how do we work together to fix them.

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I mean you've just got to put it in their faces and push against this because if they don't think you're watching and listening, and are aware, and you know and I like Stephen said I have a lot of empathy for public health care systems who are particular

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because that's where much of our community goes. And this is where they have the greatest health needs are low income populations. And so, I have a great deal of empathy for them.

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But I don't think that if if they haven't, if they don't reinvent the wheel around how what public health really is and how it needs to operate with community based organizations, not at them, you know, then I think that they will have not learned the

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lesson that we all know well. So don't be afraid do that report card get someone who knows how to create one of those things, get the data and do the report card put it in their face.

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Place, I'm saying Dante Dante you have Isabel right now. You got me right now. This is not just, oh we're in Hollywood Squares and we're done. So you need to pull on us to help you right there in Chicago.

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Okay, you got barber shops in Chicago.

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No, of course not.

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We got you, man.

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So, we are rapidly approaching the end.

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I'm wondering if there if we just in the last minute if you have any concluding words to say before before I wrap up.

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I know our audience would love to hear it and I want to extend also my thanks to all of you. And for Matt and Andrea for, for all of the organization that went into this, but perhaps you would bless us with some closing remarks on after a wonderful webinar.

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Call on people.

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Go ahead, take it away.

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It was good being here and meet in a.

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Dr. Tina is a bill, and ask him some of the questions from the chat and meeting everybody else on the panel for the help with the panel together.

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I was just saying,

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is definitely getting worse, you know, whatever was going on in the community before called it, these past two years, definitely just made it worse as Isabel pointed out, and so just just keeping on and had a choir singing like that the season.

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Okay, Isabel go ahead as well. Well I was gonna say five but I was so busy answering the question the the questions here I didn't hear your question so if you want to give it to me quick I'll, of course, just any any, any last words to leave us with at

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the end of this webinar.

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Well I'm, I'm always excited to have the conversation with with community members I hope that people have learned something they think they can take back but I also know that we live with a lot of frustration been to this conversation before and long

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term. What's really important though is that we need.

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I want to say I'll come to the table over and over and over and over again.

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I'll come to the table over and over and over and over again. Because talking was my career as a newscaster, but, you know, I'm hoping that some folks will get action out of this and I hope that they report back to commune of x that some of them did in fact utilize our ideas and able to

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do something with them.

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Thanks so much.

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Yes 1010 seconds.

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10 seconds, the pandemic is a major disruptor is disrupted the globe.

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So let's take advantage of that disruption and rebuild back, much, much better.

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And that means that this technology, I think could be the game changer.

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Every Thursday night we have a show we call the cutting edge.

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We're running on fumes. It's not like we have money to do it. We're going to continue to do it because you know what the community continues to show up to learn, they're part of the songbook.

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And if we abandon them now, after all of this, I think that the trust the breach will be even greater than it was before last but not least, since the US public health service syphilis study in the atrocities of the past Dante, you should know that the,

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the grandchildren of those men who were in that study.

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Okay.

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They have been vaccinated down there in Tuskegee, Alabama, and they have created Public Health Service commercial saying, don't use the tragedy of our loved ones, as your excuse for not being fascinated.

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Because our loved ones were denied treatment.

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Today we must do all we can to ensure that people receive the covert vaccines, and all the things they need to mitigate this disease. That's the message.

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Thank you so much. So my last words of thanks to you all for for joining us here and thank you so much to our audience community x is excited to announce our second phase of work, and in pursuit of health equity we're focused on strengthening local community

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health systems in three sites, San Diego, California Prince George's County, Maryland, and Tuscaloosa, Alabama. Stay tuned for Strategic and practical tools that other jurisdictions can adapt and apply to strengthen their own community health sector and

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the vaccine health. Show me the vaccine equity collaborative continues to update their incredible resource library with tools reports, events, communication materials and more to support communities respond to cover 19.

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You can also submit resources to the library online and sign up for the newsletter at [vaccine equity cooperative.org](http://vaccineequitycooperative.org).

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Once again, thank you all so much for being here, and thank you, Isabel Dante, and Stephen for for everything for all your words.