

The CAG members and attendees broke into three groups, each facilitated by a co-chair with a note taker. Questions were:

1. What questions do you still have that are unanswered?
2. What are your communities saying? What are your talking points and what messages do we need to send?
3. In anticipation of lifting more restrictions, what do we need to be doing and saying in this moment to our communities?

<b>CAG Breakout Room #1</b> <b>Facilitated by: Nestor Castillo, Ben Chen</b>	
<p>What questions do you have that are still unanswered?</p>	<p><b>Mary Lou</b></p> <ul style="list-style-type: none"> <li>- What is/what will be the impact of antiviral drugs that are available now or are in the pipeline? What does that landscape look like in terms of public health preparedness?</li> <li>- <b>Dr. Moss' Response</b> <ul style="list-style-type: none"> <li>o Priority is to make sure that people who have barriers to care can get treatment for available treatments</li> <li>o There are several pre-exposure prophylaxis drugs that can be helpful for those who might be at higher risk</li> <li>o Alameda County may play a role in educating/helping people access treatments through promotion</li> <li>o At the end of the day the vaccine is the preventative approach that should be prioritized</li> <li>o When these drugs are used, there continues to need to be a equity issues around availability</li> </ul> </li> </ul> <p><b>Nestor</b></p> <ul style="list-style-type: none"> <li>- What is the logic behind loosening restrictions across the state?</li> <li>- <b>Dr. Moss' Response</b> <ul style="list-style-type: none"> <li>o For many it feels like it's already over – some folks got vaccinated and are ready to move on and there are many who feel this way. As time passes this mentality is only increasing.</li> <li>o E.g. of the 50 states only 7 states still have mask mandates                             <ul style="list-style-type: none"> <li>▪ Often there is a conflation of values with scientific evidence despite risk and science around transmission being identical across geographic areas</li> </ul> </li> <li>o In the Bay Area there is a commitment to keep people safe and this will continue even as people start to think about other things. This will be more focused in the new normal – people who want and need support the most will be supported</li> <li>o To operate in this reality, we need to preserve the ability to implement more substantial interventions when they're most important/beneficial (e.g. increasing cases, hospitalizations, etc.)</li> </ul> </li> </ul>

	<p><b>Mary Lou</b></p> <ul style="list-style-type: none"> <li>- <b>What do demographics of vaccination look like? Are there any lessons learned that can be used in the public health response?</b> <ul style="list-style-type: none"> <li>o Disparities by race and age continue to be a strong focus. Gaps have been closed but not fully and the uptake has slowed down. For 5 – 11-year-olds uptake was quick before slowing down</li> <li>o Disparities persist and we are making slow progress but are making progress</li> <li>o Booster uptake is also an area of concern but uptake differs from initial vaccination uptake</li> </ul> </li> </ul>
<p>What are your communities saying? What are your talking points and what messages do we need to send?</p>	<p><b>Mary Lou</b></p> <ul style="list-style-type: none"> <li>• <b>Is there anything about 4<sup>th</sup> dose/boosters?</b></li> <li>• <b>Dr. Moss' Response</b> <ul style="list-style-type: none"> <li>o Have not seen much information that a fourth dose beneficial for any groups the verdict is still out and research is continuing.</li> <li>o Things could change over time but the greatest impact has been for older adults</li> <li>o For current boosters, there was pretty clear evidence that it prevented more serious outcomes for older adults and less clear for younger adults. Overall, there was probably a benefit and it helped to reduce hospitalizations in the current surge</li> </ul> </li> <li>• Don't know that there's evidence to suggest reductions in outcomes among different populations –verdict is still out.</li> <li>• Need to keep an eye on equity – even globally as many in other countries have yet to receive a first dose.</li> </ul>
<p>In anticipation of lifting more restrictions, what do we need to be doing and saying in this moment to our communities?</p>	

## CAG 2/8/22 Breakout Room #2—Kimi Watkins-Tartt, Lauren Baranco

- Kimi: This is a great place to talk about how we prioritize and shift the operation
  - We have to shift structure from population-level response so that we can link people to resources, food, housing, health care, etc. When you are running programs, how can we link people to services that they need?
- Dr. Noha: Health Care for the Homeless work is a model to look at because they spring into action with contact tracing that started before we were able to do it for everything and has continued.

What other questions do you have?

- As we move forward in the pandemic how can we give our community access to other things like mammography screenings, building toward that using this infrastructure given this trust we have built?
- What are the community's thoughts about how we start shifting the conversation from COVID? We will still do testing, etc. but will also resume our regular operations
- Dr. Noha—we still need to be able to manage a lower wave of COVID—what emergency measures get turned on or off?
  - There have been huge increases in community violence, mental health, etc.
  - Re: the communications apparatus, who is the health safety net & who can help spread word and bring people back to resources? Behavioral health
- Dr. Donna—keeping faith based organizations engaged as vaccine and testing sites; how do we continue to engage around wellness? This is not just about COVID and we end. What are these other diseases and processes that we have to keep in mind? E.g. Colon cancer screening via Umoja Health. Faith-based community is often not thought about until we have something huge
  - Can use the same trusted messengers for blood pressure screening, colorectal, mammograms. ***“We haven't left and we won't leave”.***
- Pastor Arlene—I've never been so behind on preventative health for myself. With faith groups there is a unique opportunity to do health education because a lot of churches already have gender-identified groups. How can we get more value out of the vaccine pop ups? Double up with food, flu vaccination, screenings about bone density, dental care, etc. Can we double up those health education-type programs that are pop-ups?
  - PTA groups, family engagement specialists at local schools are great ways to get information out especially to immigrant populations
  - Resources—relieved to see employer requirement for coverage if people go out—rent relief, etc. Can we create stability, because hot and cold of resources can be traumatizing for people—helps dial down the drama?
- Jared Spencer—there will be ongoing funding, but not the same level of funding to address COVID. There are a lot of opportunities to leverage outreach in many other areas, but what are the priorities? Food, etc.
- Dr. Mini Swift: What if we all decided to focus on colon cancer in March in addition to COVID? As an example of how we can work together.

February 8, 2022

## **CAG 2/8/22 Breakout Room #2—Kimi Watkins-Tartt, Lauren Baranco**

- Dr. Donna Carey: I like that Mini! I think that a united response and effort around a particular health issue makes sense. Just as a focused effort on vaccines, we can add a health issue to the education.

What should be our priorities?

- Paid sick time wage relief/offset so that people can stay home and quarantine or isolate and get better
- Hotels for people who are sick
- Being able to send food to peoples' houses
- Mental health needs for all ages, particularly elementary-aged and teens/adolescents who had the highest jump in suicides. How are we going to help through the trauma of this pandemic for youth who have lost time in school, the ability to be active/play, attend school regularly?

What questions do you have that are still unanswered?

What are your communities saying?

- Apprehension (disability community); still concerned even if vaxed and boosted, they are vulnerable because of cases; *society is moving on without them. “Your loved ones and neighbors are still vulnerable.” COVID is not over especially for medically vulnerable.*
- Access to testing is sporadic, unknown quantities/distribution challenges (child care)
- Licensing guidance, California Department of Social Services (CDSS) and California Department of Public Health (CDPH) not always in alignment.
- Varying *recommendations* explaining to parents; quarantining with mixed age groups
- Street Level Health Project: people want to “get back to normal” but we are not going back to normal. *How do we permanently adjust as workplaces/employers/businesses?*
  - Ongoing education. Pressures misaligned with guidance. More guidance for employers. Need someone to talk to.
- West Oakland Health Council: Shifts in reasons for hesitancy. *Resistance to boosters*, continued focus on boosters. We all know someone who has gotten really sick or died from COVID, not from vaccine/boosters.
- People need to hear framing that works for them. *Focus on the facts*. Here’s what we’re seeing/happening.
- Difficult to accept that other medical professionals still aren’t vaccinated.
- Easier to hear bad stuff than good stuff. Keep yourself and those around you as safe as possible. Tying masking and vaccine: *if I don’t need to mask, why do I need to get vaccinated or have my children vaccinated?*

K-12:

- Hopelessly tied politics and public health, not thinking about protecting people.
- *Normalize masking. It takes too much to readjust when surges occur.*
- Bring forward the science
- *Include the number of people who died from COVID*