

CAG Participants separated into 3 breakout groups in order to answer the following questions:

1. What did we learn about our collective ability to respond to COVID?
2. What would we do differently/better this year?
3. What questions do you have about our response going forward?

**Notes from Group 1: Facilitator: Greg Hodge    Notes: Tram Nguyen**

Participants:

- Clyde Oden, Alameda County Care Alliance
- Donata Nilsen, Alameda County Public Health Department (ACPHD)
- Wendy Petersen, Senior Services Coalition
- Jarad Spencer, Supervisor Keith Carson's Office
- Melvin Cowan, Building Opportunities for Self-Sufficiency
- Nicole Pope, Holy Names High School
- Kelly O'Lague – CEO of Hively; Emergency Childcare Response Team
- Kathleen Clanon- Medical Director for Health Care Services Agency (HCSA)
- Aneeka Chaudhry-HCSA

1. What did we learn?

- In our county we have a lot of people leaning in and have open minds, willing to open doors wide as possible to engage as much of the community as we can. Our response was good. But we had challenges with unique needs of so many people
- How quickly we can launch into response mode and how
- Impressed with this group and other collaboratives that formed in pandemic to look at systemically marginalized people and how those were at forefront. We've been able to resource communities because of how resourceful and sharing everyone has been.
- We're well resourced as a county compared to some other places. Learned value of embracing community voice and direction, we would not have been able to cover ground that we did without it. For many of our marginalized communities, able to see how far behind we were as a county and had to work to build trust and get buy-in. Hope we don't lose that going forward.
- Relationship matters. People who build relationships in community, in popup sites, that matters. Coliseum setting didn't work as well as neighborhood settings. People looked to people they knew and trusted. Starkness of inequities we've known about a long time – Social Determinants Of Health (SDOH), we saw data bear out immediately in who was underserved and weakness of safety net for them.

2. How might we operate differently?

- Things can change [more] quickly than we thought; people have a vision internally and externally to address problems that are "public health" but we realize it's community health and a role for community to play that is different.
- What was done really well was having very good resources. With Umoja and other nonprofits, we knew where to go to. That was good and needs to stay streamlined, to go to the websites that partners are accustomed to and links are maintained. Being able to go to a central place.
- The tweak I would add to safety net—Alameda County is a little different because we don't operate the healthcare system (AHS). But we do have a robust safety net with community clinics and partners, which were leveraged well. We really leaned into our place-based and equity framework early, earlier than rest of the state. We strengthened the safety net to include providers that weren't in it before (i.e. faith-based). This model is there now and we can keep it moving forward. Public health investment in infrastructure to do preparedness.

- We can do better at baking in accessibility- physical and communications. Working with folks who are blind or hard of hearing. We've learned a lot and it needs to be part of planning. Physical access when we're doing something in the community. Figuring out solutions so when you come to help them, you're not making a huge effort to accommodate and they feel embarrassed but making it accessible and welcoming from the get go.

Relationship between community partners and county partners? What else could be done better?

- We learned our limitations. The flow of information going from community to government side we benefited from. Feedback on what we were doing that was not effective.
- I was humbled and pleased by how well our civilian colleagues at becoming citizen scientists and being able to do this work. We did eventually get data out there in usable ways, which was a struggle. It's not customary for us to share info about people's illness publicly. Now I'd like to see us help the public and community partners know how to use these data.
- Trying to make this data user friendly, how to put meaning behind the data. Especially engaging young people and how to message guidelines. Having everyday people understand the science is part of what we're up against.
- Have been supporting community groups and my colleagues grew during this time as leaders in the community. Many tried to apply for grants from county and were never successful, and now are at the table, becoming community public health experts and hungry to share information with the community. Would love to see this grow, more funding to support. Great to focus on childcare support for families; workforce and economic development—a lot of folks moving out of sectors, how to capitalize digital spaces, etc. Every time CDC comes up with new guidelines, we rely on community groups to help communicate.
- At schools we use that data, and students are developing projects with them. How to incorporate those projects?

### 3. What questions do we have about response going forward?

- We need to be diligent about need for better mental health resources. Eviction moratorium will end soon and that will hit us hard and will have ripple effect. Amount of disconnectedness, not just before, but worsened by pandemic (not going to churches, social fabric, gentrification).
- How will we do a better job of educating people about every variant that comes along? More people getting sick but narrative is you're not as sick if you got the vaccine. We don't necessarily know that. How do we adjust our narrative when the variant changes? How can we be more nimble in shifting the narrative as the variant shifts its impact?
- There is so much confusion right now among CBOs. Should they go back to pre-vaccine precautions? People don't know what to do.
- Communications needs has been one of the most difficult things about the pandemic. Also issue of misinformation, active disinformation being spread. Strategy of going as simple as possible: we know it's confusing, but we know what works is wearing a mask and getting vaxxed to not end up in hospital. Challenging message when there are this many cases.
- More effective communication styles – “this is your brain on drugs.” Smoking message.
- It would be great to support schools to make informed decisions to keep school community safe. To be able to give [tools for] no matter where we are with variant, a standard that we can always fall back on with basics. Could this be a moment for a generation of young people to get basics of public health and community health?

**CAG Breakout Room #2**

**Facilitated by:** Nestor Castillo **Notes:** Ben Chen

**Participants:** Dr. Bruce Gach, Mary Lou Breslin, Dr. George Ayala, Joan Edelstein, Dr. Nick Moss, Lauren Baranco

What did we learn about our collective ability to respond to COVID?

- The outreach and information sharing has helped to increase immunization rates and make connections with folks to a diverse audience
- “Scare tactics” were not good for representation but it was appreciated that Alameda County admitted to those tactics not working and was able to pivot using input from the group towards more success
- Response at the beginning in terms of providing accessibility was good – would’ve been great to have had it from the start
- Formation of the youth groups was brilliant. It may be hard to measure the impact that youth have had, but the commitment of folks involved was powerful. Great to have articulate young people who were passionate about the issue.
- Health department could not have done the work without the support of our community. Our communities really leaned in, really cared, and were right at the front lines in a significant way
- Learned new ways and strategies for approaching the work – especially learning how to do better from our mistakes, times when we were “clumsy”. Learning from community members has been really appreciated
- After each of these meetings, I never leave feeling alone. Having community and support around us has helped to prevent isolation and kept us from getting stuck in our ways.
- Two-way communication and accountability on both ends (community and health department) has made a big difference. Connection between community and the health department is crucial.
- Responses to health issues are ALWAYS most effective when led by community members and those that live in the communities being served. It really helps to foster empathy, understanding, and communication.
- Frustrations with the health department still operating in silos and the way the health department works with the community.
  - E.g. flu clinics at schools, county makes decisions after quickly determining capacity of what a site has before deciding what they can do. Hoping HCSA can be more open to having conversations and exploring how to increase capacity before making decisions about how to engage community sites
  - There were opportunities to support school-located vaccine clinics by working with nursing students to help facilitate vaccinations and provide education. No conversations about that.

What would we do differently/better this year?

- Based on extensive experience working with health departments – things change so quickly that it’s sometimes tough to identify resources/take the time to seek out additional resources
- Consistency in communication throughout the process. When [Public Health Department is] interacting with CBOs or other entities, there should be an understanding that there are a whole lot of folks relying on one individual liaising with the health department. Regular updates even small ones would be very helpful.
  - [Public Health] Letting the organization or person know that you’re working hard to try to get something setup with the caveat that it may not work out. Have a point person and a timeline for when they would reach back out
  - If possible, getting schedules aligned as much as possible
- Exploring starting additional groups like the Umoja Youth group or other trusted messengers. Setting up more groups like this could be explored to cover more diverse groups – of all ages, ethnicities, and backgrounds.
- From disability community perspective – one of the biggest frustrations about the process is that there’s no data collection on individuals with disabilities (other than

	<p>institutionalized) and it is desperately needed. Solvable, but requires a commitment across leadership.</p> <ul style="list-style-type: none"> <li>○ Would have significant impacts across projecting public policy, research, and allocation of resources. Asking County to developing some mechanism to do</li> <li>● There are still extreme challenges for folks getting out to testing resources in the community. Many still cannot make it out into the community for vaccination and testing. Increasing capacity to go out to these individuals and finding ways to quickly identify these individuals would be helpful.</li> <li>● Lack of infrastructure and support for the infrastructure for the health department (and health departments across the country). We've not been able to build the infrastructure we need to provide resources to the community.</li> </ul>
<p>What questions do you have about our response going forward?</p>	<ul style="list-style-type: none"> <li>● Where are you having the most problems?</li> <li>● What can be done to address them? Can anyone in the community be of help in doing that?</li> <li>● How can communication be improved in a meaningful way in a short period of time? (Especially with Omicron)</li> <li>● Is there a way to have advocacy/leverage the resources of the CAG to increase capacity and build back infrastructure of health departments?</li> </ul>

**Breakout Group #3: Facilitator: Kimi Watkins-Tartt      Scribe: Caroline Brose**

**Attendees: Pastor Arlene Nehring, Carla Keener, Dr. Demisha Burns, Gabriela Galicia, Jennifer Caban, Rebecca Rozen, Sandi Galvez, Towanda Sherry, Winny Knowles**

***What did we learn about our collective ability to respond to COVID?***

- Breadth of resources (ie. types of individuals/organizations) available to respond. We have learned how to work with others outside of the formal healthcare system.
- Quick communication and partnerships – tables and invitations to communicate came together quickly; many different kinds of organizations were able to learn about one another and respond together.
- Can do outreach to hard-to-reach communities and be flexible in the ways that this outreach is done (eg. Utilizing schools, churches, etc). We went to the people; the people didn't just come to us.
- Saw the ability of community to mobilize very quickly. Partnerships were able to come together quickly and be flexible around existing procedures.
- As a community resident, there was an overwhelming amount of information; lots of networking could be done to find information.
- Nimbleness and swiftness to take action and build community partnerships in unknown space.
- This was the first time that working with the County was really functional – staff asked the community what would work best and listened to the opinions of the community.
- When there is political and public will, work can be done.

***What would we do differently/better this year?***

- It was difficult to get permission to put on/host vaccine clinics.
- Although we experienced nimbleness, there was still red tape/hang-ups/unnecessary hurdles and resultant poor communication.
- Communication across the board (examples include data, guidance, licensing). This was confusing for providers to navigate. It's important to find ways to find alignment in communication and not deflect issues.
- Hospital community constantly received new directives/information from CDPH. Some counties do different things from the state, which is confusing to figure out.

- It helps if all communication and direction is coordinated at all levels.
- It is important to continue the focus on vulnerable communities and recognize communities that may historically have been hidden.
- Collective mobilization and advocating at a higher level could be improved. It is important to continue to collect data from these vulnerable populations to provide better services.
- It is important to continue servicing basic needs (ex. emergency food distribution).
- Continue to engage and hear community voice.
- Enjoyed hearing communication strategies and trusted navigators.
- Doing a deep dive on the collected data is especially important to ensure marginalized communities are not hidden.
- Important to have the personal touch of trusted messengers in guidance, communications.
- Continue CAG meetings outside of COVID – many health issues were already issues, COVID just shone a light on these already existing inequities.

***What questions do you have about our response going forward?***

- Funding and support to help apply for grants.
- Contract and reimbursement processes are difficult to maintain as a CBO – how can we be better fiscal partners with community organizations.
- What can we do creatively to help folks with the new variant and help folks get supplies? (ie. Appropriate masks, testing kits)
- Access to testing kits and guidance for at-home tests (emphasis on family-friendly informational guidance)