

**Welcome:** It is important that community is healthy and well and gets through this pandemic safely. Community participation is important. The goal of the Community Advisory Group is having a process that provides high quality information, and that there is equitable access to vaccine information so that everyone is able to make an informed choice.

**Advisory Group Attendees:**

1. Aaron Ortiz, La Familia Counseling Services
2. Rev. Dr. Arlene Nehring, Eden United Church of Christ
3. Arlene Swinderman, Ethnic Health Institute
4. Dr. Bruce Gach - Pediatrician, District 1
5. Candice Elder, East Oakland Collective
6. Carla Keener, First5 Alameda County
7. David Kakishiba – East Bay Asian Youth Center
8. Donna Carey – True Vine Ministries, District 5
9. Faith Wells – On Lok
10. Gabriela Galicia, Street Level Health Outreach
11. Jackie Thompson, Allen Temple
12. Jenn Caban, Alameda County Social Services Agency
13. Joseph Greaves, Alameda Contra-Costa Medical Association
14. Josie Lee – FirstPres of Hayward
15. Kelly O’Lague Dulka, Hively
16. Kevin Dowling, District 2
17. Kristi Miller, Tri-Valley Anti-Poverty Collaborative
18. Liz Ortega, AC Labor Council
19. Mary Lou Breslin, Disability Rights & Education & Defense Fund
20. Melvin Cowen, Building Opportunities for Self-Sufficiency
21. Nathalie Carvajal, Homies Empowerment
22. Nestor Castillo, Public Health Commission, **Co-Chair**
23. Ralph Silber, Community Health Clinics Network
24. Rebecca Rozen, Hospital Council of Northern CA
25. Regina Evans, Regina’s Door
26. Rona Popal, Afghan Coalition
27. Ruth Jones, Alameda County Office of Education
28. Sheraden Nicholau, State Council on Developmental Disabilities
29. Taunu’u Ve’e, Regional Pacific Islander Taskforce
30. Teresa Loftus, District 4
31. Tri Do, Community Health Center Network
32. Wendy Peterson, Senior Services Coalition
33. Winny Knowles, Retired Community Nurse, District 4

**Absent**

34. Greg Hodge, KHEPERA Consulting/Brotherhood of Elders Network, **Co-Chair**

**Health Care Services Agency Representatives**

35. Aneeka Chaudhry, Alameda County Health Care Services Agency
36. Carol F. Burton, Jeweld Legacy Group
37. Colleen Chawla, Health Care Services Agency
38. Kathleen Clanon, Health Care Services Agency
39. Kimi Watkins-Tartt, Alameda County Public Health Department Director, **Co-Chair**
40. Lauren Baranco, Alameda County Public Health Department
41. Neetu Balram, Alameda County Public Health Department
42. Sandi Galvez, Alameda County Public Health Department
43. Tammy Lee, Alameda County Public Health Department

**General meeting plan/topics for the year ahead/Logistics & Support Roles**

**[County Presentation](#)**

COVID 19 Leadership represents all major Health Care Services Agency (HCSA) departments that have input on Vaccine.

#### HCSA – COVAX team Organizational Structure

1. Coordination team working with clinics and hospitals
2. Immunization and Logistics Section will set up community-based Points of Distribution (PODs)
3. Community Advisory Group (CAG) is connected to Health Equity Team and Communications team
  - CAG role is for bi-directional communication stream between community and HCSA
  - We want the CAG to provide input on equitable vaccine, build trust, and assist HCSA with coordinating a message with the Advisory group our trusted messengers.
  - Bi-weekly or Monthly meetings.
  - Want to integrate information from CAG into COVAX response.
  - We will work with resident groups (age, faith, ethnicity, and other partners). We want to do a COVAX roadshow (e.g. town halls) to reach a broad audience. We want input on what information different groups might want to hear.

**Discussion:** We want to prioritize future topics of discussion. We want to determine how can we make these meetings the best use of your time and the connection to community is at the forefront.

Q: Can we compensate community representatives as community members?

A: Yes, we can discuss

#### General Vaccine 101

Q: Can you talk about the mutation variants of vaccine?

A: Vaccines commonly mutate. Based on the way we know vaccines work, we know that when your body makes antibodies it will adapt to the different spike proteins. If it comes back in contact with the virus, your body will produce enough antibodies to reduce the severity of it.

Q: Are we talking about the Single dose or 2 dose vaccine, what happens if you cannot administer the 2<sup>nd</sup> dose? What is the efficacy for only one dose? Especially for the unhoused. What about pregnant people?

A: We will try to administer the 2<sup>nd</sup> dose. It is 50% effective with one dose. As for pregnant people, they were tested during the clinical trial and it is safe for pregnant and breastfeeding patients. There were no harmful effects to fetus.

#### Vaccine Planning

- The Federal government makes the decisions on vaccine approval, manufacturing, and the # of doses.
- At the state level, they have a [Scientific Safety Review Workgroup](#) that review data and incorporate guidelines for the western region.
- There is a state COVID19 Vaccine [Drafting Guidelines Workgroup](#) which provides prioritization recommendations. They have a [Community Vaccine Advisory Committee](#) that meets every 2 weeks to offer input on distribution. We want to stagger our meetings so we can share the latest information from the state.
- Alameda COVAX team will want to lead with an equity lens by using data to help us make decision.

#### Prioritization Framework

- Want to leverage all venues and partners for broad distribution
- Prioritization is outlined by state, we were asked to use this framework to make decisions. Counties can sub-prioritize within their framework, looking at attributes of individuals, location, type of facility and determine who goes first
- Distribution will depend on how much of the vaccine is available.
- Phase 1A has 3 tiers
  - We are in Phase 1A Tier 1
  - The first vaccines went to Acute hospitals, and 911 first responders
  - Large health jurisdictions like Kaiser will get their own distribution

- As we move through phases it is important to note that some groups will be prioritized across multiple phases

- 1a: **Health care workers & long term care facility** residents and staff
- 1b: **Essential workers & people 75+ years old**
- 1c:
  - Older adults** in congregate living settings
  - People at significantly higher risk** due to underlying health

**Phase 1**



- Older adults** not in Phase 1
- Incarcerated and detained persons** and jail/detention staff
- Staff and residents of: **homeless shelters, and group homes** for people with disabilities or serious mental illness
- People at moderate risk** due to underlying health

**Phase 2**



- Young adults**
- Children**
- Workers not covered in Phases 1 or 2**

**Phase 3**



- Anyone who **did not access vaccine in Phases 1, 2, or 3**

**Phase 4**



**Equity is cross-cutting issue**

**What types of information would be helpful to you throughout the process?**

Comment: Essential workers are on the front line. There needs to be a fair equitable distribution process for essential workers/labor. Let's start with where is the vaccine, how are they getting it, how are we messaging to impacted communities who fear the government. What is the timeline?

Comment: - a lot of mothers must homeschool and are not linked to getting information in their normal networks. We need an informal communication strategy. We need to think about the family engagement specialist at schools and promotoras to engage in getting messages out. Interfaith community is a good way to get the message out and to find language expertise. Translation should be expedited.

Comment: We need to talk about what is happening in the public schools.

**What other questions do you have for the County?**

Comment: Re: Latinos it is important to buy trust, strategic planning, and tell them where they fit in the tier. Have leadership take vaccine publicly and share on social media. Latinos get information from social media, Telemundo.

Q: Are we going to be featured in the roadshow?

A: If you want to be a part of speaker's bureau of people who share information in the community based on agreed upon talking points let us know.

Q: Has there been contact with local newspapers?

A: It's a part of the engagement strategy.

**Bi-weekly meetings is good. We should field questions and have questions prepared for our calls.**

**Q&A**

Q: How will the categories of workers be reached out to?

A: The state is working on their prioritization of essential workers. We want your input on how we can connect to essential workers. We need to know how to get to people who are not connected to existing portal, so we do not exclude them when it's their turn.

Q: We have people living in tight quarters, it's impossible for them to quarantine. We need to have a filter for individuals that are high risk for exposing others, especially for those in the food business.

Q: There needs to be advocacy at the state for essential workers such as childcare staff. These individuals are not seen as traditional educators but are caring for the children of essential workers.

A: State did identify them as part of Educational essential work, informal & formal child care providers. [State Powerpoint](#)

Q: I am concerned about folks with developmental differences who are not in congregate care settings, I'm not sure where they fall?

A: Non congregate care settings are in 1B or otherwise, they are not called out explicitly by the State.

Q: Unhoused neighbors, what tier do they fall under and how will get the vaccine to them? Are we transporting to get it or going to shelters?

A: We have built out a street level medical program, we will do vaccine in hotels, encampments, and shelters. We are concerned about how to reach people in single tents or tucked away.

Q: How do you plan to track those who do not get their 2<sup>nd</sup> shot?

A: All individuals that sign up to take the vaccine must enter into the CAIR Immunization Registry system. Hospitals are not excited about sharing private data. As a County we will have a POD and we can do tracking for those we vaccinate. They will receive an appointment card with a reminder on it. We will ask them to take a picture and send it to a close representative.

Q: I see the state is bringing in CVS and Walgreens. I am thinking about mobile testing sites which are a trusted place for communities. I'm wondering if those can be places for vaccine distribution sites? **Discuss next time.**

Q: How is your blanket liability policy going out in the community?

A: The County is self-insured. The underlying question is if we want to go out to people, how do we make sure the vaccine is transported safely? We need to have an ambulance nearby as a safety precaution to address adverse reactions. We are thinking that through.

Q: Where will people go to receive the vaccine?

A: Hospitals, clinics, and pharmacies, we will have community PODS (point of distribution).

Chat Q&A

Q: Is there a list for essential employers to sign up for their employees to receive the vaccine?

A: Not yet, but there will be. Which industry are you in?

Q: Manufacturing is part of the critical infrastructure.

Q: Thank you in advance for your kind response. We are a home health agency. We have 50+ nurses, therapists and other clinicians who visit patients in their homes. We are trying to figure out where we request access to allow our frontline workers to get the vaccine. I understand some of the hospitals are already carrying out the vaccine their healthcare workers. Our employees are also frontline workers and trying to understand how we enroll in vaccine for the employees. Contact information for the dept / group in charge of carrying this out would be helpful please.

A: As you will see soon in the presentation, home health agencies are coming up next!

Q: when and how can frontline healthcare workers who are not affiliated with a hospital get the vaccine

A: In terms of when -- ambulatory care providers are mostly in Phase Ia, tier 2 and we are exploring whether the hospitals can help with that. Likely early January is when we will start that outreach.

Q: Kathleen [Clanon], I appreciate the complexity and your hard work. XXX has 800+ SNF level patients and frontline providers at risk, multiple deaths. Please clarify as soon as possible, when and how we can receive vaccines.

Jim, can you go download the rest of the presentation -- you can look at the detail on prioritization -- much of that is driven by Federal and State choices.

Q: If you are a contractor locums Er doc how do you get the vaccine? Is there a distribution center? It is hard to volunteer or take locums assignment with no info on when a vaccine can be given. i appreciate it will likely be next year but i cant find any info or timeline.

A: You are in the first tier -- we are asking the hospitals to open for unaffiliated providers as soon as they finish their employees. Is there a particular hospital you work with most often?

Q: Im not sure yet as locums based on assignment and need but closest hospitals to me are Alameda Hospital and personal insurance is Kaiser but was told they are holding for their employees and need to get authorization from county. I would like to get through Kaiser as that is where i have insurance

A: Makes sense. Can you email me so I can work on this tomorrow? We need all the ED docs we can get, right now!

Q: How will critical infrastructure workers in food and agriculture sector know whether they are included - or not - in to the prioritization efforts under phase 1-B vaccination? I work in food system inspections where we are conducting inspections to federal food safety regulations at many different food and agriculture sites across the country. We have seen prioritization language talking about farmworkers and wish to understand how support services that address food safety will be included, especially inspectors who are at risk of introducing COVID to many different high risk workplaces. I understand that CA state has prioritized food and agriculture sector essential workers for phase 1-B, but I'm concerned to not see this type of 'essential food worker' included in the language I've seen. Thank you.

A: This is the whole list from the State -- wondering if Govt operations and other community based, etc. Might cover you?

- Emergency Services
- Food and Agriculture
- Energy
- Water and Wastewater
- Transportation and Logistics
- Communication and Information Technology
- Education and Child Care
- Government Operations an other Community-Based Essential Functions
- Critical Manufacturing
- Financial Services
- Chemical and Hazardous Materials
- Defense Industrial Base
- Industrial, Commercial, Residential and Sheltering Facilities and Services

Q: Thank you, I appreciate the info! for Phase 1-B, it is not clear to us whether we might be included in Tier 1, Tier 2, or another Tier. Due to the high risk to contract COVID-19 and to the transmit it, we are concerned that we are missed as a type of sector worker. Additionally, would like to understand the 'eligibility proof' will be required for individual essential workers to show at a vaccination site in order to meet the eligibility criteria and receive vaccine. Thank you!

A: I believe the State has not yet filled in tiers for 1B -- still in discussion at their meetings.

Q: Ok, great to know. Do you know who I can talk to / how to best share this information in the state level meetings? Thank you!

A: We will post the link to give comment into the State process.

Q: Have the safety profile of the pegylated lipid nanoparticles been well studied? Are there any potential concerns with this? Thanks!

A: There are a number of publications on safety including in the top, scientific, peer reviewed journals. No safety signal has emerged from those studies.

Q: I work as an occupational therapist at a private clinic in Contra Costa County (I live in Alameda County). I work face to face with patients who majority do not wear a mask and we are unable to maintain social distancing. Would I fall under Phase 1, Tier 3 specialty clinic? How would I go about getting vaccinated at the appropriate time?

A: For OTs not associated with a hospital, center, or home health agency, we are engaging with OTAC to reach everyone.

A: You would -- but if getting vaccinated because of your job it will be in the County you work in, so Contra Costa.

Q: Can you break down what "essential workers" are in 1b?

A: The State has a detailed-ish list. K-12 Educators and Child Care workers are in strong consideration in their process for going to the top of that list. They will likely decide Wednesday.

Q: Where are Adult Protective Services and Child Protective Services embedded in these tiers? Are they in the last phase?

A: Faith, are they able to work remotely, or are they routinely making home/in person visits?

Q: some can work remotely and some must make face to face contacts to investigate imminent risk allegations

A: I think that if they have to make face to face contacts they are included in "emergency services" among the first 1b groups.

Q: we also have staff that work in the lobby to take applications from community members to receive IHSS benefits. It's behind a desk with masks on and we try to make that contact super quick. legally we can't avoid having to be open to see clients face to face that can't use the internet to submit applications for benefits

A: They will also be 1b -- essential government services

Q: Can the group address how individuals will demonstrate they fit in any of the prioritization categories once it is time for them to receive the vaccine? For example, it is a letter from their employer or something else?

A: We don't know yet. We are trying to get lists of employees from the employer and then we would invite people to a POD - then we can check to see if their name is on the list. Not sure that will work in every situation, though!

Lorraine Vera 06:27 PM

I don't want to sound unsympathetic but I have to say that people that have committed a crime should not come before essential workers! Why are people that are incarcerated a priority before some essential workers

Dr. Kathleen Clanon 06:31 PM

It's complicated -- in the end, it isn't about social value but about how the virus acts. When large numbers of people are living together in close quarters like a jail, you can easily get an outbreak of 60 people -- then we all get overwhelmed trying to keep up.

Q: Fair to say most people will get their vaccine, regardless of their tier, from their health care provider? And will they need to provide proof of their tier?

A: John, it depends on what their role is in the phases and tiers. For the early phase/tiers, we are reaching folks when it's their turn, making jumping the line less likely.

Q: I apologize to keep asking this. I just wanted to get clarity. How do we know we are part of the PACE database? Is there some way to know we are on the list to be contacted for vaccine distribution as a health care provider of services in the home? Thank you.

A: Can you send the inquiry to [COVAX@acgov.org](mailto:COVAX@acgov.org) and we can check tomorrow?

### Next Meetings

- Jan. 12 5-6:30pm
- Jan. 24 5-6:30pm

### Requests to group

- What information do we want to hear from the County?