

COVAX Community Advisory Group Meeting Notes – 1/12/21

Item	Notes
<p>Welcome & Re-Introductions</p>	<p>Advisory Group Attendees:</p> <ol style="list-style-type: none"> 1. Aaron Ortiz, La Familia Counseling Services 2. Bruce Gach, M.D., Pediatrician, District 1 3. Candice Elder, M.D. , East Oakland Collective 4. Candy Clark, M.D. Alameda County Office of Education 5. Carla Keener, First 5 Alameda County 6. David Kakishiba, East Bay Asian Youth Center 7. Donna Carey, M.D., True Vine Ministries, District 5 8. Faith Wells, M.D., On Lok 9. Gabriela Galicia, Street Level Health Outreach 10. Greg Hodge, KHEPERA Consulting/Brotherhood of Elders Network, Co-Chair 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 and South Hayward Parish 15. Kelly O’Lague Dulka, Hively 16. Kevin Dowling, Habitat for Humanity, District 2 17. Leslie Brown, Ethic Health Institute Program at Samuel Merritt University 18. Liz Ortega, AC Labor Council 19. Mary Lou Breslin, Disability Rights & Education & Defense Fund 20. Melvin Cowan, Building Opportunities for Self-Sufficiency & Oakland Frontline Healers 21. Natalie Ah Soon, Regional Pacific Islander Task Force 22. Nathalie Carvajal, Homies Empowerment 23. Nestor Castillo, Public Health Commission, Co-Chair 24. Pecolia Manigo, Bay Area PLAN 25. Ralph Silber, Community Health Clinics Network 26. Rebecca Rozen, Hospital Council of Northern CA 27. Rev. Dr. Arlene Nehring, Eden United Church of Christ 28. Rona Popal, Afghan Coalition 29. Ruth Jones, Alameda County Office of Education 30. Sheraden Nicholau, State Council on Developmental Disabilities 31. Taunu’u Ve’e, Regional Pacific Islander Taskforce 32. Teresa Loftus, District 4 33. Wendy Peterson, Senior Services Coalition 34. Winny Knowles, Retired Community Nurse, District 4 <p>Absent</p> <p>Kristi Miller, Tri-Valley Anti-Poverty Collaborative Regina Evans, Regina’s Door</p> <p>Health Care Services Agency Representatives</p>

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	<p>35. Aneeka Chaudhry, Alameda County Health Care Services Agency 36. Carol F. Burton, Jeweld Legacy Group 37. George Ayala, M.D. Public Health Department 38. Kathleen Clanon, M.D., 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. Nancy Halloran 42. Neetu Balram, Alameda County Public Health Department 43. Nicolas Moss, M.D., Alameda County Health Officer 44. Sandi Galvez, Alameda County Public Health Department 45. Summer Jackson, Project Manager with Jeweld Legacy Group 46. Tammy Lee, Alameda County Public Health Department 47. Tri Do, M.D. , Community Health Center Network</p> <p>Absent Collen Chawla, Health Care Services Agency</p>
<p>Revisit Purpose of the Group & Goals</p>	<p>This group is comprised of a very diverse set of community representatives, health experts and folks who are highly impacted. These meetings are open to the public.</p> <p>Review of Community Advisory Group Goals:</p> <ol style="list-style-type: none"> 1. Share evolving information and plans. 2. We want to provide input to on equitable vaccine distribution. 3. This is important for this work and as we move forward. How do we build trust? 4. Lastly, to coordinate messaging. How do we ensure that important information is getting out to folks who need it and manage misinformation in our society? <p>Comments:</p> <ul style="list-style-type: none"> - Public schools are part of a tremendous infrastructure network that reaches not only workers, but families in neighborhoods that are hardest hit by the virus. To the extent that the vaccines can be administered in school sites, it would go a lot to building creditability for the distribution of the vaccine. Will rebuild a sense of connectedness, trust and seeing schools as neighborhood centers and family resource centers. - Looking for a clear, transparent process for how the vaccinations will be distributed once that information is understood. As we get that information ensuring that, it gets to the various agencies and groups of folks within the communities in order to disseminate the information in an equitable fashion. - It is critical that we are very careful about what information we request and that our messages are consistent with what people experience when they show up for vaccination. For example, people get very nervous about requests for social security numbers, their specific address and whether or not they have insurance. We have consistently communicated that is problematic and a deterrence for people getting COVID testing with two different testing vendors and trying to get databases changed. We still have not seen changes. The messaging and print on the website are often behind what is

actually happening on the street with the testing. If we can again learn from the testing and build those lessons into the dissemination of the vaccines, it is going to help us have a better result. You cannot overestimate the importance of the trusted messengers and that we who are seen as trusted messengers have a direct line to get prompt and most up-to-date information and who do we go to, to get try to get something fixed quickly. We need a direct line to get corrections.

- 5000 East Bay physicians want to know that there is a plan; and that they are not forgotten; and that their patients are not forgotten. The more you can help us understand what the plan is over the next few weeks and the more we can help communicate that, the more confidence people will have that there is a plan and that they are not forgotten.
- Representing the education community, we have over 230,000 Alameda students who have been out of school for most of ten months or so. As we think about the vaccine, I am most interested in developing an aggressive plan of distribution. Our educational partners, school district offices, we stand here in solidarity with you ready to deploy the vaccine in any way we can. I worry that we are falling behind.
- I work for Medi-cal Waiver Agency and our beneficiaries are medically fragile and homebound. We have no idea on where to direct them or advise them on when and where they can receive their vaccination; and we do not know what to tell our beneficiaries/patients who are homebound on how they can access the vaccine. We are working with 400 HCB beneficiaries and we do not know how to advise them. If you have any information, I can bring it back to my agency.
 - o Response re IHSS providers - there are approximately 25,000 IHSS providers within Alameda County and we are trying to notice this group as a whole in multiple languages to ensure that appointments are lined up for them as vaccines are still limited. Partnering with the Social Services Agency to do this week. Appointments will be available over the next couple of weeks.
- I have not seen any information in the local newspaper or East Bay Times, etc. that actually talk about this Advisory Group and I would like to see more information out there so people feel that all the difficulties they are coming against that they have a group working for them. It takes times to get that information out.
- We have some very significant concerns from the disability community about prioritization of people with significant disabilities in the rollout process. We are also a part of the community vaccine advisory group for the State and we have raised our concerns with them. Our concerns have not been necessarily reacted to in a positive way. Since we raised our concerns in writing, we have collected our 270 signatures on our recommendations, which are that folks who are receiving Medi-Cal services and are significantly disabled, are at very high risk for COVID infection and death and need to prioritize earlier than they are. I am hoping we can have continued conversation and talk about it more seriously so this population is being covered.
- Speaking to the Latino Community impacted with close to 50% of the positive rates in Alameda County—need a deliberate approach to that population. If we have some of the leaders of these Latino Communities take the vaccine and push that out as part of social media, and really explain what the tiers are. We have spoken to numerous families about the tiers and

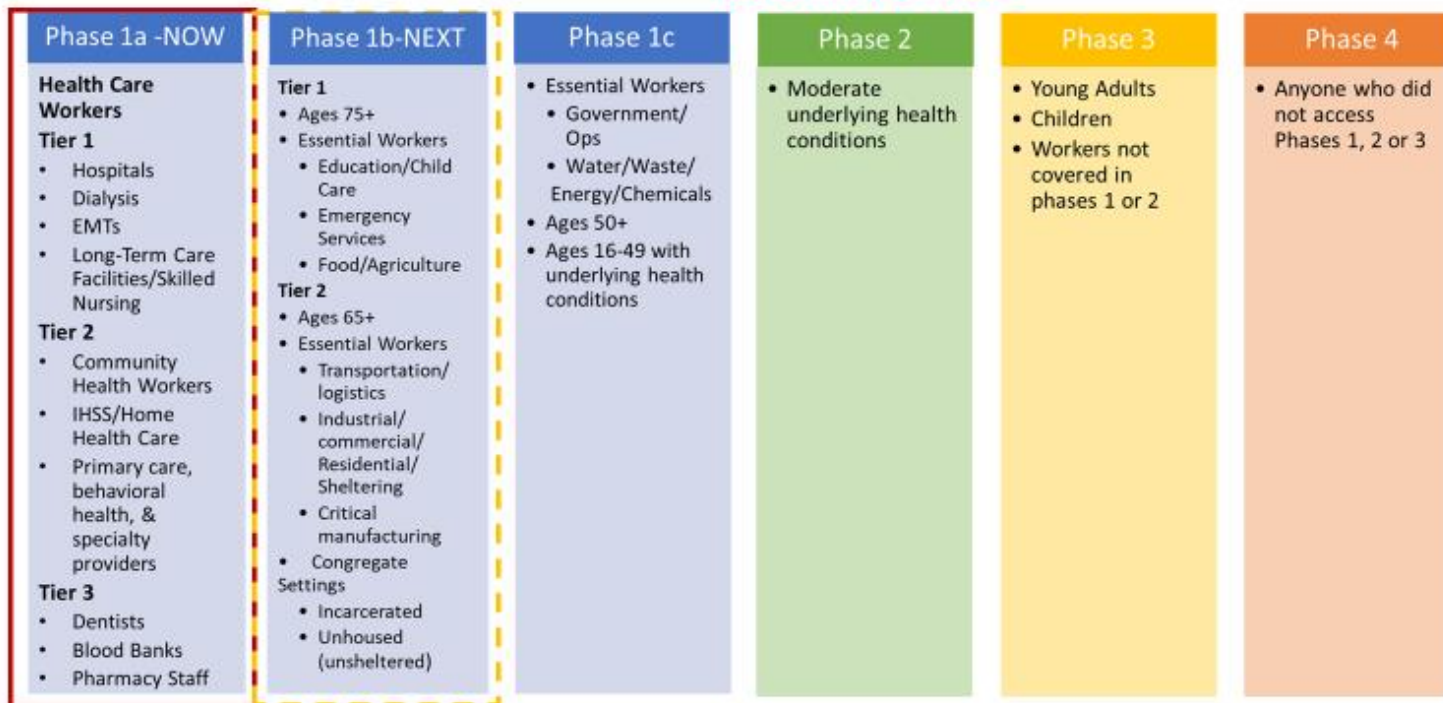
they are confused. I am also concerned about the 75 and over population within the Latino Community who are totally disenfranchised whether they are on Medi-Cal or not.

County Vaccine Presentation + Discussion

[County Presentation in English](#)

[En Español](#)

Vaccine Prioritization Framework *updated 1/12/21*



Alameda County Health Care Services Agency



Alameda County Public Health Department
Celebrating Healthy People in Healthy Communities

What is level of detail we want from the County and from these meetings?

- It would be helpful for the County to have some sort of an aggregate list of the partners and the communications and messaging. That would be very helpful for us Advisory Committee members as well as other community partners to identify who is missing. Part of the issue is that we do not know where the current communication and messaging patterns are currently. It is hard to identify gaps if we do not have full complete understanding of where those communications are currently.
- Good start would be through the education of the COVID-19 teams that are out there, as they are already funded to do this work. That we make that a deliverable of what they do.

	<ul style="list-style-type: none"> • To make sure we attempt to keep the African American community in mind when we are thinking about vaccination because we know that is the group that is dying and has a high mortality and morbidity. I want to make sure that is not lost when we start to think about the tiers and who is going to be vaccinated. For the African American community, make sure we utilize our faith-based organizations, churches, and our trusted organizations within the community and bring the coalitions that are already present in the community. We can utilize churches as vaccination sites or at disseminate information. <p>Q: How will Medi-Cal Waiver recipients who are homebound have access to the vaccine? A: It would be helpful for us to know where those individuals are and if you have a sense of who they are. We have also been thinking about working with our community partners to have them help sign up people who may not be able to do it on their own. If we can get a sense of where there are people who are homebound, we can work with our teams to visit. Vaccine visitor teams are something we would want to explore. We are hoping to get some Home Health Agencies ready to vaccinate as well. Some may not have the logistical capacity to delivery vaccine due to lack of refrigeration.</p> <p>Q: Let us say I am 75 years old, where do I get vaccinated? Can I walk in some place and get vaccinated? A: With our County administered pods if you are age 75 and a healthcare worker, you have been notified. Kaiser and some of the bigger healthcare systems that are getting their own vaccines may already be at that point. We encourage people to reach out to their doctors to see if the vaccine is available there. Once we reach Phase 1B, there will be a lot more options for older adults to be vaccinated.</p> <p>Q: The conversation going on the press about the use of sports stadium for mass vaccination; is that real? Do people think that will be effective? A: In Alameda County, we have the Coliseum and the Alameda County Fairgrounds, two very large sites that we have used for flu clinics as well as food distribution during the pandemic. Logistically, it is a big lift. It’s an issue that we do all the communication work around it to make sure that people come to those sites. It is likely to be multi-part strategy of big and small Points of Distribution (PODs) where people can go to the clinics they trust or their own doctors.</p> <p>Q: Is there a projected timeframe from which you go from 1A to 1B, 1B to 2? A: We are thinking we should be able to start 1B in February should we have enough vaccine.</p>
<p>Communications & Messaging Presentation & Discussion</p>	<p>Potential Partnerships As a government agency, we are not always the best messenger of the message. We want to recognize all the different partnerships through the community organizations, also the various tables that are represented by the attendees. These are examples of some of the existing groups and tables that we will be connecting with to disseminate information and messaging.</p> <p>Questions we need your help with</p> <ul style="list-style-type: none"> - Where do your communities get information about Covid-19? Where do you go for general health information? - Whom do you trust to provide accurate information (for both yourself and your communities?) What kind of resources help you share health information?

	<ul style="list-style-type: none"> - How can we partner with you to do this work? <p>Specific ask we have is the idea of a video – as a trusted partner, members of your team, if you would be interested in submitting a short video about why you would be vaccinated? Whether you have been vaccinated? Why are you interested in the vaccine? If that is of interest to you, we can follow-up with more specific instructions. We think this might be a good avenue for sharing information and providing encouragement for getting the vaccine.</p>
<p>Public Comment Q&A</p> <p>Close Out and Next Meeting</p>	<p>What do you, as a trusted messenger and liaison to your community need in order to share information with your constituency, clients, community that you serving?</p> <p>Q: Some of you do not feel that you have sufficient information to keep patients informed. What else do you need so you can share information with your community?</p> <ul style="list-style-type: none"> - I think what settles people down is when they have a sense of what the plan is and what the timeline is. Helping people envision how it is going to work and when it is going to happen. If we don't know the answer, letting them know when we are going to know and being able to project out more than a week or two. - We need the information in Spanish to distribute to the Latino population. I think we need to go "old school" and to have some banners that read, "vaccines – to get information at the Covid-19 sites that are doing testing right now." - It is important to create multiple media opportunities for connecting. Internet and website is not helpful for a certain population. We have had tremendous success getting information to people by providing telephone numbers. We need to be able to align our messaging with our deliverables. We need to be coordinated and clear, repeating the same things. - Establish some type of rapid response work group, where a few of us are able to reach out to you when things come up, such as the question around the Oakland A's vaccination site. I have been bombarded with questions about it today when it was leaked to the media and I had no answers. - Utilize Alameda County Office of Education and schools to disseminate information to the communities. Have some sort of notification system or flow that says this is information that we need to share with the community so we understand that, that is what the directive is and we can support doing that. The family engagement specialists are critical in delivering those messages. They often have close relationships with the most challenged families and they are going to be critical in getting that information out. - Use Robocalls. Those automated calls that are as annoying as hell but get to your number. - The County developed an "out of office" to covax@acgov.org with a lot of great content. Maybe we can work together on creating a similar thing that can be shared with the community advisory group. It has many great links & information. <p>Q: I really like the Website; the three areas where people can get registered. I would like to let our recipients know what is happening with the information, that there is going to be a follow-up.</p> <p>A: Right now, those who fill out provider forms are directly looped back to our communication around appointments. The employee portal and the resident portal are new. We had over 1000 people sign up for the resident page in 24 hours. At the bottom of the Forum there is a place to ask if people are interested in getting more information. We have actively been trying to reply. Many questions are about how long should you expect to wait to hear back, and what the next steps are.</p>
	<p>Next meeting is January 26, 2021 at 5:30</p>