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00:02:40.620 --> 00:02:52.020

Murlean Tucker: Welcome to hesitancy equity and transparency rolling out the code 19 vaccine, my name is Murlean Tucker and i'm here with my colleague Jeff Bornstein.

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00:02:52.380 --> 00:03:05.670

Murlean Tucker: together will be running this Dialogue4Health Web Forum, thank you to our partners for today's event the Public Health Institute an Impaq International an affiliate of the American institutes for research.

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00:04:02.610 --> 00:04:12.810

Murlean Tucker: Now i'd like to hand over the MIC to today's moderator Dr Mary Pittman the President and CEO of the Public Health Institute welcome Mary.

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00:04:13.560 --> 00:04:24.480

Mary Pittman: Thank you very much Murlean and welcome everyone to today's event which was made possible by the collaboration between the Public Health Institute and impact.

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00:04:25.020 --> 00:04:37.050

Mary Pittman: Which is an affiliate of the American Institute for research we're excited to have everyone join us for today's discussion on a topic that I know is top of mind of many people.

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00:04:37.740 --> 00:04:48.390

Mary Pittman: Today PHI and IMPAQ are presenting the third web forum in our series equity and coca bridging the gap between public health and policy.

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00:04:48.960 --> 00:05:02.490

Mary Pittman: The series is a continuation of work that pH and impact have been doing to try to connect the research, the policy and the practice to be able to address factors that are exacerbating kovats inequities.

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00:05:03.060 --> 00:05:11.910

Mary Pittman: So throughout today's forum series at throughout today's Forum and the series, we aim to share actionable interventions.

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00:05:12.240 --> 00:05:28.320

Mary Pittman: To highlight partnerships across sectors, including private nonprofit and public and academic institutions on the screen you'll see examples of past events which can be found on the impact and dialogue for health websites.

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00:05:30.330 --> 00:05:46.350

Mary Pittman: Before we begin our discussion, we have a quick poll that we'd like to take on today's topic to get a better understanding of our audience, the question, do you currently work within a community that has faced challenges and building confidence in the coven vaccine.

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00:05:47.760 --> 00:05:49.680

Mary Pittman: So if you could please use.

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00:05:50.850 --> 00:05:53.370

Mary Pittman: This your response to this poll.

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00:05:54.630 --> 00:05:56.820

Mary Pittman: And it will help us.

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00:05:57.870 --> 00:06:01.710

Mary Pittman: to gauge a bit on where you all are.

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00:06:07.740 --> 00:06:10.800

Mary Pittman: Similarly NAFTA, we have a response.

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00:06:13.650 --> 00:06:21.420

Murlean Tucker: Okay we're going to cold call pole in about 15 seconds just make sure that you hit the submit button, so that your answer gets counted.

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00:06:23.730 --> 00:06:27.780

Mary Pittman: And you just reinforced for people how they place their vote merlin.

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00:06:28.530 --> 00:06:34.140

Murlean Tucker: yeah you should see the pole right on the screen just answer the question it's yes or no, and then hit submit.

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00:06:35.490 --> 00:06:35.760

Murlean Tucker: All right.

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00:06:36.420 --> 00:06:45.180

Murlean Tucker: we're going to go ahead and end real quickly you got about five seconds 321 and let's see the results.

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00:06:49.350 --> 00:06:58.650

Mary Pittman: Okay, so only 10% of our audience is not currently facing challenges in building confidence in the code 19 vaccine.

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00:06:59.100 --> 00:07:10.770

Mary Pittman: So hopefully we'll be able to address the 90% for whom, that is an issue, and perhaps the 10% who are not seeing this as a challenge might be able to share some of their thoughts in the.

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00:07:11.400 --> 00:07:22.800

Mary Pittman: Q amp a period that we do at the end, so thank you for taking the poll next we're going to review the learning objectives for today's session I could have the next slide please.

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00:07:24.810 --> 00:07:37.890

Mary Pittman: So the goals for today's discussion on coven 19 vaccine hesitancy equity and transparency are to understand the strategies for building trust and confidence in communities for the.

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00:07:38.310 --> 00:07:49.410

Mary Pittman: code 19 vaccine second to identify barriers that impact equitable Kobe 19 vaccine access and actionable approaches to overcoming those barriers.

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00:07:50.130 --> 00:08:02.370

Mary Pittman: it's to understand the link between data collection and equitable resource allocation and then forth to learn how to better prepare for future pandemics or public health emergencies.

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00:08:05.580 --> 00:08:13.440

Mary Pittman: So building trust and trustworthiness, is a significant part of achieving equitable distribution of covert 19 vaccines.

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00:08:13.890 --> 00:08:22.410

Mary Pittman: While policymakers and health providers pharmacies and community based organizations are working hard to try to build trust.

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00:08:22.800 --> 00:08:32.310

Mary Pittman: The World Health Organization has defined vaccine hesitancy as a delay in acceptance or refusal of vaccines, despite availability.

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00:08:32.940 --> 00:08:41.250

Mary Pittman: it's important for community leaders healthcare providers policymakers and others to recognize the barriers to vaccine acceptance.

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00:08:42.090 --> 00:08:55.380

Mary Pittman: covert 19 vaccine heaven hesitancy can be the result of many factors and, in fact, some people don't even like to use the term vaccine hesitancy and we'll talk more about that, through our discussion today.

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00:08:56.610 --> 00:09:04.140

Mary Pittman: But some of the factors that make acceptance and confidence in vaccines include a system of.

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00:09:04.650 --> 00:09:11.400

Mary Pittman: A history of systemic racism and mistreatment by the healthcare system or governmental entities.

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Mary Pittman: mistrust of the current political system and feeling like the vaccine is being required by the government, especially when it comes to conversations about a vaccine passport.

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00:09:23.910 --> 00:09:33.150

Mary Pittman: misinformation about the side effects of the vaccine and vaccine quality, given the quick timeframe in which the vaccine was developed and approved.

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00:09:34.230 --> 00:09:34.680

Mary Pittman: and

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00:09:35.760 --> 00:09:51.420

Mary Pittman: To address these barriers to vaccination acceptance community leaders and healthcare providers are encouraged to invite dialogue by addressing questions and concerns people have about the vaccine at being transparent.

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00:09:51.840 --> 00:09:56.700

Mary Pittman: And that the information about the vaccine is still a moving target we.

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00:09:57.600 --> 00:10:06.840

Mary Pittman: Have health care decisions that are personal and a two way dialogue between an individual and their family, an individual in their health care provider.

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00:10:07.440 --> 00:10:12.150

Mary Pittman: can help people feel more confident more open to getting vaccinated.

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00:10:12.930 --> 00:10:21.030

Mary Pittman: Another way to build trust and trustworthiness isn't the coven 19 vaccine is to engage trusted messengers in the Community.

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00:10:21.360 --> 00:10:39.180

Mary Pittman: Who can deliver the evidence based information about the vaccine and who can encourage and engage in those very personal conversations of people are having this approach can help reduce misinformation and promote a culturally responsive vaccine strategy.

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00:10:43.560 --> 00:11:00.780

Mary Pittman: In addition to building vaccine confidence, the covert that's vaccination strategy has focused greatly on equity the strategies on this slide show that some of the key factors in ensuring equitable rollout and acceptable.

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00:11:02.040 --> 00:11:19.050

Mary Pittman: and acceptance are applicable at the federal the state and local levels, and not just government, but that also includes other organizations at those levels, who can help serve as messengers

and trusted sources of information.

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00:11:19.800 --> 00:11:27.630

Mary Pittman: First, clear and transparent messaging is critical to building trust and increasing the number of people who are willing to take the vaccine.

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00:11:28.620 --> 00:11:36.150

Mary Pittman: Next to ensure availability, that seems should be made available in locations that are easily accept accessible.

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00:11:36.570 --> 00:11:52.830

Mary Pittman: and acceptable, such as local pharmacies Community health centers and we know that 90% of Americans live live within five miles of a pharmacy so making vaccines available at these locations will greatly increase availability.

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00:11:54.210 --> 00:12:03.600

Mary Pittman: However, there still will be gaps, there still will be places where people don't live within easy access and we'll be talking more about that.

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00:12:04.380 --> 00:12:15.060

Mary Pittman: Regarding vaccines supply policymakers should prioritize supplies that could cause bottlenecks and to ensure the sufficient supply a vaccine.

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00:12:15.420 --> 00:12:22.890

Mary Pittman: We really need to have very clear supply chains and the flexibility to get the supply where it needs to be.

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00:12:23.430 --> 00:12:29.580

Mary Pittman: These actions should be coupled with making sure there are enough trained vaccinators to distribute doses of the vaccine.

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00:12:30.510 --> 00:12:48.510

Mary Pittman: Finally, data should be gathered and used by local organizations and policymakers, to identify where the vaccine is needed, the most target the resources to vulnerable populations and make sure that it's communicated clearly that the vaccine is available.

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00:12:53.250 --> 00:13:11.340

Mary Pittman: The CDC has collected data on covert 19 vaccination rates by race and ethnicity, as of this Monday, they reported that race, ethnicity data was known for just over 55% of the people who had received at least one dose of the vaccine.

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00:13:12.540 --> 00:13:25.410

Mary Pittman: data gaps, make it harder to have a complete picture of who is being vaccinated and how vaccination rates can vary over different population groups, for example, data may not be updated frequently.

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00:13:25.800 --> 00:13:35.190

Mary Pittman: And may not include information on all racial and ethnic and another specific groups, including those with disabilities.

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Mary Pittman: and frequently the data does not specifically detail out some groups that may not be identified through the race and ethnicity data, but are important populations that we're reaching.

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Mary Pittman: The data that are available, show that disparities exist in the current rollout of the vaccine and more work needs to be done to reach minority populations.

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00:14:03.570 --> 00:14:12.570

Mary Pittman: Making vaccination data publicly available should be another priority going forward, it will allow the public health officials.

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00:14:13.410 --> 00:14:22.050

Mary Pittman: To have a better insight into whether this disparities are widening or narrowing and how these patterns may vary across states and localities.

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00:14:22.440 --> 00:14:34.080

Mary Pittman: It will also help Community based organizations Community advocates and other community leaders know where they need to be placing their emphasis as well next slide.

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Mary Pittman: In California, where the Public Health Institute is based we've implemented a vaccine equity metric or which is based on the success of the blueprint health equity metric.

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00:14:50.310 --> 00:15:09.210

Mary Pittman: This metric was developed in early March to address disparities in vaccine coverage and it was developed, based on the healthy places index, which was designed and developed by the southern California public health lines they.

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00:15:10.800 --> 00:15:11.370

Mary Pittman: That.

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00:15:12.690 --> 00:15:15.810

Mary Pittman: blueprint and the API data.

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00:15:17.340 --> 00:15:19.530

Mary Pittman: shows by quarter file.

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00:15:21.000 --> 00:15:33.540

Mary Pittman: The different levels of vaccine coverage the bar chart on the left, shows the distribution of vaccine doses by HP I core tile in mid January.

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00:15:34.050 --> 00:15:55.590

Mary Pittman: there's a stark difference in in that chart between people living in the most disadvantaged communities in the state indicated by the dark green and those who are receiving more than double the rate for of the vaccine for those who are living in communities of higher wealth.

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00:15:56.790 --> 00:16:03.600

Mary Pittman: And those in the communities with the least healthy conditions indicated by the dark blue.

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00:16:04.950 --> 00:16:15.660

Mary Pittman: With the introduction of the vaccine equity metric the state began allocating 40% of its vaccine doses to communities in the lowest API core time.

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00:16:16.110 --> 00:16:27.000

Mary Pittman: Providing more than 2 million additional vaccines by late March you'll see on the graph on the right that, with the introduction of the.

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00:16:27.990 --> 00:16:40.380

Mary Pittman: vaccine equity metric the gap in vaccination rates between the lowest and highest HP I portal communities had narrowed significantly and continue to do so through April.

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00:16:41.160 --> 00:16:56.850

Mary Pittman: However, in recent weeks, if you look at the far right at the graph, you will see that the gap is starting to widen again, however disparities and vaccination rates remain lower than they were in the beginning of.

93

00:16:58.200 --> 00:17:15.600

Mary Pittman: The graph you see that this is something that we need to be cautious about and double our efforts to make sure that we are reaching those that are the having the highest impact and are in the lowest for tiles next slide please.

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00:17:22.110 --> 00:17:30.690

Mary Pittman: i'd now like to introduce our panelists for today and and to set the stage for today's discussion, let me introduce.

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00:17:31.740 --> 00:17:38.910

Mary Pittman: Our speakers i'm very pleased that we have this august panel.

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00:17:40.110 --> 00:17:52.350

Mary Pittman: For today's discussion we've convened experts and policymakers in the field, from the White House from North Carolina California and Minnesota to share perspectives on how to achieve equitable.

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00:17:52.770 --> 00:18:07.020

Mary Pittman: relationship equitable distribution of covert 19 vaccines and how we can build stronger and lasting relationships between communities and public health in preparation for the next public health emergency.

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00:18:09.570 --> 00:18:10.260

Mary Pittman: Next slide.

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00:18:12.150 --> 00:18:22.080

Mary Pittman: i'm very pleased that Dr Bashar shoe care is currently responsible for overseeing the national vaccination efforts under the Biden Harris administration.

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00:18:22.590 --> 00:18:35.550

Mary Pittman: He has been named White House coded 19 vaccinations coordinator and focuses on coordinating the timely safe and equitable delivery of covert 19 vaccinations for the US population.

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00:18:36.180 --> 00:18:52.950

Mary Pittman: He works in close partnership with relevant federal departments and agencies, as well as state and local authorities, he is joining us today from a pre recorded video message to share updates on the national vaccine rollout.

102

00:19:04.260 --> 00:19:17.160

Mary Pittman: hi my name is bashara shoe care and I serve as the White House vaccinations coordinator Thank you so much for inviting me to share with you some of the progress on how we've been doing when it comes to the national vaccination effort.

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00:19:18.480 --> 00:19:28.470

Our national vaccination strategies really has two key components one we wanted to make sure that we're vaccinating as many people as we can, as fast as we can.

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00:19:28.830 --> 00:19:34.560

And to we wanted to make sure that we're doing it, and the most equitable fashion possible.

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00:19:35.370 --> 00:19:45.240

So when you look at our overall vaccination strategies, it really boils down to three key components one we wanted more supply of the vaccine.

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00:19:45.810 --> 00:19:56.040

To we wanted to have more vaccinators and three we wanted to have more places where people can get vaccinated so let's take each one of those

apart.

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00:19:56.730 --> 00:20:09.270

On the vaccine supply front, we continue to make more and more vaccine available across the country back in January, we were making available 8.6 million doses of vaccine per week.

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00:20:09.900 --> 00:20:23.100

Now we're averaging about 28 million doses of vaccines that are being made available across the country and across all of our channels every week that's more than three times more vaccine supply.

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00:20:23.790 --> 00:20:36.690

and actually when you look at the last five weeks we've made available almost hundred and 50 million doses of vaccine for states tribes territories federal reser retail pharmacy and the Community health Center Program.

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00:20:37.740 --> 00:20:40.650

So supply continues to improve across the country.

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00:20:41.940 --> 00:20:46.770

The second part of the strategy was about vaccinators and early on we've made.

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00:20:47.820 --> 00:20:57.570

we've made changes to our prep back to allow more professionals to play the role of vaccinators across the country that includes pharmacists and podiatrist and.

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00:20:57.930 --> 00:21:16.680

dentist and dental hygienists medical students and others we've also made federal personnel available across the country to support vaccination efforts, either as vaccinators or supporting the logistical efforts of running Community vaccination centers including.

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00:21:17.970 --> 00:21:23.490

The National Guard thousands of national guard's across the country are supporting vaccination effort.

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00:21:24.150 --> 00:21:29.550

The third part of the strategy was about ensuring that we have more places for people to get vaccinated.

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00:21:30.000 --> 00:21:39.480

And that started with making available \$4.7 billion to states tribes and territories to support Community vaccination centers.

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00:21:40.290 --> 00:22:00.450

fema has also, in partnership with states stood up 39 Community vaccination centers across the country we've also activated a federal retail pharmacy program where we've partnered with pharmacy chains and we've made the vaccines available in more than 36,000 retail pharmacy clinics.

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00:22:01.710 --> 00:22:08.400

And we've also opened the channel of vaccinations through Community health centers we've also activated mobile clinics.

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00:22:08.640 --> 00:22:17.580

And that's in addition to the doses of vaccine that we're going to state stripes and territories that were made available to other health systems and others across the country.

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00:22:19.680 --> 00:22:31.320

And what we're seeing is great progress so far more than 56% of adults in this country have gotten at least one shot 40% of adults are fully vaccinated.

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00:22:32.490 --> 00:22:47.700

And when you look at seniors 65 plus 82% of seniors have gotten at least one shot and 70% of seniors are now fully vaccinated and when you look at deaths and hospitalization for.

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00:22:49.590 --> 00:22:52.650

De Madrid majority over 80% of deaths from covert.

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00:22:53.970 --> 00:23:13.170

hit the 65 plus community, and now that all those folks are getting vaccinated what we're seeing is 80% reduction in deaths and 70% reduction in hospitalization for 65 plus in this country really great progress and i'm really proud of the progress we've made.

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00:23:14.670 --> 00:23:24.960

The second part that I wanted to touch on today is really our focus on equity from day one equity was at the Center of our strategy.

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Everything we do we do it with an equity lens and that was important because a lot of people were asking how would you be able to get the speed of vaccination with equity, the reality is, we have to get both.

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00:23:41.130 --> 00:23:50.130

So let me start and giving you some examples of how we've invested in making sure that equity continues to be at the Center of our vaccination effort.

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00:23:51.270 --> 00:24:02.370

very early on, we focused on making sure that vaccine is available through Community health centers across the country there's about 1300 and 85 Community health centers.

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00:24:04.140 --> 00:24:14.550

And they serve about 30 million people, two thirds of whom are people of color and 60% of so are living at or below the federal poverty level.

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00:24:15.780 --> 00:24:23.550

Over the last few weeks we've on boarded hundreds and hundreds of these Community health centers as a matter of fact more than 700 of them.

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00:24:23.850 --> 00:24:38.490

With over 2000 sites and we've delivered more than 5 million doses of vaccines, through these channels and for the vaccines that's being administered through this channel more than 70% is going to people of color.

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00:24:40.050 --> 00:24:47.820

Also, when you think about our female run Community vaccination centers the 39 of those that we've stood up across the country.

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00:24:48.180 --> 00:25:05.700

Every one of them is in Community that's been disproportionately

impacted by the pandemic in community with high social vulnerability index and about 60% of doses administered through these female on Community vaccination centers are going also to people of color.

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00:25:06.870 --> 00:25:11.970

When you look at the federal retail pharmacy program with 36,000 locations across the country.

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00:25:12.390 --> 00:25:26.730

More than 40% of these locations are also in communities with high social vulnerability index so access continues to be an important part of how we're addressing in equity in this country when it comes to the vaccines.

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00:25:28.050 --> 00:25:37.380

And we've also made available resources to support communities across the country in addressing equity when it comes to vaccine confidence.

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00:25:37.920 --> 00:25:47.220

we've made more than \$7 billion available to Community health centers across the country to improve access to the vaccine improve treatment for coven.

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00:25:48.150 --> 00:25:57.510

As well as capabilities to support their patients we've made \$4 billion as a result of the American rescue plan available to the Indian country.

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00:25:58.440 --> 00:26:17.610

we've also made resources available to support Community based organizations \$3 billion through the CDC to support these Community based organizations to build vaccine programs, including access to the vaccine, as well as building the confidence in the vaccine.

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00:26:18.660 --> 00:26:24.420

And a lots of other work around equity, including making sure that more and more and more states.

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00:26:24.660 --> 00:26:41.010

are reporting on race and ethnicity data, so we can have a better look into what's happening when it comes to closing an equities when it comes to vaccinations lots of work on equity it's going to continue to

be at the epicenter of our strategy.

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00:26:42.240 --> 00:26:52.050

And finally, I want to just spend a couple of minutes just talk about vaccine confidence, and particularly in healthcare workers who have chosen not yet to get vaccinated.

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00:26:53.340 --> 00:27:02.100

We know from surveys through Kaiser family foundation that there's still people in the healthcare field who decided to wait and not get vaccinated.

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And we know that percentage varies between the place where you work, whether you're working on a long term care facility or in a doctor's office those percentages are different.

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00:27:12.960 --> 00:27:20.160

We also know that the reason why, most of these folks are not getting vaccinated yet as they still in the wait and see category.

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00:27:20.520 --> 00:27:25.410

they're concerned about side effects long term effect, and they want to talk to other people.

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00:27:25.980 --> 00:27:36.660

that's why it's really important that we continue to engage our healthcare workforce in conversations, preferably one on one with their peers, the peers that they trust.

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00:27:37.230 --> 00:27:43.890

To make sure that their questions, get answered, so that they can get comfortable getting vaccinated.

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00:27:44.550 --> 00:27:56.580

we've seen when it comes to vaccine confidence across all parts of the country that vaccine confidence is going up and it's going up mostly because people are seeing other people getting vaccinated.

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00:27:56.880 --> 00:28:08.340

People are talking to other people getting vaccinated and that's

important also for healthcare workers so let's make sure that we continue to allow our healthcare community to have that conversation.

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00:28:08.580 --> 00:28:14.850

One on one with people they trust, so we can get more and more people in the healthcare field getting vaccinated.

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00:28:15.300 --> 00:28:18.540

But also keep in mind that the overwhelming majority of people.

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00:28:18.780 --> 00:28:32.940

In the healthcare space have gotten vaccinated or in the process of getting vaccinated or want to get vaccinated so we'd want to make sure that we're celebrating that and we're giving people who still have questions the opportunity to have their questions answered.

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00:28:33.780 --> 00:28:37.140

Now, also when it comes to vaccine confidence we've launched.

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00:28:37.560 --> 00:28:45.720

The Community core effort, a few weeks ago and that's a network now of thousands and thousands of individuals and organizations.

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00:28:45.990 --> 00:28:54.390

That are standing up to support building vaccine confidence in their communities within their networks with their friends and family and neighbors.

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00:28:54.720 --> 00:29:06.030

And that's an important part, because we know from research that people trust people they know so for these Community core Members what we're doing is we're arming them with.

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00:29:06.360 --> 00:29:13.020

With material from the CDC with facts about the vaccine facts about the safety of the vaccine.

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00:29:13.470 --> 00:29:28.110

Frequently Asked Questions we're arming them with sample tweets and sample posts on their social media, so that they have all the information they need to be able to disseminate this information to

their networks and to people.

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00:29:28.650 --> 00:29:33.150

They know and they work with and that's an important part of this effort.

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00:29:34.050 --> 00:29:44.970

So overall I am tremendously proud of the progress that we've made as a country, I am an all at how this country came together, where we are today when it comes to vaccinations and.

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00:29:45.300 --> 00:29:52.530

We still have a long way to go, so I want to take this moment to thank everybody for all the work that's the day that you've done.

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00:29:52.920 --> 00:30:05.970

and making sure that we're not letting our guard down we're continuing to work equally as hard to get the rest of the country vaccinated so we can finally put this pandemic behind us Thank you so much for having me here.

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00:30:10.620 --> 00:30:17.790

Mary Pittman: Well, now that we have heard about the national vaccination strategy from Dr should care.

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00:30:18.210 --> 00:30:30.630

Mary Pittman: Let me introduce the speakers who will share their experiences at the state and local levels, many of whom have worked very closely with Dr shoot care in the vaccination strategy that he that he outlined.

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00:30:31.860 --> 00:30:45.090

Mary Pittman: As a note we had one additional speaker today who cannot make it and that's North Carolina representative and pastor James galley ARD who is in an emergency legislative session.

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00:30:45.570 --> 00:30:59.490

Mary Pittman: We will we will share his perspectives in the Q amp a document that will be shared in the next few weeks so you'll have an opportunity to hear his presentation that he would have shared with us today, but unfortunately he can't be here live.

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00:31:00.780 --> 00:31:11.040

Mary Pittman: i'd next like to introduce Dr Jeffrey we're known so Jeffrey is the Executive Director of the Latino coalition for a healthy California llc he.

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00:31:11.550 --> 00:31:18.120

Mary Pittman: The state's leading policy organization advocating for health equity of the latinx community.

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00:31:18.720 --> 00:31:32.790

Mary Pittman: He is responsible for strategic leadership and external relations fundraising and financial management organizational development of the staff and board and delivering on policy advocacy and programmatic initiatives.

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00:31:33.870 --> 00:31:47.070

Mary Pittman: Prior to this role, Dr and also worked at Kaiser permanente as a doctoral fellow designing innovative programs to address food insecurity in the southern California region we're pleased to have Jeffrey join us today.

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00:31:50.010 --> 00:32:03.930

Mary Pittman: Our next slide on our next speaker is Senator Mary Cornish Mary was first elected to the Minnesota House of Representatives in 2016 serving for two terms before coming to the Senate in.

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00:32:05.610 --> 00:32:19.080

Mary Pittman: She currently represents senate district 41 which covers the communities of St anthony's village new Brighton hilltop Columbia heights friendly and a bit of spring lake park.

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00:32:19.710 --> 00:32:31.980

Mary Pittman: Senator Cornish was born in St Paul and raised in our town Minnesota her mother is an enrolled member of the Standing rock sioux tribe and her father is a former St cloud city attorney.

174

00:32:32.880 --> 00:32:47.730

Mary Pittman: And later assistant stern's county attorney Senator Cornish currently serves on the redistricting committee eat 12 committee and it and is the democratic farmer Labour Party.

175

00:32:48.240 --> 00:32:55.410

Mary Pittman: She leads in the mining and Forestry Committee as well we're very pleased to have Senator condition with us as well.

176

00:32:57.120 --> 00:33:18.480

Mary Pittman: So, now that we've heard about the federal vaccination plan let's discuss how our speakers who are here with us today have been dealing with the issue of vaccine concerns and hesitancy if we use that term and how they have been rolling out vaccines in their states.

177

00:33:19.980 --> 00:33:29.880

Mary Pittman: Jeffrey how the communities that you serve been affected by the pandemic and how is the vaccine rollout been going amongst these communities.

178

00:33:31.260 --> 00:33:36.810

Jeffrey Reynoso: Great good morning good afternoon everyone thanks Mary for the invitation pH high impact.

179

00:33:37.680 --> 00:33:47.310

Jeffrey Reynoso: So a couple of things here and I bring to this perspective, not only my role at lcc but also member of our state's vaccine Community advisory committee.

180

00:33:48.120 --> 00:33:53.280

Jeffrey Reynoso: For the Latino Community I think it's really important to think about the context pre the pandemic.

181

00:33:54.210 --> 00:34:02.970

Jeffrey Reynoso: Pre the pandemic Latinos, particularly in California over 50% were uninsured primarily due to immigration status.

182

00:34:03.510 --> 00:34:11.100

Jeffrey Reynoso: 37% of the state's workforce or line next of those 55% are central workers.

183

00:34:11.400 --> 00:34:26.880

Jeffrey Reynoso: And Latinos are more likely to live in multi generational crowded housing so really the conditions were set up prior to the pandemic for a virus like over the 19 to really take

advantage of how we patterned our society.

184

00:34:27.390 --> 00:34:40.950

Jeffrey Reynoso: In in in this inequitable manner, in addition to that, we have to think about where we were in in March, April of 2020 we were starting a really politicize.

185

00:34:41.370 --> 00:34:54.810

Jeffrey Reynoso: season at a national level for immigrant community, in particular, we were under attack, for four years under the prior that our own ministrations particularly around the public charge policies, so this policy.

186

00:34:56.010 --> 00:35:04.050

Jeffrey Reynoso: Try to expand the public charged tasks to expand the amount of federal benefits that would restrict.

187

00:35:05.100 --> 00:35:14.760

Jeffrey Reynoso: Immigrants to proceed in their in their Green Card holder status, and so what this created was a chilling effect in immigrant communities.

188

00:35:15.000 --> 00:35:25.410

Jeffrey Reynoso: A lot of mistrust of not wanting healthcare systems, but government generally and so that's kind of what was underlying undergirding the pandemic when they started.

189

00:35:26.160 --> 00:35:41.160

Jeffrey Reynoso: For Latinos no surprise when we look at the figures and how the coven 19 impacted our Community so in California Latinos represent about 39 or 40% of 40 million residents of those.

190

00:35:41.760 --> 00:35:52.830

Jeffrey Reynoso: That we have data for for coven 19 cases we represent 55% of cases and in terms of deaths, this number varies depending on the data set.

191

00:35:53.310 --> 00:36:00.720

Jeffrey Reynoso: But nearly 50% of all deaths so that's three times that have the lowest impacted group when we look at vaccines.

192

00:36:01.230 --> 00:36:13.830

Jeffrey Reynoso: The vaccine rollout again has been a challenge it's been kind of a bumpy road and we'll share a little bit about some of the innovations and policy decisions, the state has made to narrow the gap currently today.

193

00:36:14.490 --> 00:36:29.850

Jeffrey Reynoso: 25% of those that have received a coma 19 vaccine our land next far below our share of 39 40% of the population, and one of the reasons for that is, we are a younger population on average.

194

00:36:30.390 --> 00:36:40.800

Jeffrey Reynoso: Some of the early decisions that were made, which made sense from a health system perspective, so we know that those that were hospitalized and ultimately on.

195

00:36:41.490 --> 00:36:47.640

Jeffrey Reynoso: Had the most of your cases of Kobe 19 we're in that senior age bracket but within the state of California.

196

00:36:48.270 --> 00:36:54.570

Jeffrey Reynoso: Among seniors Latino is only representative around 8% of the population, so by making the decision to.

197

00:36:55.470 --> 00:37:08.850

Jeffrey Reynoso: Have the vaccine eligible by age it really created an equity in the system, so we really push the state to really think about essential workers as a priority, as we were in the phase one be.

198

00:37:09.720 --> 00:37:20.760

Jeffrey Reynoso: In our allocation and rollout Thankfully the state to come through and there were three categories of central workers that were prioritized and say California, these were food and.

199

00:37:21.060 --> 00:37:32.790

Jeffrey Reynoso: workers with a priority towards Farmworkers those in the education sector and emergency services, we would have liked to see a stronger emphasis on on essential workers and workforce.

200

00:37:33.930 --> 00:37:43.800

Jeffrey Reynoso: And that's kind of you know how things rolled out so a lot of a lot of challenges, a lot of also opportunities, you

mentioned Mary earlier that the seed.

201

00:37:44.370 --> 00:37:51.750

Jeffrey Reynoso: decided to move forward with the allocation framework of what we call the health equity metric and what this did.

202

00:37:52.620 --> 00:37:59.340

Jeffrey Reynoso: By providing analysis and allocation of those 400 highest impact zip codes.

203

00:37:59.640 --> 00:38:07.530

Jeffrey Reynoso: Around social economic determinants of health and allocating maxine's where the data is nearly double the allotment to those zip codes.

204

00:38:07.830 --> 00:38:18.510

Jeffrey Reynoso: Where we see a large percentage of low income communities of color so in California, these are the central valley counties which are inland areas of the state.

205

00:38:19.320 --> 00:38:35.490

Jeffrey Reynoso: The inland empire in southern California and some rural underserved zip codes within la county, and so we saw a reduction in an equity, but you know, we see that figure 25% so far of of those backseat are Latino we still have a long ways to go.

206

00:38:36.960 --> 00:38:52.830

Mary Pittman: Thank you Jeffrey Mary i'm going to ask you to describe the Community that you serve and share some of the background on how the Minnesota legislature worked with local and tribal government government to develop their covert vaccine distribution strategy.

207

00:38:54.120 --> 00:39:04.980

Mary Kunesh: Sure, and thank you for inviting me to be here this afternoon and and to our listeners for checking into hear about this, so I represent.

208

00:39:06.180 --> 00:39:21.540

Mary Kunesh: Communities that surround the minneapolis St Paul area sort of a first ring suburbs in it's very diverse, I would say, probably approximately 55% of the folks that I represent are.

209

00:39:22.680 --> 00:39:37.140

Mary Kunesh: Either new Americans or unique cultural communities, we have the largest Tibetan community here in Minnesota and sometimes when we have these sort of issues it's.

210

00:39:38.550 --> 00:39:53.550

Mary Kunesh: it's it's interesting to find ways to communicate and connect with those those communities, so we in Minnesota really took sort of a regional healthcare look utilizing what we called hubs.

211

00:39:54.510 --> 00:40:05.730

Mary Kunesh: And within those those regional health care coalition, we found providers and allocated vaccines to those hubs so think of a wheel, with a hub, in the middle.

212

00:40:06.120 --> 00:40:18.180

Mary Kunesh: And utilized our public health facilities, we created allocations to our federal organizations such as the veterans affairs bureau of prisons.

213

00:40:18.750 --> 00:40:31.830

Mary Kunesh: Department of Defense and also worked specifically with our Indian Health services to allocate vaccines to our tribal nations around the state, and we have 11.

214

00:40:33.300 --> 00:40:46.770

Mary Kunesh: reservations here in Minnesota and if you know anything about the history of our our attention to the health care of our native folks here in the United States it's always been abysmal.

215

00:40:47.130 --> 00:41:01.080

Mary Kunesh: My grandfather was born in standing rock and he and my mother were enrolled members, and so I understand very well the vaccine reluctance or the relax reluctance to.

216

00:41:02.220 --> 00:41:15.300

Mary Kunesh: To participate in some of these rollouts that we've had given the historic trauma to lead a communities that were often used and as as guinea pigs in different medical.

217

00:41:16.140 --> 00:41:30.600

Mary Kunesh: practices and and feelings around that, and so we had you know a lot of discussion with our our our tribal folks around the vaccine and their reluctance, I have to say, probably one of the the.

218

00:41:31.530 --> 00:41:37.590

Mary Kunesh: biggest impetus to get back scenes was to preserve the elders.

219

00:41:38.430 --> 00:41:59.070

Mary Kunesh: We we lost so much of our language so much about our culture, through the genocide through the foster care system and the boarding school system that we just you know, there was a lot of lack of trust in anything governmental and so one of the things that we had to do was to.

220

00:42:00.810 --> 00:42:07.260

Mary Kunesh: Encourage and let the the the communities know that.

221

00:42:08.070 --> 00:42:19.710

Mary Kunesh: This was something that they could trust, and I think what really motivated and communities, was to preserve their elders so that we had those few language speakers and cultural.

222

00:42:20.190 --> 00:42:42.240

Mary Kunesh: Practices left for for my generation and the next generation, and so we were very intentional about getting vaccines to those communities and use it utilizing services that that were already trustworthy to those communities, we.

223

00:42:43.380 --> 00:43:01.080

Mary Kunesh: We did a lot of work around communication so as a senator in the Minnesota senate four years in the House i'm one of the founding members of a Caucus we call ourselves the policy Caucus people of color indigenous so PLC I.

224

00:43:01.590 --> 00:43:15.180

Mary Kunesh: And we have been a force to reckon with in the last four years, especially as a more folks of color have joined our legislature in insisting and demanding.

225

00:43:16.170 --> 00:43:25.470

Mary Kunesh: practices that haven't happened in the past, and

especially around communication, so we we stop Assad oh.

226

00:43:26.340 --> 00:43:36.090

Mary Kunesh: Faith leaders and churches, we saw our community leaders our legislators themselves created videos and.

227

00:43:36.930 --> 00:43:50.910

Mary Kunesh: Included in their their correspondence the necessity for this, we have large Mon population my large Somali population on top of our Latino X and our black and our native American folks.

228

00:43:51.330 --> 00:44:04.260

Mary Kunesh: And so we really were intentional about building the trust for this vaccine because initially, there was a lot of distrust within our new Americans and.

229

00:44:05.370 --> 00:44:16.260

Mary Kunesh: Did it in I think in a just a really, really well thought out way we also our state government of Minnesota also supports a radio.

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00:44:16.980 --> 00:44:24.720

Mary Kunesh: network called emperors and that reaches out into rural Minnesota quite a bit the small radio stations.

231

00:44:25.620 --> 00:44:38.970

Mary Kunesh: resume reservation stations, we have a radio program called native roots and so we were very again intentional about utilizing those resources to.

232

00:44:39.540 --> 00:44:47.160

Mary Kunesh: To get the message out to the Community members, and so we were able to broadcast in all these different languages.

233

00:44:47.760 --> 00:45:02.430

Mary Kunesh: From folks that that were trustworthy and I think that helped build up some of the the participation, I know it did help quite a bit and so very, very intentional about how we we rolled it all out.

234

00:45:03.030 --> 00:45:12.420

Mary Pittman: Thank you so much Marion you really touched on a number of issues that we had questions from our audience in advance of today's session we.

235

00:45:12.720 --> 00:45:21.210

Mary Pittman: got some web questions so i'm going to kind of weave those in and Jeffrey if you could build off of the communications and trusting that Mary so.

236

00:45:21.570 --> 00:45:36.630

Mary Pittman: eloquently described from both the legislative in a Community perspective and talk about some of the messaging that lc he has been utilizing in the Latino community and California.

237

00:45:36.660 --> 00:45:50.040

Mary Pittman: What are some of that and how have you built that into your messaging and are there other factors that you know trusted media that you found successful thanks.

238

00:45:50.700 --> 00:46:02.370

Jeffrey Reynoso: yeah so in the early days of the pandemic we leverage our social media platform which we call our air game across the state to start sharing some rapper response.

239

00:46:05.040 --> 00:46:16.050

Jeffrey Reynoso: Basically, information around Kobe 19 around prevention and we were also pulling in our audience and what we were hearing was a lot of the initial information.

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00:46:16.380 --> 00:46:25.410

Jeffrey Reynoso: That our communities were wanting to know more about were around the economic stimulus packages at a federal level at the state level in sacramento.

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00:46:26.460 --> 00:46:32.790

Jeffrey Reynoso: housing assistance food assistance, and so one of the things that we try to intentionally do with.

242

00:46:33.090 --> 00:46:41.460

Jeffrey Reynoso: With our with our communications is an understanding that individuals don't live single issue lives and you really have to be inner sectional.

243

00:46:41.700 --> 00:46:51.660

Jeffrey Reynoso: With the types of information that you're sharing so they may come to us with information around how to access and economic stimulus or questions around.

244

00:46:52.350 --> 00:47:01.650

Jeffrey Reynoso: who's eligible depending on immigration status for these different programs, and then we build in you know that vaccine information or that could be 19 prevention.

245

00:47:02.220 --> 00:47:11.220

Jeffrey Reynoso: Information, so the way that we what we've learned from our communications work through what we call Facebook live or.

246

00:47:11.820 --> 00:47:22.470

Jeffrey Reynoso: Facebook live Kobe 19 lactic acid or conversations is, we take a three pronged approach so it's the right messages through the right messengers through the right message channels.

247

00:47:22.890 --> 00:47:31.740

Jeffrey Reynoso: The right messages so similar to marry Latinos and are very family oriented and the messages that.

248

00:47:32.220 --> 00:47:38.820

Jeffrey Reynoso: resonate more are those around you know, taking care of yourself getting the vaccine to get back to your you know.

249

00:47:39.120 --> 00:47:49.530

Jeffrey Reynoso: To go back and and be around your family and go back to that kindness hour, they can sing into the baby shower right all of these messages rank and we see this.

250

00:47:49.890 --> 00:48:00.870

Jeffrey Reynoso: In pulling data from Kaiser family foundation Latinos or Hispanic Americans were the most likely to resonate with messages around family and culture.

251

00:48:01.140 --> 00:48:08.880

Jeffrey Reynoso: So those are the right messages now with them right messengers it, you know we we as a Latino Community word and we're not

a monolith.

252

00:48:09.360 --> 00:48:17.730

Jeffrey Reynoso: We have elders that certain types of messages resonate more with elders with kind of my age bracket the millennial age bracket.

253

00:48:17.970 --> 00:48:28.020

Jeffrey Reynoso: Different types of messages resonate, and so we have to be intentional about breaking down the intersection alleys within our communities also looking at different identities.

254

00:48:28.530 --> 00:48:43.320

Jeffrey Reynoso: immigration status is an identity that we try to be cognizant of LGBT Q status, all of these intersecting identities also matter and who is the messenger, and so what we did was we partnered with.

255

00:48:44.340 --> 00:48:55.170

Jeffrey Reynoso: Youth for the millennial age bracket and we also partnered with promo Code as for kind of that older age bracket but i'm with others are coming health workers and what they do is.

256

00:48:55.500 --> 00:49:01.920

Jeffrey Reynoso: They deliver the message they're already a trusted messenger because they're reflective of the communities that we're trying to reach.

257

00:49:02.280 --> 00:49:07.710

Jeffrey Reynoso: And then, finally, the the right communications channels so for for.

258

00:49:08.220 --> 00:49:12.270

Jeffrey Reynoso: For older like you know adults and seniors they're more likely to.

259

00:49:12.510 --> 00:49:30.360

Jeffrey Reynoso: Be on Facebook or whatsapp for younger millennial or working age adults, we find that instagram is a more effective strategy, and so we create different ad communications campaigns across those social media channels, we also did some work internally around.

260

00:49:31.020 --> 00:49:42.120

Jeffrey Reynoso: Ensuring that we also partner with radio stations with a say, like California, you know where we hold one audience through our Facebook and instagram platforms.

261

00:49:42.840 --> 00:49:48.780

Jeffrey Reynoso: But radio stations and partnering with radio stations to get the word out, we see a marginal increase.

262

00:49:49.200 --> 00:50:00.960

Jeffrey Reynoso: Actually, a significant increase in the viewership for a particular Facebook life like that, after we put a radio spot, and so you know it's a learning process we're iterating every week.

263

00:50:01.920 --> 00:50:13.530

Jeffrey Reynoso: But I think the the the take home the take home point here is that government can do it alone, they need to partner with Community based organizations trusted organizations that.

264

00:50:14.010 --> 00:50:30.060

Jeffrey Reynoso: Have those relationships on the ground and are able to communicate, you know the science information and all of these very confusing guidelines around eligibility and access points to the Community group trust and messengers.

265

00:50:30.990 --> 00:50:38.850

Mary Pittman: Jeffrey one thing you didn't explicitly touch on, but I know it was woven into some of the strategies is.

266

00:50:39.180 --> 00:50:49.680

Mary Pittman: Literacy issues, could you just mentioned a couple of specific examples, and I know we could talk about communications and trust all day, but then I want to move to a couple other topics.

267

00:50:49.950 --> 00:50:57.150

Jeffrey Reynoso: yeah I noticed that in the in the chat box, that the health literacy or just literacy issue generally.

268

00:50:57.900 --> 00:51:14.130

Jeffrey Reynoso: It continues to be a challenge, particularly when you

think about immigrant communities and Latinos, by the way, Spanish, is one language, it is a dominant language when we look at specific subgroups within the lenox community, we do have particularly around our farm worker populations.

269

00:51:15.240 --> 00:51:21.870

Jeffrey Reynoso: Several indigenous languages that are predominant in California, and so we were actually worked with with the state.

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00:51:23.040 --> 00:51:30.810

Jeffrey Reynoso: Through the office of emergency services that lisa's California campaign to develop messaging through audio files.

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00:51:31.080 --> 00:51:39.300

Jeffrey Reynoso: So being able to share these through whatsapp through text messages in indigenous languages has been proven proven very effective.

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00:51:39.900 --> 00:51:54.000

Jeffrey Reynoso: In the work that we do with them with others, in particular, and having them be the conduit and the cultural brokers, to the Community, we use what is called a popular education model, so this is a model where.

273

00:51:54.540 --> 00:52:10.320

Jeffrey Reynoso: The promo does meet the Community where they're at understand their literacy levels and are able to share information and oftentimes it's not you know, a a CDC or a State health department, a.

274

00:52:11.100 --> 00:52:21.750

Jeffrey Reynoso: Short message, but it's really a long conversation almost like sitting in the living room with with with a good friend or family member and it's a two way conversation and that's why.

275

00:52:22.020 --> 00:52:29.400

Jeffrey Reynoso: The Facebook live galactica conversations have been particularly effective, because it is a two way communication between the Community.

276

00:52:29.610 --> 00:52:44.160

Jeffrey Reynoso: And in the virtual space and the promo does themselves Now I will flag, that we still have a challenge of the

digital divide, so we are reaching those that have access to broadband, or a cell phone and are able to tune in.

277

00:52:44.670 --> 00:52:58.260

Jeffrey Reynoso: But we have some additional challenges and that's why it's so critical to support those communities partners can be health centers that can be on the ground in communities and and provide that face to face interaction.

278

00:52:59.100 --> 00:52:59.640

Mary Pittman: Thank you.

279

00:53:03.270 --> 00:53:10.590

Mary Pittman: Mary I want you to be thinking, if you have one last comment on communications will wrap that up at the end, but I want to give both of you.

280

00:53:11.100 --> 00:53:25.080

Mary Pittman: Just a high level what policy measures do you think it's, the most important that have been prioritized at the State level to help ensure a cool vaccine distribution Mary, let me start with you.

281

00:53:25.740 --> 00:53:42.840

Mary Kunesh: Sure, I would say that communication from the get go was very, very important and we worked hard to ensure that so much of the information was translated verbally and audio.

282

00:53:44.070 --> 00:53:56.610

Mary Kunesh: audio to all of our our different language speakers, both on the government, the state website and the information that was going out.

283

00:53:57.180 --> 00:54:06.060

Mary Kunesh: And so, you know that was something that our our State had not done, to the extent that it has since the virus started.

284

00:54:06.330 --> 00:54:16.770

Mary Kunesh: So the website has so much information translated thing of pdfs and information about how to get your vaccine and where to go and.

285

00:54:17.430 --> 00:54:31.710

Mary Kunesh: Who to contact with questions, and I feel like that was that was really explicit, as well as you know, graphics and quick blurbs that we could tweet and and just as.

286

00:54:32.490 --> 00:54:42.660

Mary Kunesh: Jeffrey mentioned, you know, the use of social media was extremely a private high priority, and I feel like it worked out, really, really well.

287

00:54:43.410 --> 00:54:55.770

Mary Pittman: Jeffrey anything to add from your perspective in California, that was a high priority, I think, besides the API you know health equity metric which I think was really important.

288

00:54:56.550 --> 00:55:08.820

Jeffrey Reynoso: yeah i'll i'll i'll mention that I think the state of California, I think, building off of the investments in the government and cvo infrastructure from the census from.

289

00:55:09.150 --> 00:55:18.090

Jeffrey Reynoso: Public charge providers, they provided a multimillion dollar investment in nearly 200 CEOs we were fortunate to be one of those CEOs.

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00:55:18.990 --> 00:55:29.130

Jeffrey Reynoso: and investing in those partnerships and creating those linkages between local health departments health systems Community health centers.

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00:55:29.970 --> 00:55:38.880

Jeffrey Reynoso: So basically connecting the vaccinators and the vaccine sites with those CEOs so that we could share, you know through informal channels.

292

00:55:39.780 --> 00:55:49.350

Jeffrey Reynoso: Through the you know the ways that we know how to reach our communities and it varies by communities for for some of us, it may be.

293

00:55:50.010 --> 00:55:59.370

Jeffrey Reynoso: It may be a tweet or a Facebook post for for others it may be a whatsapp group and for others it may be a hotline.

294

00:56:00.030 --> 00:56:08.130

Jeffrey Reynoso: or a robo call number, and so the ability to partner between government and CBS is not only important was not only important for.

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00:56:08.820 --> 00:56:21.420

Jeffrey Reynoso: The vaccine but thinking about future pandemics thinking about future natural disasters, I think it's really important to continue strengthening that network of CV own government because it's not going to be.

296

00:56:21.900 --> 00:56:27.270

Jeffrey Reynoso: The last you know public health emergency that we're going to encounter as a nation and here as a state.

297

00:56:27.780 --> 00:56:35.010

Mary Pittman: I have to add a shout out to the philanthropy he's in California that have come together and created a pooled fund.

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00:56:35.550 --> 00:56:45.750

Mary Pittman: Public Health Institute has been supporting that effort, which is providing those more flexible resources to the Community based organizations.

299

00:56:46.140 --> 00:56:57.060

Mary Pittman: we've only got a short time left, I want to have like really quick responses, first we have to talk about data is so critical in this pandemic and if you could just highlight Mary.

300

00:56:58.080 --> 00:57:12.570

Mary Pittman: You know, one of the challenges of consolidating data from different sources in your state and talking a little bit about how the health systems and localities have been working together to get that data right.

301

00:57:13.800 --> 00:57:22.110

Mary Kunesh: Sure, I we were again working very intentionally on collecting that data and making sure that.

302

00:57:22.560 --> 00:57:34.710

Mary Kunesh: We were interpreting the data accurately, so we knew where cases were coming from and where we need to concentrate vaccines and so, once again, I would say that our.

303

00:57:35.280 --> 00:57:43.380

Mary Kunesh: Minnesota and our public health department did a very good job of updating the website that we have daily.

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00:57:44.070 --> 00:58:01.470

Mary Kunesh: As legislators, we were we had initially daily conferences with our public health, Commissioner, and the governor a very communicative that we could share with others, and I, you know, I have to say that you know if you look back into our.

305

00:58:02.880 --> 00:58:19.020

Mary Kunesh: The the progress of this through Colvin that data was kept a very my new information and that level so that we all knew exactly what was happening within our state where we needed to shut down, you know tighter.

306

00:58:19.050 --> 00:58:20.190

Mary Pittman: for local data.

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00:58:20.310 --> 00:58:20.790

Mary Pittman: Right yeah.

308

00:58:21.090 --> 00:58:22.950

Mary Kunesh: yeah very much very local.

309

00:58:23.040 --> 00:58:36.600

Mary Pittman: yep Jeffrey I know that you an llc he were involved in a covert 19 farmworker study, could you just briefly share some of those findings and why that data was so important.

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00:58:37.380 --> 00:58:48.120

Jeffrey Reynoso: yeah absolutely so the farm work or study was a collaborative collaboration between academia uc Davis, and several cabos that.

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00:58:48.630 --> 00:58:55.890

Jeffrey Reynoso: We work with the farmer care coalition, one of our program managers is a member of in northern San Diego county.

312

00:58:56.340 --> 00:59:07.680

Jeffrey Reynoso: The latest can be seen as in central valley to California roll legal since foundation, and I think it showed a lot of findings that aren't surprising, I think, for those of us that.

313

00:59:08.130 --> 00:59:19.500

Jeffrey Reynoso: work directly with farmworker populations and and the Community some of the findings were around the social determinants so, for example, around work.

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00:59:20.070 --> 00:59:31.590

Jeffrey Reynoso: There were even protections depending on the specific employer and even enforcement of employment laws and particularly around supporting farm workers with P, p.

315

00:59:32.520 --> 00:59:41.160

Jeffrey Reynoso: Issues of job and and wage loss on, particularly for women and latinias, in particular, and when we see the data for farm workers and other.

316

00:59:41.580 --> 00:59:55.380

Jeffrey Reynoso: Essential workers woman where and latinias were hit the hardest and what we found from the study is, many of them had kids that we're now going to virtual school and had to take a step back to support.

317

00:59:56.070 --> 01:00:13.860

Jeffrey Reynoso: Their children in school households were seeing kind of one of the findings that I think we have to think about from health system and and public health perspective there's a lot of heightened stress and anxiety, on top of the existing stress and anxiety postcode.

318

01:00:15.180 --> 01:00:27.930

Jeffrey Reynoso: You know, mental health issues are going to be with us for some time, and we have to start preparing for you know I think my what might be a tsunami of mental health and.

319

01:00:28.470 --> 01:00:33.420

Jeffrey Reynoso: depression, anxiety among Latino and other communities and then finally around health.

320

01:00:34.020 --> 01:00:44.130

Jeffrey Reynoso: You know, there was a lot of uncertainty around where to get testing and where the access care when the things i'll share more on the information front with Latino communities.

321

01:00:44.460 --> 01:00:51.600

Jeffrey Reynoso: On the on the vaccine and we've heard this time and time again, not only from the farm workers study but through our polling with.

322

01:00:51.900 --> 01:01:05.340

Jeffrey Reynoso: Committee members is when you go to a vaccine site and you ask for an identification and when you ask during insurance card, even though we know you the vaccine is available, regardless of.

323

01:01:06.540 --> 01:01:12.390

Jeffrey Reynoso: Whether you're insured, whether you have health coverage and whether you are documented or not, it does.

324

01:01:13.770 --> 01:01:27.600

Jeffrey Reynoso: provide a barrier for for communion so what we've been doing in our messaging is kind of walking through the Community what to expect when they go to a vaccine site and the different types of identification that they can show to just kind of match their name to.

325

01:01:28.800 --> 01:01:43.110

Jeffrey Reynoso: To their appointment and also that they don't need show vaccine card and those who are uninsured are so entitled to vaccine so overcoming those information barriers continues to be a challenge.

326

01:01:43.770 --> 01:01:55.230

Mary Pittman: Thank you so much, I know we could go on for hours, unfortunately, the time allotted to this webinar is ending all too soon we haven't gotten to all of our topics, if I could have.

327

01:01:55.620 --> 01:02:05.130

Mary Pittman: slide 17 we had talked about what were some of the key messages that we hope people took away, and I think that we've touched on each of these.

328

01:02:05.580 --> 01:02:23.970

Mary Pittman: key messages I think we might have to do another forum with each of you and I know there were some questions in the in the chat around the faith community, and I think Reverend galley are would be well placed to be able to answer that so.

329

01:02:24.990 --> 01:02:38.460

Mary Pittman: For those of you who are on today's call and we didn't get to your questions we do send them out afterwards, and I believe that we may try to do reprise to today's session so.

330

01:02:39.450 --> 01:02:48.510

Mary Pittman: These are the key takeaways the importance of engaging local partnerships, including medical and policy communities obviously campaigns.

331

01:02:49.080 --> 01:02:57.720

Mary Pittman: communication campaigns collecting data, making sure that data is hyper local and visible, so that people can utilize it.

332

01:02:58.110 --> 01:03:10.950

Mary Pittman: And having the legislature's work with Community stakeholders so that the long term policy measures that can improve health equity and prepare for future public health emergencies is top of mine and top of action.

333

01:03:11.400 --> 01:03:24.570

Mary Pittman: I could have the last slide we did put together a few resources for people who are on this call, we wanted to share this with you and you'll be able to download this later.

334

01:03:25.590 --> 01:03:42.720

Mary Pittman: So I want to thank everyone who was on the call, and particularly the panelists and Dr shoot care, and I wish you all a good day and hope that you'll join us in future webinars Thank you all so much.