

00:01:35.430 --> 00:01:45.900

Murlean Tucker: Welcome to hesitancy equity and transparency a conversation with pastor and lawmaker James D, Gailliard on the COVID 19 vaccine rollout.

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00:01:46.380 --> 00:02:03.720

Murlean Tucker: My name is Murlean Tucker and I'm here with my colleague Jeff bornstein together will be running this dialogue for health web forum, thank you to our partners for today's event the Public Health Institute and IMPAQ international an affiliate of the American Institutes for Research.

00:03:05.160 --> 00:03:14.670

Murlean Tucker: Now i'm just going to go ahead and turn it over to today's moderator Dr Mary pittman the President and CEO of the Public Health Institute welcome Mary.

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00:03:15.300 --> 00:03:26.370

Mary Pittman: Thank you so much Murlean and I want to thank everyone who has joined us for today's webinar but before we go into our discussion today i'd like to take a quick poll.

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00:03:27.090 --> 00:03:45.240

Mary Pittman: On today's topic to get a better understanding of our audience, so the question is, did you attend the previous web forum on hesitancy equity and transparency rolling out the Corbett 19 vaccine and we held that on may six.

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00:03:47.130 --> 00:03:51.210

Mary Pittman: So if you could just answer yes or no, if you attended the previous.

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00:03:55.980 --> 00:04:00.750

Mary Pittman: soon as we get that those responses will put them up on the screen.

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00:04:11.550 --> 00:04:20.070

Mary Pittman: Though it looks like about a quarter of folks were on the prior webinar we go to the next poll question.

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00:04:21.510 --> 00:04:39.780

Mary Pittman: This is particularly important because, since only quarter view or on the prior one we'd like to know what your goals

were for today's web form, and if you could please answer by checking your goals for today's web form.

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00:04:44.220 --> 00:04:49.290

Mary Pittman: and hopefully those will align with our learning objectives that we will go over next.

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00:04:56.280 --> 00:05:00.600

Mary Pittman: So hopefully we'll be able to pull up the response to that pole in a moment.

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00:05:09.150 --> 00:05:27.000

Mary Pittman: Okay, so it looks like strategies for building trust and trustworthiness within communities is by far the greatest interest for today, so I think we'll have no problem in responding to that with our our speaker so that.

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00:05:28.050 --> 00:05:36.120

Mary Pittman: before we jump into the session today I want to review our discussion in the first session since many of you are not there.

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00:05:37.170 --> 00:05:49.080

Mary Pittman: We were joined by the panelists Dr Bashar should care, the White House vaccination coordinator, Dr Jeffrey reynoso Executive Director of the Latino coalition for healthy California.

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00:05:49.530 --> 00:06:00.930

Mary Pittman: And Senator Mary finish of Minnesota our panelists shared their perspectives from working at the federal state and local levels and what they've learned in their respective approaches.

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00:06:01.800 --> 00:06:05.790

Mary Pittman: Next slide shows the key lessons that we learned from that web form.

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00:06:06.630 --> 00:06:17.010

Mary Pittman: An important one is providing the right message through the right channels can help build vaccine confidence and acknowledging that the past trauma experienced by communities.

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00:06:17.760 --> 00:06:30.960

Mary Pittman: can increase trust and decrease vaccine hesitancy communication campaigns and approaches need to use plain language and recognize that health care, decisions are not a one size fit all.

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00:06:31.440 --> 00:06:44.100

Mary Pittman: and collecting synthesizing and visualizing data requires partnerships cross sector partnerships, so we can identify and direct resources appropriately to the vulnerable communities.

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00:06:44.730 --> 00:07:00.330

Mary Pittman: And finally, that legislature's must work with Community stakeholders to develop long term long term policy measures that improve health equity and prepare for future public health emergencies unfortunately today we'll be dealing with.

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00:07:01.590 --> 00:07:13.560

Mary Pittman: That last issue in in more detail for today's learning objectives, we will be learning more about how faith based organizations can build trust and confidence in communities.

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00:07:14.040 --> 00:07:22.680

Mary Pittman: identify barriers that impact equitable coven 19 vaccine access and actionable approaches to overcome them that have been tried.

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00:07:23.400 --> 00:07:35.670

Mary Pittman: learn how to identify and build relationships with trusted Community partners and identify and evaluate the effectiveness and establishing best practices and trustworthiness.

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00:07:36.090 --> 00:07:48.960

Mary Pittman: And that's something that I think is a long term strategy, so this is a start, of a conversation and then finally learn how to better prepare for future pandemics or public health emergencies.

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00:07:50.580 --> 00:07:51.480

Mary Pittman: So if I could.

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00:07:53.970 --> 00:08:09.510

Mary Pittman: Move, please, to the next slide so it's really my great honor today to introduce James and pastor and representative James

David gathered and he is.

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00:08:10.800 --> 00:08:18.810

Mary Pittman: The senior pastor at the world tabernacle Church, which is a mega church serving thousands of families in North Carolina and Virginia.

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00:08:19.380 --> 00:08:25.830

Mary Pittman: He is also the founder of the REACH Center which helps to equip individuals to secure gainful employment.

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00:08:26.340 --> 00:08:35.700

Mary Pittman: prevent homelessness and break the cycle of violence through education skills development and connections to Community resources.

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00:08:36.210 --> 00:08:51.180

Mary Pittman: Mr Gallagher, was reelected in 2020 as representative for the House district 25 representing Nash county and rocky mount in the north Carolina General Assembly and he's the first African American to hold that seat.

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00:08:52.230 --> 00:08:54.450

Mary Pittman: So with that I want to welcome.

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00:08:55.680 --> 00:09:04.470

Mary Pittman: pastor and representative Gallagher to our dialogue today so let's get started with our discussion and welcome.

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00:09:05.520 --> 00:09:18.660

Mary Pittman: As a pastor and Community leader and legislated or what concerns have you seen surrounding coven 19 vaccines and how they've impacted your work, both as a pastor and, as a representative.

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00:09:19.590 --> 00:09:32.310

James D. Gailliard: Sure, well, Dr pitman Thank you very much for having me, and thank you for your work at the Institute it's really significant, particularly in this time so jumping in you know I think the concerns for me, have been around.

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00:09:33.480 --> 00:09:40.860

James D. Gailliard: How we have to do a better job at our networks and our partnerships and our collaboration is when you have an issue like covert hit.

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00:09:41.670 --> 00:09:50.400

James D. Gailliard: And you're trying to get a grassroots movement formed where you're taking a federal asset getting it through the States and then getting it into local communities.

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00:09:50.910 --> 00:09:54.900

James D. Gailliard: Without having a really, really solid network already established.

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00:09:55.590 --> 00:10:04.410

James D. Gailliard: it's a really, really heavy lift, and so I think the frustration for me that i've seen, and we all know that cold, it has really exacerbated, I mean it's really proven.

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00:10:04.920 --> 00:10:12.870

James D. Gailliard: On what are real challenges are not in a different kind of way and so, both as a community leader and as a pastor and as a state legislator i'm seeing the need.

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00:10:13.650 --> 00:10:23.160

James D. Gailliard: Around more robust networks and more infrastructure, so to speak, particularly in our rural communities, I serve in a rural community.

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00:10:23.940 --> 00:10:36.000

James D. Gailliard: rocky mount is only about 55,000 people and and so making sure that we are able to penetrate those under resourced networks with all of the with everything those communities needs, I think, is.

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00:10:36.060 --> 00:10:38.670

James D. Gailliard: is really a service for me, is one of the big issues here.

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00:10:40.020 --> 00:10:41.070

Mary Pittman: Absolutely.

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00:10:42.330 --> 00:10:53.400

Mary Pittman: And I think you know with your multiple roles it's really quite interesting that you're able to see how those flow of funds go down, and I know.

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00:10:53.760 --> 00:11:12.150

Mary Pittman: In our experience, that at pH I we've served as somewhat of an intermediary role, particularly to help get funds out Community based organizations, because it's it's sometimes a slower pipeline and it's more challenging have you done this, a similar process in North Carolina.

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00:11:12.540 --> 00:11:17.790

James D. Gailliard: We have and and it's been painful in some regards and so you know, as you know what happens is.

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00:11:18.600 --> 00:11:29.220

James D. Gailliard: Money leaves the feds in his states and the states in his estate agency and their promise State Agency they're looking to interface with local community partners if they don't have those Community partners from day one.

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00:11:29.490 --> 00:11:37.230

James D. Gailliard: Then they have to figure out where all those partners, then they have to figure out do those partners have the infrastructure to be able to do what we need them to do, do they have.

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00:11:37.560 --> 00:11:43.170

James D. Gailliard: The staff, do they have the technical resources do they have the computer resources do.

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00:11:43.560 --> 00:11:51.060

James D. Gailliard: You know and i'll give you an example for program that we ran here, and you mentioned in the introduction, we have a separate nonprofit called the REACH Center.

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00:11:51.510 --> 00:11:57.780

James D. Gailliard: And so we were one of the intermediaries for 10s of millions of dollars for housing for the state of North Carolina.

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00:11:58.170 --> 00:12:07.920

James D. Gailliard: And we were just fortunate, because our cash flow

enabled us to really help, but every nonprofit didn't have that ability and so you know there were times, where we were waiting on.

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00:12:08.250 --> 00:12:13.290

James D. Gailliard: Four or \$500,000 in reimbursement, to come back to us in terms of what we had already spent.

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00:12:13.740 --> 00:12:26.850

James D. Gailliard: So every nonprofit can do that would argue most can do that, and so I think, and this is a huge frustration for me with koba we're so answers to get out of it and trust me, I am super i'm a pastor I want to hug people, I want to interact with people.

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00:12:27.450 --> 00:12:42.270

James D. Gailliard: But i'm more interested in learning from it and building the infrastructure building the networks building the collaboration, so that when the next issue hits we have in place what's needed to more successfully and more quickly navigate through it.

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00:12:43.080 --> 00:12:51.510

Mary Pittman: I can totally relate to that and I think what we're what we're experiencing and and we've had the same experience of having to put money up front, but.

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00:12:52.140 --> 00:12:58.590

Mary Pittman: I think what we're experiencing is an opportunity to reimagine what our public health systems, look like.

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00:12:59.250 --> 00:13:13.380

Mary Pittman: And it's government plus partnerships with nonprofits Community based organizations, a whole variety and and we know that it takes that full component and it sounds like you're experiencing the same.

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00:13:14.400 --> 00:13:19.770

Mary Pittman: Could you tell me a little bit you know in our in our last webinar we use the term.

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00:13:20.280 --> 00:13:29.940

Mary Pittman: vaccine hesitancy and at pH I we flipped it and instead of emphasizing hesitancy we've been talking about what's it take to

build confidence.

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00:13:30.570 --> 00:13:45.120

Mary Pittman: Can you talk about what vaccine hesitancy means in your community and what you've been trying to do to you know flip it in your own right and then what about the way it's portrayed in the media.

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00:13:45.390 --> 00:13:52.920

James D. Gailliard: Sure, those are great questions so one of my favorite things to talk about is how we oftentimes use the same words but different dictionaries.

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00:13:53.550 --> 00:14:04.140

James D. Gailliard: And, and so we use the term hesitancy but I don't think we're defining it the same way, because well, we see at the grassroots Community level is very different than what we talked about nationally so.

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00:14:04.410 --> 00:14:13.590

James D. Gailliard: Most times nationally, when I talk about hesitancy it's around the vaccine itself right it's it's whether or not I get vaccinated, but when you get to the grassroots level.

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00:14:14.010 --> 00:14:20.850

James D. Gailliard: that's only one of three elements of hesitancy, and this is where I think we've missed it in terms of getting more needles and arms.

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00:14:21.240 --> 00:14:28.590

James D. Gailliard: So the first level think about what has to happen before I actually get the needle in their arm, the first thing that's got to happen is as someone's picking up the phone calling me.

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00:14:29.130 --> 00:14:35.490

James D. Gailliard: know their business randomly calling people hey you know we're backstage in this age where we're backstage in this group the vaccine is offered here.

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00:14:35.970 --> 00:14:45.690

James D. Gailliard: nine times out of 10 the person making that phone call has no connection to the person answering the phone so they're

not using trusted partners in the Community they're not using.

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00:14:46.230 --> 00:14:51.780

James D. Gailliard: The deacons or the trustees at the church they're not using the staff of the boys and girls club they're using.

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00:14:52.290 --> 00:15:01.710

James D. Gailliard: You know, some fresh out of college intern who just graduated who knows nothing about the Community at all, so the personal other Internet phone phone call, especially if it's a senior citizen.

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00:15:01.980 --> 00:15:05.910

James D. Gailliard: they're like who is this person i'm talking to like I already don't I don't know you and I don't trust you.

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00:15:06.630 --> 00:15:16.080

James D. Gailliard: So that answers already know, because the first level of hesitancy is hit the second level of hesitancy people don't talk about is where is the vaccine being offered.

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00:15:16.740 --> 00:15:23.790

James D. Gailliard: So in every community, the health department does not have the same reputation, so if the if the states are relying upon.

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00:15:24.120 --> 00:15:32.640

James D. Gailliard: health, the health, the health clinics, or the health of the county county health departments to be the ones initially offering the vaccine which was the case here in eastern North Carolina.

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00:15:32.970 --> 00:15:39.210

James D. Gailliard: Well, here at Eastern North Carolina oftentimes the health department is kind of where you go if you have an STD.

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00:15:39.660 --> 00:15:44.610

James D. Gailliard: Or if you can't go anywhere else, and I don't really want to me, my friend sent me the health department.

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00:15:45.180 --> 00:15:53.220

James D. Gailliard: So then there's a hesitancy there and then you get to well, can I really trust the vaccine what is being said in the community about the vaccine.

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00:15:53.580 --> 00:15:59.640

James D. Gailliard: Where there's maxine come from, why did it get to market to quick then you're dealing with all those elements, so when you add those three pieces together.

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00:16:00.000 --> 00:16:10.110

James D. Gailliard: that's where you get the overall issue of hesitancy in the rural community, the African American Community, and I think even throughout the state and what we've seen in North Carolina is.

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00:16:10.740 --> 00:16:18.180

James D. Gailliard: When we get the phone call right in the beginning, when we start having trusted partners in the Community, making those phone calls.

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00:16:19.470 --> 00:16:36.510

James D. Gailliard: When we start using churches and Community centers and places that people frequent and have been so as the vaccination location, when we started doing those things than the number of people has an APP for the actual vaccination decreases yeah that.

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00:16:36.600 --> 00:16:44.850

Mary Pittman: that's great, and you know, have you done anything, in particular, to try to educate the media in your local area about those issues.

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00:16:45.780 --> 00:16:54.720

James D. Gailliard: I have you know, fortunately i'm i'm in the General Assembly, and so, as a result of that, I get the opportunity to kind of use a different tool based upon what's going on and so.

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00:16:54.930 --> 00:17:00.120

James D. Gailliard: You know I beat this message with our Department of Health and human services and and the governor staff and people.

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00:17:00.480 --> 00:17:04.680

James D. Gailliard: But it's a difficult message at first, I mean it's

very difficult for people to hear this, because.

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00:17:05.160 --> 00:17:17.130

James D. Gailliard: We have these images of ourselves that we don't exactly want people to speak opposite of and it's not to be disparaging against any group of people it's just about people understanding that sometimes what happens on the ground.

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00:17:17.430 --> 00:17:29.040

James D. Gailliard: Is a little bit different that would have kind of happens in people's heads for further removed, and so I think we've been successful, we have a ministerial alliance here and that's a channel, by which we can get some of our messaging out as well that way.

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00:17:30.330 --> 00:17:39.480

Mary Pittman: Can you talk you've touched on it, but can you talk a little bit more about what are the routine sources of information that your church members rely on.

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00:17:40.410 --> 00:17:58.770

Mary Pittman: For coven and the vaccine there's been a lot of emphasis on social media, and you know local health providers which sources do they tend to trust the most, and you know what can we do to reinforce that.

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00:17:59.220 --> 00:18:06.660

James D. Gailliard: yeah so we have what's called standard of care within our congregation and we try to encourage other congregations to use the same, and I know.

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00:18:06.960 --> 00:18:09.900

James D. Gailliard: This is a term i've seen them different public health environments as well.

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00:18:10.320 --> 00:18:19.260

James D. Gailliard: For us a standard of care, means that we have a 15 year old and we have an 85 year old, how do we find a way to get that 15 year old and the 85 year old information they need.

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00:18:19.740 --> 00:18:29.880

James D. Gailliard: So, for us, the trusted resources are everything

you've mentioned it's social media but it's postcards it's handwritten notes going home to people.

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00:18:30.270 --> 00:18:37.530

James D. Gailliard: You know, so our Members that are 65 and older they get a phone call every Monday from someone on our staff saying hey we're checking on you.

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00:18:37.830 --> 00:18:42.420

James D. Gailliard: Particularly when call it first hit someone need to get groceries for you do, you need anything.

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00:18:42.990 --> 00:18:58.260

James D. Gailliard: And then we're we're writing on a regular basis handwritten notes so we're not just relying on graphics on social media and Facebook and Twitter and instagram we're using all those outlets, but we also have gone old school my mom is 88 years old, she lives with me.

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00:18:58.710 --> 00:19:05.220

James D. Gailliard: You know she wants to newsletter she wants a letter and that's how she wants to get her information, so I think the important thing.

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00:19:05.880 --> 00:19:15.090

James D. Gailliard: here is that we look at every possible venue every possible outlet as a way to be able to interact with people, and I think historically we've not done that.

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00:19:15.300 --> 00:19:23.550

James D. Gailliard: And so we have found that we've got to use all of those elements in order to get to everybody, I do think one of the mistakes that was made in cold it.

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00:19:23.970 --> 00:19:35.490

James D. Gailliard: Is that we spent too much time on traditional television media communication and not enough time on social media everybody was stuck on their computer.

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00:19:35.880 --> 00:19:40.860

James D. Gailliard: Because the zoom because a webex because of whatever everybody was stuck on their computer.

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00:19:41.100 --> 00:19:51.570

James D. Gailliard: And we were not infiltrating saturating those airways, with the message we were still going to traditional outlets like TV and it has its place, but I think we could have been more aggressive.

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00:19:52.230 --> 00:20:06.060

James D. Gailliard: Taking advantage of the media outlets and I will say this in closing on this question, Mary is I think it's important to insert that information within a context of a trusted provider so as an example.

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00:20:06.900 --> 00:20:18.570

James D. Gailliard: The graphic with a message that comes out from from DHS or from whatever health entity, there is it's different on the CDS CDs website.

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00:20:19.050 --> 00:20:27.660

James D. Gailliard: versus on the boys and girls club website versus united way's eps website here is different when i'm saying it as a part of pastoral emphasis on Sunday morning.

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00:20:28.170 --> 00:20:36.870

James D. Gailliard: And so I think we've got to be able to really insert and embed that messaging into Community based partnerships to really get across the finish line.

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00:20:37.470 --> 00:20:41.100

Mary Pittman: that's great so you take the evidence based message that the.

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00:20:41.430 --> 00:20:53.790

Mary Pittman: Research and the experts at CDC and your local at your state health department have crafted and then you just put it in a different context, perhaps a different graphic different media just keep reinforcing it.

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00:20:54.300 --> 00:21:04.200

Mary Pittman: Now that's brilliant we had one question from the audience that i'm going to take right now, because I think it's relevant, which is, do you believe some of the hesitancy and getting

the vaccine.

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00:21:04.650 --> 00:21:25.110

Mary Pittman: was because of how quickly, it seemed to be available on a mass scale after the novel virus began, you know what what can be done to reassure people that it was done with great rapidity, but because of the focus on it, and you know how can we reassure people what have you.

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00:21:25.200 --> 00:21:26.190

James D. Gailliard: that's a great question.

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00:21:26.220 --> 00:21:36.180

James D. Gailliard: And, and I do think that is unfortunate that hesitancy, but I do think it can be combated we've seen this i've been on I can't name, how many panel discussions nationally on this issue.

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00:21:36.810 --> 00:21:45.030

James D. Gailliard: And what we found is that when we bring health care providers researchers public health professionals, that.

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00:21:45.810 --> 00:21:53.550

James D. Gailliard: Are not relying on their expertise and their degrees, to be trusted but are relying on their social networks to be trusted.

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00:21:54.150 --> 00:22:02.610

James D. Gailliard: So as an example when the aka a's or fraternities or sororities or Masonic lodges or eastern stars or civic clubs.

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00:22:03.000 --> 00:22:08.760

James D. Gailliard: When they begin hosting these events and then the doctors on those events start explaining.

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00:22:09.210 --> 00:22:21.690

James D. Gailliard: hey this is how it got to market so quick, this is why it's safe, this is why you should take it, then I think it it alleviates the hesitancy, but I do think there's a bigger issue here now and i'm hesitating.

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00:22:22.380 --> 00:22:35.100

James D. Gailliard: To say a bigger issue when you're talking about an issue as big as Colvin, but I think the bigger issue is our lack of knowledge as a society on how we get drugs on how we get vaccinations on.

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00:22:35.670 --> 00:22:44.460

James D. Gailliard: on how long it takes me because I mean we all, we know that they didn't just start working on the colder vaccine when cold it hit right we knew.

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00:22:44.730 --> 00:22:51.000

James D. Gailliard: There were some there was a lot of activity that had been going on for a while, but, most people are just clueless.

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00:22:51.420 --> 00:22:56.790

James D. Gailliard: about how any of this happens, you know I pop a tylenol when I have a headache and i'm clueless.

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00:22:57.300 --> 00:23:03.450

James D. Gailliard: How you wind up with acetaminophen right I don't know right, so I think this points to a bigger issue for us that.

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00:23:03.960 --> 00:23:16.110

James D. Gailliard: it's an opportunity for us to really educate society on how we deal with this in general, so that when we get these issues that we have to micromanage we're not starting from scratch from scratch.

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00:23:16.710 --> 00:23:18.240

Mary Pittman: And that's a really good point.

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00:23:19.410 --> 00:23:29.910

Mary Pittman: You know, overall, science and and, particularly, you know how drugs are manufactured and and get to market that's that's an important topic that we should take up at a future time.

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00:23:30.690 --> 00:23:42.570

Mary Pittman: Can you talk a little bit from your policy perspective on the measures that North Carolina has prioritize to try to help ensure that you had an equitable vaccine distribution.

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00:23:43.560 --> 00:23:57.120

James D. Gailliard: yeah that well, let me just for fear of offending you know my fellow state legislators and the wonderful staff, we have a department, health and human services i'm of the position that we did not begin with equity.

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00:23:58.290 --> 00:24:08.190

James D. Gailliard: I think there was a lot of scratching a lot of fighting a lot of advocating that goddess to equity, we started with we started with speed.

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00:24:08.970 --> 00:24:13.710

James D. Gailliard: And you know the argument and I get it to a certain extent we were dealing with a federal asset.

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00:24:14.400 --> 00:24:22.980

James D. Gailliard: And the way that federal asset was being distributed to the states, you had to be able to quote unquote burn these doses right you had to be able to get them in arms.

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00:24:23.430 --> 00:24:36.060

James D. Gailliard: The only way I can show to get them in arms is to get to places large communities right big big metropolitan areas so that that that that emphasis on speed.

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00:24:36.630 --> 00:24:41.340

James D. Gailliard: hurt us on the equity side in the beginning, and we have some catching up work to do.

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00:24:41.970 --> 00:24:49.440

James D. Gailliard: And so I think in the beginning of North Carolina because we would we would operating that way again we had ketchup work to do, but.

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00:24:49.890 --> 00:25:01.740

James D. Gailliard: We started, we started developing partnerships with churches with nonprofits we started bringing we are going to tell you, who was a huge was huge for us friendly qualified health centers.

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00:25:02.580 --> 00:25:12.090

James D. Gailliard: You know, so you know this is like sometimes you look at an issue married you like the really I did I miss it that,

obviously, but when you have an faq HC in a community.

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00:25:12.480 --> 00:25:20.700

James D. Gailliard: And 95% of their database is African American or latinx, then you don't need to wait to get them the vaccine, if you want equity.

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00:25:21.030 --> 00:25:31.830

James D. Gailliard: You know, get them the vaccine now, I will say we have to fight to really get FDA sees or more quickly, I think we on board them a little slow, I would have liked to seen us onboard them a little bit quicker.

148

00:25:32.820 --> 00:25:37.050

James D. Gailliard: To their Defense sometimes they didn't have all the infrastructure, they needed this was difficult.

149

00:25:37.290 --> 00:25:44.790

James D. Gailliard: Because, as you know, we needed to have refrigeration and there were elements to it that we didn't always have to deal with in terms of vaccines, but I think for us.

150

00:25:45.360 --> 00:25:54.870

James D. Gailliard: It was finally recognizing speed and balance of equity how we got to that balance and then bringing to the table as quickly as possible.

151

00:25:55.530 --> 00:26:11.310

James D. Gailliard: My sql sees our pharmacies, our primary cares every because everybody had their own sphere of influence and their own group that they have an expertise in, so I think those were some of the things that really helped us here in North Carolina.

152

00:26:12.390 --> 00:26:18.930

Mary Pittman: Well, building on those lessons I know everyone is longing for a post pandemic environment and.

153

00:26:19.950 --> 00:26:27.990

Mary Pittman: wondering what are some of them long term policy measures that we can take from those lessons that you just outlined.

154

00:26:28.410 --> 00:26:44.400

Mary Pittman: To help reduce the disparities and to prepare communities, not only for a future pandemic, but a future way that we address those people who have not always received the services that they're eligible for or needed.

155

00:26:45.660 --> 00:26:51.990

James D. Gailliard: yeah that's a great question, I think, for me, one of the answers is we have in North Carolina and i'm not sure how other States of design.

156

00:26:52.560 --> 00:26:58.680

James D. Gailliard: We have area health education centers and they are our state is divided regionally, then we have 16 in the state.

157

00:26:59.280 --> 00:27:08.370

James D. Gailliard: And so those area health education centers have within them certain counties that they operate in they really are kind of the experts about what goes on in their counties.

158

00:27:08.730 --> 00:27:14.400

James D. Gailliard: I think we brought our a hex our area health education centers we bought our apex to the table a little late in my opinion.

159

00:27:14.910 --> 00:27:29.460

James D. Gailliard: And I think the learning and the takeaway is we have these existing structures and these existing resources and we have to do a better job of resourcing them and equipping them and empowering them.

160

00:27:30.030 --> 00:27:41.010

James D. Gailliard: To do the work that they can do well what dhhs can offer is different than what I can offer the local level with my area health education Center where I can really micro manage.

161

00:27:41.730 --> 00:27:54.990

James D. Gailliard: The resources um I think the other big takeaway for me, is our data and we may get into this later i'm not sure, but I think one piece of data that's really important is zip codes.

162

00:27:55.950 --> 00:28:06.720

James D. Gailliard: i'm because we I don't know how it is in other places in the country, but here because it's a federal acid the cold vaccination, that is, you know Coleman vaccine.

163

00:28:07.560 --> 00:28:11.580

James D. Gailliard: When it came into Nash county wait where my churches and why legislate from.

164

00:28:12.330 --> 00:28:24.840

James D. Gailliard: A person from 30 miles 50 miles 80 miles 100 miles away could have driven into that community to get the vaccine if it was available there and not available in their community or someone could come across from Virginia into North Carolina.

165

00:28:25.500 --> 00:28:36.900

James D. Gailliard: So what we were late doing that, we have to do a better job of legislatively is making sure that we can take that data and this aggregated to say Okay, in a certain county there were.

166

00:28:37.230 --> 00:28:45.030

James D. Gailliard: 1000 vaccines given, but of those thousand vaccines in this zip code, how many people in this zip code were actually vaccinated.

167

00:28:45.450 --> 00:28:54.390

James D. Gailliard: Because what we discovered is that when you started looking at those other zip codes they had high populations of African Americans high populations of Latin next.

168

00:28:54.900 --> 00:28:59.250

James D. Gailliard: Higher poverty rates less available resources in terms of.

169

00:29:00.150 --> 00:29:15.090

James D. Gailliard: physicians and etc those percentages were much smaller in those zip codes, but the county looked great the region look great, but we didn't desegregate the segregate that data So for me as a legislator that's a huge takeaway.

170

00:29:15.480 --> 00:29:20.700

James D. Gailliard: In terms of how we have to manage and analyze our data as we move forward.

171

00:29:21.540 --> 00:29:33.540

Mary Pittman: yeah that's a really great point I want to spend a couple of moments talking about some of the implementation challenges, and I know we have some questions from our audience as well.

172

00:29:34.020 --> 00:29:52.500

Mary Pittman: about the actual vaccine and you know the pause in distributing the j&j vaccine what impact that had and people thinking that it might not be as good as the other vaccines and how do we get over that.

173

00:29:53.670 --> 00:30:03.090

Mary Pittman: perception and then the second thing is a lot of people went and got their first vaccine and moderna and Pfizer required two shots.

174

00:30:03.480 --> 00:30:11.490

Mary Pittman: And, in some cases for her to reach populations, they opted for the J and J, so there was a question, you know.

175

00:30:12.120 --> 00:30:30.060

Mary Pittman: You know, is this a discriminatory use of the vaccine and I think you'd have a different response if you had a you know, a scientist talking about it, but how did you deal with those various perceptions in your communities.

176

00:30:30.150 --> 00:30:41.070

James D. Gailliard: yeah that's a great question, let me tell you, we had a J and J Dr in clinic we have fought so hard to get a massive number of backs vaccines available, and we were going to do a one day.

177

00:30:41.490 --> 00:30:48.330

James D. Gailliard: That was driving appointments inside the church appointments in the parking lot I mean drive through, and we will go home bound right.

178

00:30:49.380 --> 00:30:56.190

James D. Gailliard: And it was all J and J and the bottom fell out 48 hours before the event.

179

00:30:57.660 --> 00:31:16.260

James D. Gailliard: And so we still did well not we didn't burn all the vaccines like we wanted to because we did take a hit, but this is what we learned from it, first of all, consistent messaging is so important and the consistent messaging from day one, for us, was the best vaccine is the vaccine available.

180

00:31:17.400 --> 00:31:25.830

James D. Gailliard: We have been saying that and we continue saying that and so when people started coming after the Jane Jane you know issue that we had for that one on nationally.

181

00:31:26.430 --> 00:31:39.990

James D. Gailliard: And the jj was back back in rotation and we will tell them what we have available, they they were so used to hearing the best best vaccine is the one available that it really didn't matter as much what the vaccine was.

182

00:31:40.620 --> 00:31:50.070

James D. Gailliard: The second thing about the j&j for us is the governor North Carolina Secretary department, health and human services both took the J and J vaccine.

183

00:31:51.600 --> 00:31:57.570

James D. Gailliard: And I took you know the j&j vaccine and we recorded it, and then we televised it.

184

00:31:59.010 --> 00:32:06.690

James D. Gailliard: And so we started looking for people that we knew had good voices of influence to say, would you take the j&j vaccine.

185

00:32:07.410 --> 00:32:17.310

James D. Gailliard: And it worked for us, I mean we even had a an event with Pfizer employees volunteered at the event to distribute the j&j vaccine.

186

00:32:17.850 --> 00:32:28.260

James D. Gailliard: So I think, depending on how you message it depending on how truthful you are with people and we it's very important messaging that we not react.

187

00:32:28.830 --> 00:32:36.750

James D. Gailliard: We have to have enough on the ground grassroots influence that we already know what people are struggling with them what they're thinking.

188

00:32:37.080 --> 00:32:42.810

James D. Gailliard: And we have to get the message and the narrative out ahead of their narrative of concern.

189

00:32:43.230 --> 00:32:50.580

James D. Gailliard: And a lot of times we're waiting for people and we have to jump in first and say hey, let me tell you this is the narrative, this is what we want you to understand.

190

00:32:51.180 --> 00:33:00.570

James D. Gailliard: And then, when we started giving people data, you know of, and I forget what the numbers were now but I literally We calculated the physician and and I, at one point.

191

00:33:01.230 --> 00:33:10.110

James D. Gailliard: And you know the j&j vaccine was like 99.99998% you know Okay, like the number was so small.

192

00:33:10.590 --> 00:33:16.500

James D. Gailliard: Great and the other thing i'll just you know and upon getting too lengthy just tell me i'm a preacher by nature, so I talk so.

193

00:33:16.890 --> 00:33:26.670

James D. Gailliard: um but, but the other thing of for me goes to again educating people around the process of medication and and how there are.

194

00:33:27.120 --> 00:33:36.330

James D. Gailliard: Issues they may be rare, but what I said to my congregation is listen to an infomercial of any drug it doesn't matter what the drug is.

195

00:33:36.750 --> 00:33:48.900

James D. Gailliard: And if you listen to the infomercial you're going to start hearing it could cause blindness, it could cause hardness of hearing it could cause weight loss, it could even cause death like you're going to hear it with 100% of medications.

196

00:33:49.590 --> 00:34:01.680

James D. Gailliard: So, again it's helping people connect those dots you know so Overall, I think that people were fine we got on the other side of the J and J issue, and I have not seen how it's been a major.

197

00:34:02.250 --> 00:34:11.070

James D. Gailliard: issue for us here in North Carolina I am personally a huge advocate of the J and J vaccine in certain communities, and this is the reason why.

198

00:34:12.180 --> 00:34:18.750

James D. Gailliard: When you need to vaccines and you don't have any health insurance and you don't have any paid time off.

199

00:34:19.320 --> 00:34:29.370

James D. Gailliard: And the only place in your Community offers the vaccine between 9am and 5pm and the only way, you can get it is to take three hours off from work that you're not going to get paid for.

200

00:34:30.000 --> 00:34:42.510

James D. Gailliard: It is easier for me to do that one time than two times you complicate that with an l aging mother or father at home that you have to take off from work to get to the provider, so they can get the vaccine.

201

00:34:42.930 --> 00:34:52.500

James D. Gailliard: Again, it is easier for us to do that one time than two times, if there is a response you know I had about 12 horrible hours with the J and J.

202

00:34:52.950 --> 00:34:57.750

James D. Gailliard: Then I felt fine, I was not real smart because I took it on a Saturday and I had to preach on Sunday morning.

203

00:34:58.710 --> 00:35:09.420

James D. Gailliard: Oh, but one of the positions in my church when I complained about how bad I was feeling said to me, imagine filled and everything you're feeling and being on a ventilator for six weeks.

204

00:35:09.480 --> 00:35:11.580

James D. Gailliard: Right, rather than I shut my mouth immediately.

205

00:35:11.580 --> 00:35:13.860

Mary Pittman: Alternative is worse that's right.

206

00:35:14.280 --> 00:35:24.330

Mary Pittman: yep Can you also talk to me, I know you did a lot about reach directly to the homes, and I think you had mobile bands that went to some communities as well.

207

00:35:25.560 --> 00:35:46.080

Mary Pittman: What about for people who had a hard time when you had to sign up for vaccines what were some of the strategies that you used and to get people might not have been tech savvy or didn't have a computer or broadband or whatever what kinds of strategies, did you use.

208

00:35:46.410 --> 00:35:53.550

James D. Gailliard: yeah that's a great question we commandeered we wrestled away the scheduling widget from the providers and so.

209

00:35:54.240 --> 00:35:58.560

James D. Gailliard: We literally, because this was a huge issue, so we started saying providers listen.

210

00:35:59.370 --> 00:36:06.630

James D. Gailliard: lock us off X number of times last X number of slots we're going to schedule them ourselves will give you the names.

211

00:36:07.110 --> 00:36:13.470

James D. Gailliard: And then eventually once we got trusted with doing that, and then we start making phone calls hey Mrs Smith.

212

00:36:13.890 --> 00:36:20.580

James D. Gailliard: This is doesn't such from word tabernacle church, we have a 10am slot next week available for the vaccine can we put you down.

213

00:36:21.240 --> 00:36:25.560

James D. Gailliard: And then that senior citizen didn't have to worry about jumping through all those hurdles so.

214

00:36:26.070 --> 00:36:33.060

James D. Gailliard: We we took all of the information we had for my church databases Community databases and all that and we did our own scheduling.

215

00:36:33.420 --> 00:36:43.740

James D. Gailliard: And then eventually once we got trusted with the providers with that they started trusting us with the actual scheduling widget and we could go in and just go ahead and do the scheduling so for us that was one of the workarounds.

216

00:36:44.070 --> 00:37:02.580

Mary Pittman: that's great yeah very much hands on you know in something like this that's novel that's new people are unsure trusted voices and hands on approach, I want to switch us a second to data, you mentioned that earlier and the importance of data and sounds like you and.

217

00:37:03.750 --> 00:37:23.430

Mary Pittman: Colleagues, both in the church and in the legislature pretty savvy and you said you didn't start out with an equity index, but did you collect data on race and ethnicity and perhaps language needs in your state that.

218

00:37:23.610 --> 00:37:32.370

James D. Gailliard: To my notes are credit mandy Cohen, and her staff more clouds one of the first days to report on race and ethnicity and.

219

00:37:32.850 --> 00:37:41.940

James D. Gailliard: i'm really now the downside of was they had US legislators down at the row every time we were looking at the dashboard not liking what we saw but at least we have the data.

220

00:37:42.540 --> 00:37:51.900

James D. Gailliard: And so, yes, we did report on that and in the early days, Mary it was frustrating because we wouldn't I was looking at data, because our state dashboard would give it to us.

221

00:37:52.380 --> 00:38:02.610

James D. Gailliard: Of the number of cold cases by race percentage, we would Compare that to the percentage of that racial group in terms of

the State population.

222

00:38:02.970 --> 00:38:09.300

James D. Gailliard: We will compare that to first vaccine doses and second vaccine doses, and in the early days.

223

00:38:09.780 --> 00:38:16.740

James D. Gailliard: The your lands one either straight up or straight down based upon your race so in the early in the early days of the vaccine if I was white.

224

00:38:17.670 --> 00:38:29.520

James D. Gailliard: And I have X number of cases, my first dose count was here my second dose countless here and man, they were trending straight up if I was black or latinx it was trending straight down.

225

00:38:29.820 --> 00:38:36.450

James D. Gailliard: And so we want, we worked hard to get those those lines leveled out, but we could do that because I stayed there report on it.

226

00:38:36.990 --> 00:38:40.560

James D. Gailliard: So I think we've done a great job of reporting on on.

227

00:38:41.040 --> 00:38:48.990

James D. Gailliard: On race and ethnicity, the only thing I think I would have done differently if we had the capacity is our reported on zip code much quicker.

228

00:38:50.400 --> 00:38:52.200

Mary Pittman: Okay that's really important.

229

00:38:53.550 --> 00:38:56.340

Mary Pittman: And, did you make that data publicly available.

230

00:38:57.540 --> 00:39:02.910

James D. Gailliard: Yes, that day was available on the Department of Health and human services website, we actually literally.

231

00:39:03.990 --> 00:39:13.740

James D. Gailliard: We could we could it was an algorithm that was out there, so we literally, many of us in the General Assembly, we were posting it on our social media every day when it updated.

232

00:39:14.130 --> 00:39:20.580

James D. Gailliard: And so, for people that were you were following me as a state legislator or following me as a pastor I will post that on my personal.

233

00:39:21.210 --> 00:39:27.240

James D. Gailliard: Facebook page and all my legislative Facebook page, and we would show the numbers and we will show people.

234

00:39:27.780 --> 00:39:44.010

James D. Gailliard: This is how you get the data, this is what you click on this is what you look for pull up your county and I know for me in an early that high the first six months that we were fighting cold it, I was posting those numbers on a daily basis, this is where we're at we've got to work harder.

235

00:39:44.550 --> 00:39:57.300

Mary Pittman: Do you think you'll continue doing that for other health issues, do you think you'll continue doing it or hypertension rates for diabetes or other things in the future to try to get people to change their behavior.

236

00:39:57.780 --> 00:40:00.750

James D. Gailliard: You are asking my favorite question, right now, because.

237

00:40:01.260 --> 00:40:08.250

James D. Gailliard: that's exactly what I hope the outcome will be, and i'm i'm huge on adaptive leadership and I took a step back to say what are we missing.

238

00:40:08.580 --> 00:40:15.720

James D. Gailliard: In terms of addressing social determinants of health, what do we miss in terms of dealing with health disparities and I think you're spot on.

239

00:40:16.140 --> 00:40:24.990

James D. Gailliard: I think we use this approach data trusted
Community partners consistent messaging repetition.

240

00:40:25.590 --> 00:40:40.500

James D. Gailliard: We continue to do this to address all of the other
issues we have childhood diabetes topical BC I mean the list goes on
and on, and so, to answer your question, yes, and that is exactly what
of one of our agenda items and as a result of covert.

241

00:40:42.510 --> 00:40:55.920

Mary Pittman: Well, you know i'm a foolish person on partnerships and
we talked about that earlier, the need for government nonprofits can
be based organizations faith organizations do partner together.

242

00:40:56.940 --> 00:41:07.740

Mary Pittman: You know we've done it with in some communities well,
can you share tips for others who are trying to craft those successful
partnerships.

243

00:41:08.760 --> 00:41:25.170

James D. Gailliard: yeah that's a great question so it's a three prong
approach and I literally have done webinars on this is a three prong
approach for us, the first is identifying the partner, the second part
of developing the partner and then, how do you evaluate the partner.

244

00:41:26.460 --> 00:41:42.210

James D. Gailliard: And so, as an example for us and i'm talking more
as a senior pastor now than as a legislator, but it's somewhat similar
is is identify the first step for me and identifying those
partnerships is entities have to ask themselves.

245

00:41:44.010 --> 00:41:51.120

James D. Gailliard: Who do we have within a certain Community then
knows how to leverage their captive audience already.

246

00:41:51.810 --> 00:41:58.980

James D. Gailliard: it's not about whether or not they're doing it
with about health issues, but are they leveraging a captive audience
for any reason.

247

00:41:59.610 --> 00:42:07.980

James D. Gailliard: Whether it is politics, whether it is housing,

whether it is black lives matter whether it's education, whether it is police reform.

248

00:42:08.460 --> 00:42:16.140

James D. Gailliard: Do we have any trusted any partners in the Community that know how to leverage captive audience that's step one figuring out who they are, because.

249

00:42:16.980 --> 00:42:30.480

James D. Gailliard: To suddenly encourage a faith entity or community based organization to utilize their influence for a social good that's not within how they view themselves is a very difficult sell.

250

00:42:31.110 --> 00:42:39.120

James D. Gailliard: And so that's step one for us is just figuring out who those entities are, I think the second step when we tell people in terms of developing those partnerships.

251

00:42:39.570 --> 00:42:44.520

James D. Gailliard: Is it has to be an organization that has a built in infrastructure, now that sounds like a given.

252

00:42:45.000 --> 00:42:54.120

James D. Gailliard: But many nonprofits many churches many Community based organizations really lack infrastructure and capacity, they really.

253

00:42:54.480 --> 00:43:02.940

James D. Gailliard: have influenced because of like a charismatic leader, you know some person that people, just like providers trust, but they don't really have the infrastructure.

254

00:43:03.420 --> 00:43:11.850

James D. Gailliard: The reason I say it's important to have the infrastructure is because you don't want partnerships that are suddenly gone when people leave.

255

00:43:12.510 --> 00:43:23.700

James D. Gailliard: And we've seen this with academia we've seen this within our Community so it's built on the senior pastor but suddenly he leaves and now the university system is like well, what do we do with this.

256

00:43:24.090 --> 00:43:33.720

James D. Gailliard: So it has to have an entity that has infrastructure and I could go on and on about this i'll just give you just one more and then it has to be an organization that has.

257

00:43:34.950 --> 00:43:41.820

James D. Gailliard: That has financial ability that is sustainable, independent of this partnership.

258

00:43:42.900 --> 00:43:51.270

James D. Gailliard: And now that's important for two reasons, sometimes partnerships don't carry any funding with it at all and that's fine because sometimes we just need to get the work done.

259

00:43:52.260 --> 00:44:02.730

James D. Gailliard: But it has to be an organization that doesn't have so much burden on it that if it did one more thing, it would be as tipping point and it would no longer effectively be able to do is cooperation.

260

00:44:03.480 --> 00:44:12.630

James D. Gailliard: Similarly, it has to be an organization that if it did get funded for the partnership we've done zillions of these we're doing one with unc gillen school public health right now it's been a great partnership.

261

00:44:13.200 --> 00:44:29.280

James D. Gailliard: It has to be, we have to have the ability, that if we did not have this partnership and these grant dollars, that it would have no impact upon us at all in terms of how we work and so Those are some of the initial thoughts that jump out for me in terms of developing some Community partnerships.

262

00:44:32.190 --> 00:44:33.240

James D. Gailliard: You just muted yourself me.

263

00:44:37.950 --> 00:44:49.020

Mary Pittman: Sorry, it reminds me that one of the programs in California that i've been most excited about is philanthropies coming together and program called together toward health.

264

00:44:49.620 --> 00:45:01.500

Mary Pittman: That have allowed us to provide funding to smaller Community based organizations doing great work where it may be one or two people they don't have the infrastructure but we're able to get.

265

00:45:02.040 --> 00:45:12.630

Mary Pittman: Core dollars out to them at the same time we're giving them program dollars, giving them some training and a little bit so that they can be building some of that capacity for the future.

266

00:45:13.140 --> 00:45:26.670

Mary Pittman: And I think that as we're looking at these programs, one of the things we want to do is leave behind Community based organizations that are stronger than when they started so i'm sure we're in agreement on that.

267

00:45:27.030 --> 00:45:34.320

James D. Gailliard: We are one of when I get to the evaluation portion of talking about you know and that could be a webinar for another time but.

268

00:45:34.740 --> 00:45:43.800

James D. Gailliard: When I get to the evaluation portion one of the things I say to academics or whoever's forming these partnerships government entities, you want to ask yourself.

269

00:45:44.220 --> 00:45:55.560

James D. Gailliard: What did we leave behind How did we make this nonprofit stronger what are they able to do now in our absence, now that we're gone, because it can be a little unkind.

270

00:45:56.040 --> 00:46:07.710

James D. Gailliard: If you, you know fund a nonprofit for five years they're used to a certain level of influence within a certain dynamic the funding goes away, and now is as if nothing ever happened.

271

00:46:08.280 --> 00:46:20.610

James D. Gailliard: And so, to be able to leave them with an infrastructure to build future relationships and for the Community to build future relationships on me later to hear you say that that's happening because it is so important.

272

00:46:21.210 --> 00:46:27.480

Mary Pittman: And will have an evaluation coming out on how that happened because we think it's a good story to share, we only have.

273

00:46:28.140 --> 00:46:33.360

Mary Pittman: About 15 minutes left and there's a question that came from the audience that I think is important.

274

00:46:33.810 --> 00:46:46.350

Mary Pittman: And it's covert vaccine is heavily politicized, how do you bring in key stakeholders from the faith based community to help promote the vaccine, while still being respectful of their concerns.

275

00:46:46.920 --> 00:46:57.540

Mary Pittman: And the question is, are there, certain scriptures beatitudes stories that you're using to reach out to your church members that you could share with this audience.

276

00:46:57.720 --> 00:47:03.450

James D. Gailliard: That is outstanding question and, yes, it is highly politicized I mean we've seen it.

277

00:47:04.620 --> 00:47:10.350

James D. Gailliard: North Carolina we sue the governor churches sue the government, so they can open back up and so.

278

00:47:11.700 --> 00:47:18.690

James D. Gailliard: This has been really tough, let me, let me say this, this is really a matter of how churches define the gospel.

279

00:47:19.710 --> 00:47:28.080

James D. Gailliard: This is beyond the nomination, this is beyond race, I think we think it's a race issue but it's not it's really a theological doctrinal issue.

280

00:47:28.590 --> 00:47:34.560

James D. Gailliard: And so, churches, like ours, we define the Gospel as both justice and justification by faith.

281

00:47:35.370 --> 00:47:46.560

James D. Gailliard: Most of the churches that are really struggling with the vaccine and I want to be very clear, because I don't want to offend any audience participants i'm generalizing when I say this, there are always exceptions i'm generalizing.

282

00:47:47.040 --> 00:48:05.730

James D. Gailliard: Typically, speaking, though, the more conservative churches, the more they define the Gospel is strictly a matter of justification by faith meaning, I want you to get to heaven and if you stuck in a really bad place here on earth, no big deal you'll leave one day and you'll go to happen.

283

00:48:07.050 --> 00:48:14.700

James D. Gailliard: Usually churches, the more far left are very concerned about issues of Justice on the earth they're concerned about earth issues.

284

00:48:15.150 --> 00:48:26.490

James D. Gailliard: Those tend to be the churches like your mainline denominations that are going to be more open and willing to participate in vaccination sites vaccination clinics and etc, and so what I.

285

00:48:26.970 --> 00:48:37.470

James D. Gailliard: You know what I encourage people to do is to recognize that theology, and the doctrine in this argument number one, and then I think the second thing for me to answer the second part of the question is.

286

00:48:38.490 --> 00:48:47.070

James D. Gailliard: We have to be it's not a certain scripture or certain the attitude it is literally the ability, if anything is love your neighbor right.

287

00:48:47.640 --> 00:48:57.660

James D. Gailliard: And so what I said to our congregation because we have hesitancy within our church, I mean we did a Paul and we're at like an 81% vaccination rate in our congregation which i'm thrilled about um.

288

00:48:58.230 --> 00:49:07.440

James D. Gailliard: But I you know i'm consistently sending the people, this is a unique opportunity for us to put our faith on the

platform and show the Community that we can love them.

289

00:49:07.920 --> 00:49:20.880

James D. Gailliard: And we we can't squander this opportunity, and so, for me, it's just a reminder for people of what we have been called to do in terms of our faith and how we get the chance to live it out, initially in front of people every day.

290

00:49:21.630 --> 00:49:33.000

James D. Gailliard: But this is unfortunately politicize because we have certain denominations that have taken on a political doctrine and not really a biblical doctrine and.

291

00:49:33.450 --> 00:49:43.890

James D. Gailliard: I don't know that there's an easy clean answer out of this it's part of what has complicated this whole vaccination issue and part of what complicates kind of where we are, as a society.

292

00:49:45.810 --> 00:50:01.440

Mary Pittman: there's a new question that came in and it relates to the masking guidance by CDC and whether or not the change in the guidance may have had an impact on vaccination rates.

293

00:50:02.670 --> 00:50:10.290

James D. Gailliard: Well, I don't know who the audience is or somebody from CDC might get my get upset with me on this one, I was very disappointed by the guidance.

294

00:50:11.400 --> 00:50:24.540

James D. Gailliard: It was very difficult to message the guidance, how you almost know because we're console and the short answer is it absolutely has affected vaccination hesitancy not even hesitancy is just kind of like well we're good now we don't need it.

295

00:50:25.410 --> 00:50:36.270

James D. Gailliard: You know it's it's difficult when you change your messaging midstream and so here in North Carolina we were shooting for 75% vaccination rate before we could say the coast is clear.

296

00:50:37.080 --> 00:50:44.970

James D. Gailliard: You know we're at 40 some percent maybe 40% and suddenly the governor because of the CDC guidelines says take off your

mask if you're vaccinated.

297

00:50:45.660 --> 00:50:54.540

James D. Gailliard: And it it left people confused and we're not really I mean, I still go i'm fully vaccinated, but when I go into a grocery store, I still have one of mass.

298

00:50:54.960 --> 00:51:01.830

James D. Gailliard: I was at a funeral yesterday everybody, and if you only had one mass, I think it has really created some complication.

299

00:51:02.370 --> 00:51:14.430

James D. Gailliard: And I don't think there's been good messaging from CDC even from the State level, in my opinion of explaining to people why suddenly we didn't have to get to herd immunity and the coast was clear.

300

00:51:15.030 --> 00:51:24.840

James D. Gailliard: So I do think it's hurt and those of us like myself who have platforms well I get to speak to thousands of people every week, you know we're saying the people.

301

00:51:25.530 --> 00:51:29.580

James D. Gailliard: You know if you're out there around other people still wear your mask.

302

00:51:30.450 --> 00:51:37.860

James D. Gailliard: In the church when they get around we still are aren't returning to full we won't until September so we're being super super cautious.

303

00:51:38.280 --> 00:51:47.160

James D. Gailliard: So I do think that has really created a complication and I just wish it, I do believe a fallen science and the science says, you can now unmask.

304

00:51:47.670 --> 00:51:59.370

James D. Gailliard: I think we should have had better messaging to explain why the herd immunity is different now than what we anticipated, so I think that's an area for improvement in my opinion.

305

00:52:00.150 --> 00:52:09.270

Mary Pittman: I think one of our challenges is we're learning every day about this pandemic about this virus and these new variants that come forward.

306

00:52:09.750 --> 00:52:15.120

Mary Pittman: that make it difficult, I think, to you know, have one message and stick with it, but.

307

00:52:15.480 --> 00:52:25.710

Mary Pittman: Then it is very challenging for the public health voices for the faith leaders, the community leaders, the elected leaders to continue to have the confidence.

308

00:52:26.220 --> 00:52:36.690

Mary Pittman: By the people that they're trying to influence so yeah I appreciate all that you've been doing, and let me just give you an opportunity to what last.

309

00:52:37.290 --> 00:52:49.830

Mary Pittman: piece of advice would you like to share with the audience whether it's from your policymaking perspective, your Community leadership what what have we not touched on you'd like to share.

310

00:52:50.280 --> 00:52:54.390

James D. Gailliard: Well, I don't know if there's so much we didn't touch on as as I may think it's just worthy.

311

00:52:54.840 --> 00:53:02.550

James D. Gailliard: of saying it one more time I just would really encourage and i'm biased in this, but I have an expression that just because your bias doesn't mean you're wrong.

312

00:53:03.270 --> 00:53:16.890

James D. Gailliard: i'm biased in this, but I think that churches and faith organizations, we need to take more seriously opportunities to partner here in North Carolina we have 100 counties.

313

00:53:18.180 --> 00:53:28.140

James D. Gailliard: it's the only asset that's already structured and organized in all 100 counties, such as the same to out the country

Everywhere you go.

314

00:53:28.740 --> 00:53:38.190

James D. Gailliard: There are 300,000 churches in America 300,000 they have buildings, they have structure, they have leadership.

315

00:53:38.880 --> 00:53:55.470

James D. Gailliard: And I think we have to really work harder at partnering with those entities, they are trusted voices most are not going to proselytize on the dollar or the relationship they really just want to see people's lives better, and I would love to see us.

316

00:53:56.550 --> 00:54:04.290

James D. Gailliard: take on a more serious more aggressive role in trying to develop out those partnerships and those networks.

317

00:54:04.830 --> 00:54:14.760

James D. Gailliard: I think is a huge opportunity for us, I think it will create a win, win, and I would just respectfully ask people to really, really look at those scenarios i'll give you one quick example Mary.

318

00:54:15.330 --> 00:54:21.300

James D. Gailliard: We were having a hard time getting aids testing 15 years ago in this Community.

319

00:54:22.200 --> 00:54:29.490

James D. Gailliard: health department was struggling it aids HIV rate was going through the roof and edge Collin county we have one of the highest HIV rates in the country here.

320

00:54:30.210 --> 00:54:41.640

James D. Gailliard: And they reached out to me and I said i'll tell you what give me the HIV test give me the AIDS test do it in a Sunday school classroom with my church bring the newspapers, I took the AIDS tests.

321

00:54:42.510 --> 00:54:51.480

James D. Gailliard: And we turned three of our Sunday school classrooms into testing sites and in two weekends, they tested more people than they had in two years.

322

00:54:52.650 --> 00:54:56.850

James D. Gailliard: So you know and that's just one example blood drives right.

323

00:54:57.180 --> 00:55:04.110

James D. Gailliard: don't have a blood drive on a Friday afternoon or Saturday afternoon at some Community Center have it on Sunday morning at a church.

324

00:55:04.350 --> 00:55:12.360

James D. Gailliard: And when people get done worship and they give blood you'll get more blood than you ever thought you get so I would just encourage people to try to try try to try these.

325

00:55:13.020 --> 00:55:22.620

James D. Gailliard: entities and not just Christian churches, synagogues mosques i'm not you know any faith entity that is already structured and organized, I think we proved to be a great partner.

326

00:55:23.730 --> 00:55:30.540

Mary Pittman: i'm just going to ask one other question related and then i'm going to move us into some takeaways from today, but.

327

00:55:31.350 --> 00:55:46.680

Mary Pittman: I know you have a very strong healthcare system and a lot of very strong hospitals have has the faith Community partnered up with some of those healthcare systems as well, because it seems like they're also anchor organizations and communities.

328

00:55:46.950 --> 00:55:55.800

James D. Gailliard: As outstanding question and I would be remiss and I would have been remiss so thank you for raising it we have unc here Nash county we have the US to hospitals.

329

00:55:56.550 --> 00:56:07.050

James D. Gailliard: That are throughout our state, and when we started seeing we when we weren't happy, initially with the numbers, we were seeing in terms of equity in the vaccination rates, I want to the CEO of the hospital.

330

00:56:07.560 --> 00:56:17.700

James D. Gailliard: and much to his credit, he said, you know we were viewing this as know let the health department have their piece, though we're going to kind of be the background organization, but if you need something we're here.

331

00:56:18.210 --> 00:56:21.990

James D. Gailliard: After we had a conversation the hospital system decided to take a lead.

332

00:56:22.800 --> 00:56:27.540

James D. Gailliard: In addressing this issue and they bought resources to the table in terms of nurses.

333

00:56:27.900 --> 00:56:36.420

James D. Gailliard: people to be able to do intakes registration people they really stepped up to the plate, and I have seen hospital systems to out the state.

334

00:56:36.750 --> 00:56:41.760

James D. Gailliard: Particularly the unc system that we're a part of really take on key leadership, and now we have.

335

00:56:42.270 --> 00:56:48.720

James D. Gailliard: A better partnership than we've ever had before, and we're talking about the very things you raised in the beginning of this call.

336

00:56:49.170 --> 00:57:01.560

James D. Gailliard: conversation, what do we do next, what do we take on next because we trust each other, we like each other, we get used to dealing with each other so literally now here at my church there's a unc vaccination clinic every single Tuesday.

337

00:57:02.100 --> 00:57:08.430

James D. Gailliard: We do a morning session in the afternoon session has been going on for weeks and as soon as the ball four months so yeah they've been a key player.

338

00:57:09.060 --> 00:57:21.810

Mary Pittman: I had to ask that question because pH I had a wonderful partnership with Kaiser permanente here in the state of California, and you know I see that as a model for going forward.

339

00:57:22.830 --> 00:57:23.910

James D. Gailliard: Real quick Mary, let me just.

340

00:57:23.940 --> 00:57:35.400

James D. Gailliard: insert the other part of that partnership is with provided with insurance companies So here we have the unc system, the faith entities and united healthcare, which is one of our larger ensures.

341

00:57:35.700 --> 00:57:43.200

James D. Gailliard: Who are all partnering together for future health initiatives as well, so I think it's really possible to really grow that network really large.

342

00:57:43.710 --> 00:57:51.840

Mary Pittman: I agree, I totally agree if we could pull up our slide that talks about some of the key takeaways.

343

00:57:52.620 --> 00:58:00.930

Mary Pittman: So we we always like to end, our web forms, with a few of the items that we plan to talk about in our discussion and.

344

00:58:01.860 --> 00:58:07.950

Mary Pittman: will share all of the slides and the recording following today's event but.

345

00:58:08.820 --> 00:58:18.990

Mary Pittman: you've heard the pastor talking about creating partnerships with local and faith based organizations doing treat it to increase trust and confidence in the vaccine.

346

00:58:19.590 --> 00:58:30.300

Mary Pittman: and also the communication campaigns which is so articulately talked about in terms of approaches being tailored and the messaging.

347

00:58:31.110 --> 00:58:49.050

Mary Pittman: Coming from different organizations targeting the messaging not just at on the airwaves but in people's homes and in their communities and building local partnerships requiring shared

goals, and you know, trying to figure out who's not at the table.

348

00:58:50.220 --> 00:59:00.720

Mary Pittman: And then the important role of the legislature and our elected officials to work with Community stakeholders to develop long term policy measures to improve health equity.

349

00:59:01.110 --> 00:59:10.650

Mary Pittman: And importantly for us to look into the future, for what are not only public health emergencies, but the public health issues that are.

350

00:59:11.490 --> 00:59:17.310

Mary Pittman: forcing people to not have the level of health that they might like to enjoy so.

351

00:59:18.240 --> 00:59:35.430

Mary Pittman: We hope that everyone learned something useful today and you'll have some of these takeaways and others that will help you in your community, and not just during the pandemic, but as you look at what life is going to be like post pandemic and we're moving that direction.

352

00:59:36.660 --> 00:59:49.200

Mary Pittman: In the slide dependence, we also shared a few resources for developing a vaccine distribution strategy monitoring vaccine update and reducing hesitancy in your own community.

353

00:59:49.950 --> 01:00:03.630

Mary Pittman: So I would like to particularly thank you all for attending today's discussion, thank you to the panelists in the first session that we had back in May, and particularly thanking.

354

01:00:04.470 --> 01:00:17.580

Mary Pittman: pastor gail year for his outstanding comments today you've brought a lot of real practical examples from your Community your state your experience as an elected official.

355

01:00:18.420 --> 01:00:38.340

Mary Pittman: Once the Web for men's please give us your feedback via the pop up survey and continue to stay tuned in for upcoming events look for getting a hold of the slides and and you can share the

recording with others, thank you again for joining us and stay healthy.