



**CommuniVax**

A Coalition to Strengthen the Community's Role  
in an Equitable COVID-19 Vaccination Campaign

**Transcript from March 18, 2021: Equity in Vaccination:  
A Plan to Work with Communities of Color Toward COVID-19 Recovery and  
Beyond**

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00:00:03.899 --> 00:00:17.520

Andrea Lapp: Welcome to today's webinar equity and vaccination plan to work with communities of color toward covert 19 recovery and beyond our moderator Emily brunson will now begin.

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00:00:20.100 --> 00:00:32.610

Emily Brunson: Thank you for joining us today, today, we will be discussing recommendations made in the report, equity and vaccination a plan to work with communities of color toward coven 19 recovery and beyond.

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00:00:33.600 --> 00:00:41.880

Emily Brunson: The report was released in February by Community facts and national coalition to strengthen the communities role in an equitable vaccination campaign.

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00:00:42.810 --> 00:00:51.900

Emily Brunson: Community is co led by the Department of anthropology at Texas State University and the Johns Hopkins Center for health security at the Bloomberg school of public health.

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00:00:53.130 --> 00:00:56.970

Emily Brunson: The Community X coalition is comprised of a central working group.

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00:00:57.990 --> 00:01:05.610

Emily Brunson: which includes experts in various social science disciplines, as well as Community engagement public policy and public health.

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00:01:06.960 --> 00:01:09.690

Emily Brunson: It also includes local research teams.

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00:01:10.830 --> 00:01:24.000

Emily Brunson: that are currently conducting rapid ethnographic research related to vaccination among historically underserved communities of color in communities across the US.

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00:01:25.440 --> 00:01:40.860

Emily Brunson: The activities of Community events, including the report we are highlighting today have been funded by the Chan Zuckerberg initiative and we're excited to announce that the Rockefeller Foundation has just awarded Community backs additional funding to expand our local research efforts.

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00:01:41.970 --> 00:01:51.150

Emily Brunson: At today's webinar which will be the first in a series of webinars offered by Community backs, we are joined by four experts who are members of the community coalition.

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00:01:51.630 --> 00:01:58.740

Emily Brunson: Dr Monica shocks Bana miss lowest pre boredom and Stephen be Thomas and Miss Isabel drawn.

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00:01:59.370 --> 00:02:10.740

Emily Brunson: We will answer questions from the audience after these speakers remarks, if you have a question Please submit it in the Q amp a box, we will answer as many questions at the end of the webinars possible.

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00:02:11.670 --> 00:02:21.360

Emily Brunson: Our first speaker today is Dr Monica shock Santa Monica is a KPI of Community X and is a senior scholar at the Johns Hopkins Center for health security.

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00:02:22.050 --> 00:02:29.340

Emily Brunson: During the coven 19 response Monica has collaborated in producing guidance to top executives on phase reopening principles.

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00:02:29.730 --> 00:02:41.550

Emily Brunson: Mental health challenges of the pandemic research needed to support school opening decisions and ethical principles for the allocation of the limited doses of koba 19 vaccines Monica over to you.

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00:02:47.220 --> 00:02:52.890

Monica Schoch-Spana: Thank you and thank you Emily and welcome everybody to today's webinar.

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00:02:54.540 --> 00:02:59.160

Monica Schoch-Spana: In the chat you'll see a link to the report, equity and vaccination.

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00:02:59.640 --> 00:03:09.330

Monica Schoch-Spana: And that report represents the coalition's opening salvo and the struggle against the chronic health, social and economic disparities.

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00:03:09.720 --> 00:03:19.980

Monica Schoch-Spana: That have contributed to the pandemics disproportionate impacts for black indigenous and people of color that is by pot communities in the United States.

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00:03:20.340 --> 00:03:31.650

Monica Schoch-Spana: And what this report does is provide tools to state and local officials those tools are a framework, a checklist and vaccine communication principles.

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00:03:32.070 --> 00:03:44.190

Monica Schoch-Spana: That implemented can use in order to support and enable a vaccination campaign that works without delay to remedy covered 19th health impacts.

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00:03:44.640 --> 00:04:00.270

Monica Schoch-Spana: But these tools also can help propel social change and create lasting benefit for people of color so what i'm going to do today is just quickly review the frameworks key concepts and select action items and.

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00:04:00.870 --> 00:04:08.730

Monica Schoch-Spana: Then turned it over to our panelists who are going to show very concretely how these principles operate on the ground.

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00:04:09.840 --> 00:04:17.550

Monica Schoch-Spana: spotlighting those local communities with him, they are working, so let me call out the first of five of our eyes.

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00:04:18.060 --> 00:04:30.360

Monica Schoch-Spana: In our framework, and that is the principle of iteration and when we say iteration where evoking ideas like commitment constancy checking in marking advances.

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00:04:30.990 --> 00:04:44.100

Monica Schoch-Spana: The point here is that repeated engagement with by Poc communities is necessary, yes, we do have an urgent and immediate task of vaccinating as many people as possible.

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00:04:44.400 --> 00:04:54.660

Monica Schoch-Spana: But that task has to be paired with the urgent and ongoing task of earning the trust of underserved racial and ethnic minorities.

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00:04:55.260 --> 00:05:03.810

Monica Schoch-Spana: So what actions help bring this principle about well jurisdictions have to assemble a durable infrastructure.

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00:05:04.320 --> 00:05:23.280

Monica Schoch-Spana: That is anchored in a governmental executives office shaped by the health department and connected to Community based organizations and together that enterprise is necessary for the engagement of bypass communities and the process of engendering their trust.

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00:05:24.300 --> 00:05:43.500

Monica Schoch-Spana: Another concrete action is to convene small scale listen and plan sessions among by park Community members to hear respectfully and unconditionally their thoughts on covered 19 vaccination and then plan to act together on those ideas.

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00:05:45.240 --> 00:05:54.390

Monica Schoch-Spana: The second principle is that of involvement and here we're talking about things like partnership joint problem solving and representative notice.

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00:05:55.500 --> 00:06:04.860

Monica Schoch-Spana: The point for this principle is that bypass Community representatives and advocates have to be active collaborators in the public health process.

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00:06:05.880 --> 00:06:25.680

Monica Schoch-Spana: What does that look like, how do you do that well you interact with bypass individuals and groups as partners who are capable of both giving and acting on good information about vaccination they're not mere audiences to persuade or wards to protect or subordinates to instruct.

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00:06:27.300 --> 00:06:45.450

Monica Schoch-Spana: Also on both the governmental and the Community sides of the vaccination planning table it's important to put bypass individuals in influential seats being mindful, at the same time that bypass communities are not homogenous and the experiences and opinions vary.

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00:06:47.100 --> 00:06:59.040

Monica Schoch-Spana: Our third principle in the equity and vaccination report is that of information in here we're evoking ideas of communication cultural relevance and veracity.

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00:07:00.570 --> 00:07:12.120

Monica Schoch-Spana: The point is that effective two way communication with bypass Community members is achieved through best practices, and that is essential to the ongoing koba 19 vaccination effort.

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00:07:13.320 --> 00:07:33.090

Monica Schoch-Spana: actions to help bring about this principle are identifying and supporting trusted bypass bypass leaders influencers social network nodes and pillar institutions who can effectively relay information and help set Community norms around covered 19 vaccination.

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00:07:34.200 --> 00:07:49.590

Monica Schoch-Spana: A further action is to apply those lessons learned from the bypass listen and plan sessions and then frame coven 19 vaccination in the communities own terms what in who they value and how best to communicate that.

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00:07:51.420 --> 00:08:11.280

Monica Schoch-Spana: The fourth principle is that of investment and here we're talking about financing tangible goods human capital and dividends so rather than one and done public health intervention, we really need to look at the vaccination campaign as an enterprise that allows for.

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00:08:12.630 --> 00:08:23.730

Monica Schoch-Spana: An opportunity for revitalization that it's an opportunity with the potential to lead bypass communities, out of the pandemic and out of its hardships.

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00:08:24.600 --> 00:08:42.990

Monica Schoch-Spana: Action items for this principle include pulling together the needed human resources, and that includes a health equity counselor task force to make equity a fixed and principal feature of the cover 19 vaccination campaign, but also its legacy programming.

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00:08:45.240 --> 00:09:06.270

Monica Schoch-Spana: A further action is to creatively finance both nonprofit and for profit entities that have bypass Community roots to strengthen the cover 19 vaccination campaign and to help evolve a more coherent and sustainable Community health sector that serves all conditions constituents well.

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00:09:07.410 --> 00:09:18.690

Monica Schoch-Spana: Our fifth and last principle is that of integration and the images here are big picture whole ISM systems thinking and wellness so rather than a final step.

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00:09:19.230 --> 00:09:30.870

Monica Schoch-Spana: In returning to a so called normalcy the cover 19 vaccination needs to be seen as a step toward a more complete recovery that can and should include meaningful social change.



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00:09:31.740 --> 00:09:41.370

Monica Schoch-Spana: Here the action items are to align public agencies around a whole person model of recovery and to multiply the benefits of a single vaccination counter.

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00:09:42.030 --> 00:09:50.340

Monica Schoch-Spana: We also need to advance trust, building on multiple fronts, knowing that institutional failures around policing voting rights and the pandemic.

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00:09:50.640 --> 00:09:57.960

Monica Schoch-Spana: are inextricably linked in life experiences and minds of many bypass individuals and to close out my talk.

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00:09:58.350 --> 00:10:07.230

Monica Schoch-Spana: i'd like to say, as does report that right now we need to start participatory planning for comprehensive pandemic recovery.

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00:10:07.680 --> 00:10:21.750

Monica Schoch-Spana: And plan and implement that plan for generating durable opportunities and benefits for bypass communities as a priority aim until turn this back over to Emily and our other panelists for today.

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00:10:24.150 --> 00:10:36.570

Emily Brunson: Thank you, Monica for all of our participants as a reminder, we will answer questions after the speakers so if you have any questions as the webinars ongoing please put those in the Q amp a box.

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00:10:37.350 --> 00:10:49.200

Emily Brunson: Our next speaker is lowest prepared dumb lowest is a senior advisor and the policy advocacy and communications director at the Johns Hopkins international vaccine access Center.

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00:10:49.830 --> 00:10:59.580

Emily Brunson: lowest is a member of Community of the Community X working group, she has expertise in vaccine hesitancy vaccine policymaking and new vaccine introduction.

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00:11:00.120 --> 00:11:11.400

Emily Brunson: She previously worked in the pharmaceutical industry holding senior roles in regional operations global research and development commercial strategy and US operations lois over to you.

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00:11:12.570 --> 00:11:22.920

Lois Privor-Dumm: Thank you, thank you Emily i'm so happy to be here to to spotlight, one of the principles on information and our experience with baltimore city.

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00:11:23.820 --> 00:11:35.190

Lois Privor-Dumm: This particular area, so one of the things that baltimore city has done is tailored messages to address the specific concerns of local communities.

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00:11:35.610 --> 00:11:43.110

Lois Privor-Dumm: And the usual approach for doing this is to develop your messages and then oftentimes test it with the communities.

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00:11:43.590 --> 00:11:57.240

Lois Privor-Dumm: And our particular initiative which is called value baltimore so vaccine access lives in in acceptance access vaccine acceptance access and.

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00:11:57.870 --> 00:12:11.040

Lois Privor-Dumm: Unity education and engagement this particular goal is to engage with the specific communities and to meet them where they are to listen to each particular community.

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00:12:11.460 --> 00:12:18.270

Lois Privor-Dumm: This is a collaboration of the baltimore city health department, the mayor's office, our group at.

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00:12:18.660 --> 00:12:27.510

Lois Privor-Dumm: The International vaccine access Center at Johns Hopkins as well as partners from Morgan State University and micah Center for social design.

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00:12:28.080 --> 00:12:35.910

Lois Privor-Dumm: And they have recognized the importance of you taking an approach that builds long term trust.

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00:12:36.420 --> 00:12:51.540

Lois Privor-Dumm: So Baltimore city just for those that are not so familiar with the city is a majority African American population with a long history of mistreatment by medical institutions government and others.

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00:12:52.350 --> 00:13:02.640

Lois Privor-Dumm: Along with that we have Latinx populations, immigrants and other underserved communities, including older adults pregnant and breastfeeding women.

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00:13:02.970 --> 00:13:10.470

Lois Privor-Dumm: Homeless populations, people with disabilities, immigrants, an Orthodox Jewish community young men.

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00:13:11.010 --> 00:13:26.610

Lois Privor-Dumm: And the list goes on we're engaging 10 different value communities to talk to them and to co-develop messages and what's unique about this is that we are going through a process of listening.

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00:13:27.060 --> 00:13:41.580

Lois Privor-Dumm: And then listening we're not just you're asking people to tell us what's happening, but we're trying to feed that back into our messaging and understand how that translates into people's daily lives.

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00:13:42.090 --> 00:13:49.920

Lois Privor-Dumm: So what you would see here on the screen, is an example of the listening sessions, that we are conducting.

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00:13:50.400 --> 00:14:02.040

Lois Privor-Dumm: And these various listening session reflects the concerns that are happening in people's daily lives, so it's not just about Cobra 19 vaccination, although a lot of it is.

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00:14:02.370 --> 00:14:11.790

Lois Privor-Dumm: it's about things that you know underpin what they're feeling and what they're thinking so if you look to the the top left hand corner.

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00:14:12.570 --> 00:14:23.160

Lois Privor-Dumm: This is our Community group, one of the things that they've really pointed out to us is that we're concerned about access and not just access can I get the vaccine and.

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00:14:23.610 --> 00:14:33.330

Lois Privor-Dumm: Can I sign up but are things being done in the local language you know, are you addressing child care of child care is an issue.

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00:14:33.720 --> 00:14:42.450

Lois Privor-Dumm: Are you dressing transportation needs, and these are things that are important, not just for Cobra 19 vaccination but also for the longer term.

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00:14:43.200 --> 00:14:54.600

Lois Privor-Dumm: If you turn to the top right, this is our older adult group and you'll see what stands out is is skepticism but this isn't just skepticism about the vaccine.

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00:14:54.870 --> 00:15:08.190

Lois Privor-Dumm: it's skepticism about the health system more broadly, so one of the things that they told us is that when we listen to, when we talk about Kobe 19 vaccination that we need to be concerned.

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00:15:08.790 --> 00:15:19.680

Lois Privor-Dumm: About you what's going to happen next, how are we going to keep moving this forward and are you taking what you said and told us and making sure that.

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00:15:19.980 --> 00:15:30.600

Lois Privor-Dumm: Moving forward you're not just doing everything over the Internet and requiring us to use different means that we don't normally use, like, for instance.

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00:15:31.350 --> 00:15:44.400

Lois Privor-Dumm: An older adults, listen to radio a lot or listen to charm city TV and like consistency, so can they go to one single place and continue to get the same messages over and over again.

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00:15:45.240 --> 00:15:59.760

Lois Privor-Dumm: On the bottom right corner, we have the latinx communities where they are talking about things like misinformation they're very concerned about security but to have a lot of hope.

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00:16:00.420 --> 00:16:11.490

Lois Privor-Dumm: Going forward and there's certain strategies that we would need to take with those communities and then, finally, the group that we've spoken to is the.

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00:16:12.030 --> 00:16:20.550

Lois Privor-Dumm: Faith leader group, and this is an interfaith groups so it's not just the churches we're also bringing in rabbis and a mom.

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00:16:21.030 --> 00:16:35.700

Lois Privor-Dumm: To be able to come together and determine what are the needs of the faith community, how can we as leaders within this Community address the concerns that are out there and make sure that we're.

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00:16:36.570 --> 00:16:51.150

Lois Privor-Dumm: we're moving forward, so the idea behind Bali baltimore is that we're going to be educating each of these communities, about the vaccines, but also having that process of two way communication that Monica spoke about.

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00:16:51.690 --> 00:17:01.320

Lois Privor-Dumm: And really moving forward to co develop messages and materials and approaches to talking to other peers in their community.

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00:17:01.590 --> 00:17:10.830

Lois Privor-Dumm: So, using the peer ambassadors they'll be targeting people, just like them and addressing the questions that they have within their community.

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00:17:11.550 --> 00:17:30.990

Lois Privor-Dumm: So we're really excited about this particular process it's a departure from what's happened before, and I think people are looking at it as a way to achieve sustainability, a way to really build trust, because when people are meeting them where they are that's something that that will.

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00:17:32.010 --> 00:17:44.280

Lois Privor-Dumm: Take long term dividends so i'll stop there, unlike comments, but it's something that we're actually really we're quite encouraged by.

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00:17:44.580 --> 00:18:02.670

Lois Privor-Dumm: and seeing a lot of creativity it's just the beginning of the process will be going through for the next several months doing listening sessions with 20 different groups but moving forward, we expect to have a lot of different conversations that meet people where they are Thank you.

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00:18:04.620 --> 00:18:13.230

Emily Brunson: Thank you, Louis That was a wonderful example of how information as it's outlined in our report is working in baltimore.

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00:18:14.130 --> 00:18:26.700

Emily Brunson: Our next speaker is Dr Stephen be Thomas Stephen is a professor of health policy and management and is the director of the Maryland Center for health equity at the University of Maryland school of public health.

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00:18:27.420 --> 00:18:41.790

Emily Brunson: Stephen is also a leader of a community of X local team in Prince george's county Maryland Stephen has expertise in racial and ethnic health disparities and the translation of science into Community based interventions Stephen over to you.



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00:18:43.080 --> 00:18:48.450

Stephen Thomas: Well, good morning and it's a pleasure to be here and I have no slides.

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00:18:49.500 --> 00:18:57.240

Stephen Thomas: But I want to talk to you about what we're doing in Prince george's county Maryland just to set the stage Prince george's county Maryland.

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00:18:57.930 --> 00:19:06.360

Stephen Thomas: has a population of approximately a little over 900,000 people it's what the big county and it spreads.

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00:19:07.230 --> 00:19:24.060

Stephen Thomas: Its inside the capital Beltway portions of it and outside the capital Beltway we are 35 miles from the city of baltimore and so it's quite amazing that the two jurisdictions baltimore city and Prince george's county have leaders that look like me.

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00:19:25.200 --> 00:19:42.300

Stephen Thomas: So just imagine if the in an equitable distribution of vaccine that we're seeing around the country and in the state of Maryland where the very people who are suffering from the disease, the most who are ending up in the hospital, who are dying look like me.

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00:19:43.680 --> 00:19:45.360

Stephen Thomas: But the people getting vaccinated.

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00:19:46.530 --> 00:19:52.800

Stephen Thomas: don't look like me and that's happening everywhere we're actually measuring.

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00:19:54.120 --> 00:20:07.920

Stephen Thomas: and reporting race and ethnicity, there is a real big problem now if all the leaders were white, we would make the assumption that it had something to do with their lack of sensitivity.

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00:20:08.940 --> 00:20:18.510

Stephen Thomas: But what covered has exposed in my opinion, and what we're hearing in our interviews, is that it is a broken system.

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00:20:19.230 --> 00:20:28.410

Stephen Thomas: that the very racism, discrimination in any quality that we see reflected in some of the data is a function of a broken system.

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00:20:29.130 --> 00:20:36.600

Stephen Thomas: And just changing the demographics, of the leaders does not necessarily change the outcome and so it's in that context that language matters.

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00:20:37.560 --> 00:20:45.210

Stephen Thomas: i'm going to do you see my Barber Poles here so that's where I have a pulse speed on what's going on in the Community, and they say things like this to me.

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00:20:46.140 --> 00:20:56.340

Stephen Thomas: who came up with by pop what's that party what's this latinx I got some folks in the Community, that that don't.

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00:20:57.060 --> 00:21:07.860

Stephen Thomas: recognize that you're talking about the Hispanic Community when you say latinx so it reflected back to me that we need to look in the mirror at our language.

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00:21:08.400 --> 00:21:21.630

Stephen Thomas: Now that we're going to go into these communities and trying to build trust we're building trust under conditions of social economic deprivation and in the midst of a pandemic and it's not easy.

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00:21:23.040 --> 00:21:31.110

Stephen Thomas: And so I think covert has really exposed a solution space around which we're seeing in the country.

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00:21:32.220 --> 00:21:50.550

Stephen Thomas: Issues of race, ethnicity inequality, whether it's in school systems are in law enforcement and all those entities and institutions are going through a reckoning of sorts after the death of George floyd we had we have hospital systems in the state of Maryland.

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00:21:51.900 --> 00:22:02.220

Stephen Thomas: Claiming and making public pronouncements, that they are going to become anti racist organization that's a huge big opening and then covert hits.

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00:22:02.820 --> 00:22:15.750

Stephen Thomas: And really forces them to implement programming that actually does make that pronouncement of reality, so I think we have a chance here in the public health space to come up with solutions that have it.

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00:22:17.100 --> 00:22:28.290

Stephen Thomas: And evaded us, and I say that because the underlying conditions, the chronic diseases, the diabetes, hypertension, those were all there before covert.

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00:22:28.980 --> 00:22:35.160

Stephen Thomas: We call them the pre existing conditions and here's what the Community is saying why now.

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00:22:36.060 --> 00:22:48.210

Stephen Thomas: we've been suffering with diabetes, hypertension, heart disease, why are you rushing in now with with trying to build trust and work with us in our churches and come to our barbershops with mobile units.

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00:22:50.220 --> 00:23:00.810

Stephen Thomas: I think that we have to really look seriously that hesitancy does not mean never, but it does mean that the Community wants us to hey hold up.

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00:23:01.740 --> 00:23:11.430

Stephen Thomas: Where have you been now you're here let's talk about making sure this is not just a one and done not another drive by activity not another helicopter activity.

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00:23:11.790 --> 00:23:24.120

Stephen Thomas: But that you're here for the long haul to address the underlying health conditions that our communities have been suffering from, and I think that's a good thing, let me just say this that.

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00:23:26.520 --> 00:23:40.770

Stephen Thomas: Since the legacy of the tuskegee study comes up so many times I think it's important that we contextualize it the men and the tuskegee study 1932 1972 were denied treatment.

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00:23:41.880 --> 00:23:45.870

Stephen Thomas: and major efforts were made to ensure that those men were not treated.

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00:23:48.750 --> 00:23:59.100

Stephen Thomas: What do we do today what's the take home message from that is to make sure that when it comes to the covert vaccine that minority populations are prioritized and that they are treated.

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00:23:59.730 --> 00:24:08.580

Stephen Thomas: That they get the vaccine that we use all the all the mechanism of our institutions to ensure that they are served.

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00:24:09.840 --> 00:24:17.580

Stephen Thomas: that's the take home and my message to the audience here is not to run from the history of research abuse.

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00:24:18.780 --> 00:24:29.760

Stephen Thomas: You have to go through that in order to rebuild these relationships, because the history of racism and discrimination in our healthcare system would be easy to ignore or not so well documented.

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00:24:30.630 --> 00:24:41.940

Stephen Thomas: And just in closing in these remarks because I want to set up for the discussion which I think will be most important, the Community is saying to us that they want a long term relationship.

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00:24:43.110 --> 00:24:48.690

Stephen Thomas: And when they hear these pronouncements Oh, we can't wait to get back to normal, they say to me.

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00:24:49.740 --> 00:24:55.620

Stephen Thomas: Going back to that normal means that we live sicker and die younger we don't want to go back there.

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00:24:56.520 --> 00:25:04.950

Stephen Thomas: And so we need to make sure that we figure out how to not let this crisis, not let this pandemic slip through our fingers.

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00:25:05.790 --> 00:25:23.550

Stephen Thomas: With an opportunity to truly reimagine how we engage communities of color how we address the underlying health disparities and the other concerns they have and how we as health professionals look in the mirror and come up with a way of retooling our healthcare workforce.

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00:25:25.470 --> 00:25:27.180

Stephen Thomas: Let me stop there, thank you very much.

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00:25:28.830 --> 00:25:39.060

Emily Brunson: Thank you, Stephen I think that was a compelling reason for why investment and these efforts is so important, including but definitely not limited to covert 19 vaccination.

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00:25:40.200 --> 00:25:51.180

Emily Brunson: So our final speaker today before we get to the questions is Isabel der on a journalist by training Isabel is currently the president of the Latino cancer Institute.

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00:25:51.690 --> 00:26:01.230

Emily Brunson: A nonprofit community and research network dedicated to promoting education services, research and policy for Latinos nationwide around issues of cancer.

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00:26:01.830 --> 00:26:15.360

Emily Brunson: Isabel is a member of the Community X working group, she also serves on the board of Meta which she'll be speaking about today is the bill has expertise and patient advocacy health equity and Community engagement is about over to you.

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00:26:18.090 --> 00:26:25.650

Ysabel Duron: Thank you Emily it's great to be here with all of you and i'm going to make up for Stephen not having any slides, could I have my first slide please.

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00:26:26.610 --> 00:26:30.360

Ysabel Duron: thanks for this opportunity to join with come in of X on this critical project.

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00:26:30.720 --> 00:26:42.270

Ysabel Duron: I appreciate the heavy lift the proposed in the equity and vaccination report, and I have said from the start, it has to be a grassroots to grass tops equivalency to get it right, this time.

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00:26:42.660 --> 00:26:56.790

Ysabel Duron: Both Stephen and lowest hit I think are two critical principles in the report and i'm sharing a third integration through the lens of one Community that coalesced early to resolve issues due to slow public response and to drive its own agenda next, please.

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00:27:01.470 --> 00:27:07.980

Ysabel Duron: Next slide please I referred to the mission district of San Francisco it's a postage stamp of the zip code, it became the petri dish for covert.

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00:27:08.310 --> 00:27:15.030

Ysabel Duron: And where a colleague said to me coven stripped bare all the failed systems, it turns a spotlight in the social determinants of health.

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00:27:15.240 --> 00:27:21.840

Ysabel Duron: And disparities, you heard Stephen refer to those that community leaders pointing out to public health and government agencies for decades.

139

00:27:22.050 --> 00:27:33.540

Ysabel Duron: San Francisco population of 880,000 has a 15% population of Latinos they suffered 51% of the infections and one in four deaths from the virus onset all the usual.

140

00:27:33.930 --> 00:27:38.370

Ysabel Duron: suspects, the underlying co-morbidities the reasons why apply here.

141

00:27:38.700 --> 00:27:49.140

Ysabel Duron: The mission is the heart of Lebanese mo going back to the 1700s with the missions, the native Indians, the Spanish and the Mexicans, followed by waves of Central Americans in the last half century.

142

00:27:49.410 --> 00:27:53.190

Ysabel Duron: That Dino feet are firmly planted in the mission next slide please.

143

00:27:54.090 --> 00:28:08.790

Ysabel Duron: Fast forward to march 2021 two ages old community service provider saw public health calamity in the making, in the first 30 days, the lack of covered information in Spanish and indigenous languages.

144

00:28:09.150 --> 00:28:22.290

Ysabel Duron: followed fairly quickly with the jolt to housing family support system, schools, the disruption exacerbating food and job insecurity piled on by lack of equal access to broadband and virtual information systems.

145

00:28:22.740 --> 00:28:30.720

Ysabel Duron: And no clear signals from city leaders by April came the coalescence of groups guided On one hand by the mission economic.

146

00:28:31.110 --> 00:28:42.570

Ysabel Duron: Development Agency mega who success of reducing Latino housing displacement caused by growing gentrification and ran hikes thrust it into the national spotlight long before Kobe.

147

00:28:42.870 --> 00:28:47.400

Ysabel Duron: It helps stabilize small businesses with loans does thousands of free tax returns.

148

00:28:47.670 --> 00:28:59.130

Ysabel Duron: And drove policy in the state legislature to expand promise neighborhoods which implemented with the primary goal to reduce poverty through cradle to career social and educational interventions.

149

00:28:59.430 --> 00:29:10.140

Ysabel Duron: mega became a force multiplier bringing together up to 32 agencies in the mission over time, who amongst themselves became the Latino Task Force and the equity Task Force.

150

00:29:10.410 --> 00:29:22.440

Ysabel Duron: Many of them with business acumen some who knew their way around City Hall, and the department of public health, all of them, seeing failures play out in real time among Latino families next, please.

151

00:29:23.550 --> 00:29:33.690

Ysabel Duron: Their strategy to not wait for rescue I dubbed them the warriors in the mission were young activists bonded with 16 social justice champions, and these are just a few of them.

152

00:29:33.990 --> 00:29:47.400

Ysabel Duron: centered in the food hub where grocery distribution went from 300 to 7000 bags of groceries a month from one end of the mission to the other groups, each brought their expertise their concerns their proposed solutions to the table.

153

00:29:47.670 --> 00:29:51.780

Ysabel Duron: and put aside as best they could egos and intramural hustling for place.

154

00:29:52.080 --> 00:29:58.980

Ysabel Duron: and together they built an agenda and supported each other for emotionally emotionally, that is in these weekly virtual meetings.

155

00:29:59.250 --> 00:30:03.810

Ysabel Duron: They went to City Hall demanding increased investments to fill their overwhelmed coffers.

156

00:30:04.050 --> 00:30:21.750

Ysabel Duron: They went to public health, demanding the testing and tracking come to the mission immediately they joined with ucsf to host a covert testing site to prove to the powers that be that the impact in the mission deserved all the help it was asking for, and that was just an April next slide.

157

00:30:22.890 --> 00:30:33.330

Ysabel Duron: These coalition's never let up they developed surveys to gauge, who was hurting and how there were the undocumented the day laborers the unsheltered the women's alliance, the essential workers.

158

00:30:33.660 --> 00:30:43.680

Ysabel Duron: At a lessons traumatized and talking suicide parents unsure how to access distance learning for their children, the hungry the confused and the fearful of being quarantined.

159

00:30:44.130 --> 00:30:48.360

Ysabel Duron: Volunteers students and Community health workers suited up and went house to house.

160

00:30:48.630 --> 00:30:59.460

Ysabel Duron: Delivering hastily developed covert information flyers and brought thousands out for testing the turn the tide to prove that they're infection rates had need for dedicated services.

161

00:30:59.700 --> 00:31:07.800

Ysabel Duron: They hosted caravans both car and on foot to City Hall, to let the powers that be know that they were engaged watching and not waiting.

162

00:31:08.160 --> 00:31:16.860

Ysabel Duron: By mid September the mayor and her subordinates were having regular meetings with the groups who turned out one in 200 people on a virtual meeting to demonstrate their unity.

163

00:31:17.130 --> 00:31:21.300

Ysabel Duron: They met, often with the department of public health, with a coordinated plan for addressing.

164

00:31:22.290 --> 00:31:28.140

Ysabel Duron: All of their concerns and vaccine subgroups started to meet a weekly develop their own strategy for uptake.

165

00:31:28.410 --> 00:31:36.270

Ysabel Duron: They wrote up a recovery plan and asked for \$28 million to put them on that road to recovery which the mayor agreed to find dollars to fund.

166

00:31:36.510 --> 00:31:42.720

Ysabel Duron: And that was just the short term, most recently, they insisted for cured at least three vaccine sites in the mission.

167

00:31:42.990 --> 00:31:53.820

Ysabel Duron: From the public health department who's director called it a model for the rest of San Francisco and the Community considers themselves the driver in partnership with the pH next, please.

168

00:31:54.960 --> 00:31:59.280

Ysabel Duron: So mother itself is 48 years old and believes the Community needs to hand.

169

00:31:59.790 --> 00:32:12.660

Ysabel Duron: To band together as thought leaders in defining and driving forth and agenda for equitable recovery and in its words advancing national equity movement what emerged from covert is a model in which the Community leaders.

170

00:32:13.170 --> 00:32:20.520

Ysabel Duron: Led by mega activated Community members to push back to own it's right and its ability to determine its destiny.

171

00:32:20.820 --> 00:32:28.860

Ysabel Duron: They themselves are tested and educated leaders they trust their own talents and abilities that come from the spirit of activism, that is historic.

172

00:32:29.100 --> 00:32:36.000

Ysabel Duron: There is a commitment to the whole Community, despite individual issues a pledge to be proactive and adaptive device.

173

00:32:36.300 --> 00:32:43.590

Ysabel Duron: Devising outside the box strategies, now they are being called on by other groups outside of San Francisco and even outside of the state.

174

00:32:43.920 --> 00:32:50.070

Ysabel Duron: and other communities to please share the gain knowledge and they're developing a toolkit or a template of the model they built.

175

00:32:50.340 --> 00:32:59.010

Ysabel Duron: In which they share how to leverage the communities inherent strength to collectively build Latino prosperity Community ownership and civic power.

176

00:32:59.370 --> 00:33:10.860

Ysabel Duron: And so I conclude that this is the way racial and ethnic communities will have peer partnerships with local and state authorities integrating amongst themselves as a united powerful voice.

177

00:33:11.070 --> 00:33:20.820

Ysabel Duron: So they can have equal say and believe that they are moving forward for what they see their communities need and not what somebody else's telling them.

178

00:33:21.480 --> 00:33:30.510

Ysabel Duron: This is truly I think a model on very proud of the work they're doing today they're all going to spend time determining.

179

00:33:30.900 --> 00:33:40.320

Ysabel Duron: What happened in this past year, and both celebrating and mourning the celebrating their wins and morning those they have lost, thank you very much for giving me the time.

180

00:33:43.410 --> 00:33:53.040

Emily Brunson: Isabel Thank you that's a powerful example of holistic recovery that's being driven by the Community but also integrated with the local public health.

181

00:33:53.820 --> 00:34:06.240

Emily Brunson: So at this time, we will begin with our questions, so please, if you have questions enter them into the Q amp a box and we will get to them as as we can.

182

00:34:06.750 --> 00:34:14.160

Emily Brunson: To start off with we have some general questions for the group and so Monica I think this one is best for you to answer.

183

00:34:14.850 --> 00:34:29.490

Emily Brunson: So thinking about these five eyes, how can communities begin to implement them, are there any first steps that should be taken in in communities where, for example, none of these eyes are being done right now.



184

00:34:32.520 --> 00:34:43.740

Monica Schoch-Spana: i'd like to underscore that Community engagement isn't just icing on the cake, or you know it's up there with motherhood and apple pie we're all in favor of it.

185

00:34:44.640 --> 00:34:59.730

Monica Schoch-Spana: But it does require an investment in a crib, it is a critical infrastructure, and so we need to make concrete investments, it means establishing.

186

00:35:00.120 --> 00:35:14.130

Monica Schoch-Spana: Health equity Task Force it's about setting aside personnel operating budgets and strategic planning that elevate Community engagement to the same level of other critical.

187

00:35:14.730 --> 00:35:31.320

Monica Schoch-Spana: Public services, and so I think right now, mindful that we're in a low resource environment many state and local governments nonetheless do have Community liaison Ombudsman.

188

00:35:32.430 --> 00:35:42.510

Monica Schoch-Spana: connectors that are within the Community and connected to the Community, so we need two more more.

189

00:35:43.740 --> 00:35:50.190

Monica Schoch-Spana: strongly conroy's coordinate the assets on the governmental side, at the same time.

190

00:35:51.990 --> 00:35:53.280

Monica Schoch-Spana: There needs to be.

191

00:35:54.690 --> 00:36:10.080

Monica Schoch-Spana: active outreach and engagement to Community based organizations that have been working very long and hard on on the issues of Community development and economic revitalization and health equity, so there should be capacity building on both sides.

192

00:36:11.340 --> 00:36:20.160

Monica Schoch-Spana: I think we're going to see some some some dollars available to shore up the Community capacity side.

193

00:36:20.580 --> 00:36:34.740

Monica Schoch-Spana: With the relief act but it shouldn't be a one and done, I mean this, this is an infrastructure, both in the Community and in government that is necessary for genuine Community engagement so.

194

00:36:34.800 --> 00:36:35.700

Emily Brunson: crack crack.

195

00:36:35.730 --> 00:36:39.960

Monica Schoch-Spana: crack open your rolodex is now and build bridges.

196

00:36:40.980 --> 00:36:47.190

Emily Brunson: Thank you, Monica and just to show up what you're saying is the other co lead of Community backs.

197

00:36:47.640 --> 00:36:56.460

Emily Brunson: I would just add that, from my perspective, with this, there is not one way that this can be done in communities, which is why we're not saying you know do this this and this.

198

00:36:56.910 --> 00:37:09.840

Emily Brunson: But it is a decision that needs to be made to begin as Monica said, and it that's, the first thing that that really needs to be started as a commitment to begin this and to take concrete steps that makes sense locally.

199

00:37:10.650 --> 00:37:22.020

Emily Brunson: So Stephen and lois this question, I think, would be good for the two of you, since you are working in a similar geographical area that is quite large and diverse.

200

00:37:22.560 --> 00:37:33.420

Emily Brunson: So how can equity be addressed in communities where several different racial and ethnic groups with their own concerns and their own access issues exist.

201

00:37:34.110 --> 00:37:44.070

Emily Brunson: Is this something that can be done with everyone at once, through through one type of outreach or Is this something that needs to be done on a group by group basis.

202

00:37:45.600 --> 00:37:46.980

Stephen Thomas: Unless I let you go first.

203

00:37:47.070 --> 00:37:56.400

Lois Privor-Dumm: Okay sure, and what we're doing in baltimore city is is really something that is Labor intensive, but something that is going to.

204

00:37:56.730 --> 00:38:06.030

Lois Privor-Dumm: pay off in the long run and that's recognizing that communities are diverse and even within communities, you have a lot of diversity.

205

00:38:06.480 --> 00:38:16.410

Lois Privor-Dumm: So we found that it's important to bring people together to have their own discussions and be able to talk about their own issues.

206

00:38:16.800 --> 00:38:29.400

Lois Privor-Dumm: That are particular to their community and help develop those those strategies that work for their communities, because what we do find is what works in one place won't necessarily work in another place.

207

00:38:29.790 --> 00:38:40.410

Lois Privor-Dumm: there's different leaders in each place there's different you know cultural factors in each place different different challenges you transportation can be.

208

00:38:41.130 --> 00:38:50.340

Lois Privor-Dumm: challenging one place, but you know, maybe it's more walkable in another place, or you know the the relationship that they have with.

209

00:38:50.670 --> 00:39:02.280

Lois Privor-Dumm: Different different churches or health centers or different people within the Community or different from Community to Community so we found that it's important to take the time.

210

00:39:02.700 --> 00:39:08.790

Lois Privor-Dumm: To really meet people where they are to really understand their issues and and have that own.

211

00:39:09.270 --> 00:39:21.720

Lois Privor-Dumm: connection now what this doesn't mean is it doesn't mean that you don't have some general communication things need really do need to be on multiple levels and so what's happening is.

212

00:39:22.260 --> 00:39:32.370

Lois Privor-Dumm: Overall there's communication coming from baltimore city, but the specific messages that are going to resonate with specific communities are going to.

213

00:39:32.940 --> 00:39:39.840

Lois Privor-Dumm: take into account, you know who you are what your concerns are and what you hear when you hear about most because some people.

214

00:39:40.170 --> 00:39:57.540

Lois Privor-Dumm: Are you know very concerned about access issues well other people have some some questions about vaccine and talking to them about something that you know it's not where they're they are in their thinking is can turn people off, and so what we're trying to do is build trust.

215

00:39:58.710 --> 00:39:59.880

Lois Privor-Dumm: Stephen over to you.

216

00:40:00.780 --> 00:40:09.600

Stephen Thomas: Well, along with trust comes trustworthiness, and I think that's The other issue that we have to face as lois and I are out there kind of.

217

00:40:10.950 --> 00:40:27.210

Stephen Thomas: knocking down barriers and opening up doors and getting relationships going, we have to be trustworthy who's coming behind us, you have to understand these communities are wary and hesitant for a reason it's legitimate, we should acknowledge that.

218

00:40:28.380 --> 00:40:38.910

Stephen Thomas: And so, that means listening, which we have been doing, and it also means recognizing that part of the institutional racism that exists in this country is divide and conquer.

219

00:40:39.360 --> 00:40:48.540

Stephen Thomas: To have the African Americans opposed to the Latinos opposed to the Asians guess what covert has exposed all of that, for us to see.

220

00:40:49.620 --> 00:40:56.640

Stephen Thomas: For the first time in this country during our kind of generation we're witnessing Asian hate.

221

00:40:58.920 --> 00:41:02.220

Stephen Thomas: A group that was characterized as the model immigrant.

222

00:41:03.630 --> 00:41:10.530

Stephen Thomas: And now we're seeing out right Asian lives matter emerged during this pandemic.

223

00:41:11.940 --> 00:41:18.390

Stephen Thomas: Some people are lovers, some people are splitters i'm a lumber I think we bring them all together.

224

00:41:19.410 --> 00:41:37.620

Stephen Thomas: Because our commonality in our experience in this society is what has kept us apart because it is as if we're fighting one another, so i'm hoping that African Americans latinx Asian native American we come together.

225

00:41:39.210 --> 00:41:47.970

Stephen Thomas: The pandemic brings us together and that the individual communication channels and strategies can vary.

226

00:41:48.720 --> 00:41:55.590

Stephen Thomas: But there's a communication strategy that's actually the same for all it's time for us to take charge of our own health.

227

00:41:56.190 --> 00:42:10.590

Stephen Thomas: it's time for us to not be so and we in the health professions are so nice, I think we have to show more outrage, because if we don't start showing outrage, the Community is not sure we have the strength.

228

00:42:11.520 --> 00:42:24.420

Stephen Thomas: To push against these institutions, they think that the window is going to close, people will get fascinated and will be forgotten, they want us to be as outrageous, as they are.

229

00:42:25.680 --> 00:42:34.770

Stephen Thomas: And that means outrage with the anti vaccine if we don't acknowledge that there are organized forces literally what resources.

230

00:42:36.840 --> 00:42:45.690

Stephen Thomas: Spreading this information in our communities undermining our leaders and influencers and then we are not prepared for the battle we're in.

231



00:42:46.770 --> 00:42:53.910

Stephen Thomas: When we watch states literally say it's all over no more mass come on out to the games.

232

00:42:55.290 --> 00:42:56.700

Stephen Thomas: they've got to hear from us.

233

00:42:58.290 --> 00:43:00.720

Stephen Thomas: Maryland can't just save Maryland.

234

00:43:01.920 --> 00:43:15.510

Stephen Thomas: We can be a model for the country, but when our folks see the State of Texas and other places just completely opening up, it makes us even more vulnerable, so I say in the context of Community of X.

235

00:43:16.530 --> 00:43:20.460

Stephen Thomas: We have to express and channel the outrage of the Community.

236

00:43:21.630 --> 00:43:32.580

Stephen Thomas: So that the barriers that we've identified are not glossed over and these communities left once again living sicker and dying younger you've got the floor Emily.

237

00:43:33.630 --> 00:43:43.710

Emily Brunson: Thank you, and I thank you both I think that you, you got it the delicate tension that exists there by working individually with communities, even if they happen to be in the same geographic area.

238

00:43:44.220 --> 00:43:50.940

Emily Brunson: To to build that trust, and trust worthiness but at the same time looking at this as a unifying force.

239

00:43:51.510 --> 00:44:06.120

Emily Brunson: For communities, but, but also for advocates like ourselves, who are you know pushing back against institutions for that change so Isabelle a final question to open up our questions session for you, if you could.

240

00:44:07.170 --> 00:44:17.100

Emily Brunson: In a few words answer this question, which is loaded and a devil's advocate type question so everyone's agreeing the equity is important.

241

00:44:18.120 --> 00:44:33.330

Emily Brunson: But how would you how would you answer this, so why should we be thinking about or even trying to address the long term issues that are associated with by pot communities when right now, all we need to do is get people vaccinated.

242

00:44:36.090 --> 00:44:46.830

Ysabel Duron: Because health is wealth and if we are going to actually rebuild the economic engine of our country, we also need to rebuild the communities that have been devastated physically.

243

00:44:47.190 --> 00:44:56.370

Ysabel Duron: And if they're not vaccinated and ready to get back to to work they're not going to be productive and that becomes therefore a bigger drain on the country.

244

00:44:56.700 --> 00:45:06.690

Ysabel Duron: you notice that the President has given us a game plan for maybe two years to help us get back on our feet, the Latino Community didn't just take a huge.

245

00:45:07.290 --> 00:45:20.580

Ysabel Duron: Physical hit with covert, but it also took a huge economic hit, they are the essential workers out there, the workers from anywhere from 25 to 54 with some of the highest mortality rates.

246

00:45:20.970 --> 00:45:32.820

Ysabel Duron: because they are the ones out there working you're going to see a downturn in productivity from this particular community which, if you look at its GDP has the eighth largest GDP in the world.

247

00:45:33.540 --> 00:45:44.670

Ysabel Duron: trillions of dollars come out of the productivity of the Latino Community that's lost if we can't rebuild this community and therefore each community has its worth.

248

00:45:45.000 --> 00:45:53.430

Ysabel Duron: And we need to look at the long term, how do we bring back everybody productively productively so that they, and so that means being healthy.

249

00:45:54.240 --> 00:46:08.520

Ysabel Duron: That means addressing not just the current issue, but the long term issue that Stephen referred to, we cannot think we cannot limit our thinking about this issue, it has to be a long term visionary plan to move us all forward.

250

00:46:09.840 --> 00:46:18.990

Emily Brunson: Thank you Isabel I think that you nailed it in the head that you know that it's not just helped by itself it's everything else that goes into it and how health impacts, the the whole system.

251

00:46:19.860 --> 00:46:35.490

Emily Brunson: So at this point i'm going to turn over the questions to santana ravi, who is a PhD student at Johns Hopkins and also a member of the Community X working group so essentially over to you.

252

00:46:37.980 --> 00:46:45.390

Sanjana Ravi: Okay, thank you Emily we've gotten a number of really interesting question so if we can get through, as many of these as possible.

253

00:46:46.020 --> 00:46:54.990

Sanjana Ravi: i'll start with a question that was asked pretty early on, and I think echoed by several other participants in today's webinar.

254

00:46:55.620 --> 00:47:08.370

Sanjana Ravi: But it's basically the question of you know we all agree that equity is really important and needs to be a central component of the code 19 vaccine rollout but how do we actually get started.

255

00:47:09.060 --> 00:47:20.610

Sanjana Ravi: You know, for a public official who's perhaps struggling to establish those collaborative ties with a local health department or with health officials overseeing the vaccine rollout.

256

00:47:20.970 --> 00:47:27.780

Sanjana Ravi: How do we actually get started in building those connections and strengthening those relationships in such a way that.

257

00:47:28.140 --> 00:47:37.500

Sanjana Ravi: The people who need the vaccine, the most in a given Community most likely members of bypass communities are actually getting them and that.

258

00:47:37.980 --> 00:47:47.940

Sanjana Ravi: Valuable you know vaccination slots are not being taken by people with privilege or who have the means to actually access and book those appointments.

259

00:47:48.840 --> 00:47:57.210

Sanjana Ravi: I think this, it would be great to hear from all of the panelists on this, but I know lois has been working extensively in baltimore on this, so perhaps we could start with you.

260

00:47:58.110 --> 00:48:04.530

Lois Privor-Dumm: yeah thanks thanks and gentlemen, this is a really important question and it's a it's a real challenge.

261

00:48:04.980 --> 00:48:14.100

Lois Privor-Dumm: To make sure that the vaccine doses are not just going to those that you are able to sit on hours with the Internet or or have connections.

262

00:48:14.550 --> 00:48:24.150

Lois Privor-Dumm: it's one of the it's one of the key strategies that both you know the city, the counties, the state are working on.

263

00:48:24.570 --> 00:48:30.810

Lois Privor-Dumm: So, through my work with the the state equity Task Force, one of the things that is really.

264

00:48:31.380 --> 00:48:39.840

Lois Privor-Dumm: Important that's happening is ensuring that doses are going directly to some of the communities that are most underserved.

265

00:48:40.170 --> 00:48:46.830

Lois Privor-Dumm: What this means is is working with the churches, working with various community groups are those that have.

266

00:48:47.340 --> 00:49:01.140

Lois Privor-Dumm: You know, direct connections to the Community to make it easy so one of the real barriers has been you know if if you have hours to sit on the Internet, and you know go through the the terrible web of.

267

00:49:01.500 --> 00:49:08.880

Lois Privor-Dumm: trying to figure out where do you sign up you know, maybe you can get an appointment, or if you have a connection, as I said earlier, but.

268

00:49:09.570 --> 00:49:16.830

Lois Privor-Dumm: What the churches do is they make it easy they go to directly they know who is vulnerable in their communities.

269

00:49:17.220 --> 00:49:25.860

Lois Privor-Dumm: They go directly out to their communities they say call this number and you'll sign up and get an appointment.

270

00:49:26.190 --> 00:49:34.080

Lois Privor-Dumm: And they take volunteers from the Community to go out and recruit people and bring them in to make it easy.

271

00:49:34.440 --> 00:49:45.480

Lois Privor-Dumm: they're also organizing transportation, because sometimes transportation is a real barrier So the important thing is to have some very deliberate strategies about.

272

00:49:45.840 --> 00:49:58.140

Lois Privor-Dumm: Where are the places within your communities that really are having trouble accessing and reach out to community groups, because the communities, the churches, the synagogues the mosques.

273

00:49:58.560 --> 00:50:12.600

Lois Privor-Dumm: they're the ones that really know who needs to be in there, and you can bring them forward The other thing that's good with the state equity task forces it's providing an allocation of doses that.

274

00:50:13.170 --> 00:50:22.740

Lois Privor-Dumm: That are set aside for those underserved communities so they're not competing with others for their ability to get things going.

275

00:50:23.100 --> 00:50:35.010

Lois Privor-Dumm: The other thing is that it also brings in Community providers so you're taking people that are local and developing partnerships and relationships to make sure that.

276

00:50:35.430 --> 00:50:47.340

Lois Privor-Dumm: People see what's happening and people have a chance to talk about their experience and really walk away with something that hopefully is going to be long lasting and not just about.

277

00:50:47.760 --> 00:51:03.000

Lois Privor-Dumm: coven 18 because the only other thing is, it would be Shame on us if we are taking people in and vaccinating them and not talking about other Community services or other ways to be able to address people's needs.



278

00:51:04.680 --> 00:51:12.120

Stephen Thomas: We you know I think there's both danger and opportunity in bedded in the question, what do we mean when we say equity.

279

00:51:12.630 --> 00:51:17.490

Stephen Thomas: I think we're gonna have to be a lot more explicit we're using terms and making the assumption that it translates.

280

00:51:18.270 --> 00:51:37.770

Stephen Thomas: And so what country what society puts a life saving vaccine at the end of the Internet and yet does not ensure that everyone has access to that Internet there's where we see the equity and i'm not hearing the discussion of universal access to the Internet.

281

00:51:38.850 --> 00:51:52.320

Stephen Thomas: But I am hearing all this hey guess what telemedicine, is here to stay, we got 20 years behind the vaccine accelerated us we're going telemedicine i'm hearing all these things going online and smartphones i'm hearing, no more.

282

00:51:53.130 --> 00:52:03.360

Stephen Thomas: No more paper money we're going to go cashless everything's electronic and yet you're going to leave segments of our society in deserts.

283

00:52:04.650 --> 00:52:17.040

Stephen Thomas: We got to have the equity conversation because equity means that when it comes to measurement for all the researchers out there that we are focused on the most vulnerable in our society.

284

00:52:18.900 --> 00:52:21.060

Stephen Thomas: that's the conversation we're not having yet.

285

00:52:23.490 --> 00:52:25.050

Ysabel Duron: Can I add oh sorry Stephen.

286

00:52:25.350 --> 00:52:29.550

Stephen Thomas: I was just gonna say, in addition to the clergy, you see, I got the Barber Poles here for a reason.

287

00:52:29.940 --> 00:52:47.730

Stephen Thomas: Okay, and don't you remember when we used to say we're all in this together, I used to like that that coven didn't discriminate we're all in this together yeah we're in one big mighty storm but we're in different boats, some people are in cruise liners yachts speed boats.

288

00:52:48.870 --> 00:53:06.240

Stephen Thomas: and some are in home a rafts and inner tubes and some have been thrown overboard simply to fend for themselves, we have to expose that we have to use our privilege that we have in these Hollywood squares to give voice to these communities if we're ever going to turn the corner.

289

00:53:07.350 --> 00:53:08.520

Stephen Thomas: you've got the floor Isabelle.

290

00:53:08.820 --> 00:53:17.070

Ysabel Duron: Oh, thank you very much Steven started to talk about those Barber Poles, so I was sure you are going to launch into Community health workers, which you know very well.

291

00:53:17.310 --> 00:53:30.390

Ysabel Duron: But something that we think is very important because it might be that bridge between that access to that Internet and signing up and these communities who sometimes don't have the same kind of access, I.

292

00:53:31.020 --> 00:53:38.940

Ysabel Duron: The Biden administration, I believe, and some of the Senate have picked up the whole aspect of creating a new public healthcare.

293

00:53:39.450 --> 00:53:44.460

Ysabel Duron: workforce, and this would include these Community health workers, which many of our low income.

294

00:53:44.730 --> 00:53:54.450

Ysabel Duron: Our underserved communities us, in fact, to become the bridge between the Community and the healthcare system because they're the language barriers, the cultural barriers, etc, etc.

295

00:53:54.720 --> 00:53:59.490

Ysabel Duron: And therefore, these, we have seen over time and it's been proven, time and again I don't know how many.

296

00:54:00.120 --> 00:54:10.020

Ysabel Duron: Research projects, we have to point that to say it's been proven now, we just need to put investment into the communities to develop out those particular.

297

00:54:10.410 --> 00:54:23.880

Ysabel Duron: Community health workers to pay them not to volunteer them, these are low income communities whose own economies need to be rebuilt so let's build capacity let's invest in their opportunity to add to the.

298

00:54:24.900 --> 00:54:40.050

Ysabel Duron: The ethnically racially you know integrated public healthcare workforce that actually serves the Community, and I think that that's the next steps that's the future and i'm you know i'm right on i'm right on that boat with you.

299

00:54:41.970 --> 00:54:44.790

Ysabel Duron: And I think everybody needs to get in that boat with us.

300

00:54:44.880 --> 00:54:54.300

Stephen Thomas: And deed and i'm pleased to report that the barbers and stylist that we've trained in our program that started with colorectal cancer screening and now it's gotten into covert mitigation.

301

00:54:54.930 --> 00:55:05.040

Stephen Thomas: have been certified by the state of Maryland as certified Community health workers, but then I talked to an insurance executive, you know what they told me oh yes.

302

00:55:05.640 --> 00:55:14.760

Stephen Thomas: A Community health workers do have a cpt code or some kind of code at cms for purposes of reimbursement, but that doesn't mean the insurance companies going to pay.

303

00:55:15.390 --> 00:55:23.250

Stephen Thomas: I thought that was very interesting here again we have policy to create Community health workers, we have a career path for them.

304

00:55:23.730 --> 00:55:30.900

Stephen Thomas: We have a cpt code at cms for insurance reimbursement and the companies are saying just because you have a code doesn't mean we have to pay.

305

00:55:31.740 --> 00:55:47.910

Stephen Thomas: The communities looking to us in these Hollywood squares to give passion and voice to say yes, you will pay and here's why and we start our letter writing to a letter officials, we do all the things that we know to do if we don't do that.

306

00:55:49.500 --> 00:55:54.930

Stephen Thomas: It just be more of the same and the conclusion is that our lives don't matter yeah.

307

00:55:55.230 --> 00:55:55.590

Ysabel Duron: And I think.

308

00:55:56.580 --> 00:56:07.020

Ysabel Duron: And I think that's where both local and state governments need to step up, they need to look at that they're the ones that have the power to put pressure those insurance companies and a year.

309

00:56:07.980 --> 00:56:15.660

Ysabel Duron: Right, because this is one of the reasons why we find even local clinics, who serve most of the underserved across the country.

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00:56:15.840 --> 00:56:23.100

Ysabel Duron: The federally qualified clinics, is why they're not utilizing that Community health worker as that bridge as often as they can ensure.

311

00:56:23.430 --> 00:56:41.520

Ysabel Duron: Because it's not reversible expense, or they find ways to to make it one, but if there is a code, we should go back to the feds and and and President Biden who wants to improve this workforce and say this is where you need to put your foot on that group and you need to make them change.

312

00:56:44.190 --> 00:56:45.120

Monica Schoch-Spana: I did want to.

313

00:56:47.190 --> 00:56:57.750

Monica Schoch-Spana: circle back to the question like what to do what to do and look i'm a white middle class woman.

314

00:56:59.610 --> 00:57:11.400

Monica Schoch-Spana: So I know I need to turn to experts on this issue, so I challenge all governmental executives to have an accountability buddy.

315

00:57:11.970 --> 00:57:18.780

Monica Schoch-Spana: And i'll give you a concrete example of what that looks like from our community of X local team and Alabama Alabama.

316

00:57:19.470 --> 00:57:31.110

Monica Schoch-Spana: thought they had a great idea, and it was to start about a decentralized distribution system, making vaccines available through walmart firm fault walmart pharmacies.

317

00:57:31.680 --> 00:57:46.380

Monica Schoch-Spana: But if you take a map of who lives were in map in Alabama and you map it against walmart you find out that a lot of African Americans particularly rural African Americans.

318

00:57:46.920 --> 00:57:57.690

Monica Schoch-Spana: They don't get to walmart really easily and our investigative from that team said to the health department, let me show you this map.

319

00:57:58.590 --> 00:58:19.140

Monica Schoch-Spana: And the health officer said oh my gosh so you do have to have an accountability buddy of some kind, if you don't have in health equity officer, if you don't have an equity Task Force then start somewhere and have that accountability buddy.

320

00:58:22.530 --> 00:58:23.370

Stephen Thomas: I like that.

321

00:58:26.460 --> 00:58:27.750

Stephen Thomas: We all need buddies.

322

00:58:34.410 --> 00:58:35.430

Emily Brunson: Thank you all okay.

323

00:58:36.000 --> 00:58:40.230

Stephen Thomas: I was just gonna say we had a silent space here in this Hollywood squares.

324

00:58:41.640 --> 00:58:45.810

Emily Brunson: I think we were debating can we ask one more question and then the minute we have left and.

325

00:58:46.140 --> 00:58:48.330



Stephen Thomas: there's only a minute we must be having fun.

326

00:58:49.980 --> 00:58:51.720

Ysabel Duron: I was trying not to be rude Stephen.

327

00:58:52.920 --> 00:58:55.350

Ysabel Duron: just waiting being polite.

328

00:58:56.970 --> 00:58:59.580

Ysabel Duron: We have to stop being polite I think that's the message.

329

00:58:59.790 --> 00:59:05.730

Stephen Thomas: We have to be comfortable with being uncomfortable around some of these topics and what Monica just said.

330

00:59:06.120 --> 00:59:16.650

Stephen Thomas: people walking on eggshells today afraid they're going to say the wrong thing you saw that the the basketball coach who somehow said hey team come on we're all gonna stay on the plantation.

331

00:59:17.340 --> 00:59:24.690

Stephen Thomas: Little did he know the fallout that's national news that's viral down guess what I i'm just not gonna talk at all.

332

00:59:25.440 --> 00:59:35.880

Stephen Thomas: that's what we have to work against, we have to create the safe space for and be tolerant with one another to bring on another along this journey, because the only way to get there.

333

00:59:36.360 --> 00:59:45.210

Stephen Thomas: is to acknowledge the issues of race racism in institutional discrimination, we can't get there simply by saying.

334

00:59:45.570 --> 00:59:52.110

Stephen Thomas: here's our message for the Latino community to roll up their sleeves say it this way that's not going to get us where we need to go.

335

00:59:52.620 --> 01:00:02.040

Stephen Thomas: It is about communication and the last thing i'll just say is this language matters here's what the Barber said to me during black history month Monica.

336

01:00:02.850 --> 01:00:14.370

Stephen Thomas: Dr T, why are you in here talking about herd immunity during black history month they got documentaries on about us being slaves and being treated like cattle and chattel i'm not a horse.

337

01:00:14.970 --> 01:00:16.500

Lois Privor-Dumm: Then I need immunity.

338

01:00:16.650 --> 01:00:33.930

Stephen Thomas: Then I explained to them what herd immunity and that's what they said back to me well would Community immunity work I said brilliant let's go to the Community for solutions not just go to them and describe here's your problem, they have wisdom that we need.

339

01:00:35.100 --> 01:00:38.430

Emily Brunson: And Stephen with that we will end that was wise words.

340

01:00:39.450 --> 01:00:48.330

Emily Brunson: from you as well, so thank you everyone for joining us today as a note on April 20 Community X will be hosting another webinar.

341

01:00:48.930 --> 01:01:02.670

Emily Brunson: related to the same topic, but focusing very specifically on why and how state and local health departments can move to more Community centric models, so thank you all for joining us today, and hopefully we'll See you in April.

342

01:01:03.390 --> 01:01:04.140

Stephen Thomas: I buy.

343

01:01:04.410 --> 01:01:06.060

Stephen Thomas: You where are your mask.

344

01:01:06.750 --> 01:01:09.090

Stephen Thomas: Here away from crouton wash those hands.

345

01:01:09.360 --> 01:01:10.350

Ysabel Duron: and get vaccinated.

346

01:01:11.580 --> 01:01:12.720

Stephen Thomas: When your time comes.

347

01:01:12.960 --> 01:01:15.210

Stephen Thomas: Take the jab bye bye.