

Speaker 1: Welcome and thank you for joining today's conference: Sleeves Up Strategies for Promoting COVID-19 Vaccine Competence.

All audio lines have been muted until the Q and A portion of the call. Please be sure to open the chat panel, using the icon at the bottom of your screen, you may submit questions via the chat during the presentation, and they will be addressed at the Q and A section. When submitting your question, please select all panelists from a drop down menu in the chat panel. Enter your question in the message box provided and send. If you need technical assistance, please send a chat to the event producer.

And with that, I'll go ahead and turn the call over to Michelle Perez, Assistant Deputy Secretary for HUD's Field Policy and Management. Please go ahead.

Michelle Perez: Thanks so much. Hi everyone. I am pleased to welcome you to today's webinar. Again, I am Michelle Perez, Assistant Deputy Secretary for HUD's Office of Field Policy and Management, which oversees many of the departments cross-functional programs, programming, and is actively engaged in so many innovative place-based initiatives across this country.

I'm pleased to join HUD's first webinar on COVID-19 vaccine competence, which we have the honor of co-hosting with the Office of Minority Health, and Centers for Disease Control and Prevention at the Department of Health and Human Services. And four remarkable community partners, the Housing Authority of New Orleans, Urban Strategies Incorporated, Ashé Cultural Arts Center and La Familia Counseling Center. This webinar comes to you during both the National Fair Housing Month and the National Minority Health Month. I cannot thank our presenters enough, and those who are joining for taking the time to be here today, whether it's advocating for resources from the Federal Government or providing critical information to your community members. You are ensuring that marginalized and vulnerable communities, including our public housing residents and other hardest hit individuals and households are at the forefront of our country's pandemic recovery.

Part of HUD's efforts in the COVID-19 pandemic response is to ensure that you receive relevant, accurate, and timely information and resources, including as part of this important webinar. Because of your efforts vaccination events and rates are increasing every day and our country is gradually recovering from this global pandemic. But let's not forget that COVID-19 cases are still rising, having passed 31 million and the pandemic is impacting our communities unequally, especially those who we serve. What do we know about communities who call public housing developments home, front line workers, caregivers, the elderly, folks with disabilities, and those who have a high prevalence of underlying health conditions among others. They have greater risk factors that makes them extremely vulnerable to COVID-19 transmission, illness and mortality. And yet their vaccination rates and access options are lower than what they need to be. This webinar is one of many important steps that HUD and the Federal Government broadly with our great partners, are taking to close this gap.

President Biden's Executive Order on ensuring an equitable pandemic response and recovery is exactly what this call is indicative of, a whole of government and a whole of community approach to make a meaningful difference to save lives.

The 2021 American Rescue Plan includes \$10 billion to expand access to COVID-19 vaccines and to better serve communities of color, rural areas, low-income populations and other underserved communities. Part of this funding, 3 billion, will go towards boosting vaccine confidence and equity, which is exactly what this webinar is focused on today.

These days COVID-19 vaccine confidence is critically important if you want to ensure equity. I absolutely applaud the hard work of the HHS and CDC and all of our partners on this call and their efforts to expand access and equity to achieve this goal. And while we celebrate the progress, we need to continue helping our communities combat misconceptions and mistrust of the vaccine, particularly among communities of color.

This webinar is one of several that had us planning throughout the month to help you combat vaccine misinformation and strengthen confidence as our country recovers from the pandemic. Every participant on this call is needed to clearly communicate about the safety and efficacy of the COVID-19 vaccine, most especially with the recent pause of the J&J vaccine. Providing accurate information from trusted community partners and leaders, such as yourself, ultimately boosts vaccine confidence in the communities we serve. Please continue to monitor the CDC website on new vaccine developments and share the resources that you will learn from our HHS and community partners today.

And now I have the honor of presenting today's speakers. They are from the fields of Public Health, Public Housing, Cultural Arts, and Community Advocacy. And they will speak about common vaccine myths, culturally and linguistic appropriate resources and strategies and their lived experience supporting their community members to help you and your communities build up vaccine confidence.

With that I'm first going to introduce Roslyn Holliday Moore who is the Deputy Director for Programs for the Office of Minority Health, with the US Department of Health and Human Services. She oversees all program development and implementation activities for OMH. And prior to joining OMH, Ms. Holliday Moore served as the Senior Public Health Analyst in the Office of Behavioral Health Equity for the Substance Abuse and Mental Services Administration.

Juliet Bui is the Public Health Advisor also with the Office of Minority Health. She serves in their Division of Policy and Data, and is supporting departmental efforts to implement the COVID-19 and Racial Equity Executive Orders.

Elizabeth Wilhelm is a vaccine confidence strategist with the Centers for Disease Control and Prevention. She has deployed for the CDC vaccine task force as Team Co-Lead of the Vaccine Confidence Team.

Jedediah Jackson is the Director of Client Services with the Housing Authority of New Orleans. He and his team work at the direction of the Hanno Executive Director, Eva Hester, to facilitate and provide long-term and acute emergency supportive services to Hanno residents through a variety of programs and stakeholder partnerships.

Mai Dang is a Senior Project Manager and oversees urban strategies incorporated in Family Support Services at four mixed income properties in New Orleans, focusing on housing stability, health and wellness, economic mobility, and birth to lifelong education.

Frederick Wood Delahoussaye is the Chief Creative Officer of the Ashé Cultural Arts Center in New Orleans, as well as Lead Artist for Junebug Productions Homecoming Project.

Rachel Rios is the Executive Director of La Familia Counseling Center Incorporated, a well-established community based agency in Sacramento and began her leadership role at La Familia Counseling Center in 2012.

And finally, Mai Vang is the Health Program Manager of the La Familia Counseling Center, where she oversees COVID-19 testing, vaccine and wrap around services, including general health education to the unserved and underserved and vulnerable communities of Sacramento. Thank you again, to you for joining, and each and every single one of our presenters for being here today. Roslyn, the floor is yours.

Roslyn Holliday:

Thank you, Michelle, and good afternoon, everyone. It's my pleasure to welcome you to this important webinar and to have the opportunity to share resources and information from the Office of Minority Health. We are grateful for HUD's partnership and dedication to Health in All Policies perspective. We know housing is a social determinant of health and that housing conditions can put people at greater risk for getting infected with COVID-19. It Can also prevent them from being able to protect themselves from infection. So I want to applaud HUD for its continued COVID-19 response and recovery efforts, given the agency serves disadvantaged communities who are often at great risk for the worst outcomes. After a long and challenging year, we are now having COVID vaccines at a forefront of our attention. The vaccine is an important tool to help us get back to normal.

Since the COVID 19 vaccines were first made available, we've seen great strides made in vaccine distribution and administration across the nation. The vaccination rates, however, still remain low among racial and ethnic groups emphasizing the importance of efforts to promote vaccine confidence and

engaging with trusted sources. Like the factors driving the disproportionate impact of COVID-19 on racial and ethnic minority populations, there is a combination of multiple reasons for low vaccination rates.

A long history of discrimination in healthcare has contributed to mistrust of Federal Government and health systems among racial and ethnic minority populations. Misinformation is also easily spread in this age of social media with myths likely to be circulated among communities. The information gap has also been exacerbated by limited culturally and linguistically appropriate messages and materials. In addition to barriers related to COVID-19 vaccine education information, systemic factors are also creating challenges for vaccine access for racial and ethnic minority populations, all of these issues and the critical need for an all hands on deck approach to win the fight against COVID-19 are why community partners like you are so important. You serve as trusted resources for information, as bridges to critical services, and as advocates for populations who may be marginalized, live in under-resourced communities, and be at greatest risk for the worst health outcomes. So we are incredibly grateful for your interest, dedication and contribution in helping your communities get vaccinated. Thank you for your partnership and for your unending interest in making sure that those at greatest need are at the forefront of resources and distribution.

At this point, I would like to turn the microphone over to my colleague, Ms. Juliet Bui from the Office of Minority Health, and thank you again for your attention.

Juliet Bui:

Thank you so much Roslyn and hello everyone. It is really an honor to be part of this excellent panel and to share resources from the Office of Minority Health, to support critical partners like you, who can help to ensure that your community members are vaccinated. As we've seen, the impact of the pandemic is far reaching and everyone, including those who aren't in the health sector can play a role in helping us get back to normal, including supporting vaccine efforts.

This focus on racial and ethnic minority populations is important because, as we've heard, vaccination rates, specifically among black, Hispanic, Latino, and Asian individuals are lower than the rate for white individuals and are low compared to their share in the US population. So for instance, Hispanic and Latino individuals make up 9.1% of those who've been fully vaccinated despite representing over 17% of the US population.

The low rates of vaccination are especially concerning given the high rates of cases, hospitalizations, and deaths among racial and ethnic minorities. So because of these and other long-standing disparities and the barriers that Roslyn just mentioned, that racial and ethnic minority population face, I want to underscore the recognition of the importance of your work. So I'd like to begin by sharing a few key facts about COVID-19 vaccines, especially in light of the

disinformation and confusion that may be keeping people from getting vaccinated.

So first, COVID-19 vaccines are safe. Over 75 million people now have been fully vaccinated under the most intense safety monitoring in US history. And this prioritization of safety is demonstrated in the abundance of caution that the CDC and FDA are taking in regards to the Johnson and Johnson vaccine. And you'll hear more from my CDC colleagues later on this issue. In terms of how vaccines are approved, even under the Emergency Use Authorization, vaccines have to meet FDA's rigorous scientific standards for safety and effectiveness and tens of thousands of people participated in the clinical trials to make sure that vaccines are safe and effective. And now historically racial and ethnic minority populations have been underrepresented in clinical trials, but the trials for the current vaccines were much more diverse than previous drug trials.

Second, the vaccines are effective, and the data show that they do protect people against getting infected. You can't get COVID-19 from the vaccine, but it's normal for some people to experience mild side effects. But this is a good sign that your body is developing immunity to the virus. And, even if you already had COVID-19, you should still be vaccinated because we don't yet know how long you're protected from getting sick again, even once you recover.

Third, they're free to everyone, regardless of insurance or immigration status. Providers cannot deny a vaccine to anyone who's unable to pay. And we also recognize that some people may be afraid to get the vaccine due to immigration status, and you should know that the information that's collected for vaccination cannot be used for immigration enforcement and can't be used for the determination of public benefit.

And finally, even if you are vaccinated, you still need to wear a mask, wash your hands and keep your distance to keep yourself and others safe. The vaccines are very effective, but they're not 100% percent effective. And we're still learning more about the vaccines, like how long you're protected for, and how effective they are against the different variants. Again, the CDC is continuously sharing information and updates to guidance as we learn more, and you should refer to the CDC website for the latest and the most accurate information. And you'll hear more about CDC resources later.

I now share resources from the Office of Minority Health that can help you share culturally and linguistically appropriate information about COVID-19 and to help link people to vaccination and services. We fund the National COVID-19 Resiliency Network, which is led out of the Morehouse School of Medicine. And the NPRN is a diverse network of national, state, territorial, tribal, local, and community based organizations that are focused on developing and disseminating culturally and linguistically diverse information, and also partnering with community-based organizations to help link people to services like testing, vaccination and treatment. And you can join the network at

ncrn.msm.edu and the website also offers a tool to help find resources like testing by location.

I want to also share that we have a current open funding opportunity for the Advancing Health Literacy to Enhance Equitable Community Responses to COVID-19 initiative. We know that you need to be able to understand health information in order to make health decisions and to act, like getting vaccinated. So this initiative aims to improve health literacy on COVID-19, to improve the use of testing, contact tracing, vaccination, and other mitigation measures. Funding is limited to localities, but we expect grantees to partner with community-based organizations and with minority serving institutions. The application deadline is April 20th, and you can find more information on the OMH website.

And as you may have heard, this is National Minority Health Month, and our theme is vaccine ready. You can find social media messages to share, activities and resources at the OMH website. And the OMH website also has a COVID-19 webpage that has links to Federal resources, specifically for racial and ethnic minority populations, including in-language materials.

I also want to make sure that you know, that HHS has Regional Minority Health Analysts or RMHAs in each HHS region. So you can reach out to the RMHAs for information and any vaccine equity partnership opportunities in the regions, and the RMHAs and their contact information is listed on the OMH website.

And finally, we know that information we share and the services we provide must be respectful of culture and language, and that cultural and linguistic barriers may be keeping people from getting vaccinated, so you can visit OMH's Think Cultural Health website for resources and training to support the implementation of culturally and linguistically appropriate services.

And then lastly, because access to vaccines is such a critical issue, I want to share some information about HHS vaccine programs, which are supporting vaccine administration alongside the state and county vaccine sites, and also specifically support getting vaccines to racial and ethnic minority communities. The Federal Retail Pharmacy Program for COVID-19 Vaccination is a partnership with 21 national pharmacy partners and independent pharmacy networks, and you can find a list of participating pharmacies on the CDC website. You can also use vaccinefinder.org to find places in your area that offer the vaccine.

The Health Center COVID-19 Vaccine Program ensures there's a direct supply of COVID-19 vaccines to community health centers that are focused on reaching vulnerable population. And they really are a key access point. Given that 91% of health center patients are individuals or families within poverty and nearly 63% are racial and ethnic minorities. And you can find a list of the participating health centers on the Health Resources and Services Administration website, and also Federal Government is partnering with dialysis organizations to

increase access to vaccine for patients and personnel and outpatient dialysis clinics.

We know that dialysis patients are at high risk for serious illness and deaths from COVID-19 and also that chronic kidney disease disproportionately affects racial and ethnic minority groups. So this is another important effort to help improve vaccine access for racial and ethnic minority populations. So I hope that you found this information helpful in your efforts, and you'll next hear more about helpful tools and resources specific to supporting vaccine confidence from my colleague and expert at the CDC. So it is my pleasure to share it over to Liz Wilhelm.

Elizabeth:

Thanks so much Juliet. All right. Let's see if I can navigate through this. Hello. Good afternoon, everyone. I'm Elizabeth Wilhelm. I'm the co-lead for the Vaccine Competence Team at CDC. I'm on the Vaccine Task Force and I just want to familiarize with you some of the vaccine competence basics that we found are helpful to a lot of our community-based organization partners and our Federal partners in terms of building back some confidence in different communities.

So, first of all, you know, high uptake of COVID-19 vaccines really requires multiple components. Vaccine confidence is not enough. We also need to have access and equity. So when we think about having high uptake of COVID-19 vaccines, we need to recognize that we need to have sufficient supply, access so you can think about physical proximity, how close are those vaccines to you? You know, who's being prioritized to get this vaccines, and then also confidence and trust in the system.

And the reason why we would need to have all three of these key ingredients is that vaccine confidence really is based on trust in the vaccine, the vaccinator and the system that it came from. And usually when we're trying to understand why there might be lower uptake in a community, it's usually a combination of these factors. And just to say that every community is different. Every community is facing unique barriers and enablers to vaccination. And we can go a long way to building confidence by really understanding what those barriers and enablers are and working with community members to address them.

So this was a similar slide to what Juliet shared, but just to say that before I talk about the misinformation, I just want to reiterate some of the key facts. We know that not only does COVID-19 vaccination protect you from COVID-19, you know, you cannot get COVID-19 from vaccines and people who might have gotten sick with COVID-19 previously might still have a benefit from getting vaccinated. We're seeing more and more cases of people who have long COVID who have fewer symptoms after getting vaccinated. And this is an exciting area of further research and study to understand how vaccination can help patients who are experiencing longterm symptoms after infection.

And then of course, COVID-19 vaccines will not cause you to test positive on a COVID-19 viral test. And there's the link here on the bottom, if you'd like more resources about the latest myths and concerns and questions that people have. We track what questions come in to CDC and people are asking online, and we try to update this page on a regular basis to make sure that we're answering the questions that people have.

So just to reiterate what Juliet said, you know, the safety of COVID-19 vaccines is a top priority at CDC. They're held to the exact same safety standards as all vaccines. The US vaccine safety and surveillance system is the gold standard globally. It is the standard that everyone is looking to. And just to let you know what that means is that before a vaccine is authorized, the FDA carefully reviews all vaccine safety data from clinical trials and ACIP, which is the Advisory Committee on Immunization Practice, reviews all safety data before recommending use. In fact, ACIP is meeting right now to discuss the latest data that has come from the Johnson and Johnson vaccine blood clotting cases that have been detected as a potential signal for safety. And so this is an ongoing process. These are not steps that happen just before authorization, but also after. The FDA and CDC continue to closely monitor vaccine safety and side effects, and there continue to be very robust systems in place that allow for us to watch for safety issues.

And so what you're seeing in the news and what you might be hearing that has happened the last day or two is really a sign that the vaccine safety systems are working as intended. In nearly 7 million doses of Johnson and Johnson vaccine that were administered, they were able to detect potential blood clots in six people. So you will hear more about what comes out of the recommendations from ACIP, which is this external panel of medical experts that advise CDC and the government as to whether or not the recommendations for use of these vaccines should change. So you'll learn more in the next few hours, along with the rest of the world as to what will happen with the latest data and recommendations from that body.

And just to highlight that.

Elizabeth:

And just to highlight that I just want to underscore here, that building trust is a process and not an end state. And it is our job to let communities know that it is okay and valid to have questions, especially those that have been hurt by societal systems. If systemic racism is real, there are many populations that have a lot of good reasons not to fully trust the government, not to trust vaccination, maybe not trust the healthcare system.

And we need to meet people where they're at and recognize that there's a lot of history there and we need to be a system that is worthy of the trust that people should be placing in us. Building vaccine confidence isn't just something that we expect someone to be or to do on their own. We need to build a health system that is worthy of the trust that we want communities and individuals to place in us.

And the reason why I wanted to highlight this, is that of course, it's entirely natural for people to have questions. And when people are looking for information, particularly in a crisis, psychologically, we're not very good at processing complex information. We tend to believe the first thing that we see or we hear. And when you are talking to somebody who's heard a piece of this information, it can be very difficult to dislodge that piece of misinformation, because that is the first thing that they came across.

So just recognizing that a really important component to building vaccine confidence, is having conversations that are really thoughtful and empathetic with our family and our friends and our colleagues, about what they've heard and recognizing that it's entirely natural to be worried. And so here are a few tips of what you can do in your day-to-day life to have those successful conversations with family and friends and colleagues.

First of all, when you're having a conversation with a friend who expresses the fear or is sharing some misinformation with you, is first to listen and acknowledge the reason why someone might be spreading this information or expressing this concern. And it's usually because it's out of concern with others. They want you to know this information because they think it's important. And so usually comes from a good place.

And just recognize that it's not necessarily the misinformation itself, that is the thing that you should be reacting to, it is what is the underlying concern? What is the underlying emotional issue that is causing this person to share this information with you and to express this concern? Well, something that we can do is when we have these conversations, is ask permission to offer information to answer questions. It can be very, very easy to suddenly jump to a conclusion and say, "Oh, well, that's not true." Or "That's not how that works."

But sometimes a lot of what we can do, is listen more than we talk, especially early on when we're having conversations with someone who's expressing how they're feeling. Because this person's feelings are valid, whether or not the information that they're sharing with you may or may not be true. And so I think just recognizing that we're all living in a pandemic, a lot of us have family and job and lives. And a lot of stressors right now and that this is also coming out and in ways that can be harmful to our health and just recognizing there's a lot of anxiety and lot of worry that come into the day-to-day interactions that we have.

And so what you can do though, is you can share information from trusted sources. Hint, it's not always from HHS or CDC or HUD. There are other authorities that locally, folks might more respected. It might be a local nurse practitioner that is well-respected in the community, it can be a local pastor, it can be a range of different people who come from authoritative sources who are either linked to the health system or seen as respected in the community, who can be really great, trusted messengers for communicating about a potential issue in clearing up confusion.

And when it comes to addressing misinformation on social media, it's really important to address the underlying concern, but avoid repeating the misinformation. So what you don't want to do is say, "COVID-19 vaccines can't change your DNA." That's not something that you want to state. You want to think about how to reframe the conversation as a question and answer that questions like, "Can mRNA vaccine change my DNA?" The answer is no, it cannot. And it's not designed to do that.

And so when you're trying to address misinformation online, just recognizing that it's very hard to win a conversation online or an argument online and that sometimes people are seeking information and you can provide that information by providing them links to resources that are easily digestible. And that could be linked to an infographic or to a webpage or to a video that you found helpful. There's many resources from HHS and from CDC that you can use. And I'll highlight some of those now.

So just to say we have a lot of different tool kits and materials for different audiences and HHS has even more. But just to say we have everything from PowerPoint slides, to stickers, key messages and FAQ's photo novellas and social media content. And as you can see, we have content in a lot of different languages. Arabic, Spanish, Korean, Russian simplified Chinese Tagalog, traditional Chinese, and Vietnamese and more coming every day.

And we have communications tool kits for different audiences. For essential workers, for community based organizations, for health departments and more is being added every day. And so when in doubt, go to the CDC website. We always have the most up-to-date information there and we're updating content on a daily basis. And I'll stop there and I'll turn this over to, I believe is it Jedediah? Is that correct?

Jedediah: Yes. Thank you.

Elizabeth: All right. Now let's pass the ball over. I'm so excited about this, because new Orleans has the coolest vaccine confidence efforts known to man. So I'm really excited to hear what's happening in that neck of the woods. Over to you to Jedediah.

Jedediah: Thank you so much, Elizabeth. And on behalf of the housing authority of New Orleans, also known as hand on boards of commissioners, President, Deborah Joseph, our entire board of commissioners, Executive Director, that Hester and the hardworking and dedicated Hanno staff. I would like to thank you all for the opportunity to present Hanno's approach to increasing the confidence of our residents in the COVID 19 vaccination process.

Since the outbreak began, our executive staff, client services, team asset and property management team and community partnership and actively involved in facilitating the agency's response to the COVID-19 pandemic. From onsite

testing to other supportive services for our residents and families, Hanno and all of our community partners and stakeholders have been first responders to our communities.

Now that we've entered the vaccination phase of the pandemic, we understand that in order to facilitate a successful response, there are challenges that come with introducing new medical breakthroughs to traditionally underserved and vulnerable communities. We identified early on in December and January, that identifiable situations were lacking as the country had not experienced the pandemic, the size and the scale of COVID since 1918.

That transportation to centrally located vaccination sites could be an impediment, that the cost of healthcare could be seen as an obstacle as some vaccine providers request to require insurance. That there would generally be myths and misinformation that we would have to overcome. And that the overall current quality of life of residents, coupled with the economic, physical and mental health effects of the pandemic, could limit or inhibit their chances at seeking to receive the vaccine.

In order to be successful in educating our residents on the benefits of vaccinations and as a critical tool in returning to some sense of normalcy, we needed to make sure that they are well-informed. That they're able to through the actions and sensitivity of those authority figures in their respective communities, see themselves receiving the vaccine. That as best we can facilitate onsite access to vaccination services. That through this process, relationships and trusts are created for those that may not currently have a primary care provider. That we can dispel myths and misinformation with targeted messaging and that we can one day achieve herd or sufficient community immunity.

In the initial days of the vaccination process, there was a formalized system in place to sign folks up for vaccinations in Louisiana. And while there were many avenues identified through the private sector, opportunities were limited in the public sector at the outset. We identified a number of seniors who are eligible to receive the vaccinations in the first tier through their primary care doctors and those that were able to travel to centrally located vaccination sites.

And at the same time, understanding the challenges that our community faced, our teams look to meet rural residents, where they are as best we could. For example, the Guste homes, the resident management corporation, a Hanno prep property management company, worked with a local pharmacy to host our first mass vaccination event. Ms. Cynthia Wiggins and the Guste team also realized that the resident was more inclined to get the shot, knowing that the person that is talking to them had already taken the shot and was honest about how it made them feel, but not in a way that would strike fear.

And that communication and this event proved very effective, as 450 residents in the Guste high rise development were vaccinated. This was a very successful

initiative coordinated by Ms. Wiggins and the entire Guste staff. It was marketed successfully and it displays the potential of facilitating onsite vaccinations. Subsequently through a partnership that was established by our local HUD office, our field office that is led by Ms. Tammy [inaudible 00:33:27], we began working with New Orleans East hospital, to plan and facilitate onsite vaccinations at other Hanno communities.

Within a week of launching that partnership and directly marketing the onsite events, we successfully hosted others events at the estates, additional event at the Guste homes and Fisher Properties in collaboration with the New Orleans East hospital. We are also proud of the efforts of our community partners, Urban Strategies, Kingsley House Thrive Community center, DePaul Community Health, St. Thomas Community Health Center, among others to address other Hanno communities with onsite vaccination opportunities.

To continue this effort, we have engaged with and received help from the local Hatfield office, the city of New Orleans's health department, our onsite property management teams, our supportive service staff, our resident advisory board, and resident councils to disseminate information via flyers, mass text messages, robo calls, emails, webinars, and our community partner outreach.

And as mentioned earlier, we witnessed an enhanced level of trust between residents and Hanno employees and community partner personnel, when we joined them in line to receive a vaccine dosage. Because as the residents said, "I know that if Ms. Jane got the shot and she's okay, I can get it too." It has truly been an all hands on deck approach process and we believe that by constantly listening to our residents, looking for our best practices and learning and evolving our approach, we will be able to play a very large part in how our community recovers from this pandemic through vaccinations.

So again, thank you for allowing me to present to you today. And now we'll have Mai Dang, who is the Senior Project Manager with one of our community partners, Urban Strategies with her portion of the presentation. Thank you.

Mai Dang:

Thank you so much Jedediah and good afternoon everyone. My name is Mai Dang and I'm the Senior Project Manager with Urban Strategies. And we are really delighted to be here today to share a little bit about the work that we've been doing with our families. And so as Jedediah mentioned, we work very, very closely with the housing authority and we provide services to approximately 2000 households living at mixed income developments in New Orleans.

So before the pandemic, we were already providing family support services through family centered case management, all place-based and at the housing sites. So during the pandemic, I would say our work only expanded pre-pandemic. Most of our services were really concentrated with the low-income families at the properties, but as the pandemic hit, it expanded to individuals who are at the property at all different income levels.

So throughout 2020, there were a bunch of onsite food distributions, map distributions, connecting people with computers and then also shifting to some workforce services as well. Kind of shifting into new training programs since the hospitality industry in New Orleans was so heavily hit. So starting in December, as words of the vaccination started to come out, our team of family support specialists and resident community coaches that we have employed with Urban Strategies, started having conversations about the COVID 19 vac with families that were engaged in our services and living at our housing sites.

At that time, we heard a mix of responses from, sign me up, I'm ready to get the shot now, to absolutely not. I am not sure what's going on with this vaccine. And then also a lot of families we heard were just, I'm unsure and I would like more information. So based on what our families shared with us, we worked with the city of New Orleans and the housing authority, to set up webinars for residents. And also for our staff and for our partners with trusted medical professionals.

And many of those came from well-known doctors in New Orleans, from a variety of different backgrounds. Then also many of our public health officials from the city health department as well. And then for families who were ready to get the vaccine, we found out that navigating the vaccination and eligibility process, was definitely a challenge. And at many times discouraging. We had families who would call and call and call and were not able to get an appointment.

So our team assisted residents based on eligibility, which was constantly changing at the time, to sign up for appointments, arrange for home-bound vaccinations, for those who were shut-ins and couldn't leave their home, assisted with arranging transportation and also just accessing vaccinations that were occurring in close proximity to where residents were living at the time. We also know that our families are heavily impacted by COVID-19 and that goes beyond just the health and vaccination impacts.

So a lot of our COVID-19 vaccination education that's happening right now, is really connected to a variety of other support services as well. So we know when someone comes in and is in need of rental relief, we're also asking, "Are you interested in getting the COVID-19 vaccine? And how can we assist you with that process?" So when someone comes in, it could be completing a rental assistance application and also signing up for an appointment.

And that goes into tutoring supports for families, accessing computers and internet and then also job placement and assisting with job supports right now as the economy begins to open up. So we know the vaccination is one part of this, but how do we ensure that families are made whole. And then also as a community organization, we know that partnerships are key and we definitely can't do this on our own. So just talking about the vaccination in itself, our families are connected to a variety of different vaccination efforts. From the large mass vaccinations that the city is running, to some of the smaller ones

with local pharmacies that are coming to our properties, to some of the ones that Jedediah mentioned with New Orleans East hospital.

And then at least for our sites in particular, FQHC are not in close proximity, but I know for example, for our property that we work at in Minneapolis, the FQHC is located right across the street. So residents are being directed and being supported by local FQHC to get vaccinated as well. Let me see. And then lastly, I also wanted to share that for us, we know that our families, especially those who are unsure or maybe do not want to get the vaccine at all, we know that things are constantly changing.

So maybe our first conversation that we had with families in December, it was absolutely not, I'm unsure, maybe. But come February, we had people who changed their mind and said, "I want to get signed up now." Or maybe they were still unsure and that is okay. Our role is to make sure that we provide families with transparent information, make sure that they have all of the information that is available and coming from trusted resources. And then when they are ready, we are here to support them to access the vaccination.

And then I also wanted to share that we're hearing a variety of different things from families at this point in time, in real time. And that there's been requests for specific vaccines. There's also many residents who have said, "I don't have the time to take off of work. What about the side effects? And sometimes my schedule changes so much that I don't know when I can schedule an appointment."

So some of the things that we are looking to do next, so this is an ever-changing process and we pivot and adjust as needed, is that we're looking to do more community events in partnership with Hanno and some of the local entities to do mobile vaccinations. As the weather gets nicer, we can do more outdoor activities with [inaudible 00:42:45] families and if vaccinations are being offered at that time, now that they're more readily available if there's more walk-up opportunities, we're definitely looking to capture more people that way.

As I mentioned, we continue to do continual followup with our families. Our engagement definitely doesn't end with getting a COVID vaccine. And then we also, what we're hearing from the community right now, is that there's a need to engage young people between the ages of 16 and 30 to talk about the vaccination. Because much of our senior population is vaccinated, but there's definitely been more of a challenge with the younger population.

So now it's, how do we find those resident leaders to talk to other people in the community? And as Jedediah mentioned earlier, be one of the leaders and saying, "I got the shot, this is what happened." And sharing that with the rest of the community. And with that, I would like to pass it along to our community partner, Ashe Cultural Arts Center, Frederick Wood Delahoussaye.

Fredrick:

Thank you so much Mai. Incredible to be here with you folks. I hope I don't experience any slide change, because mine had great slides. And I tried to keep my stuff concise. But let me bring greetings from the artists and musicians performance culture barriers and culture keepers of the city of New Orleans. As Mai said, my name is Frederick Delahoussaye is my present pleasure to serve as the Chief Creative Officer and Artistic Director of the Ashe Cultural Arts center.

We are a 23 year old cultural arts institution whose mission is to use art and culture to support human community and economic development. And this slide is going to share a little bit of the efforts that we've put together to combat COVID-19. We maintain 5,000 square feet of gallery space to create in preserving opportunities for the curation, exhibition and commission and fine folk. And fine folk are African diaspora.

And we produce over 350 music, theater, dance, spoken word, drum circles, multi-disciplinary events each year, because we believe that art is a paradigm shifting culture, action and ecosystem builder, especially for a city like New Orleans, which is a cultural Mecca. We also maintain a high value, high profile real estate portfolio in central city, a neighborhood where historic residents are being aggressively displaced. So we are grateful for the ability to provide affordable housing to artist and culture, there was two programs supported by hood.

So we believe in the power of art, critical thinking, creative problem solvers, who critique with authenticity and intention, feel color, see sound and help us to find the beauty in all things. And the first slide to see, first image rather, is the creative response of relief efforts. So this was an effort that we put together and in response to the economic distress that was experienced by artists culture, moments of pandemic, is never anything that we would want. But it happened at the beginning of festival season, where many of our cultural economy that would make 50 to 60% of their annual earnings. So it hit local creators at a particularly vulnerable moment.

So we partnered with Antenna Gallery, Junebug Productions, to launch this creative response [inaudible 00:45:59] to repurpose COVID-19 to address our communities need, the funds that were intended for grants for the creation of artwork were distributed as emergency funds for creative workers in the cultural economy. We activated a little over \$730,000 from the Weavers Fellowship, Andy Warhol foundation, Platforms Fund, the Joan Mitchell Foundation, United Way of Southeast Louisiana, New Orleans Business Alliance, the Greater New Orleans Foundation and Entity, to help meet the needs of those folks due to the non-traditional routes of employment. And they have a high likelihood of not qualifying for traditional routes of emergency support.

And I mentioned this effort because it really helped to establish trust within our community. So when we move to the next images that you'll see about vaccinations, we partnered with New Orleans musicians thinking assistance foundation, along with the New Orleans department of health, to host two

events for them during the vaccine. We were beyond honored to have partnered with these incredible organizations.

And we became the second institution in the nation, to host a vaccination event to specifically serve artists and culture bearers. Of the 238 culture bearers vaccinated, 89% were African-American. This was very big for us to combat those myths, that folks of color don't do vaccines. We had live music provided as well as a playlist that was curated by musicians clinic, along with some incredible local musicians, including Kermit Ruffins, Bill Thomas, Lloyd [inaudible 00:00:47:18] just to name a few.

We met over to the vaccine event and partnership with New Orleans East hospital, in which the community dubbed, all I need is one shot, good Friday fish fry vaccination myth. This was another 284 vaccines that were distributed, along with a free fried catfish platter from a local food truck vendor we'd ask. And folks are also treated to movie from brass band and also play curated by local DJs. Not pictured on this slide, because it just happened this past weekend. We partnered with a local DJ Rockaway, who is not only an incredible DJ and musician, but also is a former student of Ashley's youth programs. And we had an event ...

Fredrick:

... former student of IC's youth programs. And we had an event called Shots for Shots, where another 160 folks received a vaccine along with a free watermelon limit drop shot. Folks in New Orleans, we love to have a little cocktail from time to time. So we're rocking with partners with Crescent Care NOLA and Dragon's Den nightclub to produce that event. So we've really tried to stay busy in combating the inequity of parenting our nationwide vaccine roll out. And the last image on that slide is be COVID vaccinated and our keep the beat alive.

So this will be a moment for us to really speak to our community in a meaningful, intentional way about getting vaccines, but also about us staying alert. And there is a large truck rolling by right now. I apologize for that. But just to really combat the inequity and parenting on nationwide vaccine rollout and keep our community abreast of everything that's going on with vaccines, from a trusted source of a community partner who produces and represents for the culture of New Orleans. And with that, I would pass it on two colleagues from La Familia Counseling Center. Please give your attention to Rachel Rios.

Rachel Rios:

Thank you so much. Hello, everyone. My name is Rachel Rios. I'm the executive director of La Familia Counseling Center. And let me just tell you how incredibly reassuring it is to hear a lot of our leaders from our nation talks about the importance of trusted messengers, and the importance of cultural competence and cultural brokers as we're working with our communities to address this pandemic. I echo so much of what has already been said, and just want to highlight a couple of things differently. And then Mal Veng, who is our health manager, will come on and talk to you about some of the specific strategies that we've been doing. Let me see if I can work this slide and get us to the next slide. There we go.

So La Familia Counseling Center is a non-profit here in Sacramento, California. We have been in service for nearly 15 years. We say there is no wrong door in terms of how people access our services, because we provide a lot of different services, counseling services, mental health services for children. Zero to 21 is one of our biggest projects that we do, but we also do family support, in terms of a birth and beyond program. We are a family resource center. We do employment. We do youth programs. More importantly, during this pandemic, we do health programs. So La Familia serves all communities. We have a diverse staff, but we do have an intentional focus with the Latino community. And early on in this pandemic, we saw that there were a lot of disparities in the Latino community. So, I think as was one of the speakers said, it's important to recognize that each community is different. We can't necessarily have a cookie cutter approach to how we deal with this pandemic or any other issue. But there are tool kits and general approaches that help us then to develop those specific approaches.

So California, looking different, like the rest of the nation early on, the disparities that were occurring for the Latino community were not as readily being identified. And then here in Sacramento, we are one of the most diverse cities in California, in that we have a large refugee population, AAPI [inaudible 00:51:27] population, as well as the Latino population. So we are very diverse. So again, using a one-size approach was just not going to be an option for us to be able to reach all of the vulnerable communities. We needed to make sure that we were addressing those specific needs. I like to say that we're guided by the data, but we're also sensitive to the voice. And that was something that we recognized early on, that we really needed to uplift the voices. And we also needed to talk about community defined evidence practices, and that's where communities of color generally know what their communities need for wellness and healing. But oftentimes, we haven't had the opportunity to be researched and to be evaluated. And so we're not looked upon as that same validation and credibility.

But it's so important when we're trying to reach our communities that we go to our communities and ask them, trust them, and accept their help. So what we needed to do and our organization needs to do, we need to partner to be able to lift up our voice. We had to get partners like the Latino Economic Council that said, "We need some intentional strategies. We need to have information in various languages." And again, being a very diverse community, we needed to have more than just the English and Spanish translations. So we focused on four main pillars. We needed timely information, and that needed to be working with our cultural partners to make sure that everyone was getting information out to the community as quickly as possible.

We needed access. We needed to have testing in our communities. Many times, you've heard about fears that people had, in terms of going somewhere, in terms of getting their information. We have mixed immigration families, lots of other fears, previously system involved people that did not want to go to mainstream places for testing. So we needed to have access to those testings in

our communities. We needed to have partnerships. None of us do this work alone. Even a nonprofit organization has other partners. And so we looked at all of our other partners, folks that had boots on the ground, like Angels in the Field, volunteer organizations like Health Impact. Our FQHC is a federally qualified health clinic, like Sacramento Native American Health Clinic, and others that were part of this partnership of how we were going to be able to do that.

And then finally, our fourth pillar is that recognizing that communities are part of the solution. And so we also looked at this for the longer term. We really believe in community health worker models, which is [foreign language 00:54:11] model, which says that community members can actually be the healers, and given the information and some knowledge, that they in fact can be those agents of change for our communities, because communities have trust with them. I've talked about the [foreign language 00:54:26] hotline. If you want to get information out, you can do all the PSA's you want, but if you tell the [foreign language 00:54:31], they will tell everyone and you will get more bang for that. So we're recognizing that if we gave our community members that information, they could be part of that health force team, and they would be able to guide us in that area.

I talked a little bit about the disproportionate rates that Latino communities were facing here in California. And I think nationwide, someone talks about five times more likely. In California, more than 50% of the cases were Latinx, and many of the deaths, in fact, were as well. And we're also seeing that in our younger population. Even within our gender populations, 18 to 34, Latinos are five times more likely to die from COVID than other groups. So these were some of the areas that we wanted to focus on.

Lastly, I just want to say in Sacramento, we are considered the farm to fork capital. We have amazing foodies this area. We have many chefs that really look at the fact that we are so close to the agricultural community that we can produce amazing culinary. And we do a whole celebration. But often times, the people who are harvesting that are not recognized. And so we wanted to intentionally focus on our agricultural community. And with that, I'm going to have Mai Veng talk about all the amazing services that her team provides, in terms of COVID health programs, as well as our youth programs that have been helping to address this pandemic.

Mai Vang:

Thank you so much, Rachel. I know we talk a lot about the importance of community health worker, and I just want to double stress that Sacramento is so diverse. And with that, it takes a collaboration, all of our partnerships and partners to make this happen. With that, I just want to highlight that in 2019, 22.2 million of the agriculture and food sector jobs make up about 11% of employment in the United States. And with that, we cannot ignore our agricultural workers, especially here in California, in Sacramento, and of course, our vulnerable communities to support them. We understand that there are many access issues for them, and we want to eliminate those barriers. I think

we talked a lot about language. We have a high growing of our Middle Eastern refugee folks here and in Sacramento, especially South Sacramento, a high Latinx and [inaudible 00:57:10] population.

And with that, we need to make sure that our team are diversified. And I having staff and speaks Hmong, Spanish, Arabic, and Farsi are amongst some of the languages that we speak. We understand that our community may have issues with transportation, health literacy, and not being tech savvy. And all of those are barriers in them getting vaccine appointments or going out there to get a vaccine. I think Rachel stressed a little bit about our partnerships that we've been partnering with our local county public health, our health system partners here in Northern California, like Kaiser Permanente, Dignity Health, UC Davis, and our volunteers are so critical to making our vaccine clinics and our COVID-19 testings here function. But with that, there are many access issues that our community face, and we really need to eliminate them as much as possible, on top of everything that's happening right now with the pandemic, supporting their family, because kids are now schooling at home. And so there's just so many barriers outside of this vaccine issue that we also want to address.

Given all of that, [inaudible 00:58:33], like Rachel mentioned earlier, we have many programs and departments that we believe in this wrap around support for the whole family, even our youth. And then also, really, we rely on our partners, especially for advocacy, like the Latino Economic Council. Advocacy is just huge and making sure that our agriculture, especially our Latinx that has been impacted the most and our really vulnerable community, have a voice in this, and our reach for vaccination. And then of course, this continued emphasis on wellness. We need to continue on emphasizing their importance of their health. And we rely on our partners, our SNAHC, Sacramento Native American Health Center here in Sacramento, and health impact.

And with that said, I'm not sure if I can go on to the next page... Thank you, Rachel. With that said, on March 30th, in honor of Chavez Day, we went out to [Aisle 10 00:59:38]. It's the city here in Walnut Grove, still in Sacramento County, but this was a really hard to reach community, or agriculture who were working six days a week. And where do they find their time to go get vaccinated? And so we were, in connection with Walnut grow and one of the employers, one of the biggest employer in that area, [Cadex 01:00:03], who was so supportive of vaccination and allowed his employees to get back vaccinated.

And so along with our several partners, we drive about 30 minute down South and met the agriculture workers where they are at, making sure that we have interpreters, translation for them, even food. I just can't stress the hospitality, because these agricultural workers are coming from the field. They're getting there to their appointment. And by just giving them some snacks and some water helps so much. So with that said, we're going to play this two minute video just to highlight the work that we did on March 30th and on Chavez Day.

Speaker 2: Ladies and gentlemen, one moment, there'll be a video. You can hear that video through your phone and also through the computer.

Speaker 3: The vendor we're having today is we are vaccinating our farm workers here in the Walnut Grove area, in honor of Cesar Chavez Day. I'm really happy to be here.

Speaker 4: We are providing 200 vaccines, the Janssen, also known as Johnson & Johnson vaccines, to our agriculture workers.

Speaker 3: Cesar Chavez has done so many things for our community, especially our agricultural workers. And for us to coming out here, coming to Walnut Grove and vaccinating our community means so much to give back to the people that Chavez was fighting for. It's the best way for us to honor him and his legacy.

Speaker 4: This is a group of very hardworking community members who don't have access to clinics, don't have access to be able to get the vaccination in traditional ways. So it's our responsibility to bring that here to them today and with the partnerships of Health Impact Sac Native American Health Clinic, [foreign language 01:02:06], the Angels in the Field, California Human Development, you name it. And the county, of course, we've been able to make this happen today.

Speaker 5: [foreign language 01:02:15].

Speaker 3: They are our essential workers, providing food for us. And for us to bring it to them and get them vaccinated and keeping them safe, keeping our food safe, and keeping the community, everybody safe.

Mai Vang: Thank you [inaudible 01:03:05], everyone. And now, I believe I am turning it over back to our host.

Jason: Great. Thanks, everyone. Really appreciate all the presentations today. And we've got a lot of great questions for you already in the chat. Just want to encourage folks to continue to ask questions in the chat. And I'm going to start off with a question about equity in terms of access. So I know that there have been, in addition to confidence, and next week we're going to be doing a webinar on access and distribution, there've been a lot of questions around, "Well, we have people that really want the vaccine, but how do we ensure that there's equitable distribution, and particularly now, if there's going to be a pause on one of the three vaccines with the Johnson & Johnson?" So I'd like to hand it over first to Juliette from OMH to talk a little bit about some of the federal efforts around equity.

Juliet Bui: Thanks, Jason. And thanks for this question focused on equity. This is a really important area of focus, given that racial equity and equity in the context of COVID-19 are really essential priorities for HHS and for federal government. So I would say that the HRSA Health Center COVID-19 vaccine program that I talked

about earlier is a really good example of how we're approaching equity and vaccine distribution, because it's a direct response to this need to distribute the vaccines to underserved populations, given that the health centers have a really long standing and important role in providing care to medically underserved populations. And these health centers were selected to ensure that we could reach the most vulnerable populations, so folks like public housing residents, agricultural workers, people with limited English proficiency, and individuals experiencing homelessness.

And then I should also mention that one of the first executive orders that was issued by the Administration focuses specifically on equity in pandemic response and recovery efforts. So in response to this executive order, HHS has many activities going on, including examining how to strengthen equity, data collection, reporting and use, because we know that data is so critical to understanding COVID-19 disparities, need, and risk, and we need to use that data to inform our equity efforts. And we're also supporting efforts to assess, and change, if needed, pandemic response plans and policies to determine and ensure that resources like vaccines have been or will be allocated equitably. And I would say that this work is not just limited to HHS, but it's really a comprehensive federal effort to ensure equity in our COVID-19 efforts.

Jason: Great. Thanks so much, Juliette. And Elizabeth, do you want to talk a little bit just from the CDC perspective? I know that the CDC is managing the distribution, both to states and its federal distribution program to the community health centers. But just from an equity perspective, what's being done?

Elizabeth: Sure. So I think, just to echo what Juliette is saying, what it comes down to is data. The more information that we get about the people who receiving vaccines, what racial, I think, background, they have the better able we're able to actually track our minority communities getting vaccinated or not. One of the ways that we're trying to address some of those access challenges is get vaccines closer to the people. And that means really honing in on areas that have high social vulnerability. And so there's something called the social vulnerability index, which is essentially a way to map areas that have higher health disparities, that have less access to education and to healthcare and social services. And basically, by using this social vulnerability index map, you're able to essentially plan where you offer vaccines that are closer to people who might face transportation barriers or other types of barriers to get vaccinated. And I think that's helping prioritize. Most states and jurisdictions are using SCI as one tool to try to prioritize where vaccines are going.

But I do want to point out that it's not just the physical proximity of the vaccines that is sufficient for access or even for uptake. Confidence is really, really important as well. Just to give you one example, I heard recently about a mass vaccination site that was set up next to the county health department in a particular town, and there's a lot of interest in getting vaccines out quickly to the minority community that was living in this town. There would be a line out

the door at the county health department, and no one would show up to the mass vaccination site. And I think that really points to, it's not just trusted messengers to talk about vaccines or the importance of vaccination, but also having trusted spaces.

And I think several of the colleagues from [inaudible 01:08:20] organizations actually reflect on that and, I think, talked about that, that it's not just having the vaccine available close to you, but vaccine available to you in a place that you feel welcome and that you feel safe. And we just know that different communities have different preferences as to where they would like to be vaccinated, and we should try to do our best to accommodate that, and recognizing that some barriers are not necessarily visible or easily mapped, and that one of the best things we can do with state health departments to address equity issues is help question the assumptions they're making about communities that they're serving in terms of, what are the reasons why there might be low uptake or access or confidence? Because like I said, it's usually a combination of multiple things.

Fredrick: Thanks, Elizabeth. And I'm going to actually also ask this question to Bob Burns from the National Center for Health and Public Housing, who's joining us for the panel today and [inaudible 01:09:13] part of our webinar presentation next week that's more focused on access. But Bob represents a lot of the key health centers that are in and immediately near public housing, as well as those with the Public Housing Primary Care Program, and really has his ear to the ground in terms of what the health centers are doing. Bob, do you want to just share a little bit in terms of what the health center's role is in terms of equity? Juliette and Elizabeth both talked about that, but just in terms of maybe how folks on this call can partner on the ground to make sure that there's access in their community.

Bob Burns: Sure. Let me just begin by saying just what a great collection of information, from the federal partners, as well as HANO and Urban Strategies and so on, just really great stuff. We have been working and, I guess, trying to foster partnerships with health and housing for a number of years, particularly among public housing primary care grantees, who are out there and funded through HHS to serve residents of public housing. But there are a whole bunch of other health centers out there that do it regardless of whether or not they get the funding, and we support those partnerships as well. And as part of that effort, we created, a long time ago, a toolkit. And one of the first items we talk about to get people into primary care is to offer easy things, quote unquote, like vaccines. Well, as we've all seen, this is not the easiest thing in the world.

And what we've seen, I guess lately, there's been kind of a transition in what the health centers see as their top issues. When we started, we started a round table for some of the health centers biweekly. And when we started on the 26th, supply was the top issue, and probably among 75% of the health centers participating in the session. In the last session we had just a few days ago, supply was down 22%, as a major issue. So they've been transitioned. But during

that period, as you might expect, hesitancy has come up. And so naturally, I know a couple of people mentioned it, but partnerships and trust building is something that doesn't happen overnight.

And so the fact that I think everybody on this call has been focused on for a while and has used this as an opportunity to, I guess, with a sense of urgency, to address those partnerships and to build that trust to actually get folks to trust in the vaccine and the providers and so on and so forth. And we've had huge variations between different health centers in different areas. Where there've been great relationships in the past, that trust has already been in place, and it's really aided the vaccination effort. In other cases, a lot of foundational work-

Bob Burns: ... the nation effort. In other cases a lot of foundational work has to be done in the last few months, but I think one thing I just want to touch on real quick is, Jason, going back to the Full Lead Initiative a few months back to increase flu vaccinations amongst public housing residents, we saw that of those patients who are not health center patients who came to get vaccinated, 30% ended up becoming health center patients. And so this is an opportunity not just to address COVID, but an opportunity to address the long-term health and wellness of residents and HUD assistant families. So, I mean, I guess I could talk an awful lot about the topic, but I just really want to thank everybody for such really great and targeted information.

And I especially like, I think it was the folks from Urban, who talked about place-based case management, because that is just so important across the board. And also, just the whole notion of staffing, because staffing is another key issue for the health centers. It's not just having enough of the vaccine, it's having enough people to put it into people's arms while you're trying to deal with maintaining people's other health needs in the health centers. So any partnerships with junior colleges, or universities, or EMTs, or other groups to increase that vaccination workforce is just much appreciated. And anyway, that's enough for now, Jason. I look forward to the next week. We'll talk a little more about hesitancy and some other issues.

Jason: Great, thanks Bob. [Romel 01:13:45], I think you have another question.

Rommel: Yes, thank you. And want to applaud our presenters today for such an excellent webinar and presentation. So question for our community-based partners. These amazing vaccination events really did require a lot of coordination, a lot of partnerships, just wondering if you all can talk about how these partnerships started, whether it was with other CDOs, hospitals, safe space leaders. And were they in place before the pandemic started, or do you start to meet with them because of the great need that arose because of the pandemic? So, maybe I can pass it on to Familia Health Center to answer first.

Rachel Rios: Sure, absolutely. So no, as a community-based organization, you are always partnering with other organizations. And so, we had a good relationship with Sacramento Native American Health Clinic, which is an FQHC. Especially with

mental health services, we do a warm handoff, because we don't do adult services with do short-term adults. And then, we do a warm handoff to them to continue care. So, that was a natural partner. We friendships and partners with Angels in the Field, so that was another natural partner. We really worked with Public Health. We needed to establish a really good relationship, and we've worked with them in different capacities on our Community Health Workers Program.

And but we created new partnerships as well. The Latino Economic Council was a new partnership of advocates that really had to have voice and voice that for us. But yes, we had a lot of those partnerships and we created some new ones. Health Impact is a group of health professionals who volunteer their time. And then through their work, the director of Week Corporation came in and saw what we were doing, wanting to support it as well. So, a combination of new partnerships and we're always working together in community.

And then lastly, I will just say with city college to speak about the employment piece, we're always looking beyond just addressing the immediate needs, but what can we learn and how can we change things? And that's where we really focused on this work for community health workers. And that was a new partnership of saying to the local community college, "We want you to teach your classes at our site, so community members feel comfortable. We'll do translation if we need to." And we're supporting them in their process now. We're not doing onsite now, because of the pandemic, but virtually we're still supporting them. So that gave us an opportunity to create a new partnership and to support the students that are now going through that program. And some of them have graduated and are now being placed in the workforce. And now did I forget anything on partnerships there?

Speaker 6: No, no. I think you covered it all. Thank you.

Rommel: Thank you, Rachel. And I'll pass that question on to the New Orleans group. Jedidiah, Maya, or Wood, would you like to answer the question?

Jedidiah: Sure, I can start. This is Jedidiah again. I think one of my first real and true partnerships was fostered between Urban Strategies and the City of New Orleans Health Department. They were the first public entity in the city that worked to arrange for vaccinations at a centralized location. But what we did at the outset, was hold a webinar for our residents, specifically targeted to our HANO residents, and it was very successful. We had a number of community leaders attend, and it helped to properly inform and educate our residents, and it dealt with a number of the misconceptions and the myths. So that was really our first partnership in working with the City's Health Department and Urban Strategies.

And then again, our individual property management teams had community partnerships that they worked to develop, and utilize to foster. Like I said, with the Augusta event, one of the local pharmacies that had a relationship with the

Augusta Homes Development, as well as HUD field office working with us to create the partnership with New Orleans East Hospital, and LCMC, within the LCMC network to do the mobile unit onsite mass vaccinations. I don't know if Maya, or Wood has anything to add to that.

Maya: Yeah, I-

Wood: Yeah, I can add something to that. Oh, go ahead, Maya.

Maya: Yup, so the only thing I would add to that is that many times, partnerships are seen as coming through these formal channels, whether it's the City or directors of specific entities. But I wanted to share that our partnership with Crescent Care Pharmacy to bring vaccinations to the property was actually through a staff member at the property management company, who said they knew someone at the pharmacy. Because in New Orleans, there's a lot of private pharmacies that were selected to provide vaccinations. So, it was just really through word of mouth that we built that partnership.

Jason: Thank you, all.

Wood: Yeah, I would-

Jason: We have another question ... Oh, go ahead, Wood. Sorry about that.

Wood: Oh yeah, no. I wanted to echo the sentiments of both Rachel and Maya, that it was both established partnerships, but also as Maya just mentioned, I actually was able to curate a Mardi Gras exhibition with the [Mystic 01:19:38] Krewe of [Pencil 01:19:40] Towers, which is one of our local Mardi Gras Krewes. And it just so happens that the several of the ladies in the Mystic Krewe of Pencil Towers are folks who are in administrative positions at the New Orleans Hospital. So through curated exhibition is how we've kind of established this partnership to be able to host this vaccine event. And then also, through the efforts of many of our community established musicians, and folks like that, we were able to get the word out and work with musicians claiming to be able to provide vaccination space for all those musicians and culture bearers. So, a little bit of both.

Jason: Wonderful. I'd love to hear ... We had a question, and I know both sites have sort of implemented this approach. If both sides can talk just very briefly, we'll try and get a few questions in here in a lightning round before we have to close. Around the role of community health workers, I know that we talked about trusted messengers. How have you all worked with community health workers, or employed, recruited, hired to help around vaccine confidence? And we can start ... Wood, if you want to kick it off?

Wood: So, it was really interesting about that mission for us is we have a program called Community Spread, which is one of our community-based programs that

we work with, where we take artists and culture bearers, and take them to facilitated training with Tulane Public Health Services. So they actually become trained facilitators and public health workers. And they are very trusted folks, who are from the neighborhood, who folks go to see play or do cultural activities. So we move folks, to increase their capacity from being not only just artists and culture bearers, but also becoming public health facilitators. So, it's a two for one.

Rachel Rios: Yeah, and this is Rachel. So we do use the Promotora Model. We've been using it for 10 years, and as part of helping our communities with chronic disease management, and just understanding that, and also in mental health to really reduce the stigma, especially with the Latino community around accessing services for mental health. So, we have no health community health workers. This program allowed us to create a validated certificate, so that the people ... Again, I say the community knows what they know, the community defined evidence practices. And this gives them that certificate that is a standardized learning.

But what we also did is, in addition to the community college program, we brought in trainers, a group called [inaudible 01:22:11] Promotora, and they Promotora training nationwide, that really brings that cultural lens about the stigma that people have around health systems, right? And so we combined those two to create our own community health worker program, because we wanted to make sure that folks had that cultural confidence to be able to be out there. And we are working with our health partners here to incorporate HWs as part of a health team. So we're working on a bigger systematic issue, because we think that they are important pieces to help in this pandemic. They were contact tracers. They were the resource coordinators. And we feel that it is part of that healthcare team, and it's also creating a career health pathway for individuals, community members.

Rommel: Great. So we have a really important question, and I'll direct it to our HHS partners in regards to language resources, particularly individuals, they're coming in from up in Guatemala, and especially our migrant communities. Are there any resources being developed or available in the Mam language, which I believe is a Mayan dialect?

Elizabeth: So, I know that we have a list. I think there's a desired list of 22 different languages that the content should be translated into, that are the most frequently asked. But I don't believe that we have anything right now that is available in that language. However, something I can do is I can drop the chat that we are working closely with NRC RIM, which is the National Resource Center for Refugees, Immigrants, and Migrants. And they have an entire webpage that's just listing, and it's dozens, more than a hundred languages worth of content on vaccines and COVID-19 that are available. And so, I'm happy to drop that into the chat. And they actually take a lot of the CDC guidance directly and translate it. So, I'm happy to share that with you.

Jason: Great. Thanks, Elizabeth. We have another question around, I know, Wood, you mentioned with [Ashea 01:24:29], some of the work that you all did in terms of the fish fry and Good Friday. Can you all talk a little bit about working with faith-based partners, HBCUs, minority serving institutions, just basically community-based organizations to help get the message out?

Wood: Well, in terms of our events, I mean, we worked with everyone. We really did a wide net across the community. Like I said, we really took pride in the fact that we were the second institution in the nation to really specifically identify arts and culture bearers. [inaudible 01:25:06] is very unique when it comes to artists culture bearers. And so, we cast a wide net. We tried to work with as many community partners as possible. We reached out to all of the faith-based community in the surrounding area of Central City, but also, into our cultural community partners as well. There's a lot of service organizations, and cultural arts organizations that are around, so tapping into those networks as well, and really tried to increase the capacity of the event.

Everybody loves a good plate of fish, especially on Good Friday, which was a big push, I think, for us to partner with that. And then, it also helped us to really highlight some of our culinary folks, too, the local food trucks who came out to really give us another opportunity. Because they have their own networks as well. And really, just trying to be a trusted community partner. Their folks felt, "Okay, if I Ashea is giving vaccinations, it must be okay. It must be a good thing. It's something that we don't need to be afraid of." Because we reached out to them so many times with different projects that have been beneficial for the community.

Jason: Great, thank you. And La Familia, do you want to talk a little bit more about your Promotora Model, and how that has played out as part of your effort?

Rachel Rios: Absolutely. Again, so listening to community, and then different communities now talked about, that we have a large young population. So really, wanting to address some of the concerns that every community had, wanting to make sure that we did events that could honor different communities to be able to address them, our refugee population as well. And then again, of course, with our agricultural community, what we recognize is that there was a lot of fear. And then there's a lot of migration, and so people move. So we needed to make sure that we were providing timely information and services. Now, I'll let you add any more, because I really can't say enough about her team has been just so inclusive in the way that they've approached this whole pandemic.

Speaker 6: Yeah, absolutely. So our community health worker, they go through a lot of trainings. And honestly, this is something that ... It's a process upcoming. I think we've talked a little bit about a partnership with Sacramento City College our local city college here on the certificate program. But not all of my staff who came in as contract tracers and research coordinators go through this program. And so, we put them through a Promotora training through eCompromiso. That one was about 40 hours. They go through mental health trainings, cultural

humility training. But really, the important thing to stress with community health workers is they learn by also working in the community. It's all about building trust and partnership, working with other organizations, other ICVOs to learn about resources and giving that back to the community.

And so, while there are things that must be learned, like the social determinants of health and all of that sort of thing that we do ongoing training with them, it's a lot of learning with hands, learning on the job as you go along. And so we're really thankful to have these programs and certificate, but also making sure that they ... Really, the best way for them to learn is to work in the community and to get exposure, and then, they learn, whether it's resources for housing, or food, or financial, or mental health. And so, it is a very unique program, and it is something that takes a little bit of learning academically, but also learning with and in the community.

Rommel: Thank you so much for all your questions. We're actually running out of time, but I would like to now pass the baton to Jill Yu, from the US Department of Housing and Urban Development to close us off.

Jill Yu: Okay, great. Thank you so much, Romel. And thank you, presenters, and all the attendees for taking the time to be here today. I also want to take a moment to acknowledge our HUD partners in the Office of Public and Indian Housing, especially to General Deputy Assistant Secretary Dominique Blom, Jason Amirhadji, Jayme Brown, and the many other staff in PIH who are willing thought partners in planning today's events. Also, our settled partners on this webinar, and the Department of Health and Human Services, we're grateful for your participation on today's webinar and your continued support. In fact, we at HUD are working closely with HHS's other partners, including the Department of Health Resources and Services Administration or HRSA. And we're trying to figure out how best to align our COVID-19 pandemic recovery effort, especially how the federal qualified health centers can promote COVID-19 vaccines to populations that HUD works most closely with, such as our housing authorities, multi-family properties, et cetera. So just a little bit of a teaser that joint guidance will be published very soon. And it'll be announced on our hud.gov website.

And attendees, as you can tell, part of HUD's efforts in the COVID-19 pandemic recovery is to ensure you receive relevant, accurate, and timely information and resources, such as through this important webinar. With that said, today's webinar is just the first of a series of HUD's webinars that will focus on improving vaccine confidence. The next webinar will be on April 21st, next Wednesday. And this will highlight a few stellar public housing authorities that have demonstrated creative and model practices in ensuring the residents have access to COVID-19 vaccines. Then on April 28th, we'll host a listening session with all of our HUD stakeholders. We want to hear from you on what else HUD can do to support your ability to connect residents to vaccines. And lastly, in case you have peers who have missed out on today's webinar, or if you want to rewatch the webinar and further digest its critical information, the recording

will be made available on our hud.gov website. And we will also email you an alert of when you can access the webinar recording.

And lastly, before we dismiss, I just want to acknowledge our Assistant Deputy Secretary Michelle Perez said at the start of this call, "Whether it's advocating for resources from the federal government or providing critical information to your community members, you're ensuring that marginalized and vulnerable communities are at the forefront over country's pandemic recovery." I can't speak for everyone on this call, but as someone who identifies as Filipino American, I have witnessed firsthand the devastating effects that COVID-19 has made on my family and my community, who sometimes are overlooked, and/or miss out on access to critical resources, such as COVID-19 vaccines. All of these issues, from low vaccine confidence, access to the vaccines themselves, they require an all-hands-on-deck approach to win this fight against COVID-19. This is why community partners like you are so important. Thank you for your attendance, your leadership and your service. We hope to see you in our upcoming webinars. Take care and stay safe. Goodbye, everyone.

Speaker 7: Ladies and gentlemen, thank you for joining today's presentation. Thank you for using Event Services. Your call is ended and you may disconnect.