

Vaccinate ALL 58

Together we can end the pandemic. Juntos podemos acabar con la pandemia. 我們可以一起終止疫情。

California Health and Human Services Agency (CHHS) California Department of Public Health (CDPH)

Community Vaccine Advisory
Committee

Meeting #6

January 6, 2021

3:00 PM - 6:00 PM



Welcome to the Community Vaccine Advisory Committee

Erica Pan, MD, MPH, State Epidemiologist, Co-Chair

Nadine Burke Harris, MD, MPH, California Surgeon General, Co-Chair



Meeting Process

- All meetings will be virtual and interactive; cameras on; mute until ready to speak
- Use hand raise icon when you are ready to make comments/ask questions
- Consistent attendance by members; no delegates or substitutes
- Today we will be having ASL Interpreter and closed captioning for members
- Website https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Community-Vaccine-Advisory-Committee.aspx
- Public listen-in mode via telephone at each meeting in English and Spanish
- Meeting will now be live-streamed on YouTube https://www.youtube.com/channel/UCkNEUklwtlc_kPenEZMUIOw
- Public comment via written comments <u>COVID19VaccineOutreach@cdph.ca.gov</u>; will be discussed with Committee at subsequent meetings; all public comments received will be posted weekly on the CDPH website
- Technical issues with Zoom put questions in chat



Opening Comments

Erica Pan, MD, MPH, State Epidemiologist, Co-Chair

Tomas Aragon, MD, Dr.P.H.

Director, CDPH and State Health Officer

Nadine Burke Harris, MD, MPH, California Surgeon General, Co-Chair



Summary of Public Comments Since Meeting #5





Update on Vaccine Allocation and Distribution

Tricia Blocher, Deputy Director, Office of Emergency Preparedness, CDPH

Oliver Brooks, MD, Co-Chair, Drafting Guidelines

Workgroup

Robert Schechter, MD, MPH, CDPH and Co-Chair,

Drafting Guidelines Workgroup



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<u>Currently</u>: Phase 1A; healthcare workers & long-term care residents

Up next: Phase 1B

Phase 1B Tier One

- 75+
- Workers in education and childcare, emergency services, food & agriculture

Phase 1B Tier Two

- 65+
- Transportation / logistics; industrial, residential, & commercial sheltering facilities / services; critical manufacturing; incarcerated individuals; homeless



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Phase 1C

- Age 50+
- 16-49 with underlying medical conditions and/or disability
- Water & waste management; defense; energy; communication & IT; financial services; chemicals/hazardous materials; government ops / community service



Sector index 2. Emergency Services

Essential workforce, if remote working is not practical:

- Public, private, and voluntary personnel (front line and management) in emergency management, law
 enforcement, fire and rescue services, emergency medical services, corrections, rehabilitation and reentry,
 search and rescue, hazardous material response, and technicians supporting maritime and aviation
 emergency response.
- Public Safety Answering Points and 911 call center employees; personnel involved in access to emergency services including the emergency alert system and wireless emergency alerts.
- 3. Fusion Center employees
- Workers who support weather disaster / natural hazard monitoring, response, mitigation, and prevention, including personnel conducting, supporting, or facilitating wildfire mitigation activities
- Workers including contracted vendors who maintain, manufacture, or supply equipment and services supporting law enforcement, fire, EMS, and and emergency service response operations (including safety equipment, electronic security, and uniforms)
- 6. Workers responding to abuse and neglect of children, elders and dependent adults.



Vaccine Eligibility Determination

- Communicate through many channels who is eligible for the vaccine.
- Need to have user friendly information for the public to determine if they are eligible to receive the vaccine.
- List of occupations in phases is large <u>https://covid19.ca.gov/essential-workforce/</u>
- Examples:
 - Personal care assistants/attendants=healthcare sector=Phase 1a
 - Farmworker=food and agriculture=Phase 1b, Tier 1
- Eligibility determination resources:
 - Online tool-in development
 - COVID-19 Hotline: 1-833-422-4255



Monitor Equity in Vaccine Coverage

- Possible measure: Compare percent of eligible population vaccinated in vulnerable communities to percent vaccinated in less vulnerable communities within counties, using the Healthy Places Index
- Benchmark for success: Equal coverage (no disparities)
- Questions:
 - Is the Healthy Places Index the most appropriate measure of vulnerability to monitor equity in vaccine coverage?
 - If not, what other equity measures do you recommend?
 - Do you agree that equal coverage is our benchmark for success?



Break



Operationalizing Distribution of Vaccines with Local Health Departments: Continuing Discussion

Eric Sergienko, MD, MPH Health Officer, Mariposa County Health and Human Services Agency

Kim Saruwatari, MPH Director, Riverside University Health System-Public Health



The Overarching Question How will I know when it's my turn to get vaccinated and where will I go to get my vaccine?



Federal Partnership for Vaccinating LTCF

- How can a LTCF facility find out when they are scheduled to be vaccinated?
 - Spreadsheet of dates to counties
 - Notification to individual LTCFs
 - Includes both ALFs/others and SNFs
- How will informed consent be obtained from many who cannot provide consent in LTCF?



How are LHDs using equity to prioritize who gets the vaccine?

Are LHDs using subprioritization criteria?

Are LHDs using Healthy Places Index?



When will HCWs in Phase 1a Tier 2 and Tier 3 be vaccinated?

- How will independent practitioners not affiliated with a hospital get notified about getting a vaccine?
 - Social media, outreach through professional societies, call centers
- Are behavioral health workers at risk being notified that they are in Tier 2 and 3?
 - Yes
- What about personal care attendants? Are you notifying them if they are not IHSS workers.
 - Notification is a challenge, but they are eligible



LHDs Plans for Phase 1b Tier 1

- How will eligible people be notified?
 - Building out registries either at the state or county level
 - Social media and outreach to get people to sign on registries
 - Individual scheduling once in the registry
- How will CBOs, CVAC members and other trusted messengers be utilized by Local Health Jurisdictions?
 - They will be!!
 - Please reach out to your LHJ
 - Agency/Department Director
 - Health Officer
 - Joint Information Center



How does a LHD know when it's time to move to the next Phase or next tier of a phase?

It is a feedback loop with the vaccinators:

- Are more vaccines needed for the current tier(s)?
- Is there new demand from previous tiers?
- If not, time to think about moving into the next tier
 - Coordination with state and adjacent LHJs
 - Getting additional doses
 - Coordination with vaccinators on ordering new doses



Community Engagement, Equity and Vaccine Acceptability: Continuing Discussion

Nadine Burke Harris, MD, MPH, California Surgeon

General

Maricela Rodriguez, Office of Governor Gavin Newsom

Martha Dominguez, PhD, MPH, CDPH





Together we can end the pandemic.



Vaccine Acceptance: Communications Framework

An **acknowledgement** of complex and nuanced personal and community experiences, and an understanding that lived experiences shape willingness to accept the vaccine

A commitment to **engagement** by partnering with diverse communities across the state to share knowledge and information about the COVID vaccines; and

Action by providing everyone living in California with culturally competent, fact-based messages so they can make an informed decision to vaccinate.

This Communications Framework is informed by the principles of **safety**, **equity**, and **transparency**.



CVAC Feedback on Vaccine Barriers and Acceptance

- o Operations of obtaining the vaccine for insured and uninsured.
- Criteria for special conditions
- Distrust of government and science
- Risk and protective factors (ie., stress, social support)
- Cultural and social historical factors (i.e., safety concerns)
- Confidentiality (HIPPA) and social/ER stigma
- Safety concerns
- Capacity building across sectors
- General Safety, Cost, Accessibility, and Proving Eligibility are barriers
- When and how to receive vaccine



Key Takeaways: Literature Review¹

- Access to credible information
- Transparency on vaccine development
- Vaccine safety standards
- Vaccine ingredients
- Education on the types of vaccines
- Phase distribution plan (i.e., eligibility), safety, and cost
- Risks and benefits of vaccines (i.e., side effects)
- Cultural and social factors
- Attitude and perceptions are divided and changing
- Don't trust the efficacy and safety on COVID-19 vaccine
- Willingness to adopt has fluctuated

Proceedings of the National Academy of Sciences Sep 2020, 117 (36) 21854-21856; DOI: 10.1073/pnas.2014750117

Pogue, Kendall, et al. "Influences on Attitudes Regarding Potential COVID-19 Vaccination in the United States." Vaccines 8.4 (2020): 582.

Coronavirus Vaccine Hesitancy in Black and Latinx Communities, Fall 2020, Unidos US, NAACP, COVID Collaborative

Fisher, K. A., Bloomstone, S. J., Walder, J., Crawford, S., Fouayzi, H., & Mazor, K. M. (2020). Attitudes toward a potential SARS-CoV-2 vaccine: a survey of US adults. Annals of internal medicine.

Prevalence and Predictors of SARS-COV-2 Infection Among Farmworkers in Monterey County, CA December m 2020

Tyson, Alex, Johnson, Courtney, Funk, Cary (September 2020) U.S. Public Now Divided Over Whether to Get COVID-19 Vaccine





Key Insights: Research

- Key motivators: a return to normal, safety of the vaccine and immunity.
 - > Family was shown to be a powerful motivator.

- Messages that are testing well:
- At 95 percent efficacy, this vaccine is extraordinarily effective at protecting you from the virus
- Vaccines will help bring this pandemic to an end
- The vaccine will help keep you, your family, your community, and your country healthy and safe



Key Insights: Latino/Latinx

- The only group more motivated by the statement that taking the vaccine is "the right thing to do" than by "getting the vaccine will keep your family and friends healthy and safe."
- More motivated than the general public by the potential to stop wearing masks
- Regarding the consequences for NOT getting the vaccine, Latinx Americans' ranked "the potential for your family and friends to become ill" highest (vs. damage to the economy, which ranked highest by all respondents).

Key Insights: Black/African American

- The generational divide is most pronounced among Black Americans when it comes to what outcome matters most in this pandemic.
- "Returning to normal" is the desired outcome among Black Americans under 50. But for those over 50, "saving lives" is the highest priority.
- Regarding the consequences for NOT getting the vaccine, Black Americans' ranked "the potential for your family and friends to become ill" highest (vs. damage to the economy, which ranked highest by all respondents)



Key Insights In-Progress

 Black, Indigenous, People of Color, Asian, Pacific Islander, Middle Eastern North African

 Diverse Audience Segmentation (i.e., people with disabilities, LGTBQ+, people with pre-existing conditions, people experience homelessness, farm workers)

In-culture/language



Feedback

- 1. Do these insights resonate?
- 2. What communication tools would be beneficial?
 - Talking Points
 - Community Toolkits
 - Brochures
 - Posters
 - Social media assets



Phase 1A: Vaccinate All 58 Toolkit

- Fact Sheet
- Social Media Graphics and Messages
- Partners: Logos and brand guidelines

To download toolkit and additional resources visit: https://toolkit.covid19.ca.gov/partners/



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covid19.ca.gov/es/vaccines

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Upcoming Phase 1B - Communications

Multipronged Approach

- Ongoing statewide education to Californians on the basics about vaccines
- Tailored approach for targeted Phase 1B populations

Key Messages:

Including but not limited to:

- Safety
- Effective
- At no cost
- Personal information is protected

Leverage Trusted Messengers



Upcoming Phase 1B - Communications

All Audiences: Vaccine Basics - "Just the Facts"

- Public Service Announcement (PSA)
- Infographic



Upcoming Phase 1B - Communications

Resources for Targeted Populations

- Tailored social and digital content
- Ethnic and multicultural media
 - Media briefings (virtual)
 - News articles (earned media)
 - Live reads (radio)
- Organic and paid tactics



Upcoming Phase 1B - Community Outreach

Prevent the spread of and mitigate the harm caused by COVID-19 within disproportionately impacted communities.

- State investment of approximately \$30 million administered by Labor and Workforce Development Agency (LWDA) and California Department of Social Services (CDSS)
- Goal is to fund 150 community-based organizations throughout the state
- Coordinated with philanthropic investments



Timeline

- January 2021 Partner application and selection
- February 2021 On-boarding provided to selected partners
- February July 2021 CBOs conduct outreach

Campaign Strategies

- In person outreach
- Phone banking
- Social media

Campaign Content

- COVID-19 Vaccination
- Prevention and Risk Mitigation (e.g. wear a mask, physical distance and handwashing)
- Worker Protections (e.g. workplace health and safety, leave benefits, and access to workers' compensation)
- Resources (e.g. Testing, Medi-Cal, CalFresh, Housing for the Harvest, etc.)



Thank You!



Closing Comments

- Next Meetings
 - January 20, 2021 from 3:00 6:00pm
 - February 3, 2021 from 3:00 6:00pm
 - February 17, 2021 from 3:00 6:00pm
- Agenda for Next Meeting
- How to Make Public Comment: <u>COVID19VaccineOutreach@cdph.ca.gov</u>
- Adjourn

