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

COMMUNITY VACCINE ADVISORY COMMITTEE

MEETING #12 – March 17, 2021 – 3:00 – 5:00pm
MEETING SUMMARY

Committee Members Attending

Fred Buzo, AARP; **Susan de Marois,** Alzheimer's Association; **Vivian Reyes**, American College of Emergency Physicians; **Alia Griffing,** American Federation of State, County and Municipal Employees (AFSCME); **Andrew Nguyen,** Asian Americans Advancing Justice – Los Angeles; **Dr. Chang Rim Na,** Asian and Pacific Islander American Health Forum (APIAHF); **Dr. Ron Williams**, Association of California School Administrators (ACSA): **Jeff Luther, MD,** California Academy of Family Physicians (CAFP); **Michael Dark,** California Advocates for Nursing Home Reform (CANHR); **Moises Barron**, California Alliance of Child and Family Services; **Lisa Mancini,** California Association of Area Agencies on Aging (C4A); **Carolyn Pumares,** California Area Indian Health Service; **Heather Harrison,** California Assisted Living Association (CALA); **Dean Chalios,** California Association for Health Services at Home (CAHSAH); **Charles Bacchi,** California Association of Health Plans (CAHP); **David Lown, MD,** California Association of Public Hospitals and Health Systems (CAPH); **Vicky Reilly,** California Association of Rural Health Clinics (CARHC); **Chuck Helget,** California Association of Veteran Service Agencies; **Veronica Kelley,** California Behavioral Health Directors Association (CBHDA); **Rhonda M. Smith,** California Black Health Network; **Preston Young,** California Chamber of Commerce; **Eric Sergienko, MD,** California Conference of Local Health Officers (CCLHO); **Mary McCune,** California Dental Association (CDA); **Christina N. Mills,** California Foundation for Independent Living Centers (CFILC); **Jackie Garman,** California Hospital Association (CHA); **Catherine Flores-Martin,** California Immunization Coalition; **Mitch Steiger,** California Labor Federation; **Amanda McAllister-Wallner,** California LGBTQ Health and Human Services Network; **Lance Hastings,** California Manufacturers & Technology Association (CMTA); **Hendry Ton,** California Medical Association (CMA); **Rocelyn de Leon-Minch**, California Nurses Association (CNA**); Kiran Savage-Sangwan,** California Pan-Ethnic Health Network (CPEHN); **Susan Bonilla,** California Pharmacists Association (CPHA); **Andie Martinez Patterson,** California Primary Care Association (CPCA); **Thomas J. Kim, MD,** California Rural Indian Health Board**; Debra Schade,** California School Boards Association (CSBA); **Loriann DeMartini,** California Society of Health-System Pharmacists (CSHP); **Carol**

Green, California State Parent Teachers Association (CAPTA); L**aura Kurre,** California Teachers Association (CTA); **Shannon Lahey,** Catholic Charities California; **Esther Bejarano,** Comite Civico del Valle; **Kim Saruwatari,** County Health Executives Association of California (CHEAC); **Andy Imparato,** Disability Rights California; **Silvia Yee,** Disability Rights Education and Defense Fund (DREDF); **Kristin Weivoda,** Emergency Medical Services Administrators of California (EMSAC); **Liugalua (Liu) Maffi,** Faith in the Valley; **Pastor J. Edgar Boyd,** First African Methodist Episcopal Church; **Melissa Stafford-Jones,** First Five Association; **Anthony Wright,** Health Access; **Lisa Hershey,** Housing California; **Denny Chan,** Justice in Aging; **Jeffrey Reynoso**, Latino Coalition for a Healthy California; **Linnea Koopman,** Local Health Plans of California (LHPC); **Genevieve Flores-Haro,** Mixteco Indigena Community Organizing Project (MICOP); **Jodi Hicks,** Planned Parenthood Affiliates of California (PPAC); **Tia Orr,** Service Employees International Union (SEIU) California State Council; **G Perdigones,** Service Employees International Union Local 1000 (SEIU 1000) (Unit 17-Nurses); **Aaron Carruthers,** State Council on Developmental Disabilities; **Brian Mimura,** The California Endowment; **Gabriella Barbosa,** The Children's Partnership; **Diana Tellefson-Torres,** UFW Foundation; **Matthew Maldonado,** United Domestic Workers (UDW/AFSCME); **Maria Lemus,** Vision y Compromiso; **Crystal Crawford,** Western Center on Law and Poverty;

Committee Members Absent

Joe Diaz, California Association of Health Facilities (CAHF); **Michael Wasserman, MD,** California Association of Long-Term Care Medicine (CALTCM); **Virginia Hedrick,** California Consortium for Urban Indian Health, Inc. (CCUIH); **Orville Thomas,** California Immigrant Policy Center (CIPC); **Leza Coleman,** California Long-Term Care Ombudsman Association (CLTCOA); **Jose R. Padilla,** California Rural Legal Assistance, Inc. (CRLA);**Pamela Kahn,** California School Nurses Organization (CSNO); **Lisa Constancio,** California Superintendent of Public Instruction; **Naindeep Singh**, Jakara Movement; **Amber Baur,** Western States Council: United Food and Commercial Workers (UFCW) California

California State Representatives Attending

Nadine Burke Harris, MD, MPH, California Surgeon General**; Erica Pan, MD, MPH**, State Epidemiologist; **Tomas Aragon,** MD, DrPH, Director, CDPH and State Health Officer**; Nancy Bargmann**, Department of Developmental Services; **Marcela Ruiz**, CDSS; **Martha Dominguez**, CDPH

Public Attending

There were 13 members of the public attending by phone, none on the Spanish line, and 214 views of the meeting by YouTube livestream.

Committee Co-Chairs

Dr. Erica Pan, MPH, State Epidemiologist

Dr. Nadine Burke Harris, MPH, California Surgeon General

Consultant
Bobbie Wunsch, Founder and Partner, Pacific Health Consulting Group

Welcome, Purpose of Today's Meeting and Meeting Logistics

Nadine Burke Harris, MD, MPH, California Surgeon General, Co-Chair
Erica Pan, MD, MPH, State Epidemiologist, Co-Chair
Bobbie Wunsch, Founder and Partner, Pacific Health Consulting Group

Dr. Burke Harris welcomed and thanked Community Vaccine Advisory Committee members for their continuing commitment to help California have a safe, equitable and transparent vaccine rollout, and helping to improve allocation and distribution efforts. She acknowledged the many accomplishments over the past four months and expressed the state's gratitude. Dr. Burke Harris also expressed deep sadness and distress about the attacks on the Asian American community and concern for the victims of racist attacks across the country. For anyone who is experiencing distress, she offered the Cal HOPE warm line as a resource: (833) 317-HOPE (4673) or online: www.CalHOPE.org.

Dr. Pan welcomed the committee and expressed her thanks for all the work of committee members in various capacities. She echoed Dr. Burke Harris' comments about the racist incidents and stated her appreciation for the unity against hate crimes. Dr. Pan reflected on the many anniversaries in the past month, including the first Bay Area and California stay-at-home orders. She shared her current optimism, given three excellent vaccines and positive landmarks. Finally, she reinforced this is not the time to let our guards down. We must continue masking and distancing until more people are vaccinated.

Bobbie Wunsch walked through meeting logistics.

Review Public Comments since March 1, 2021 Meeting #11

Bobbie Wunsch, Founder and Partner, Pacific Health Consulting Group

Bobbie shared a summary of the 218 individual and organizational submissions of public comment representing 48 pages of public comment with links to additional pages of comment. The summary is as follows:

- 1 person asked that public messaging and communications for the whole state about where to get vaccines needs to improve

- 1 person was concerned that inaccurate information about the Janssen/Johnson & Johnson vaccine is being distributed by the Los Angeles County Public Health Department
- 4 individuals wanted to know where and when people age 50 – 60 could be vaccinated
- 8 statewide organizations asked CDPH to provide more detail on where people with serious mental Illness fit into the prioritization guidelines
- 63 individuals and organizations asked the state to prioritize people living in congregate settings, especially prisons, county jails and immigrant detention facilities
- 3 people asked the California Department of Corrections and Rehabilitation to reduce incarceration in state prisons to below 50% capacity and prioritize vaccinations for staff and inmates
- Many individuals and organizations asked the state to prioritize the following sectors, workers and occupations higher on the list: all essential workers based on Governor Newsom's March 2020 list (4); aviation workers (8); hardware store and home improvement store employees (3); automotive retailers (1); cosmetologists, hair stylists and personal services (2); critical manufacturing sector (1); non-profit organizations working with refugees (1); port workers (3); food workers (1); and plumbers (1)

Many people asked to be vaccinated higher on the prioritization list: parents/caregivers of children with special needs who are not connected to Regional Centers (5); parents of children going back to in-person school (2); college and university educators (2); youth sports officials (1); families of all essential workers (1); people with Alzheimer's and dementia (1); Native Americans with asthma (1); people with Type 1 diabetes (43); people with cystic fibrosis (6); people with asthma and autoimmune disease combined (1); people with COPD (1); people with bone marrow transplants (1); and blind individuals (1)

- 1 person stated that California has neglected all people with high-risk medical conditions
- 1 person asked that the state broadcast widely the list of underlying medical conditions and where they can be vaccinated
- The Council of Churches in Menlo Park asked that more vaccine be made available in census tract 6117 and other low-income communities severely impacted by COVID-19
- 1 person said their doctor told them to get the one-dose Johnson & Johnson vaccine but they can't find out where to get it
- 3 people said they can't seem to get their second dose
- A group of pharmacists asked that pharmacists be paid appropriately for providing COVID vaccines to the public.

Opening Comments from Co-Chairs

Nadine Burke Harris, MD, MPH, California Surgeon General, Co-Chair
Erica Pan, MD, MPH, State Epidemiologist, Co-Chair

Dr. Burke Harris commented that March is a time of transition. Last week President Biden announced the promising news that California's vaccine supply will substantially increase by May 1, and that eligibility is expected to be open to everyone. The state works diligently to answer questions from this body about eligibility and the allocation process. A list of responses was sent out in advance of this meeting. In addition, Dr. Burke Harris highlighted a few questions that have new answers or updates:

First, to the question of who will vaccinate detainees of federal immigration facilities in California, the answer is now known. CDPH released guidance recently that Immigration and Customs Enforcement (ICE) detainees will be vaccinated by the State of California.

Second, many farmworker vaccination efforts are happening and information was sent to CVAC about events happening across the state this week. Dr. Burke Harris wanted to highlight these efforts on behalf of counties and employers.

Update on Vaccine Supply, Allocation Guidelines and Implementation of Accessibility and Federal Partnerships

Erica Pan, MD, MPH, State Epidemiologist, Co-Chair
Nancy Bargmann, Department of Developmental Services

Dr. Pan shared the latest COVID-19 case totals and rates. There have been 3.5 million cases as of today. Case positivity trends are moving downward. The trend line for the 7-day case average is also sharply down. There were 1,260 new cases today compared to about 2,000 per day as a prior average. In addition, Dr. Pan shared that the state is vaccinating about 100 times more people each day than new cases (about 200,000 people vaccinated per day). Dr. Pan cautioned that the last time we reached a low point in the case rate and the state re-opened, there was a surge.

As of March 16, the state has administered 12.6 million vaccine doses. With respect to equity, there is room for improvement. Dr. Pan compared COVID vaccine doses for the four Healthy Places Index (HPI) quartiles. In communities in HPI Quartile 1 (least healthy community conditions), 11.8% of people have received a first dose and 9.3% have received two doses, compared to 15.5% and 18.8% respectively in HPI Quartile 4. Although this is not yet an equitable outcome, the gap has narrowed over the past several weeks and progress is being made.

The Center for Disease Control and Prevention (CDC) announced that the Janssen/Johnson & Johnson vaccine was approved last week. It is safe and highly effective in preventing death and severe COVID with a single dose and is easier to transport and store. There is also good

evidence that this vaccine decreases transmission and is effective against certain variants. The best vaccine is one you can get when you are eligible. Dr. Pan and other state leaders got this vaccine last week to demonstrate their confidence in it.

Dr. Pan shared the overall vaccine dashboard. Over 4 million people are fully vaccinated –13% of the population over age 16. This represents huge progress. Dr. Pan then reviewed current eligibility for the vaccine, as shown on the COVID-19 website. The detailed list of health conditions is also on the website. Current eligible groups include:

- Health care workers
- Long term care and skilled nursing facility residents and staff
- Californians 65 years and older
- Food and agriculture
- Childcare and education
- Emergency responders – now includes public transit workers
- As of March 15, healthcare providers may use their clinical judgement to vaccinate individuals aged 16-64 who are deemed to be at the very highest risk to get very sick from COVID-19 due to severe health conditions, disabilities or illness
- **NEW:** Those in high-risk congregate living spaces including incarceration and detention facilities, homeless shelters and other settings with outbreaks

Nancy Bargmann talked about implementation of vaccinations in the disability community. She opened by appreciating the work and recommendations of the Implementation Workgroup. Director Bargmann noted that Regional Centers received a directive from the Department of Developmental Services that outlined priorities and provided a sample letter that families and self-advocates could take to vaccination sites as verification even if not technically required.

Regional Centers (RCs) are making individual contacts with all consumers and families. Currently the focus is on those aged 16-64. RCs and Independent Living Centers (ILCs) are working together to make connections to vaccine clinics, and this should also help coordinate and improve access for consumers and families beyond those served by the RCs. Blue Shield of California has assisted by connecting RCs with local health jurisdictions. Five RCs have been identified as priorities based on geography and equity. LA County is coordinating with all seven RCs in the county and the California Department of Social Services (CDSS) provided LA County information about local ILCs to assist with coordination.

Director Bargmann shared examples of targeted efforts in various communities including the Central Valley. Local connections are critical and RCs are staying current on all the local vaccination options available for their clients. She also noted that the LA County Sheriff has a mobile team distributing vaccines which shared extra doses with a RC and delivered the

Janssen/Johnson & Johnson vaccine to people at home, who would have been challenged in accessing a public site.

CDSS is collecting data by RC for families and self-advocates willing to report whether they were vaccinated and have had good success with reporting. In some cases, families chose not to share this information. Data will be posted on the website, but will be limited and there is a lag in data entry.

Dr. Pan shared that the state issued a fact sheet that lists the high-risk medical conditions and disabilities that confer eligibility and information about verification which states:

> Verification documentation of the diagnosis or type of disability is not required but instead anyone meeting the eligibility requirements will be asked to sign a self-attestation that they meet the criteria for high-risk medical conditions or disabilities.

This was an attempt to balance verification with access. Dr. Pan noted that the fact sheet contains other good information and can be found here.

Dr. Pan then shared that equity has been used as a benchmark to help move the whole state forward. The state met its first benchmark of 2 million doses administered in the least advantaged HPI quartile, and this allowed many more counties to move from the purple to the red tier. Currently, only 11 counties remain in the purple tier. Once 4 million doses have been given in HPI Quartile 1, the threshold between the orange and yellow tiers will change. This means the state is on its way to a slow re-opening.

Dr. Pan offered updates on the various federal pharmacy programs.

The **Federal Retail Pharmacy Program** (FRPP) is a program where people can walk into a retail pharmacy. As of March 8, the following doses have been administered through the FRPP:

- CVS: 313,150
- Rite Aid: 189,976
- Walgreens: 124,266
- Albertsons: 205,692

These pharmacies are vaccinating all the current eligible groups. A federal directive was issued for pharmacy partners to prioritize pre-K-12 teachers, school staff and childcare workers during the month of March. As of March 7, an additional 36,000 doses of Pfizer were allocated to the FRPP, and CVS just expanded to an additional 119 store locations. As there is more supply, the program will expand to more locations. Over 280,000 doses were allocated for the week of March 7. For the week of March 14 there will be Janssen/Johnson & Johnson doses as well as

an increase in Pfizer doses. Four long-term care facility pharmacy partners will be activated this week: MHA, Innovatix, GeriMed and Cardinal, with PharMerica under the Innovatix network.

The **Federal Long Term Care Facility Partnership** is ending at the end of this month. As of March 12 there have been almost 850,000 doses administered through this program.

The other federal pharmacy initiative is the Federally Qualified Health Center (**FQHC) Initiative through the U.S. Health Resources and Services Administration (HRSA) and the CDC**. This program directly allocates a limited supply of vaccine to FQHCs in addition to the state allocation. It focuses on HRSA-funded health centers that specialize in caring for hard-to-reach and disproportionately affected populations including people experiencing homelessness, public housing residents, farmworkers and patients with limited English proficiency. This is Phase 1, with a phased 4-week rollout to 40 FQHCs serving 200 sites in California. FQHCs have received close to 185,000 cumulative doses over the last four weeks.

Questions and Comments from Members

Federal Pharmacy Partnerships

- For the federal pharmacy partnership, should eligible people use the federal vaccine finder site to make an appointment or is that system connected to My Turn?
    - CDPH: We don't have that information.
- Does the Federal Retail Pharmacy Program follow CDPH guidelines or the federal Advisory Committee on Immunization Practices (ACIP) guidelines for eligibility?
    - CDPH: We've asked them to follow CDPH guidelines for eligibility, relying on self-attestation.
- We've been hearing from farmworkers that CVS is charging for vaccination if workers do not have insurance. We've been communicating that vaccines are free, so we're concerned about that not being applied at some pharmacy locations.

Data and Data Requests

- Do the numbers on county vaccine rates include federal partnership numbers?
    - CDPH: We will double check.
- On the equity data, race and ethnicity data was not presented. The most recent data does not show significant improvements this month despite an improvement in the HPI quartiles – the same inequity is continuing for most populations. This is surprising given the eligibility population now is larger and more diverse. There is also still a lot of missing data; can we talk about how to improve this?
    - CDPH: We are looking at the data by race/ethnicity and by HPI and looking at where we need strategies to reduce inequities the most. The Third-Party Administrator (TPA) is building that into their dashboard.

- In the lowest HPI quartile, there is a big difference between the number of people who are partially and fully vaccinated. Do we know what this represents?
    - CDPH: Our hypothesis is that we started late and are now administering first doses. Anecdotally, we have heard about excellent follow-up at a Federal Emergency Management Administration (FEMA) site with over 90% of people returning for second doses.
- I urge the state to consider Medi-Cal penetration as another proxy for equity. Several local health plans have noted their eligible members' vaccination rates seem to lag behind the general population. This could be formally incorporated to complement the HPI metric.
- When can we expect to see vaccination rates for older adults of color?
- It would be great to see the data displayed by age and race. The intersection between the two is critical. With more folks placed in the queue, there is concern that the vaccination rates among older adults in communities of color will continue to lag. If the data is available, can we share it in advance of our next CVAC meeting? Other states have already been sharing vaccination rates among older adults of color for several weeks now.
    - CDPH: We have that information and can share it at or before the next meeting.
- Please provide us with data on the impacts of population immunity if people decide to wait for "the right" vaccines for them. Some community members and essential health workers claim that they are "willing to wait" for a J&J vaccine or vaccines made from other countries because they prefer attenuated vaccines over "artificially" made vaccines. What is the plan and process to address these concerns?
    - CDPH: I don't have enough information to answer your question during this meeting, but we will take it back and try to find answers.
- We want California to show up on the Kaiser Health News state summary next time! And we want to know the numbers.

Verification and Self-Attestation

- Thank you to the state leadership on equity and inclusion.* Thank you for listening and responding around issues of self-attestation and adopting an abundance model approach despite current vaccine scarcity. The March 11 guidance alleviated a lot of concerns. I appreciated seeing the inclusion of other populations also. Thanks to Director Bargmann for her leadership and signaling to health plans and others. *(*This sentiment was echoed by many other CVAC members).*
- I've seen ads that suggest going to see the doctor to get a note. Either the message about self-attestation is not getting out or people are trying to profit.
    - CDPH: We have also heard about some pharmacies charging for vaccines, and all vaccines should be free. Please reinforce to your networks that there should be no charge for receiving vaccines.

- Self-attestation is a great thing. I have also heard that pharmacies are heavily emphasizing the medical conditions list, and if you don't have one on the list you are punted off the high-risk category. This is problematic because there are other ways of being a high-risk person, especially for those receiving Home and Community-Based Services (HCBS) through Medi-Cal. Can the state and TPA provide a clear screening tool that pharmacies and other vaccinators can use to stop these implementation problems?
    - CDPH: Thank you for the suggestion.
- Getting the word out about self-attestation is critical. We have vaccine sites now turning folks away because they don't have verification on hand.
- The inconsistency is the problem. Some under 65 don't have an issue getting their vaccine at a pharmacy and others do. It's really been based on the county.

Newly Eligibility Populations

- Dr. Aragon's Provider Information Notice stated that severe mental illness and severe substance use disorder are included in the disabilities list but these are not included in the CDPH fact sheet or other notices. The information about self-attestation is also not included in these public-facing materials. Is this notice published anywhere?
    - CDPH: The Provider Bulletins are on the CDPH website and we will add these items to the fact sheet. On the accordion menu at covid19.ca.gov/vaccines/, if you scroll down there are links to the fact sheet, provider bulletin, and updated guidelines. We will work to streamline documents on both websites.
    - Additional resources shared by CDPH:
        - General and new information is posted on COVID19.CA.GOV's vaccine page: https://covid19.ca.gov/vaccines/
        - https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/vaccine-high-risk-factsheet.aspx
        - CDPH updated Provider Bulletin: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Provider-Bulletin-2-12-21.aspx
        - Updated COVID-19 Vaccine Eligibility Guidelines (clarifies Phase 1A and Phase 1B):
        - https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/VaccineAllocationGuidelines.aspx
        - Clinician Health Information Notice (includes behavioral health): https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Health-Care-Information-Notice-3-11-21.pdf

- With the addition of populations on March 11, what percent of Californians are currently eligible? This helps us update the community on availability and helps people understand what to expect.
    - CDPH: Previously we estimated the high-risk population at 4.4 million and those in congregate settings at less than 500,000, so a total of almost 5 million total as of March 15. The public transportation workers and other additions were small numbers, but we will get back to you with an updated total.
- Thank you for ensuring that folks in ICE detention get vaccinated.
- I am working in the San Joaquin Jail and many of my clients have been vaccinated with the J&J vaccine.
- Thanks for the new guidance on high risk congregate settings and public transit workers.
- Many thanks for including homeless shelters and homeless persons as a high priority for vaccination!
- Thank you for calling out behavioral health - mental illness and substance use disorders specifically - both in congregate care residences and as a high risk disability!

Kaiser

- Can we get information on how Kaiser's dissemination aligns with the state's guidelines and allocation? I have heard varying accounts on accessibility and prioritization within Kaiser.
- Kaiser seems to be prioritizing "within" categories by doing specific outreach. I would appreciate having some idea of how Kaiser is, for example, determining who is more high risk among its members, and the information it is using to determine high risk levels.
    - CDPH: We can provide more information on Kaiser's role and work at the next meeting.
- I know that people with disabilities have asked their Kaiser providers about vaccination and their doctor has said they can't recommend specific patients for vaccination, which seems a little odd since the provider should have a good idea of who has a high-risk disability.
    - CDPH: Thanks for sharing that insight. We'll look into it.
- I've heard that Kaiser has at other times said that they will be directly reaching out to patients, without a mechanism for how/when patients should follow up. And then I've heard that others are able to call into the Kaiser appointment line and make an appointment for a vaccine without having to be a part of any of the priority groups or showing any proof that they are within a priority group.
- In terms of verification from Kaiser, I have seen the best results when an underlying condition is explicitly listed on their chart. For example, if you are a person with a disability and your disability is listed, you will be considered eligible. You probably won't get a letter or email that says you're eligible when conditions are not specifically listed.
- I have heard similar variable reports about Kaiser and other health care providers as well as wide variability on eligibility across counties.

Outreach and Messaging

- If the data shows that "waiting for a vaccine" will hinder or slow down California's population immunity, can we please include this in the CDPH website (i.e., messaging to get the vaccine that is available right now rather than wait)?
- Indian Health Service has been deploying the message that the best vaccine is the vaccine you can get when you are eligible. We would like to reflect what CDPH states on their website to our vaccine hesitant population, maybe as part of the Vaccinate ALL 58 campaign or on the website with the tier eligibility.

Barriers to Access

- What is the plan for people who do not have computer or internet access?
    - CDPH: This is being handled at the local level by the state and TPA supporting community partners. We have great stories about health departments working with FQHCs and other partners to help patients enroll and get appointments. This also helps with data collection and completion. Information and appointments for those eligible can be made via My Turn at 1-833-422-4255 or online at https://myturn.ca.gov/.
- Is there a timeline on when the state will provide vaccines to those who are homebound?
    - CDPH: We will do our best to get you one.

Other

- What is the threshold case rate for moving from orange to yellow tier once 4 million vaccines are administered in Quartile 1?
    - CDPH: Less than 2 cases per 100,000.
- Next Friday, March 26th, the Biden-Harris Administration's COVID-19 Healthy Equity Task Force is meeting publicly and voting on recommendations related to vaccines and equity. All stakeholders are invited to bring ideas of how the federal government can help California advance equity; please let either of California's two Task Force members know: Andy Imparato, JD, Executive Director of Disability Rights California at Andy.Imparato@disabilityrightsca.org or Mayra Alvarez, MPH, President of The Children's Partnership at malvarez@childrenspartnership.org. .
- Thank you for the list; however, promotoras with Community-Based Organizations (CBOs) are still not prioritized and they are daily in the community. Is there a response from the California Surgeon General or CDPH?
- We had a second FEMA clinic at two of our ILCs and it was right on time.

Achieving and Monitoring Equity

Peter Long, Blue Shield of California

Kimberley Goode, Blue Shield of California

Dr. Burke Harris introduced speakers from the TPA partner Blue Shield of California. Kimberley Goode shared her appreciation for Drs. Burke Harris and Pan and the whole community. She shared that the goal of Blue Shield of California is to build the network that will prepare for the abundance of vaccines we hope is coming and work with partners in the local health jurisdictions (LHJs) across the state to meet equity goals.

Ms. Goode shared a slide showing how the TPA supports California's 5-point plan for vaccination equity. Even though the TPA does not have direct accountabilities for every item, they have a responsibility to provide recommendations that line up with the requirements set by the state related to eligibility and allocation distribution.

- They play a major role ensuring that the **network** is adequate across the state, including not just proximity but also extended hours, access supports and transportation/language services. It is not the job of the TPA to accomplish all these things but to ensure they are partnering with LHJs and CBOs to ensure that these supports are aligned with the vaccine provider network.
- On the **data analytics** side, the TPA is pushing to get providers on the My Turn system to ensure a complete, robust data set with transparent reporting and adjustments along the way.

Blue Shield of California is partnering with every LHJ to complement the work on community partnerships and public education. Every LHJ has developed an equity plan and Blue Shield of California is working closely with LHJs to identify needs and gaps. On the allocation side, the state has issued guidelines and Blue Shield of California is tasked to ensure implementation. Blue Shield of California is collecting and monitoring data to determine whether doses distributed to Quartile 1 were administered. It is utilizing tools such as access codes to ensure vaccines reach targeted groups and work on operational readiness to support allocation to eligible groups as vaccines become more abundant.

From a network perspective there are goals on proximity as well as other measures of adequacy. For example, Ms. Goode shared that Blue Shield of California is using narrower proximity standards than those prescribed. Therefore, they have additional sites beyond the guidelines and other access supports in partnership with LHJs. One way the TPA is increasing access to meet equity goals is through multi-county entities that have agreed to vaccinate all community members. They have made good progress in getting FQHCs and other community clinics into the network since they are known trusted providers.

Technology can be a barrier and is one of the supports needed to ensure access. There is a toll-free number people can call for assistance. Other tools will be put in place through community

organizations. In areas with limited access, they are including local independent pharmacies, mobile solutions and enhanced coverage such as extended hours and onsite solutions. Ms. Goode reminded the group that the TPA makes allocation recommendations in coordination with LHJs but final allocation decisions are made by the state.

Peter Long reported on data analytics within the TPA. He noted that there has been information for several months on the equity impact of the vaccine distribution within the HPI quartiles, but we haven't always known why these disparities exist, despite ideas and theories. Data analysis, such as race/ethnicity and insurance as well as other analysis will help us understand what is actually happening.

Peter Long shared operational dashboards that Blue Shield of California has developed to answer these questions, together with insights and on-the-ground experience. He shared a graph of vaccine hesitancy and confidence in various quartiles, which can be used to inform public outreach campaigns. He also shared information on vaccinations by age and race/ethnicity combined. These offer differing views that might help drive equity goals. Dr. Long shared a sample dashboard to illustrate to which HPI quartiles doses are being allocated, the provider types delivering vaccines in various HPI quartiles, and from which quartile residents being vaccinated are based. These dashboards are intended for state leaders and LHJs to inform future action and target vaccines effectively.

Finally, Peter Long shared a slide to demonstrate the end goal of a system where all the components fit together and have functional feedback loops to support data-based learning and improvements. For example, the state sets eligibility and equity goals; the LHJs establish detailed equity plans; the TPA provides allocation recommendations, ensures network adequacy and provides data and reporting; and then works with communities to provide access supports such as navigators, language and extended hours. The goal is to make this work like a true system to ensure equity. He asked for input from the committee on what data is needed to inform action toward greater equity, and how to ensure the feedback loop supports an effective system.

Questions and Comments from Members

- Are all 58 counties going to be part of the TPA? What is the relationship between the TPA and the counties? Some say they do not want to work with a TPA. Can they opt out? How will the counties be responsible for this work if they don't work with the TPA and how would this affect equity?
    - Blue Shield of California: We have met with all 61 LHJs and are committed to working with all of them to build transition and equity plans. The state is in discussions with LHJs to develop an agreement and we are hopeful that they

will agree. The majority of counties have on boarded at least one clinic to the My Turn system.

- CDPH: It is our hope that counties will work with the TPA to ensure Californians get vaccinated. Any time such a large initiative is launched, there will be negotiations. The TPA is enacting the state's allocation guidelines and working on our behalf.
- Kim Saruwatari/Riverside County Department of Public Health : A tremendous amount of credit goes to the state and Blue Shield of California for negotiating in good faith and addressing issues for the counties. LHJs now have a Memorandum of Understanding (MOU) with the California Government Operations (GovOps) Agency at the state level. Clarifying pieces have emerged to give counties some additional flexibility to redistribute vaccines between contracted clinics. We are happy with how this has been handled and our MOU is now fully executed. I think most counties are fairly happy with the way the MOU came out and are ready to focus on vaccinating residents.

- I'm concerned that farmworkers are not separated from other food workers. In the California Immunization Registry (CAIR) 2 registry, occupational data cannot be stored. Is there an update about whether/when we can capture this specific data?
- During vaccination events, farmworkers are being asked the same questions at multiple steps, from pre-registration to vaccination. Is there any way to streamline the process?
  - Blue Shield of California: I will take this back to the My Turn team.
- We would like to see sexual orientation and gender identity (SOGI) data included in the dashboard.
- One part of the data feedback loop is that data should be used to support quality improvement. For instance, we haven't had great completion of SOGI data reported. What are the different actors in the system doing to address the various points where this data is being lost or not reported? We know there are problems preventing this data collection and analysis. What are the steps so that we can use this in our equity analysis?
- Also in the feedback loop, people are identifying access and other problems in the system. How do we ensure we communicate that these problems have been addressed and that people have the most current information? This will help the community know what is happening and how to navigate the system.
- Should we add primary language to the data dashboard?
- Can we see the data on those vaccinated as a percentage of those eligible for various groups and eligibility groups?
- Under access support , I would recommend addressing transportation barriers.

- Can we add housing status - housing instability/insecurity, homelessness, living in congregate shelters? Many Californians may be facing eviction unless more help arrives, and there are many who live in multi-generational and multi-family situations.
- Can we measure vaccine uptake for groups targeted for equity? Could you get data on those that have had their first dose but do not return for the second dose, measuring hesitancy AFTER the first dose, or other issues preventing full vaccination?
- One data point is insurance status: Medi-Cal, type of coverage, uninsured. It would be also good to know if certain systems are doing better or not. And also the type of plan/system in order to ensure the vaccination is in their medical record.
- I am curious to see the plan for the community partnership and public education sections.
- It will be extremely helpful to have data not only by HPI quartile, but by HPI quartile within different geographic regions.
- Regarding LHJ equity plans, it would be helpful to track and share out the progress toward achieving the goals in each county's equity plan.
- Can the TPA give us a timeline on the homebound vaccine rollout?
- I think these are the right characteristics (e.g. Medi-Cal status, language, age/race, SOGI). Currently mixed race and others account for almost 25% of all vaccinations being reported - how is this being investigated?
- Regarding the TPA and the counties, we heard at the last CVAC meeting the state originally set an ambitious deadline of onboarding all counties by the end of the month. Is that still the deadline? If some counties decide to opt out, how will vaccinations happening in those localities get captured in the state data that the TPA puts together?
- CDPH has included disability in its COVID surveillance, and DDS is collecting good information. Can the dashboard rely on that information to incorporate disability into reporting vaccinations?
- What are the issues with counties? What are the areas that were negotiated in the MOU?
- How soon should we expect My Turn to be functional for all counties?
- Other points about equity beyond data/measurements include: concern about pharmacies charging people without insurance; a need to prioritize Johnson & Johnson 1-dose vaccines to rural, farmworkers, homebound and homeless; concerns about reports from LA about pharmacies asking for documentation from people without documents. I deeply hope these are aberrations that are being corrected.
- There are a number of American Indian/Alaska Natives (AI/AN) that are of mixed race. Please consider a way to identify these groups from an aggregate mixed race category. Indian Health Services is also working on ways to capture data on AI/ANs who choose to get vaccinated from a non-tribal or urban native health program.

- It would be helpful for the state to send letters of eligibility out to California Children's Services' families. Family caregivers that are not a part of the Regional Center or In-Home Support Services (IHSS) system are being left behind and do not know that they are eligible.
- I don't know how to capture the data about the technological barriers, which obviously has a generational/income/education/language/cultural skew. But maybe there's a data point about how they signed up, and cross-tab that with other factors.

Update on Community Engagement and Outreach Efforts

Marcela Ruiz, JD, CDSS
Martha Dominguez, Ph.D, CDPH

Martha Dominguez shared updates on community engagement and outreach. She recapped the research framework to monitor attitudes and beliefs on COVID vaccines, especially in disproportionately affected communities. There are two approaches: qualitative and quantitative. The qualitative approach includes a literature review, stakeholder interviews, online discussion boards and multi-ethnic focus groups.

The quantitative research will continue with a monthly tracking survey collecting information in 12 monthly waves across the duration of the campaign. The survey includes a pre-campaign benchmark wave followed by the 12 monthly waves. There are 12 questions on the likelihood of getting vaccinated to monitor how hesitancy is fluctuating within communities. It is being conducted online and via telephone to ensure coverage of hard-to-reach residents. The minimum sample size, which will be exceeded, is 1,200 participants. It is hoped the survey will track shifts in vaccine hesitancy throughout the year and report on sub-populations such as Black/African American, Asian/Pacific Islander, English-dominant and bilingual Latino, and Spanish-dominant Latino households.

Dr. Dominguez underscored that the research indicates several factors that empower communities to get vaccinated; trust, the right messengers, disseminating transparent information, and humanizing lived experiences. This will help move those who are in a "wait and see" mode toward vaccine acceptance. Dr. Dominguez unveiled a campaign strategy called *Let's Get to ImmUnity."* It is designed to motivate Californians by meeting people where they are and offer answers and reassurance in relevant, digestible forms. Creative testing of this campaign validated that the message was successful in reaching the intended audience. This will be the brand over the next few months with multicultural creative assets and imagery that resonates with various groups. The materials will be digital, print ads, billboards, grocery stores and radio, among other approaches. The campaign will be full-blown within a few days.

Dr. Dominguez shared an audio spot called Anthem Radio that is airing statewide. The theme is "It's okay to have hope" which has been recorded in English, Spanish and other languages. She

shared a video that Dr. Burke Harris recorded regarding the Janssen/Johnson & Johnson vaccine. The videos were released in English and Spanish via social media and digital. She also shared a farmworker testimonial in Spanish; there are others in Hmong and other languages. The PR team has been working on the arrival of the Janssen/Johnson & Johnson vaccines, pitching interviews with experts in mainstream and multicultural media to build confidence. There was also a Janssen/Johnson & Johnson PR tour – with two media events where state physicians were vaccinated using Janssen/Johnson & Johnson.

Dr. Dominguez highlighted that the Governor's *On the Record* column, A Shot in the Arm Against COVID-19, highlighted vaccine safety and the state's commitment to distributing the vaccine equitably, and ran in 43 ethnic media outlets. Finally, there were four briefings for various ethnic media. In total, the state has hosted 117 news outlets and earned a lot of informative and positive coverage for multicultural audiences. Lastly, she invited members to sign up for the *Vaccinate ALL 58* newsletter by emailing VA58@cdph.ca.gov to receive valuable information helpful in messaging to communities. She closed by sharing a TV ad that launched Monday with similar messaging.

Marcela Ruiz then gave an update of community-based outreach efforts funded through the state and philanthropy partners. Last week the state announced 49 new partners through the California Community Foundation who are focused on Los Angeles, Ventura and Orange Counties. This brings the total of state-funded partners to 157 between CDSS and the Labor Workforce Development Agency. During the first 2-3 weeks of the partnership with the Sierra Health Foundation, organizations receiving funding reached over 80,000 individuals through phone banking, door-to-door outreach, canvassing, tabling, text banking, etc. Organizations are reporting weekly and this information can be shared at CVAC meetings.

The state is onboarding the Southern California partners and outreach will start next week. Philanthropy partners in the fund administered by the Public Health Institute continue to make awards to CBOs and have made over 180 awards as of mid-February. Collectively, all these efforts amount to $52.7 million in awards to 337 CBOs for COVID-19 outreach and education statewide. Many CVAC members are participating. This project was initiated before the vaccine was a reality. It focused on COVID-19 mitigation strategies, including in the workplace. The focus has shifted to hosting vaccine sites, supporting enrollment through My Turn and other processes, and supporting wraparound services like transportation, interpretation and onsite registration. Some efforts are being piloted across the state to connect CBOs more tightly to vaccine supply as it ramps up.

Ms. Ruiz asked committee members to share their insights about the most effective strategies they have identified to connect individuals with the vaccine and what supports are most necessary to make sure someone who receives an appointment shows up for the vaccine. She suggested that this would be especially helpful to share with CBOs not funded by the project

but interested in helping to connect community members. They are gathering best practices and appreciate CVAC input.

Questions and Comments from Members

Feedback on Campaign and Outreach/Education Ideas

- Love the brand's focus on inclusion and unity.
- Have you thought about developing creatives in American Sign Language?
- Love the focus on Community Immunity, not just Personal Immunity!
- Does the pace of the media campaign sync with the supply of vaccines?
- The images and messages are really compelling.
- These are really great. I really hope the vaccine confidence we build during this time carries over so that more and more patients choose to vaccinate with other available vaccines! It's been a struggle to increase flu vaccine acceptance among certain groups.
- Could the state consider small grants for groups to create video testimonials for specific groups? We are hearing from organizations on the ground doing outreach to child-care workers that there is vaccine hesitancy and it would be helpful to have video testimonials of childcare workers who live in their region and have been vaccinated sharing about their decision. We have partners who can work together to create the videos and a small amount of state resources could go a long way for this kind of targeted, community-based outreach from trusted messengers. Is the state considering this type of approach as a companion to these great state level campaigns?
- Powerful messaging and imagery. So hopeful. Great work and excited to partner and share these messages out to our communities.
- "It's OK to have questions.. Let's get you there." is a helpful theme to take away. The radio line "It's OK to hate needles and love band-aids" is just such a lovely line.
- Many thanks to Drs. Burke Harris and Pan for pushing up confidence in the J&J vaccine. I was hearing concerns from people about J&J's top line efficacy number being lower than Pfizer/Moderna. Explanation matters, and photos and leading by example are worth a ton!
- Terrific radio spots and commercials. Appreciate the messaging honoring people's questions and need for information.
- I appreciate the focus on decades of scientific research. I've heard some worry about how quickly the vaccine was developed; others (wrongly) said it's only been tested on lab rats. The information that this was built on years of work for previous coronaviruses, and that the clinical trials included tens of thousands of people, help provide reassurance.

Other Outreach/Education Resources

- I want to share an example of a testimonial blog from one of our local partners and would love to scale this type of messaging up for LGBTQ communities.

https://www.genderhealthcenter.org/post/covid-19-vaccines-the-black-trans-word?utm_campaign=5f9795ab-3c77-4514-9f4a-29b1b4c17adf&utm_source=so&utm_medium=mail&cid=9edf4d8e-ea4f-4a8f-a5dc-756b3e559283

- Here is a link to the campaign that the Ad Council is doing nationally: https://www.adcouncil.org/campaign/vaccine-education
- The California Foundation for Independent Living Centers (CFILC) has put together a vaccine toolkit for disabled individuals to use when navigating the vaccine process. We update as needed. It is available in English and Spanish. Share with your networks and if you have any feedback please feel free to email info@cfilc.org. https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fmarincil.us19.list-manage.com%2ftrack%2fclick%3fu%3d49fc6bd75c7c37e37bd59feb0%26id%3da8bec6938b%26e%3d1743fcdfd1&c=E,1,AlNbKSwY_oTFPcfdk8iXdnrS6bVnLTupRqaWvueEvoYP5oBUbcvV_n0CPgKX2PsG16YQB2dEw4IiQX0SsumPY-AVOoTmg0jHJV794gPsoqNBrz7Ofac,&typo=1

Janssen/Johnson & Johnson Vaccine

- During a UFW Foundation/United Farm Workers union vaccination event this past weekend, we were able to vaccinate over 1,000 farm workers. We had both the Pfizer and J&J vaccine available. The union's president, Teresa Romero, got the J&J vaccine and media captured it. We allowed farm workers to choose which vaccine they wanted and the 300 available doses of J&J were very popular. Feedback was that people liked the practical nature of just one dose and getting full protection faster. There was a lot of positivity around J&J.
- From a consumer empowerment standpoint, we need to show respect for consumers if/when folks have a preference for the J&J vaccine!
- Even if people generally can't choose their vaccine, we can push to reserve the vaccines that are most logistically suited for certain populations, such as farm workers and people who need the vaccine administered in their homes. It makes equitable sense and supports the "whole community" messaging the excellent media messages and videos convey.
- Let's get more of the J&J out to farm worker communities.

Language Access

- I want to emphasize the importance of translation at the vaccination sites where language access is really limited.
- I'm hearing that even when people identify a language at their first appointment they still get the second appointment reminder only in English.
- I'd like to ask at the next CVAC meeting to get an update on when additional languages will be added to My Turn. The list of eight is great but is less than the threshold languages required for low-income Californians on Medi-Cal.

- Language access is critical - interpretation was very much needed at many of the vaccination events we've co-hosted. Vaccinators are often traveling nurses who only speak English or medical providers that didn't have enough bilingual/multi lingual staff. More resources are needed to fill in the gaps.

Technology Barriers

- Now that vaccines are open to farmworkers, the state portal requires an email address and that is where confirmations are sent. We recommend removing this from future platforms.
- Is there a way to ask if people need someone to help them with the vaccine process? I know older adults across the board have needed to rely on others (social services orgs, family members, caregivers) to help them sign up.
- One tech barrier we discovered is bandwidth availability in multigenerational homes where school-aged kids are on multiple Zoom calls. We have found that this has been an issue in an urban site for elders trying to access telehealth.

Transportation

- Beyond outreach to the homebound, do all counties/areas ask if people need help with transportation?
- I heard incredible stories of efforts in American Indian communities that organized transportation.

Other Barriers and Facilitators for Vaccine Access

- County Behavioral Health has set up clinics because we know patients with disabilities won't be able to wait in lines. Health literacy is low among this population. We held listening sessions and that has been effective. We have caregivers involved and a favorite clinician or psychiatrist who's seeing them anyway without multiple stops, screens or processes.
- Access and timeliness is important particularly for those who have taken off work and cannot sit and wait for a long time.
- Please utilize self-attestation for all prioritized categories. From our engagement with families, particularly mixed status, immigrant and undocumented families, we've heard a lot of issues around lack of ID or other required documentation to prove membership in a tier.
- Appointment reminders are important. We should use postcards, e-mails, calls and texts.
- We are finding that some of the staff in our facilities need to have a chance to ask their questions and get answers. Any thoughts about having a call center to field questions from both vaccine providers and the public?
- It is important to provide CBOs with vaccine codes to assure that residents receiving outreach have a specific opportunity to get a vaccine.

- Our Independent Living Centers have been doing ongoing wellness checks since the beginning of the pandemic. The one-on-one calls have really helped boost the confidence of disabled individuals and older adults.
- A familiar face to recruit and welcome is critical. They can answer questions and reassure the person. Today at one site food was offered for those who arrived early and had to wait. That shows we all care. Promotoras are critical to educate and advise.
- I've heard stories in the Black community about too many folks showing up to be vaccinated and the sites running out of vaccines, folks having to go back the next day. Some messaging on "don't give up if you don't get the vaccine the first time you try" would be helpful!
- Please collaborate/partner with non-profit affordable housing developers to inform, educate and vaccinate within these communities. This provides a trusted community in place to reach residents who are low-income and predominately Black, Indigenous, (and) People of Color (BIPOC). Also, it provides opportunity to reach the staff who are often low-wage essential workers who live in community in other overcrowded conditions.

Asian American and Pacific Islanders (AAPI)

- I would really encourage CDPH to think distinctly about outreach and communication strategies for Pacific Islander communities. They've been disproportionately impacted by the virus and there is no Native Hawaiian/Pacific Islander representation on the CVAC. I worry that the outreach strategies for AAPI include PI in name but do not delineate specific strategies for these communities.
- It's important to provide education/ affirmation to AAPI residents who are facing anti-Asian hate/racism and may be reluctant to venture out for vaccinations. They want to know that they will be in a safe and secure environment that is welcoming.
- It may help to provide vaccine venues that AAPI communities trust to be a safe place given the rise in violent attacks targeting them.

Other

- Is there a plan to expand the research to include the relationship between knowledge, attitudes and practices? Please Include more quantitative data gaps and variables in the study (e.g., expand to all races; be more inclusive with sex and gender identity, disabilities, household income, etc.). Please include practices using behavior change frameworks.
- Any new information on vaccines for kids under 16—any timeline? Any priority for 16 and 17 year-olds starting back to school?
- Can you tell me how CDPH is informing counties about promotoras so I can share with CBOs who are very concerned?

Closing Comments and Adjourn

Nadine Burke Harris, MD, MPH, California Surgeon General, Co-Chair
Erica Pan, MD, MPH, State Epidemiologist, Co-Chair

Dr. Burke Harris closed the meeting by thanking the committee for an excellent meeting and thoughtful feedback. She reflected a commitment to bring back data by age and race/ethnicity and to share information about Kaiser and the TPA, their workflows and dissemination as far as accessibility and prioritization. She shared that CDPH has given the guidance that promotoras are eligible as healthcare workers. She shared the recommendation to develop messaging about not waiting for the right vaccine but, again, that "the best vaccine is the first one you have access to." Dr. Burke Harris also lifted up the request to learn more about the state's plan for accessibility for the homebound – the state will bring more information to the next meeting. For those without access to computers, Dr. Burke Harris re-stated the toll-free phone # 833-422-4255.

Dr. Burke Harris thanked the committee for their suggestions on what data to track and how to operationalize equity. She acknowledged that they had heard requests to send out information about eligibility for families engaging In California Children's Services. She shared that they heard the recommendation about getting vaccinated in American Sign Language. Dr. Burke Harris thanked the group for sharing information with their communities. She congratulated teams at CDSS, Gov Ops and CDPH for developing powerful and nuanced messaging. Finally, in light of the President's announcement about broadening accessibility to the vaccine by May 1, the next CVAC meeting will be April 14 and then wind down the committee's work by June.

Dr. Pan added final comments and adjourned the meeting.

Next Meetings

- April 14, 2021 from 3:00 – 5:00/6:00pm TBD
- May 12, 2021 from 3:00 – 5:00/6:00pm TBD