



Vaccinate **ALL 58**

Toaether 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 #9

February 3, 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 COVID19VaccineOutreach@cdph.ca.gov; 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

Summary of Public Comments Since Meeting #8



Opening Comments

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

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

Update on Vaccine Supply and Distribution

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

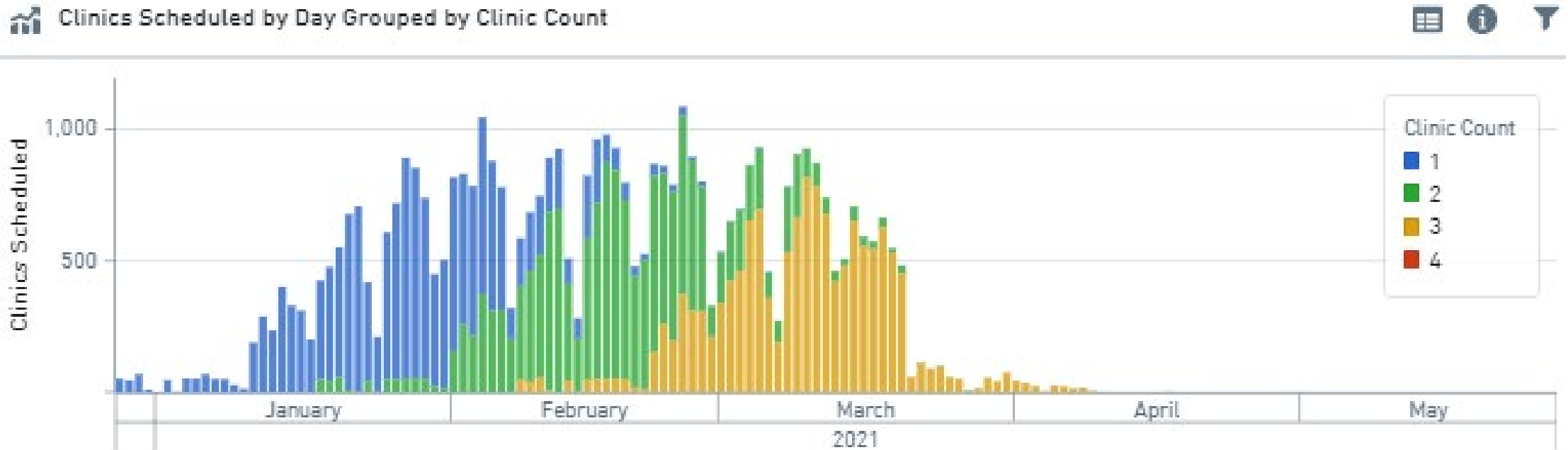
Marta Green,
California Government Operations Agency

Paul Markovich,
President and CEO, Blue Shield of California

CDC Pharmacy Partnership for Long-Term Care (LTC) Program

CDC-LTC-Pharmacy vaccination clinics

- CVS and Walgreens are conducting 3 vaccination clinics on-site
 - Skilled Nursing Facilities (SNFs) started first 12/28/2020
 - Assisted Living Facilities (ALFs) and other facilities started 1/11/2021
 - Over 16,000 LTCFs (98% of total signed up) have clinic schedules



CDC-LTC-Pharmacy doses

- As of 2/2/21 CDC data
 - 348,346 doses administered thus far
 - 297,504 first doses and 50,842 second doses
 - 188,515 resident doses and 159,831 staff doses

Cumulative Doses Administered by Day (residents vs staff broken out as separate lines)



Accelerating Vaccine Distribution and Administration

February 2021

Accelerating Vaccine Distribution and Administration in California

A public-private partnership

February 3, 2021

Blue Shield is deeply committed to the health and well-being of Californians

- Mission driven, tax paying, not-for-profit company founded in California in 1939
- Serving 4.4 million members in commercial and Medi-Cal lines of business
- A network of more than 63,000 physicians and more than 370 hospitals
- More than \$500 million contributed to the Blue Shield of California Foundation since 2002
- Substantial relief to our members and providers during the COVID-19 pandemic

We have a track record of partnering to achieve shared goals

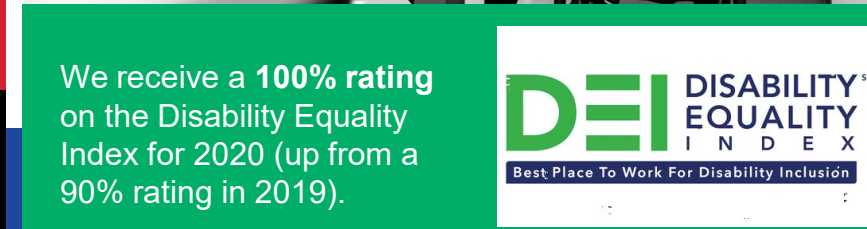
- Co-Chaired the COVID-19 Testing Task force; increased tests from 2,000 per day to more than 100,000 per day
- Commitment to jointly operate 14 community resource centers with L.A. Care Health Plan and our Blue Shield of California Promise Health Plan
- Partnered with IHA to fund and develop the statewide provider directory called Symphony
- Partnering with the California Department of Education to address youth mental illness through our BlueSky initiative

We are recognized for our commitment to equity

- #1 Regional Company Diversity, Inc.
- Best Companies for Women to Advance
- Top 100 Bay Area Corporate Philanthropists
- 100% rating on the Disability Equality Index
- Deloitte Best Managed Company
- 100% on the Human Rights Campaign's Corporate Equality Index
- Best Place to Work for LGBTQ+ Equality



BEST COMPANIES FOR WOMEN TO ADVANCE



We are designing a statewide network to accelerate equitable vaccine distribution...

- Develop a rigorous, reliable, performance management system with the ability to:
 - Track all vaccines from order to injection
 - Understand who is getting vaccinated to ensure equity
 - Receive comprehensive, accurate, same-day data
 - Report performance in a detailed, transparent way

Source: CA COVID-19 Vaccine Task Force

. . . and partnering with stakeholders to deliver results on the ground

- Blue Shield will build a network and operation that can achieve all of the state's goals
- And we need people to use it to achieve those goals, e.g., equity
- Strategy will include innovative ways to reach vulnerable communities and those disproportionately affected by COVID-19

Source: CA COVID-19 Vaccine Task Force

What now?

Optimize current state

- Enhance communication, education and data to ensure equity in distribution of vaccine
- Support current providers and network to fully utilize their vaccine distribution in a fast and equitable manner
- Track vaccine distribution and administration consistently for accuracy and transparency

What's next?

Accelerate the rate of vaccinations

- Ongoing meetings with key stakeholders, e.g., local health jurisdictions, to develop the best approach in each community
- A phased approach for the new network beginning later this month
- Regular cadence of communication for transparency

Questions?

Updated Recommendations from Drafting Guidelines Workgroup

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

Rob Schechter, MD,
CDPH, Co-Chair, Drafting Guidelines Workgroup

Oliver Brooks, MD,
Co-Chair, Drafting Guidelines Workgroup

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

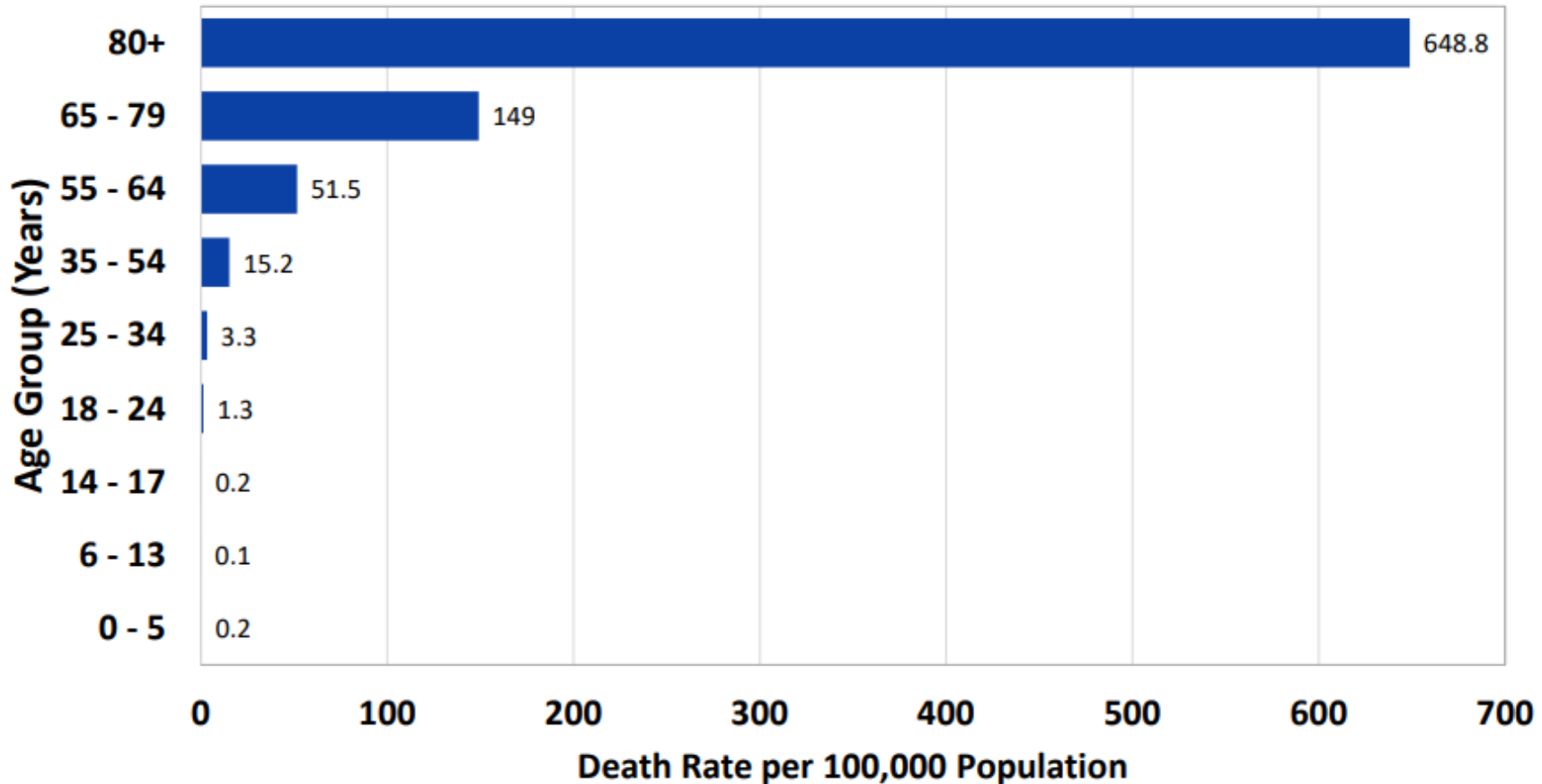
Proposed Phase 1 & 2 allocation, December 2020

Phase	Groups recommended for vaccination	Number of persons in each group (millions)	Number of unique* persons in each group (millions)	Total* (millions)
1a	Health care personnel	21	21	24
	Long-term care facility residents	3	3	
1b	Frontline essential workers	30	30	49
	Persons aged 75 years and older	21	19	
1c	Persons aged 65-74 years	32	28	129
	Persons aged 16-64 years with high-risk conditions	110	81	
	Essential workers not recommended in Phase 1b	57	20	
2	All people aged 16 years and older not in Phase 1, who are recommended for vaccination			

*Accounts for persons recommended in prior phases or overlap within a phase

COVID-19 mortality rates are highest in older adults

National Estimate of COVID-19 Deaths per 100,000 Population, by Age Group – Data through Nov 13, 2020



*Data sources: CDC COVID-19 case reports from jurisdictions. Population estimates from 2019 US Census Bureau. Data provisional, subject to change, incomplete for some jurisdictions. Age missing for 21% of deaths. No deaths have been reported since 11/13/2020.

COVID-19 HOSPITALIZATION AND DEATH BY AGE

FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK



CROWDED SITUATIONS



CLOSE / PHYSICAL CONTACT



ENCLOSED SPACE



DURATION OF EXPOSURE

Rate ratios compared to 18-29 year olds

0-4 years

5-17 years

18-29 years

30-39 years

40-49 years

50-64 years

65-74 years

75-84 years

85+ years

HOSPITALIZATION¹

4x lower

9x lower

Comparison Group

2x higher

3x higher

4x higher

5x higher

8x higher

13x higher

DEATH²

9x lower

16x lower

Comparison Group

4x higher

10x higher

30x higher

90x higher

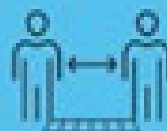
220x higher

630x higher

ACTIONS TO REDUCE RISK OF COVID-19



WEARING A MASK



SOCIAL DISTANCING (6 FT GOAL)



HAND HYGIENE



CLEANING AND DISINFECTION

¹ Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>, accessed 08/06/20). Numbers are unadjusted rate ratios.

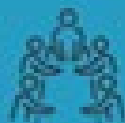
² Data source: NCHS Provisional Death Counts (<https://www.cdc.gov/nchs/nvss/vsn/COVID19/index.htm>, accessed 08/06/20). Numbers are unadjusted rate ratios.

cdc.gov/coronavirus



COVID-19 CASES, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY

FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK



CROWDED SITUATIONS



CLOSE / PHYSICAL CONTACT



ENCLOSED SPACE



DURATION OF EXPOSURE

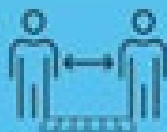
Rate ratios compared to White, Non-Hispanic Persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
CASES ¹	2.8x higher	1.1x higher	2.6x higher	2.8x higher
HOSPITALIZATION ²	5.3x higher	1.3x higher	4.7x higher	4.6x higher
DEATH ³	1.4x higher	No Increase	2.1x higher	1.1x higher

Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

ACTIONS TO REDUCE RISK OF COVID-19



WEARING A MASK



SOCIAL DISTANCING (6 FT GOAL)



HAND HYGIENE



CLEANING AND DISINFECTION

¹ Data source: COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.

² Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>, accessed 08/06/20). Numbers are ratios of age-adjusted rates.

³ Data source: NCHS Provisional Death Counts (<https://www.cdc.gov/nchs/nvss/verr/COVID19/index.htm>, accessed 08/06/20). Numbers are unadjusted rate ratios.

cdc.gov/coronavirus



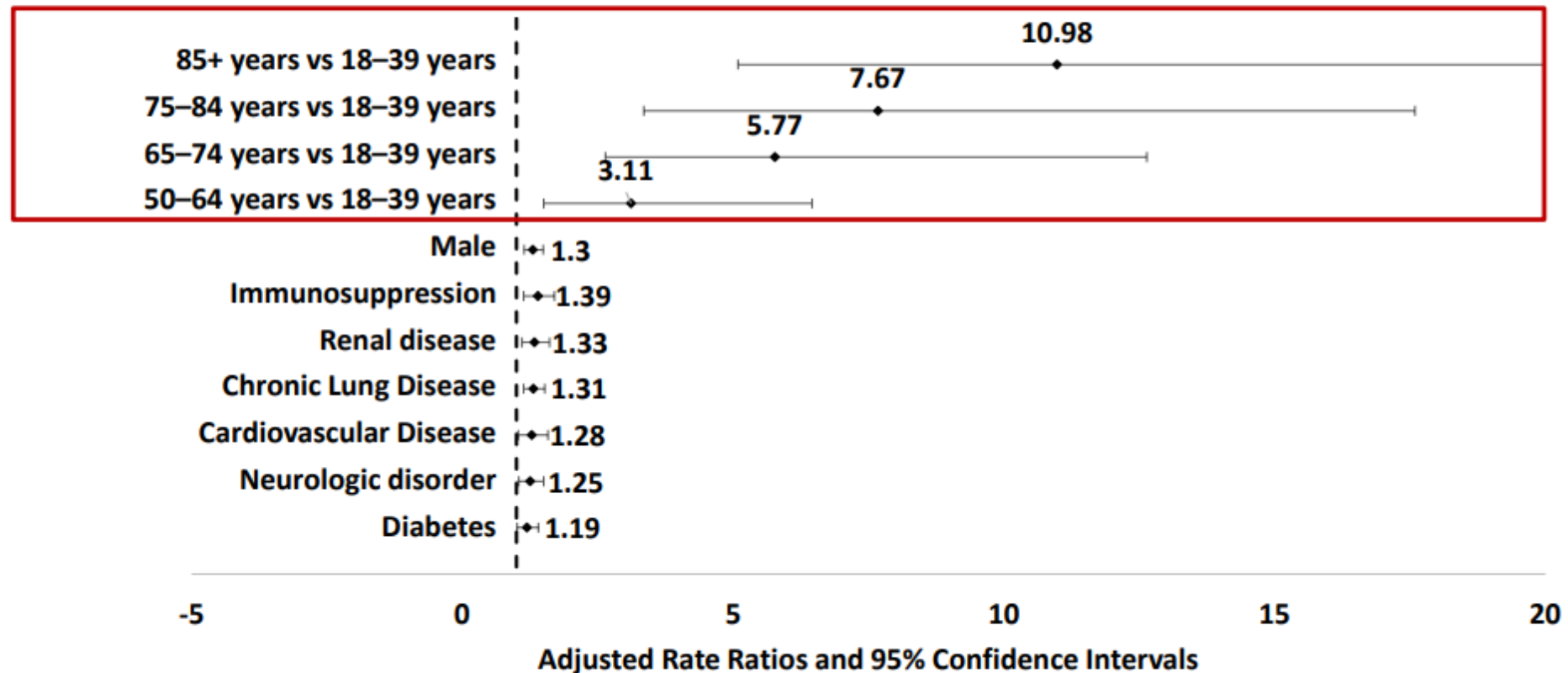
Adjusted Rate Ratios of COVID-19 Associated hospitalization by underlying conditions among community-dwelling adults, March-June 2020

COVID-19-Associated Hospitalization Surveillance Network

Hypertension	2.8 (2.3-3.4)	
CAD		1.3 (1.0-1.8)
History of Stroke	0.9 (0.6-1.4)	
Diabetes		3.2 (2.5-4.1)
Obesity		2.9 (3.4 -5.7)
Severe obesity	4.4 (3.4 – 5.7)	
CKD		4.0 (3.0 – 5.2)
Asthma		1.4 (1.1-1.7)
COPD		0.9 (0.7-1.4)
Any condition	3.2 (2.7-3.8)	

Risk of in-hospital death among persons hospitalized for COVID-19 increased with age

Risk of in-hospital death among patients with COVID-19 associated hospitalization, COVID-NET March 1 - May 2, 2020

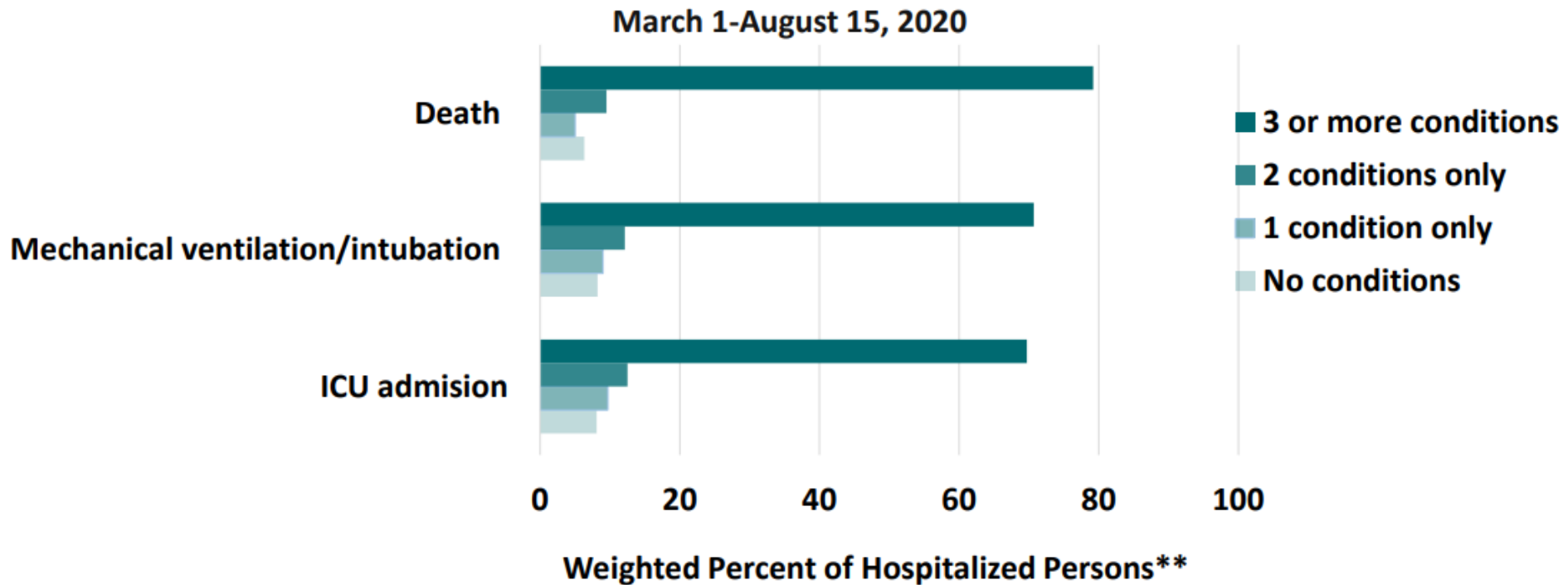


*COVID-NET Surveillance; Final model adjusted for age, sex, race/ethnicity, smoker, hypertension, obesity, diabetes, chronic lung disease, cardiovascular disease, neurologic disease, renal disease, immunosuppression, hematologic disorders, and rheumatologic or autoimmune disease. Kim *et al*, 2020, <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1012/5872581>



Underlying Medical Conditions

COVID-NET: Of hospitalized adults that died, nearly 80% had 3 or more underlying medical conditions*



*Defined as one or more of hypertension, obesity, diabetes, cardiovascular disease, neurologic disease, chronic lung disease, renal disease, asthma, immune suppression, gastrointestinal/liver disease, and autoimmune disease. **Unadjusted for age or other demographic variables. Each severe outcome adds up to 100 percent. COVID-19 associated hospitalizations reported to Coronavirus Disease 2019 (COVID-19)-Associated Hospitalization Surveillance Network (COVID-NET) surveillance system from March 1-August 15, 2020. The denominator is restricted to cases with a discharge disposition and for which chart review was completed. COVID-NET is a population-based surveillance system that collects data on laboratory-confirmed COVID-19-associated hospitalizations among children and adults through a network of over 250 acute-care hospitals in 14 states.



Table 2

Distribution of COVID-19 outcomes for Californians who were/were not receiving IDD services as of October 2, 2020.

	Population	Percent of population	Cases	Deaths	Case rate per 100,000 (95% CI)	Case-fatality rate (95% CI)	Mortality rate per 100,000 (95% CI)
Californians not receiving IDD services	39,157,583	100%	816,488	15,912	2085 (2081–2090)	.019 (.019–.020)	41 (40–41)
Californians receiving IDD services	354,640	100%	2948	162	831 (802–862)	.055 (.047–.064)	46 (39–53)
Californians receiving IDD services by type of residence							
<i>Own home or family home</i>	315,650	89.0%	1651	47	523 (498–549)	.028 (.021–.038)	15 (11–20)
<i>Community Care Facility (CCF)</i>	23,722	6.7%	538	23	2268 (2086–2465)	.043 (.029–.063)	97 (64–145)
<i>ICF/DD-Habilitative (ICF/DD-H)</i>	3739	1.1%	209	13	5590 (4898–6373)	.062 (.037–.103)	348 (203–594)
<i>ICF/DD-Nursing (ICF/DD-N)</i>	2163	0.6%	95	15	4392 (3606–5339)	.158 (.098–.244)	693 (421–1141)
<i>ICF for the Developmentally Disabled (ICF-DD)</i>	557	0.2%	106	5	19,031 (15,987–22,498)	.047 (.020–.106)	898 (384–2084)
<i>Skilled Nursing Facility (SNF)</i>	1031	0.3%	284	58	27,546 (24,906–30,353)	.204 (.161–.255)	5626 (4377–7204)
<i>Other</i>	7778	2.2%	65	1	836 (656–1064)	.015 (.003–.082)	13 (2–73)

Additional Studies

- US claims (FAIR, Makarty) and UK studies: 2-3 fold risk of mortality from COVID in persons with disabilities
 - ~90% of mortality in UK in persons with disabilities 65+ years of age
 - No data on which disabilities or additional underlying conditions in fatal cases
- Unable to assess the residual risk in those currently excluded in Phase 1a and 1b guidance
 - <65 years of age
 - Outside of congregate care
- Data from California study suggest a decreased than average risk (“protection”) to those residing outside of congregate settings
- How much of the observed risk to persons with disabilities reflects additional underlying medical conditions?

The Workgroup reaffirmed prior recommendations from CDPH

1. Phase 1a: Complete immunization of the healthcare workforce and long-term care facilities.
2. Phase 1b Tier 1: Immunize individuals age 65 years and older or working in the essential sectors of agriculture and food, education and childcare, or emergency services.
3. The Drafting Guidelines Workgroup continues to strongly emphasize equity in its recommendations and in the implementation of immunization against COVID-19.

In response to the updated proposal, the Drafting Guidelines Workgroup recommends:

The next group includes but is not limited to:

- Individuals 16 -64 years with underlying serious medical conditions or disabilities that increase their risk of developing severe COVID-19 .
 - Applies only to settings, such as health systems or other clinics (but not mass clinics or other local health department clinics) where underlying conditions or disabilities can be verified through access to medical records.
 - The qualifying health conditions and disabilities need to be defined with sufficient specificity that eligibility for the Phase can be determined when patients request an appointment for the vaccine .*
 - Implementation plans should include outreach and assistance to individuals who have barriers to making appointments for the vaccine or access to vaccine .
 - These groups are prioritized after Phase 1b, Tier 1 due to their large numbers and comparative aggregate risk of severe outcomes.
 - An alternative proposal limiting eligibility to individuals with multiple (e.g., more than 3) underlying medical conditions was also raised for discussion.
- Local health departments emphasized their crucial role in immunizing residents in local correctional facilities and homeless shelters

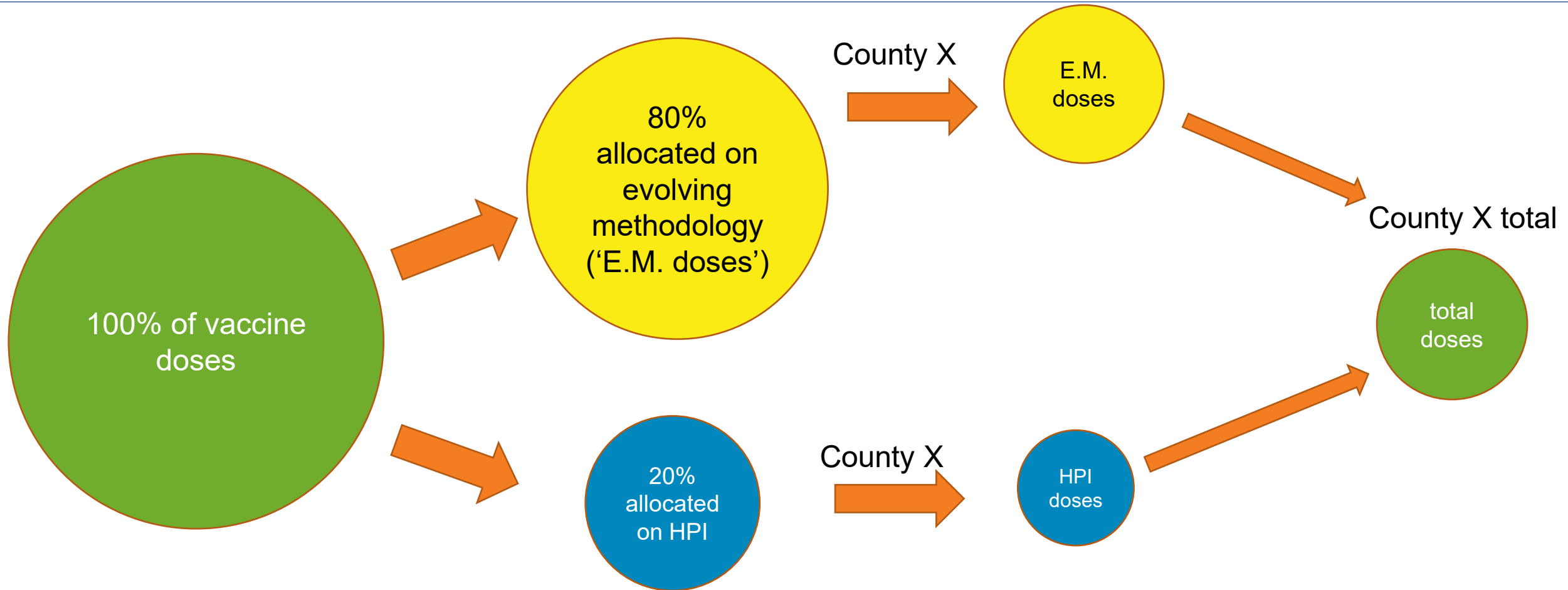
Using Equity Moving Forward

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

Categorized Priority System

- A Categorized Priority System (CPS) is a data-based tool to calculate how to distribute a scarce resource equitably
- Using a CPS addresses the need for both simplicity AND equity
- Currently being used by Massachusetts, Tennessee, New Hampshire, and Rhode Island
- **Example shared at last meeting: 80% of future vaccine supply could be allocated according to the current methodology, and 20% of the vaccine supply could be allocated to counties or regions based on the lowest HPI quartile ZIP codes.**
- **EXACT NUMBERS TBD**

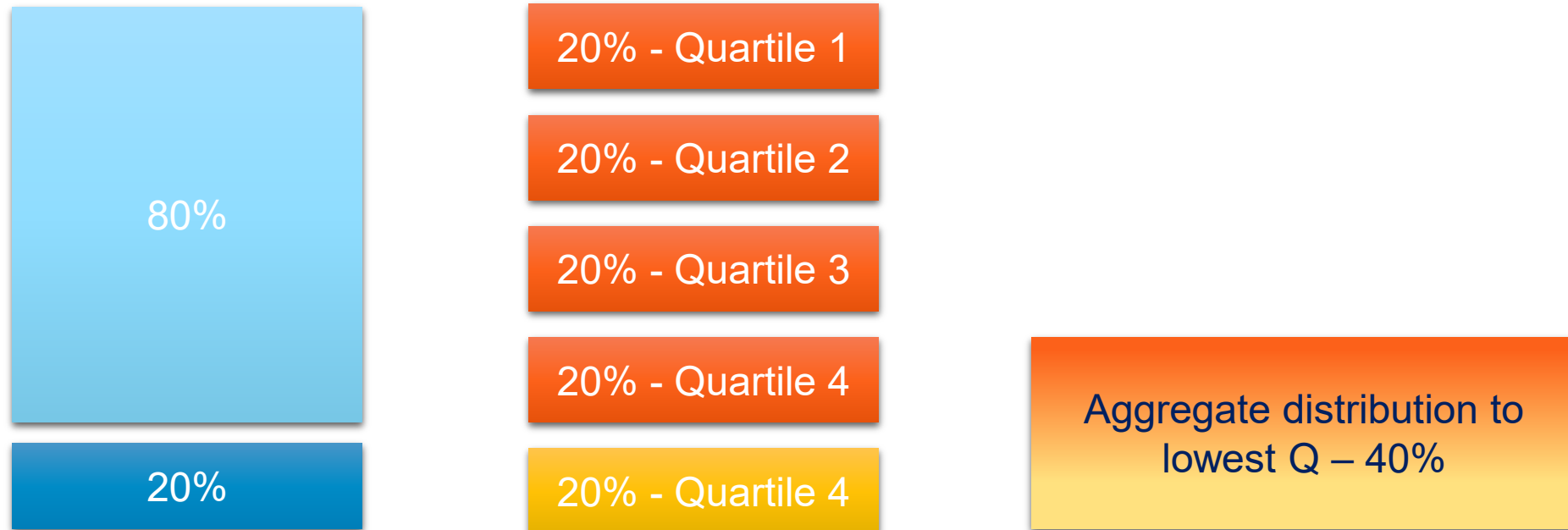
Categorized Priority System



Categorized Priority System

100%

of vaccine doses to County or Region



Tools To Address Equity

- Allocation using a Categorized Priority System
- Outreach to targeted populations
- Earned and paid media powered by research
- Partnering with Community Based Organizations
- Incentives, support and accountability
 - Pay for performance, incentivizing partners to provide:
 - vaccine administration in low HPI
 - vaccine administration to vulnerable communities
 - pop-up clinics
 - transportation services
 - in-home services

How do we ensure equity in our vaccine delivery?

What does equitable delivery of vaccines look like?

All Californians - especially those **disproportionately impacted by COVID-19** - have **equitable access** to the COVID-19 vaccine

Ensuring that all communities, **urban and rural**, receive equitable **allocations** of the COVID-19 vaccine

Engaging in state and community outreach **education efforts** focused on awareness

Achieving **high vaccination rates** in all communities

How will California track and achieve equitable vaccine delivery?

California has stated a strong commitment to equity.

COVID-19 has highlighted the importance of focusing resources to address these goals. Such resources may include:

- **Pay for performance (P4P) payments** for vaccinating individuals living in the lowest HPI quartile census tracts
- Payments to providers for bringing **vaccines to communities of color**
- Payments for **targeted outreach and engagement efforts**
- **Enhanced payments** to facilitate evening accessibility, translation/physical services, etc.

Break

Next Steps on Community Engagement, Equity, and Vaccine Acceptability: *Continuing Discussion*

Nadine Burke Harris, MD, MPH, California Surgeon General

Maricela Rodriguez, Office of Governor

Marcela Ruiz, CDSS

Martha Dominguez, Ph.D., MPH, CDPH

Arleen Brown, MD, UCLA and Olive View-UCLA Medical Center



Vaccinate ALL 58

Together we can end the pandemic.

Office of Governor Newsom

Maricela Rodriguez

**Director of Civic Engagement &
Strategic Partnerships**

Vaccinate All 58 - Campaign Highlights

Digital Overview (Programmatic + Paid Social)

- 49,059,155 Total impressions
- 92,704 Clicks
- Languages: English, Spanish and Traditional Chinese

Programmatic Vaccine Messages Highlights:

- 37,166,179 Impressions
 - Video: 16,606,824
 - Display: 17,427,039
- 57,155 Clicks
 - Display: 42,605 (0.22 CTR) / Industry benchmark: 0.13
 - Video Completion Rate (83.98% VCR) / Industry benchmark: 70%

Paid Social Vaccine Messages Highlights:

- 35,549 Clicks
 - Most clicks are coming on Facebook/IG (18,806) and Snapchat (12,810)

Earned Media Highlights

Statewide Media Briefings

A total of 79 outlets attended the following virtual ethnic media briefings held on January 21 – 22, 2021. The briefings garnered over 90 pieces of coverage across the state.

Asian American Pacific Islander - January 21, 2021

- Kaying Hang, Senior Vice President of Programs and Partnerships, Sierra Health Foundation
- Dr. Erica Pan, State Epidemiologist, California Department of Public Health
- Dr. Tan Duong, Private Practice Medical Specialist
- Steve Kang, Director of External Affairs, Koreatown Youth and Community Center in LA

Latino - January 22, 2021

- Luz Gallegos, Executive Director, TODEC Legal Center
- Dr. Tomás Aragón, Director, California Department of Public Health
- Dr. Veronica Ramirez, Hospitalist, Martin Luther King Jr. Community Healthcare
- Dr. Trinidad Solis, Public Health Physician, Fresno County Department of Public Health

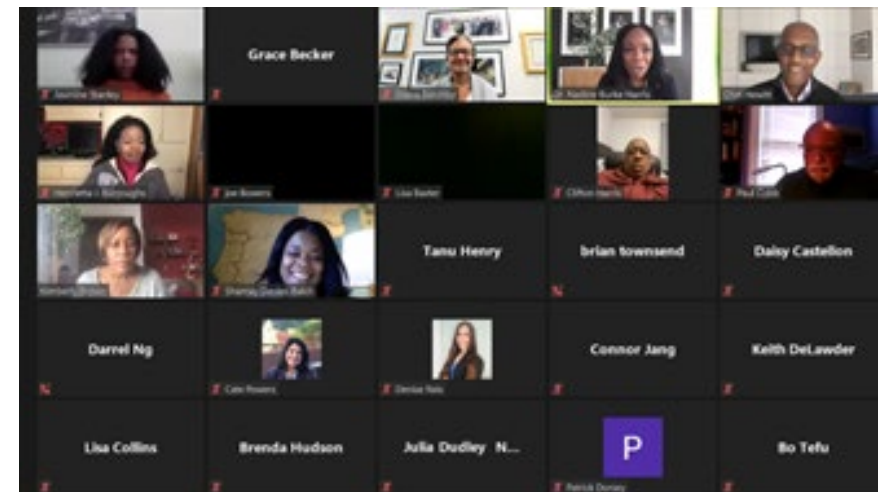
Black and African American - January 22, 2021

- Chet Hewitt, President and CEO, Sierra Health Foundation
- Dr. Nadine Burke Harris, Surgeon General, California Office of the Surgeon General
- Dr. Elaine Batchlor, Chief Executive Officer, Martin Luther King Jr. Community Healthcare
- Shantay R. Davies-Balch, Executive Director, BLACK Wellness & Prosperity Center

Upcoming

Mid-February –California Tribal & American Indian/Alaska Native media briefings

Early March – Next round of virtual ethnic media briefings



Earned Media Highlights

California Surgeon Gen. Embraces Idea of NBA Partnership for Vaccination Outreach

Published on Thursday, 28 January 2021 16:18
Written by Antonio Ray Harvey



Dr. Nadine Burke Harris

January 28, 2021

By Antonio Ray Harvey
California Black Media

When Dr. Nadine Burke Harris heard last week that the National Basketball Association (NBA) was discussing educating the African American community about receiving COVID-19 vaccines, she said partnering with the

California Surgeon Gen. Embraces Idea of NBA Partnership for Vaccination Outreach *LA Watts Times*

January 28, 2021

Dr. Nadine Burke Harris
When Dr. Nadine Burke Harris heard last week that the National Basketball Association (NBA) was discussing educating the African American community about receiving COVID-19 vaccines, she said partnering with the league could be a game-changer in the state of California.

From "Vaccines to Vaccinations": Officials Urge Black Community to Take COVID Shot

January 26, 2021 by CSM Newsdesk 0 Comments

Follow Like 0 Tweet Share Save



From "Vaccines to Vaccinations": Officials Urge Black Community to Take COVID Shot

Sacramento Observer

January 26, 2021

Dr. Nadine Burke Harris
"Our big goal is to turn vaccines into vaccinations," she said. "So as our state continues to ramp up the rollout of our vaccines, we are continually committed to a fair and equitable allocation and distribution process. Equity has been central to California's vaccine strategy."

SENIORS RECEIVE VACCINE AS OFFICIALS URGE VIGILANCE

Posted On JANUARY 26, 2021

Community News, Health

Modern Apartments Just Steps Away from Deatons Sacramento, Riley Fields & Riverside Parks

LEARN MORE



Alex Rumbass and Hannah Kolar Perez, a nurse patient hematologist/oncology at City of Hope, receive their first COVID-19 vaccine.

MLK Jr. Hospital Vaccinations *Rafu Shimpo Los Angeles Japanese Daily News*

January 22, 2021

Dr. Erica Pan
Dr. Erica Pan of the California Department of Public Health said the vaccines represent "the light at the end of the tunnel," but urged the public to remain vigilant and continue to follow safety protocols. "We're working around the clock to speed up the vaccination process, while emphasizing fair and equitable distribution," Pan said.

Vaccinate All 58 - New Graphics



Learn more about COVID-19 Vaccines



Infórmate sobre las vacunas
contra el COVID-19



My Turn



Regístrate para recibir
una notificación cuando
sea tu turno de vacunarte
contra el COVID-19.

Para más información, visita
MyTurn.ca.gov o llama al (833) 422-4255.

Vaccinate All 58

Black History Month - “COVID-19 Heroes” Multimedia Activation

- Recognize Black “COVID-19 Heroes” fighting to end the pandemic including Californians at the local level, such as health care professionals and essential workers.
- Highlights about the heroes will be paired with key vaccine and educational messaging.
- On-air radio talent will highlight individuals and their contributions through vignettes. Stories will be amplified through print, social, and earned media efforts. Each radio station will develop a customizable program to drive authenticity for their station and listeners.



Vaccinate ALL 58

Together we can end the pandemic.

California Department of Social Services

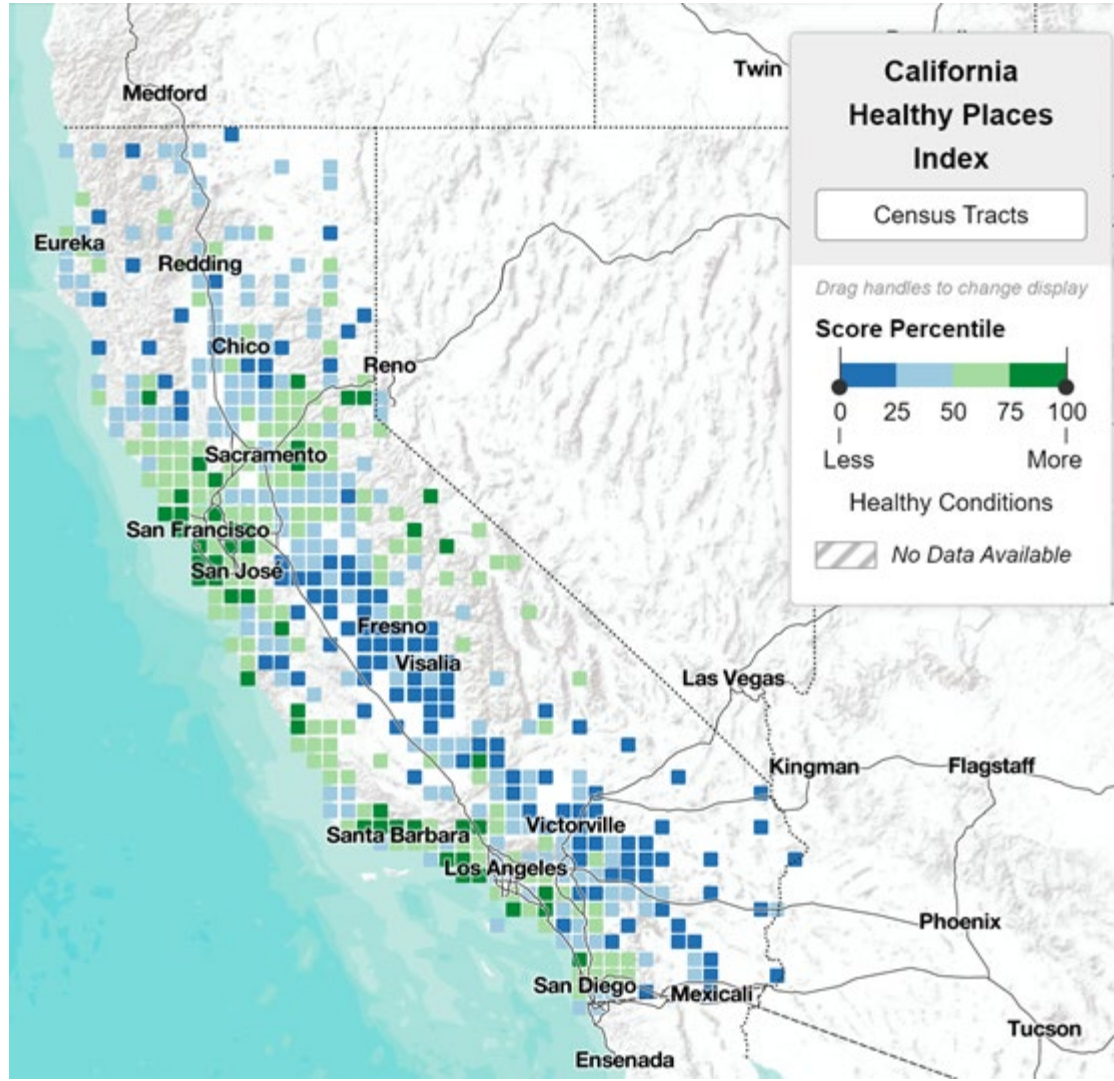
Marcela Ruiz

Director, Office of Equity

Community Engagement



Community Engagement



- **Statewide**
- **Data driven: HPI and COVID burden**
- **Interactive Engagement (priority)**
 - Training
 - Phone Banking
 - Door-to-Door
 - Canvassing
 - Texts/Emails
- **One Way Outreach**
 - Social Media
 - Traditional Media

Community Engagement

Disproportionately Impacted Populations	Priority Labor Sectors
<ul style="list-style-type: none">• Asian American• Black/African American• Indian/Native American and Tribal• Latinx (Latino/a)• Middle Eastern and North African• Native Hawaiian/Pacific Islanders• LGBTQ+• People with disabilities and deaf and hard of hearing populations• Older adults (65+)• LEP• People experiencing homelessness• Multi-generational households	<ul style="list-style-type: none">• Agriculture• Food processing• Food service• Janitorial• Warehousing/Logistics• Manufacturing



Vaccinate ALL 58

Together we can end the pandemic.

California Department of Public Health

Martha E. Dominguez, MPH, PhD, MCHES, CLC

Senior Communications Advisor

Vaccine creative and
media project awarded to



Multicultural integrated media agency



APARTNERSHIP

Vaccinate All 58: Campaign Framework

Duncan Channon will provide a **comprehensive multicultural COVID-19 vaccine communications campaign plan** in support of the following priorities:

- Develop a **strategic, overarching approach for public health messaging** handling the vaccine rollout, including addressing barriers to the vaccine (i.e. hesitancy) as well navigating through continued COVID-19 uncertainty and countering misinformation and disinformation with science-based and evidence-based facts.
- Develop a **statewide strategic, media campaign that is cost efficient and maximizes reach to communities disproportionately impacted by COVID-19** including Hispanic/Latinos and African American/Black populations, essential workers, and other target groups determined by CDPH, based on internal and external research.
- **Emphasize public health strategies and tactics to ensure users are reached** where they consume information in multiple languages, using the Medi-Cal threshold languages as a guide.

To operationalize the framework above, Duncan Channon will execute the following strategic approach:

- **Connect** - Demonstrate an understanding of lived experiences + values in order to connect emotionally.
- **Educate** - Give Californians factual information to combat their concerns and help overcome any vaccine hesitancy.
- **Normalize** - Create the sense that “people like me” and “people I trust” are doing it (i.e. social pressure).
- **Activate** - Encourage Californians to get vaccinated.

Vaccinate All 58: Research

Goals:

- Develop deeper understanding of barriers, including hesitancy factors
- Determine motivators for adoption
- Examine likelihood among Californians to get the vaccine
- Identify best communications channels to deliver messages

Tactics:

- **Stage I:** Literature Review
- **Stage II:** Stakeholder Interviews
- **Stage III:** Generational, Online Ethnographic Sessions
- **Stage IV:** Online QualBoard, Qualitative Discussions

Qualitative Boards Findings

BARRIERS TO VACCINE HESITANCY

LACK OF INFORMATION

and guidance from government agencies and health experts has created mistrust and fear that government is trying to control them

ANTI-VACCINE SKEPTICISM

and conspiracy theories have led to misconceptions about how mRNA works, DNA mutation, and potential of spreading the virus post-vaccine

HISTORICAL INCIDENTS WITH VACCINES

have influenced African Americans' and Native Americans' views on vaccinations (Tuskegee Experiment, downplaying use of traditional & natural remedies, etc.)

LACK OF EFFICACY & SAFETY DATA

and speed of which vaccine was developed have created questions about potential long-term effects

- Lack of information
- Anti-vaccine skepticism
- Historical incidents with vaccines
- Lack of efficacy and safety data

Factors Empowering Communities to Get Vaccine

Alignment Across Stages I-IV

HAVE THE RIGHT MESSENGER

Messages communicated by trusted sources from within each community will resonate best with each segment, someone that people can relate to and who can speak to the subtle nuances of how it is impacting that particular segment

DISSEMINATE INFORMATION IN LANGUAGE AND IN CULTURE

Messages communicated by trusted sources from within each community will resonate best with each segment, someone that people can relate to and who can speak to the subtle nuances of how it is impacting that particular segment

HUMANIZE LIVED EXPERIENCES

Testimonials of real people in various population segments who can share their experience with COVID-19 (its effects even after recovery) and the vaccine, why they vaccinated, its importance, how it will impact them and their family, its effect on their quality of life, etc.

USE CHANNELS TO REACH AUDIENCES WHERE THEY ARE

Share messages where people are consuming information, beyond traditional media channels, and based on the population segment tapping into localized CBOs, local news media, and especially ethnic media outlets for the more marginalized communities

Stakeholder Interviews: Key Findings

Messaging

- Highlight the safety and benefits of the vaccine
- Integrate the concept of everyone working together
- Focus on how the vaccine helps family and community
- Address the side effects
- Acknowledge the distrust in government

Messengers and Influencers

- Doctors and medical professionals
- Religious leaders
- *Promotoras*, health navigators, and trusted community members
- Community health workers and cultural centers
- Family members and caregivers
- Legal, health and social community activists

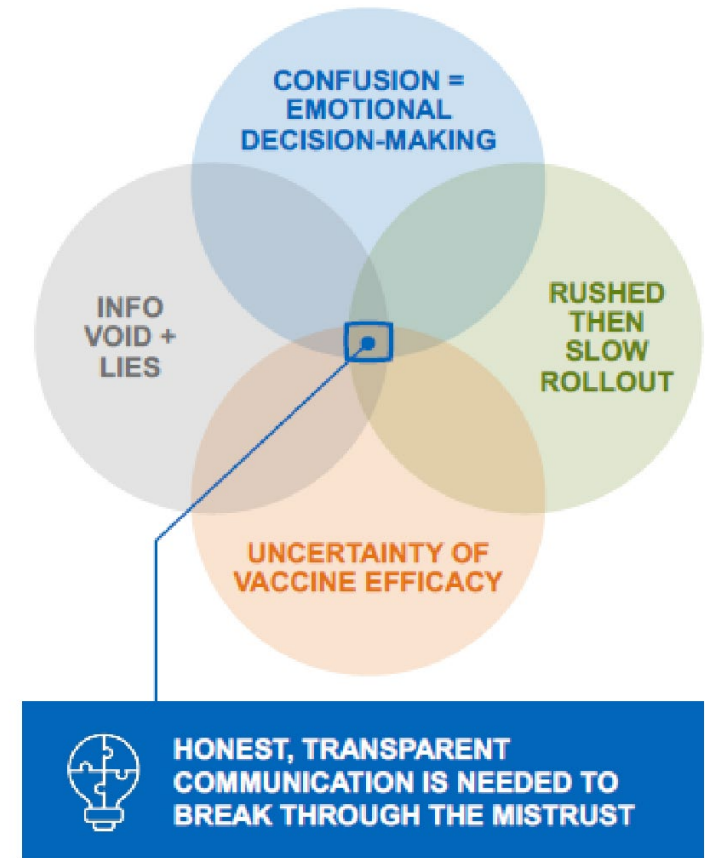
Stakeholder Interviews: Barriers to Vaccine Acceptance

- Concerns about the effects of the vaccine on pregnancy
- Lack of long-term efficacy and safety data
- Concerns with process for how fast the vaccine was developed
- Fear of deportation
- Myths about the vaccine
- General government mistrust
- Not enough information being disseminated about the vaccine
- Lack of data about the vaccine
- Perception that herd immunity is better than the vaccine
- Number of doses and gap time between doses
- Fear of being used as “guinea pigs”
- Timing for vaccine distribution is not clear
- Reliance on traditional medicine and home remedies
- Gaps in how communication flows down to highest risk groups (e.g. farmworkers)

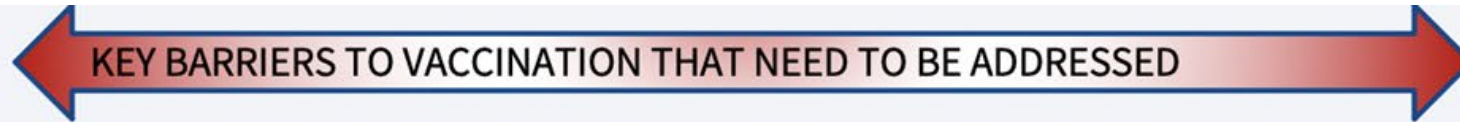
January 2021 Social Quest Stakeholder Interviews of 15 CVAC Members

Consumer (Dyads & Triads) Findings

- COVID-19 vaccine has a tremendous emotion, anxiety, fear, frustration and anger surround this topic.
- Layers of confusion feed hesitancy.
- Decision-making is happening moment-to-moment.
- Fear and confusion of vaccine availability and eligibility.
- Concern that even having taken the vaccine, one can still spread the virus, further influencing hesitancy.



Barriers, Misinformation & Info Gaps That Cause Vaccine Hesitancy



SYSTEMIC SOCIO-CULTURAL & ECONOMIC INFLUENCES

Historical trauma based on legacy of eugenics medical experimentation

Discrimination & inequities within the healthcare & insurance systems

Poverty, lack of basic access to food, housing, healthcare

Exclusion of ethnic/racial groups in studies

Marginalized communities with less access to information

EMOTIONAL INFLUENCES

Anger over unrealistic lockdown restrictions

Distrust of authority and their intentions

Religious concerns if vaccine ingredients include fetal tissue

Fear of getting COVID with the vaccination

Fear of DNA alteration

Fear of mandatory vaccination, motivated entirely by the unknown

Numbed response to rising death rates

BEHAVIORIAL/COGNITIVE REPERCUSSIONS

Lack of trust in science undermines important scientific data

Discrediting a pandemic that's not statistically possible

Misunderstanding of herd immunity and its imperative

Distrust of government prime people to be easy prey of falsehoods and conspiracy theories

Cognitive bias leading to consuming dubious content rather than credible information on safety and benefits

Overwhelm of conflicting information, Influence of social media, lack of attention span

Abandonment of reason, instead turning to gut checks

Politicization of COVID & vaccine

Empathy gap in caring for the greater good

Passive impact of misinformation on people's judgement

VACCINE SPECIFIC INFO GAPS

Ongoing research on adverse effects, health risks, interaction with other meds

Rushed development, accelerated FDA approval

Misunderstanding of mRNA

Efficacy, length of protection

Roll out & distribution schedule

Potential to still be a spreader

Impact on unborn babies

Status Update on Research

- Ongoing monthly online boards & panels
 - Starting February 8
- Focus groups- attitude and beliefs
 - Recruitment and scheduling now
- Focus Groups – creative testing
 - Recruitment and scheduling now

FOCUS GROUP #1: LATINO / LATINX Unacculturated, Spanish Preferred, Spanish Dominant Moderated in Spanish
FOCUS GROUP #2: LATINO / LATINX Bilingual Moderated in English
FOCUS GROUP #3: AFRICAN AMERICAN Moderated in English
FOCUS GROUP #4: ASIAN/FILIPINO, VIETNAMESE, HMONG, LAOTIAN, CAMBODIAN Moderated in English
FOCUS GROUP #5: NATIVE AMERICANS Self-identified Native Americans Moderated in English
FOCUS GROUP #6: ASIAN/CHINESE Moderated in English or Cantonese or Mandarin
FOCUS GROUPS #7: INDIAN/HINDI & PUNJABI Moderated in English



Share, Trust, Organize, Partner:
the COVID-19 California Alliance

STOP COVID-19: Understanding and Reducing Disparities in COVID-19

Arleen F. Brown, MD, PhD

Steve Dubinett, MD

Keith Norris, MD, PhD



CEAL Objectives

1. To conduct **urgent community-engaged research** and outreach focused on **COVID-19 awareness and education** to address the widespread misinformation about COVID-19 and promote an evidence-based response to the disease;
2. To promote and **facilitate inclusion of diverse racial and ethnic populations in COVID-19 clinical trials** (prevention, vaccine, therapeutics), reflective of the populations disproportionately affected by the pandemic.

States Awarded: Alabama, Arizona, **California**, Florida, Georgia, Louisiana, Mississippi, Missouri, North Carolina, Tennessee, Texas

STOP COVID-19 CA

Program Goals

In partnership with community stakeholders:

- 1. Identify unique barriers and facilitators to:**
 - i) **knowledge** about COVID-19 risk, testing, and prevention,
 - ii) **feasibility and acceptability** of COVID-19 vaccine trials, and
 - iii) **uptake** of an approved vaccine across high-risk communities in California
 - Examine variation by geography and risk group (race/ethnicity, language, occupation, etc.)
- 2. Co-develop, and examine the effectiveness of, culturally/linguistically tailored strategies for reducing multilevel barriers to:**
 - i) knowledge, ii) trial participation, and iii) intent to receive vaccine
- 3. Identify best practices for training and deploying academic community-partnered teams that include “trusted messengers” who will bring culturally tailored, community-relevant information to communities and sectors at high-risk for COVID-19.**
 - Examine their impact on i) knowledge, ii) trial participation, and iii) intent to receive vaccine



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SC CTSI

Translating Science into Solutions for Better Health



UC San Diego
Altman Clinical and Translational Research Institute



SAN DIEGO STATE UNIVERSITY

**SHARE
TRUST
ORGANIZE
PARTNER**

**STOP
COVID-19 CA**

THE COVID-19 CALIFORNIA ALLIANCE

Partnering Community Organizations, Stakeholders, and Individuals from across California with: UCLA • SDSU • Scripps Stanford • UCD • UCI • UCM • UCR • UCSD • UCSF • USC

Sites and over 70 Community Partners

State Population: 39M
COVID Cases: 3.35M cases*
COVID Mortality: 42K deaths*

STOP COVID-19 CA: Community Partners

71 Active Community Partners Across California

University of California, Los Angeles CTSA: Los Angeles Community Consultant Panel for the COVID-19 Vaccine Clinical Trials; South Central Prevention Coalition; Recreation & Family Services, Watts Rising, Housing Authority of the City of LA; Bienestar Health Centers, Healthy San Gabriel Valley; Esperanza Community Housing Corporation; Healthy African American Families; Office of Samoan Affairs; AltaMed Institute for Health Equity, Filipino American Service Group, Inc., City of LA Department of Aging; Los Angeles Unified School District; Worksite Wellness LA, Watts Labor Community Action Coalition; and Los Angeles County Departments of Health Services and Public Health.

San Diego State University RCMI: Family Health Centers of San Diego, Clinicas de Salud del Pueblo, Inc., The San Diego County Promotores Coalition, Vision y Compromiso, County of San Diego Health and Human Services Agency

Scripps Health CTSA: San Diego COVID-19 Equity Task Force, San Diego Black Nurses Association, San Diego County Dept of Public Health, San Ysidro Health, SoCal Pacific Islander COVID-19 Response Team

Stanford CTSA: SOMOS Mayfair, NextDoor Solutions, Catholic Charities of Santa Clara County, The Latino Cancer Institute

University of California, Davis CTSA: Central California Environmental Justice Network; Líderes Campesinas; California Rural Legal Assistance Foundation; Radio Bilingüe; West Modesto Community Collaborative; Centro Binacional para el Desarrollo Indígena Oaxaqueño; Building Healthy Communities-Fresno; RISE, Inc.; Health Education Council & Mexican Consulate in Sacramento; Madera Coalition for Community Justice & Central California Asthma Collaborative

University of California, Irvine CTSA: Orange County (OC) Healthcare Agency, MOMS OC, OC Asian, and Pacific Islander Community Alliance, Vietnamese American Cancer Foundation, Pacific Islander Health Partnership, Coalition of OC Community Health Centers, Institute for Healthcare Advancement, Children's Hospital of OC, Memorial Care Hospital, Madison Park Neighborhood Association, Fountain Valley Hospital

University of California, Merced: Cultiva la Salud (United Way Merced County), Healthy House within a Match Coalition, California Health Collaborative, Rural HEAL, Golden Valley Health Centers, Mariposa and Madera County Health and Human Services Agencies, Merced County Public Health Department

University of California, Riverside RCMI: HARC (Health Assessment and Research for Communities), Borrego Health, HIV and Aging Research Project, Riverside/San Bernardino Indian Health Inc., Raices Culturales, NAACP Riverside

University of California, San Diego CTSA: The Global Action Research Center (ARC), San Ysidro Health, Family Health Centers of San Diego and San Ysidro Health, County of San Diego Health and Human Services Agency

University of California, San Francisco CTSA: Chicano/Latino/Indígena Health Equity Coalition; African American Community Health Equity Council; Asian and Pacific Islander Health Parity Coalition

University of Southern California (USC) CTSA: Vision y Compromiso, Altamed, Clinicas Monsenor Oscar Romero, Proyecto Pastoral, Weingart YMCA, Children's Hospital Los Angeles, LA LGBT Center, Bienestar Human Services, APLA Health, The LGBTQ Center of Long Beach, APAIT

Key Health/Education System Partners: Veterans Administration Medical Centers across California; County Departments of Health Services and Public Health; Federally Qualified Health Centers or Community Clinics linked to all sites; Primary and Secondary Schools

STOP COVID-19 CA: Site Projects

Information Needs | Trial Participation | Vaccine Hesitancy

Trusted Education/Outreach

- ▶ CHWs
- ▶ Community Organizations
- ▶ Local Media (Spanish radio, Ethnic newspapers)
- ▶ Health Fairs, town halls, listening sessions
- ▶ Visual Arts

Qualitative Research

- ▶ Focus groups in multiethnic communities
- ▶ Deliberative community engagement

Capacity Building

- ▶ Training (CHWs, Media)
- ▶ Education tailored for population

Community surveys / needs assessments

- ▶ Surveys
- ▶ CHIS (CA. Health Interview Survey)
- ▶ Educational assessment

Clinical Trial Community Engagement

- ▶ Studios
- ▶ Community advisory boards
- ▶ Recruitment / outreach

Populations / Communities

- Latinx – including monolingual Spanish
- Black/African American
- Pacific Islander
- American Indian / Indigenous
- Asian – Filipino, Chinese, South Asian
- Essential Workers, e.g., farmworkers
- Immigrant
- LGBTQ
- Low-income

STOP COVID-19 CA: Statewide Activities

- **California Health Interview Survey (CHIS)**

- Conducted in English, Spanish, Cantonese, Mandarin, Korean, Tagalog and Vietnamese
- COVID-19 Survey March to September 2020
- CEAL Activities:
 - Dashboard with estimates for high-risk counties (e.g., Riverside, Merced)
 - Include new indicators related to discrimination in A/NH/PI populations

- **Ethnic Media Outreach**

- Training and resources for varied ethnic media statewide to raise awareness about COVID-19 risk, attitudes/beliefs, clinical trials, and vaccines.

- **Community/Academic co-development, tailoring, sharing of interventions**

- CEAL Activities: Develop, conduct, and evaluate the effectiveness of trainings in i) knowledge, ii) vaccine trial participation, and iii) uptake of an approved vaccine

Community Engagement

- Locally informed approaches, leveraging unique partnership networks and insights in each community while coordinating with the national network.
- Investing in trusted leader outreach, education, and messaging
- To date:
 - **119** COVID-19 related webinars, town halls and community meetings, reaching over **10,000** participants
 - In Los Angeles, CERP and STOP COVID-19 CA collaborated with three COVID-19 **vaccine clinical trials**, yielding **minority participation rates of 69%-74%**, far higher than the national average.
 - Disseminated real-time results from active and ongoing vaccine hesitancy projects to community members; clinical and social agencies; local, regional and state policy makers; public health departments; and health plans.

Community Engagement

COVID-19 Vaccine Clinical Trials Open for Enrollment in Los Angeles: Understanding the Importance of Diversity

By Dr. Arleen F. Brown, Keith Norris, MD, PhD and D'Ann Morris, MPA
Published November 19, 2020



COVID-19 does not see color but America does. America puts fewer resources into communities of color. As a result, the COVID-19 pandemic is much worse for communities of color in Los Angeles and across the nation. Higher positivity rates, higher hospitalization rates, and higher death rates have hit local communities of color hard. Dr. Anthony Fauci recently said on "Good Morning America": "Help is really on the way." Dr. Fauci was talking about early

Keeping You and Your Family Safe: Trusted Messengers

SUNDAY, JANUARY 31st, 2021
12PM PST / 3PM EST

BLACK Health TRUST
CREDIBLE INSIGHT FROM OUR COMMUNITIES
HEALTH EXPERTS

RANDALL MAXEY, MD, PhD Internist Nephrologist/ Past President of National Medical Association	BARBARA NABBITT-STEPHENS, MD Pediatrician/ Healthcare Executive	IVAN WALKER, MD Psychiatrist/ Former Director of Columbia Chief	MICHELLE Hosters	LATONYA WASHINGTON, MD Internal Medicine/ Pediatrics	RICHARD ALLEN WILLIAMS, MD Professor of Medicine & Cardiology UCLA	LOUIS SULLIVAN, MD President Emeritus Marchbanks School of Medicine, Former United States Secretary of Health	AUGUSTUS WHITE, MD Professor of Orthopedic Surgery at Harvard Medical
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COVID-19 Community Town Hall

January 21, 2021

Sponsored by
Stanford Medicine's Office of Community Engagement and
the Department of Epidemiology & Population Health

Community Friendly Materials: Communicating the Science

Weighing the Risks: Infection vs. Vaccination

Every million cases of COVID-19 **infection**

~15,000 deaths
~70,000 hospitalizations

Every million COVID-19 **vaccinations**

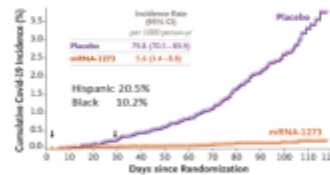
~2-3 serious reactions
~1-2 hospitalizations
1-2 deaths under investigation



Moderna and Pfizer vaccine each reported 10 serious allergic reactions out of 4 million doses (as of 1/23/21)

Vaccine Effectiveness: Race/Ethnicity Data

Moderna Covid Vaccine Trials

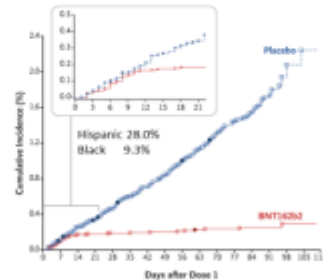


94.1% Effective Overall

97.5% Effective in People of Color

Vaccine efficacy of 94.1% [95% CI, 89.3–96.8%; P<0.001]
Over 37,000 people

Pfizer Covid Vaccine Trials

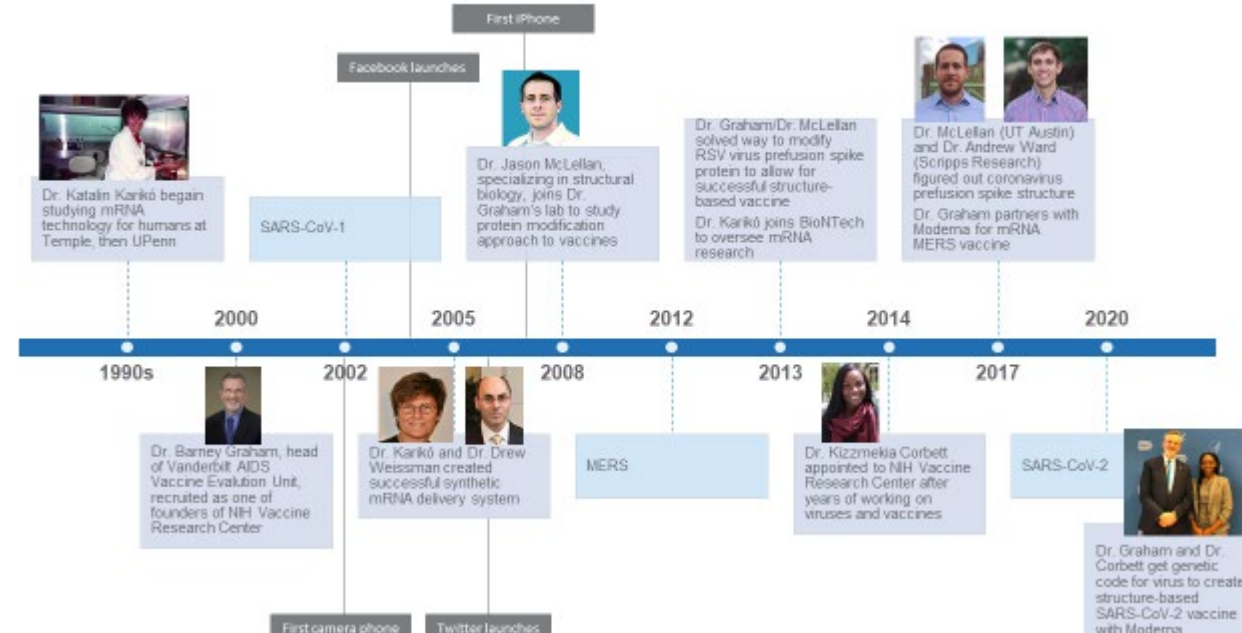


95% Effective Overall

100% Effective in Black persons and 94.4% Latinx

Over 37,000 people

Timeline of mRNA technology and key figures in vaccine development



Preliminary Themes in COVID-19 Vaccine Acceptability/Hesitancy

Questions, Information, & Concerns

Social Determinants of Health, Accessibility, Affordability

Population-Specific Considerations

Additional Requests/Hope in Vaccine Delivery

Community-friendly COVID19 vaccine information based on vaccine hesitancy focus groups

COVID-19 Vaccine Information: Answers to Important Questions!

UCLA

Pfizer & Moderna

January 2021

Why should I get vaccinated?

- Vaccination protects you, your family, and your community from any symptomatic COVID-19.
- Reduces the chance of hospitalization and death.
- Being unvaccinated may increase your risk of COVID-19 and serious long-term complications.

How does the vaccine work?

The vaccine teaches your body how to recognize and respond to COVID-19.

Side effects

are mild, may occur over
can be stronger after your
on side effects include
the, fatigue, headache,
and fever. After vaccination,
I will monitor you for 15
e you get any necessary
ave a reaction.
cts are rare. The vaccine is
i have seasonal, pet, or
ou have a history of
ere allergic reactions),
reactions, are allergic to
ylene glycol, talk to your
o evidence the vaccine

or if you: are
ised or are taking
ffects your immune
 Moderna and Pfizer clinical trials included a
n unable to receive
e past because of a blood
ing disorder, have a fever,
lan to become pregnant.

Is the vaccine safe for someone like me?

Over 70,000 people participated in Pfizer and Moderna trials and were equally safe for all:

- Adults, all ages (65+, over 85% effective)
- Race/ethnicities (Black, Latino, other communities of color, over 95% effective)
- Chronic conditions (about 90% effective)

Even if you had COVID-19 already, the vaccine is safe and can prolong your immunity.

How many people from racial and ethnic groups were part of the clinical trials?

Moderna and Pfizer clinical trials included a broad range of diverse participants: American Indian (0.8%, 0.6%), Asian (4.7%, 4.4%), Black (9.7%, 9.8%), Hispanic/Latino (20.5%, 26.2%), Multiracial (2.1%, 2.5%) and Pacific Islander (0.2%, 0.2%), respectively.

What is in the vaccine?

Four ingredients: Protein (mRNA), fats (called lipids), salt, and sugar (preservatives). No animal products (halal) or thimerosal. No fetal tissue was used to make the vaccine. These vaccines do not contain any parts of the coronavirus and cannot cause COVID-19.

How was the vaccine tested? Was it rushed?

Quickly but carefully and safely! There was no "skipping" of testing steps. Testing and production overlapped to reduce time. These types of vaccines have been studied for years before COVID-19. The vaccines were found to work very well and be equally safe for 70,000 people in the Pfizer and Moderna trials. As of January 2021, over 10 million in the US have received the vaccine.

Which vaccine is better? Do I have a choice?

- Both Pfizer and Moderna vaccines are about 95% effective.
- At this point, due to limited supply, you cannot choose. Your first shot needs to be the same as your second shot. Pfizer is the only vaccine approved for ages 16-17 years of age. Pfizer and Moderna each have two doses, spaced apart 3-4 weeks.

Is the vaccine required?

Not currently, but you are strongly encouraged to get the vaccine. Postponing vaccination can increase your risk of COVID-19 and long-term complications.

Should I get the vaccine if I already had COVID-19?

Yes. Protection from the vaccine is safe and can prolong your immunity. You can wait up to 90 days after infection for vaccination but can receive it as soon as local regulations allow.

Do I still need to wear a mask after getting the vaccine?

Yes. The vaccines protect YOU from getting sick from COVID-19, but it is unclear whether you may still get mild or symptom-free cases, then transmit COVID-19 to others. Continue to follow public health guidelines, such as wearing a mask, social distancing, and avoiding indoor crowds.

How do I find out where to get the vaccine? Is it free?

Visit your local county department of public health website or talk to your provider for information on eligibility and where to get the vaccine.

The vaccine is free. In some cases, you may provide insurance or a facility fee.

Why are some communities, such as Black, Latinx, American Indians, Pacific Islanders, or Asian Americans, being encouraged to get the vaccine?

Some communities may be offered the vaccines earlier than others because their infection, hospitalization, and death rates have been disproportionately high due to occupational risk as essential workers, insufficient medical access, etc.

Other questions or concerns?

Your questions are important and deserve to be answered by knowledgeable and trusted individuals. Contact your physician or local public health department for more questions.

Updated versions of this document will be published on stopcovid-19.ca.org

References:

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Key Questions Going Forward

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

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

Closing Comments

- Next Meetings
 - February 17, 2021 from 3:00 – 6:00pm
 - March 3, 2021 and/or March 17, 2021 from 3:00 – 6:00pm
- Agenda for Next Meeting
- How to Make Public Comment:
COVID19VaccineOutreach@cdph.ca.gov
- Adjourn