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00:08:09.540 --> 00:08:16.560

Joynetta Kelly: Good morning, everyone. Thank you for joining us. It is 11 AM and we are about to get started.

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00:08:16.920 --> 00:08:25.890

Joynetta Kelly: So, my name is Joynetta Kelly, and I am the public health advisor and national project officer within the Centers for Disease Control and Prevention's

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00:08:26.310 --> 00:08:34.950

Joynetta Kelly: Adult Immunization Program. So welcome to the CDC Vaccine Equity Event which is Spotlight on Community-based Organizations.

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Joynetta Kelly: We are so happy that you took the time to join us, today we have an awesome lineup of speakers and panelists and we are looking forward to not only

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00:08:45.390 --> 00:08:52.080

Joynetta Kelly: speaking about what CDC is doing to highlight the great work community-based organizations are doing on the ground

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00:08:52.410 --> 00:09:00.150

Joynetta Kelly: around equitable vaccinations, but we're also excited to facilitate a rich dialogue with our community leaders and physicians.

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00:09:00.480 --> 00:09:14.160

Joynetta Kelly: So, more importantly, we are even more excited to hear from all of you. So before we get started I'm going to go over a few housekeeping points. So first this webinar is simultaneously translated in Español.

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00:09:15.240 --> 00:09:31.530

Joynetta Kelly: The webinar is also available in closed caption. So regarding language translation, if you are on a personal computer or tablet please look at the bottom of your Zoom screen and find the icon that looks like a globe labeled interpretation.

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00:09:32.340 --> 00:09:48.240

Joynetta Kelly: So you want to click that and select Spanish you will then be directed to the Spanish translation line if at any time, you would like to be redirected to the English language click the interpretation icon and select English language.

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Joynetta Kelly: If you are on

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Joynetta Kelly: an Apple device or another device that does not display the globe,

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00:09:58.860 --> 00:10:05.130

Joynetta Kelly: Look for an icon that contains three dots labeled as More and select your language.

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00:10:05.850 --> 00:10:15.360

Joynetta Kelly: In addition, if you require closed captions referred to the link on the bottom of your screen, which is a bit.ly/VaccineEquityCaptions.

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00:10:15.960 --> 00:10:24.570

Joynetta Kelly: Also, we want to hear from you so feel free to use the Q&A icon to post any questions you may have during this webinar.

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00:10:25.260 --> 00:10:31.560

Joynetta Kelly: Following the panel presentation, I will facilitate a Q&A session in hopes of answering all of your questions.

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00:10:32.100 --> 00:10:40.770

Joynetta Kelly: But there's a good chance that we may have an influx of questions and may not be answered, be able to answer them all during this session so if that happens don't fret.

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00:10:41.070 --> 00:11:01.890

Joynetta Kelly: Fee free to submit your questions to our email address, which will also be listed in the Q&A box as adultvaxprogram@cdc.gov. Again that's adultvaxprogram@cdc.gov.

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00:11:02.820 --> 00:11:13.200

Joynetta Kelly: If you're having technical difficulties during this webinar please feel free to send a message in the Q&A box or the chat box and we'll be happy to help if we can.

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00:11:13.740 --> 00:11:27.330

Joynetta Kelly: So we are going to kick it off. The next person you will hear from is Dr. Melinda Wharton, who will introduce our CDC Director Dr. Rochelle Walensky. Dr. Wharton, please take it away.

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00:11:28.200 --> 00:11:39.900

Melinda Wharton: Thanks so much, Joynetta. I'm delighted to welcome you to this event today on behalf of the Immunization Services Division at the Centers for Disease Control and Prevention. We're so, so excited you're here today.

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00:11:40.410 --> 00:11:47.280

Melinda Wharton: And it's my pleasure to introduce our first speaker, Dr. Rochelle Walensky, who's the 19th Director

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00:11:47.700 --> 00:11:54.930

Melinda Wharton: of the Centers for Disease Control and Prevention and the ninth Administrator of the Agency for Toxic Substances and Disease Registry.

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00:11:55.590 --> 00:12:02.760

Melinda Wharton: Dr. Walensky is an influential scholar, whose whose research has helped advance the national and global response to HIV/AIDS.

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Melinda Wharton: She served as Chief of the Division of Infectious Diseases at the Massachusetts General Hospital from 2017 to 2020.

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00:12:11.250 --> 00:12:27.120

Melinda Wharton: And as Professor of Medicine at Harvard Medical School from 2012 to 2020, she served on the front line of the COVID-19 pandemic and conducted research on vaccine delivery and strategies to reach underserved communities. So please join me in welcoming Dr. Walensky.

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00:12:33.960 --> 00:12:44.370

Dr. Rochelle P. Walensky: Thank you, Dr. Wharton. I'm trying to unfreeze my video, start my video. There we go, great. I'm so delighted to be here. Thank you so much, Dr. Wharton.

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Dr. Rochelle P. Walensky: I'm really so pleased to be with all of you at CDC's Vaccine Equity Event, where we get to shine a bright light on our community-based organization partners

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Dr. Rochelle P. Walensky: who are working every day to improve vaccine confidence and increase vaccine uptake among people of color.

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Dr. Rochelle P. Walensky: You are the ones in the field, you are the ones doing the hard work meeting people, one by one, as we strive to protect

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Dr. Rochelle P. Walensky: our families, our communities, and our nation. The data are clear: as the rate of vaccination rises, infection rates are declining.

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Dr. Rochelle P. Walensky: And whenever we do clear the tunnel of the long COVID darkness, I am confident we will, it is because of you,

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Dr. Rochelle P. Walensky: trusted members of your community who have earned the confidence of the people you serve. It is you were making the difference and you are doing it in so many different ways.

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00:13:38.730 --> 00:13:44.400

Dr. Rochelle P. Walensky: You're hosting town hall meetings where you can directly access can address community concerns.

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Dr. Rochelle P. Walensky: You're setting up vaccine clinics in community centers and places of worship and putting mobile clinics into places where people live and work.

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Dr. Rochelle P. Walensky: You are sharing guidance in toolkits and promotional materials crafted to capture the viewers' attention, and some of you design your own unique ways to help overcome individual barriers to vaccination.

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Dr. Rochelle P. Walensky: For instance, the Urban League of Greater Pittsburgh arranged for Steelers legends Franco Harris and Mel Blount

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Dr. Rochelle P. Walensky: to make an appearance in the City Central Baptist Church to encourage congregants to get vaccinated.

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Dr. Rochelle P. Walensky: And the National Council of Urban Indian Health partnered with Uber to provide transportation to vaccine clinics for urban

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Dr. Rochelle P. Walensky: Native American and Alaska Native populations living in Washington DC. We applaud you for your persistence, because every shot in every arm, every single one, is a win.

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Dr. Rochelle P. Walensky: As many of you are aware, CDC launched a grant program in 2020 with the goal of reducing disparities in disproportionately affected communities.

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Dr. Rochelle P. Walensky: By supporting a wide range of partners working to increase vaccine confidence and access among racial and ethnic minority groups,

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Dr. Rochelle P. Walensky: the program, formally known as Partnering for Vaccine Equity, is one of the ways we are adjusting the glaring disparities exposed by COVID-19 among racial and ethnic minorities.

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Dr. Rochelle P. Walensky: We know these disparities are underpinned by the very real very serious public health threat of strange structural racism.

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Dr. Rochelle P. Walensky: In fact, there's a growing body of research that points to centuries of racism in this country as having a profoundly negative impact on the health of people of color.

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Dr. Rochelle P. Walensky: With approximately \$150 million in total funding, the program directly supports 18 national-level organizations which represent national non-profits,

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Dr. Rochelle P. Walensky: medical and professional associations, national immunization partners, and other health entities.

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Dr. Rochelle P. Walensky: Through direct and indirect support from CDC through the national level partners, the program supports and engages over 50 local health departments over 70 community health centers,

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Dr. Rochelle P. Walensky: 64 state territorial and local immunization programs, and over 300 community-based organizations, faith-based organizations, universities nonprofits, and local affiliates,

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00:16:14.790 --> 00:16:21.840

Dr. Rochelle P. Walensky: all with the goal of improving vaccine uptake among racial and ethnic groups experiencing disparities.

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Dr. Rochelle P. Walensky: In just a matter of months, we are seeing remarkable results from these boots on the ground, grassroots efforts.

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Dr. Rochelle P. Walensky: For example, we have data from three primary grantees, the Asian and Pacific Islander American Health Forum, the National Urban League and the National Minority Quality Forum,

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Dr. Rochelle P. Walensky: showing that, as of April 2021, 30 local and community based organizations working under these organizations reported training to more than

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Dr. Rochelle P. Walensky: 500,000 Community spokespeople reaching more than 1.4 million people with over 40,000 new communication projects in more than 20 languages and establishing more

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Dr. Rochelle P. Walensky: than 500 Community partnerships. This is how we're getting to the heart of our communities, and we eagerly await the results of this outreach this work.

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Dr. Rochelle P. Walensky: Your work will go beyond responding to the urgency of the COVID-19 pandemic to help our nation overcome the health inequities faced by racial and ethnic minority groups.

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00:17:28.230 --> 00:17:41.760

Dr. Rochelle P. Walensky: When I became CDC director just five short months ago, I came as a practicing physician treating patients who had to make the impossible choice between filling a prescription and ensuring their plates had food.

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Dr. Rochelle P. Walensky: I have witnessed firsthand the impact of health inequities on individuals and families with little to no access to regular health care.

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Dr. Rochelle P. Walensky: Having that experience, I brought my passion for health, equity, that is reflected in our commitment to ensuring that everyone has the opportunity to be as healthy as possible.

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Dr. Rochelle P. Walensky: In order to achieve health equity, we know that we must chisel away at the many social and economic obstacles that lead to health inequities and poor health outcomes,

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Dr. Rochelle P. Walensky: obstacles driven by racism, discrimination and historical disenfranchisement overwhelmingly impact communities of color,

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Dr. Rochelle P. Walensky: people with disabilities, members of the LGBTQ community, women, individuals who are incarcerated or without homes, or those who live in rural or frontier settings.

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00:18:33.570 --> 00:18:48.930

Dr. Rochelle P. Walensky: These obstacles can dictate where a person lives, where they work, where their children play, and where they

gather as a Community, and they can have lifelong negative consequences on the mental and physical health of those affected.

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00:18:49.950 --> 00:18:56.580

Dr. Rochelle P. Walensky: We see that reflected in the data that show higher rates of chronic diseases such as diabetes and hypertension

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Dr. Rochelle P. Walensky: and obesity in some racial and ethnic minority groups. We see it in increased rates of HIV and maternal mortality and black and Hispanic or Latino communities.

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00:19:08.280 --> 00:19:17.190

Dr. Rochelle P. Walensky: We see it in smoking and substance abuse rates in the LGBTQ community and in rural communities across the country, and we see it in life expectancy.

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Dr. Rochelle P. Walensky: In the past year we documented the staggering drop in life expectancy for Black and Hispanic or Latino Americans, 2.9 and 1.7 years of life loss respectively, caused by COVID.

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00:19:31.920 --> 00:19:37.620

Dr. Rochelle P. Walensky: These inequities put us all at risk. When one of us is unwell, none of us are well.

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00:19:38.100 --> 00:19:49.950

Dr. Rochelle P. Walensky: A recent analysis estimates that disparities amount to \$93 billion in excess medical costs of care and \$42 billion in lost productivity per year.

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Dr. Rochelle P. Walensky: And these figures don't even take into account the extraordinary losses due to premature deaths.

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Dr. Rochelle P. Walensky: The future health of our nation will be determined to a large extent by how effectively we work with communities, your communities,

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Dr. Rochelle P. Walensky: to eliminate health disparities among those populations experiencing a disproportionate burden of disease, disability, and death.

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00:20:14.430 --> 00:20:24.030

Dr. Rochelle P. Walensky: This is why we look to you, the people serving those communities most closely, the people who know them best, to help us make health equity a reality.

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Dr. Rochelle P. Walensky: Today, you will hear from some of the foremost voices in community and public service.

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Dr. Rochelle P. Walensky: These individuals and the groups they represent are just a sample of the many partners, like you, working with CDC to increase vaccine confidence and improve vaccine uptake.

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Dr. Rochelle P. Walensky: This event is just part of a conversation we expect will continue and hope will continue for years to come. Thank you for being here. I'll now turn the virtual podium over to our facilitator, Joynetta Kelly. Thank you so much.

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00:20:58.410 --> 00:21:06.690

Joynetta Kelly: Thank you, Dr. Walensky. What an honor to have you with us today, and we are so proud of the work that you are shepherding here at the CDC.

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00:21:07.110 --> 00:21:15.150

Joynetta Kelly: I believe I can speak for all of my colleagues when I say that we are truly honored to serve. So now, I would like to introduce

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Joynetta Kelly: my colleague, or our colleague, Gisela Medina Martinez, a public health advisor on the Immunization Services Division team, who will be presenting

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00:21:25.200 --> 00:21:38.640

Joynetta Kelly: our program's approach to reducing disparities. Now we all know a great event cannot have an interesting twist, so Gisela her portion in Spanish

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Joynetta Kelly: on this main page. If you would like to hear the English translation, please look at the bottom of your screen and locate the interpretation globe and select Spanish.

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00:21:54.090 --> 00:21:57.120

Joynetta Kelly: I'm sorry, select English.

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Joynetta Kelly: When Gisela finishes her presentation, you need to come back over to the main room, so that you can hear the rest of the presentation in English.

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00:22:11.760 --> 00:22:27.960

Joynetta Kelly: If you have any issues, please look at the bottom of your screen and there is an icon, there are instructions on how to get back to the language interpretation button. With that I will turn it back over to Gisela Medina Martinez.

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00:22:33.990 --> 00:22:43.050

Gisela Medina Martinez: Good morning. My name is Gisela Medina Martinez, and I am a public health advisor in CDC's Immunization Services Division.

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Gisela Medina Martinez: Before continuing, I would like to mention to the Spanish-speaking audience that you have the opportunity to observe this presentation

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Gisela Medina Martinez: completely in Spanish. For interpretation, if you click the circle at the bottom of your screen that says "Interpretation,"

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Gisela Medina Martinez: you can change it to hear interpretation in English. But I will be giving this presentation completely in Spanish.

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00:23:13.440 --> 00:23:21.960

Gisela Medina Martinez: Continuing with the presentation, I am pleased to share with you an overview of one of our programs, titled Partnering for Vaccine Equity,

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Gisela Medina Martinez: which focuses on building partnerships between different organizations for the purpose of taking action at the community level. Next slide please.

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Gisela Medina Martinez: Racial disparities in adult vaccination have been a challenge that has existed in the U.S. since before COVID-19 arrived.

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Gisela Medina Martinez: These problems, particularly those related to vaccine access and acceptance, have not only remained, but have intensified with COVID-19.

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Gisela Medina Martinez: Next slide please.

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Gisela Medina Martinez: These data highlight concerns among black and Hispanic adults who want to "wait and see" how the COVID-19 vaccine is working for others.

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Gisela Medina Martinez: They do not dare to get vaccinated and want to understand its long-term effects, serious side effects and the concern of contracting COVID-19 as a result of vaccination.

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Gisela Medina Martinez: While this is important, this graphic shows the additional problems related to access to vaccines that have also increased with COVID-19.

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Gisela Medina Martinez: Next slide please.

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Gisela Medina Martinez: One of our visions for this program is to reduce the racial and ethnic disparities that exist in vaccination rates, both for COVID-19 and all adult vaccines.

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Gisela Medina Martinez: The main strategy is to establish and create a network of partners and organizations at the community level to support communities in promoting efforts to increase access to and acceptance of vaccination.

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Gisela Medina Martinez: Next slide please.

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Gisela Medina Martinez: In July 2020, we held a virtual session of experts and community leaders with the participation of 17 health and equity leaders.

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Gisela Medina Martinez: Doctors, academics, religious leaders, and both local and state government officials with experience in racial and ethnic minority communities participated.

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Gisela Medina Martinez: The individual experience of these leaders and the perspective of this group were essential for us to understand that:

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00:26:19.680 --> 00:26:28.500

Gisela Medina Martinez: Racial and ethnic disparities in vaccination are an urgent issue and must be addressed at the community level.

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Gisela Medina Martinez: We need to equip influential community leaders with information that is accurate and culturally appropriate.

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00:26:39.690 --> 00:26:42.660

Gisela Medina Martinez: We need to increase access to vaccination.

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Gisela Medina Martinez: Next slide please.

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Gisela Medina Martinez: These initial efforts informed our approach, which is to provide direct support as well as funding to partners at the national,

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Gisela Medina Martinez: state, local, and community levels working on activities that promote vaccine access and acceptance;

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00:27:12.900 --> 00:27:23.580

Gisela Medina Martinez: to provide these partners with educational support and concise data; and to disseminate communications that help with vaccine misinformation mitigation efforts.

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Gisela Medina Martinez: Next slide please.

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Gisela Medina Martinez: We know that the participation of groups at all levels is required to develop vaccine acceptance and access.

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Gisela Medina Martinez: As I mentioned, a key part of our approach is to engage and support a network of partners at multiple levels to increase vaccine acceptance

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Gisela Medina Martinez: and to promote vaccination access activities to reach people wherever they are.

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00:28:04.290 --> 00:28:18.180

Gisela Medina Martinez: We are also providing this network of partners with financial support, educational and data support, technical assistance, toolkits and other materials. Next slide please.

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Gisela Medina Martinez: So far, CDC has provided more than \$120 million to fund this network of partners,

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Gisela Medina Martinez: including dozens of national and state organizations to support hundreds of local and community entities. These entities include:

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Gisela Medina Martinez: National organizations, such as UnidosUS, the National Council of Negro Women, as well as its local and community churches, and other affiliates,

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00:28:57.810 --> 00:29:09.600

Gisela Medina Martinez: Medical and professional associations whose memberships include thousands of black, Hispanic/Latino, and Alaska Native/Native American health professionals,

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00:29:11.250 --> 00:29:26.280

Gisela Medina Martinez: Community organizations, local health departments, and community health centers,

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00:29:27.330 --> 00:29:41.520

Gisela Medina Martinez: CDC's health equity programs and its dozens of state and local beneficiaries, and the 64 state, territorial and local vaccination programs that support local and county health departments, health centers and community organizations.

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00:29:42.960 --> 00:29:44.010

Gisela Medina Martinez: Next slide please.

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00:29:51.450 --> 00:30:02.010

Gisela Medina Martinez: Since January, state, territorial and local vaccination programs and health departments have received \$6 billion to support vaccination against COVID-19

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00:30:02.520 --> 00:30:10.740

Gisela Medina Martinez: as part of the Coronavirus Response and Relief Supplemental Appropriations Act.

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Gisela Medina Martinez: Specific percentages of these funds were required to be allocated to populations most at risk, including communities with racial and ethnic minorities.

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Gisela Medina Martinez: To support these efforts and collaboration, we created a Partner Guide to support the use of these funds.

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Gisela Medina Martinez: This guide also serves to help jurisdictions partner with communities to design personalized and effective activities aimed at increasing access to and acceptance of vaccines in racial minority communities.

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Gisela Medina Martinez: CDC also assisted jurisdictions by providing support and data analysis to identify these communities and their most pressing needs. Next slide please.

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Gisela Medina Martinez: We also developed a Community Partner Guide aimed at supporting community organizations, as many of you are here, who play a critical role in these efforts and help state and local officials understand the needs of the community.

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Gisela Medina Martinez: They help design and implement strategies to increase access to and acceptance of vaccines.

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Gisela Medina Martinez: This guide is also available in both English and Spanish on the CDC website.

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Gisela Medina Martinez: Next slide please.

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Gisela Medina Martinez: Finally, another resource available is the Guide for Jurisdictions, which provides information on how to expand vaccination for COVID-19 by primary health providers.

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Gisela Medina Martinez: CDC has provided jurisdictions with an analysis of doctors enrolled in census tracts with high social vulnerability index (SVI) scores, which allows them to identify areas of greatest need.

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Gisela Medina Martinez: Next slide please.

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00:32:43.980 --> 00:32:56.910

Gisela Medina Martinez: As mentioned above, our national, state and local partners are provided with data analysis services, specific to their communities, to help guide their efforts.

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00:32:58.650 --> 00:33:10.170

Gisela Medina Martinez: combined with other socioeconomic factors such as low income, lack of transportation, and overcrowding.

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Gisela Medina Martinez: This data is then combined with technical assistance

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00:33:23.430 --> 00:33:32.640

Gisela Medina Martinez: to help our partners identify the geographic areas most in need, develop partnerships in specific neighborhoods,

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00:33:33.330 --> 00:33:43.080

Gisela Medina Martinez: tailor their communication campaigns, and understand different language needs. Next slide please.

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00:33:49.890 --> 00:34:07.950

Gisela Medina Martinez: In addition, we are launching a Learning Community that aims to support our entire network of partners, ensuring they can accelerate their programs, share effective practices and materials, and help each other overcome common challenges.

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00:34:10.440 --> 00:34:23.130

Gisela Medina Martinez: Partners can participate in webinars or workshops with subject matter experts on vaccination, health equity, community engagement, and other important topics. Next slide please.

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Gisela Medina Martinez: An additional part of our approach to addressing disparities and increasing access to and acceptance of vaccines in diverse racial and ethnic communities includes distributing communications and mitigating misinformation.

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Gisela Medina Martinez: Our goal contains two main components:

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Gisela Medina Martinez: Increase the acceptance of vaccines in minority communities by distributing timely information on social networks to counter myths and negative and harmful information related to vaccination, its effectiveness, production or side effects.

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00:35:12.420 --> 00:35:13.020
Gisela Medina Martinez: Second,

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00:35:14.220 --> 00:35:26.070
Gisela Medina Martinez: Transmit positive messages about the vaccine in these communities using culturally appropriate messages as well as leaders in the community. Next slide please.

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00:35:39.660 --> 00:36:02.340
Gisela Medina Martinez: While these are all exciting efforts, this work aims to expand beyond influenza and COVID-19, as we plan to take a long-term approach to continue improving vaccine acceptance and reducing racial and ethnic disparities across all adult vaccines.

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00:36:03.390 --> 00:36:11.070
Gisela Medina Martinez: These program efforts I shared are not designed to be a short-term solution.

153

00:36:12.570 --> 00:36:22.920
Gisela Medina Martinez: These efforts will ensure a lasting impact on increasing vaccine acceptance in the future for racial minority communities and for all.

154

00:36:25.560 --> 00:36:27.270
Gisela Medina Martinez: Thank you, next slide please.

155

00:36:33.180 --> 00:36:48.660
Gisela Medina Martinez: Thank you all for your time today. Please let me know if you have any questions or comments; we would love to hear your impressions and any questions you have about the program. I'll now pass it back to you, Joynetta.

156

00:36:52.800 --> 00:36:54.960
Joynetta Kelly: Thank you so much, Gisela.

157

00:36:56.250 --> 00:37:09.300
Joynetta Kelly: Of those of you who switched over to the English channel, please be sure to go back to your interpretation globe and select off and you will be directed back to the main room, which is an English.

158

00:37:11.640 --> 00:37:20.520

Joynetta Kelly: Those of you who would like to hear the rest of this presentation in Spanish, please go to the same globe, the interpretation globe, and click Spanish.

159

00:37:21.300 --> 00:37:39.720

Joynetta Kelly: We hope you enjoyed Gisela's presentation. In the spirit of equity, we hope that you have a newfound respect in how others whose first language is not English, how they experience webinars and different events and

160

00:37:40.830 --> 00:37:47.940

Joynetta Kelly: different occurrences in this country where they need to understand the English language, so

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00:37:48.390 --> 00:37:58.080

Joynetta Kelly: we are very happy to be able to present that. Gisela, you did an awesome job and we thank you again for presenting that in the Spanish language.

162

00:37:58.860 --> 00:38:17.100

Joynetta Kelly: So we are going to move on to our next portion. I'm going to hand it back over to Dr. Wharton, who will introduce the fabulous Dr. Daniel Fagbuyi, who is the moderator of our of our presentation, also known as Dr. Dan. Go ahead, Dr Wharton.

163

00:38:18.180 --> 00:38:25.650

Melinda Wharton: Thanks thanks so much. I am delighted to have the chance to introduce our keynote speaker, Dr. Dan Fagbuyi,

164

00:38:26.550 --> 00:38:32.640

Melinda Wharton: known as Dr. Dan to his patients, who's a distinguished emergency room physician and biodefense expert

165

00:38:33.000 --> 00:38:44.640

Melinda Wharton: who provides strategic leadership in public health literacy, biodefense, disaster preparedness, emergency management, and business continuity of operations, both nationally and internationally.

166

00:38:45.330 --> 00:38:58.950

Melinda Wharton: He served as Medical Director for Disaster Preparedness at Children's National Health System and was an Assistant Professor in Pediatrics and Emergency Medicine at the George

Washington University School of Medicine, where he earned his medical degree.

167

00:39:00.360 --> 00:39:08.400

Melinda Wharton: Dr. Fagbuyi was appointed by US Secretary of Health and Human Services Kathleen Sebelius in the Obama Administration

168

00:39:08.910 --> 00:39:20.790

Melinda Wharton: to the National Biodefense Science Board to provide expert advice and guidance on complex issues of preventing, preparing for, and responding to adverse health events of public health emergencies.

169

00:39:21.270 --> 00:39:32.700

Melinda Wharton: He's also served as a Special Medical Advisor to the FDA Offices of the Commissioner, Pediatric Therapeutics, Counterterrorism, and Emergency and Emerging Threats on medical countermeasures and drug approvals.

170

00:39:33.480 --> 00:39:44.820

Melinda Wharton: Under the leadership of General David Petraeus, Dr. Fagbuyi served as a battalion surgeon on the front lines, while deployed during Operation Iraqi Freedom with the 101st Airborne Division.

171

00:39:45.510 --> 00:39:51.840

Melinda Wharton: During civil operations, he was appointed liaison between the US Army and the Iraqi Ministry of Health,

172

00:39:52.200 --> 00:39:59.790

Melinda Wharton: providing health and infrastructure assessments to the US Government, culminating in the rebuilding of damaged medical treatment facilities.

173

00:40:00.240 --> 00:40:10.500

Melinda Wharton: and the provision of medical treatments, food, water and basic human essentials. And now as a medical expert Dr. Fagbuyi seeks to empower the public

174

00:40:10.950 --> 00:40:21.000

Melinda Wharton: by providing timely, tangible, and easy to digest public health information and education. We are so delighted that he is with us here today. Dr. Fagbuyi?

175

00:40:22.800 --> 00:40:23.220

Daniel "Dr. Dan" Fagbuyi: Hi.

176

00:40:23.820 --> 00:40:32.730

Daniel "Dr. Dan" Fagbuyi: Good morning, thank you for having me. And thanks to the wonderful speakers and to CDC for hosting this event and

177

00:40:34.410 --> 00:40:39.870

Daniel "Dr. Dan" Fagbuyi: for the Directors' poignant comments and to my other colleagues who have made

178

00:40:41.010 --> 00:40:44.220

Daniel "Dr. Dan" Fagbuyi: inroads in this pathway. So to get on with the show,

179

00:40:45.450 --> 00:40:58.140

Daniel "Dr. Dan" Fagbuyi: rules of engagement are really just pay attention and let's talk about it. It's more of a discussion, So I'll highlight some things that I think are important as we advance. So I guess I'll be calling out the advancing slides. We can advance the slide.

180

00:40:59.790 --> 00:41:10.920

Daniel "Dr. Dan" Fagbuyi: Excellent. So the foundation on which healthcare is actually based on, you know, the real concern is really understanding what the issues are.

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00:41:11.370 --> 00:41:20.310

Daniel "Dr. Dan" Fagbuyi: So there's an issue with regards to the lack of trust among communities of color and that stems from topics that are related to the US Public Health Service,

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00:41:20.820 --> 00:41:27.240

Daniel "Dr. Dan" Fagbuyi: the healthcare institutions, and the medical community. So there's been a violation of that trust, so the

183

00:41:27.720 --> 00:41:37.560

Daniel "Dr. Dan" Fagbuyi: onus does not have to be on the community, but it's more so on the organizations, the governmental organizations, the medical institutions to now step up and

184

00:41:38.280 --> 00:41:49.290

Daniel "Dr. Dan" Fagbuyi: embrace that fact, acknowledge it, and then now change the system to ensure that it is equitable for all races and all people of all backgrounds and ethnicities.

185

00:41:50.070 --> 00:42:01.350

Daniel "Dr. Dan" Fagbuyi: The other issues we've had are, you know, with regards to the lack of access to quality care. We really have had several barriers from discrimination, racism, people not feeling

186

00:42:02.640 --> 00:42:07.740

Daniel "Dr. Dan" Fagbuyi: that their voices are being heard, that they're being shunned. I've seen it from the emergency standpoint

187

00:42:08.130 --> 00:42:16.770

Daniel "Dr. Dan" Fagbuyi: and other private practices, where they engage the medical system, and either they're not understanding, or not listening, or have a bias and make an assumption.

188

00:42:17.220 --> 00:42:25.710

Daniel "Dr. Dan" Fagbuyi: A classic example was the sickle cell pain crisis and the community in which they're seeking care at the emergency department and the

189

00:42:26.190 --> 00:42:32.760

Daniel "Dr. Dan" Fagbuyi: doctor or the healthcare system assumes that they're drug seeking as opposed to identifying, in fact, that they actually are in pain.

190

00:42:33.480 --> 00:42:46.290

Daniel "Dr. Dan" Fagbuyi: So those are just some examples. So what about the quality of care? And what are the outcomes? You know, are we making an impact, or are we just checking the box? These are things to really consider. Next slide please.

191

00:42:51.330 --> 00:42:52.650

Daniel "Dr. Dan" Fagbuyi: So with regards to COVID-19,

192

00:42:54.150 --> 00:43:07.950

Daniel "Dr. Dan" Fagbuyi: let's kind of talk about it in terms of what the issues are. So there's a concern with regards to the public health security. This is what makes it a biodefense threat and why it's a biodefense issue.

193

00:43:09.060 --> 00:43:24.090

Daniel "Dr. Dan" Fagbuyi: What about the warfighter? How do we get the warfighter prepared? Readiness has always been our big stake and what we've always said is important, at least from the soldier perspective, to be ready for the country to defend the country to defend our citizens.

194

00:43:25.260 --> 00:43:30.750

Daniel "Dr. Dan" Fagbuyi: But if you have a public health emergency that affects the public, you've not protected them

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00:43:31.170 --> 00:43:39.780

Daniel "Dr. Dan" Fagbuyi: and they're not secure. But also if we have a public health emergency that also affects the warfighters, the soldiers themselves, they cannot go do the things they need to do

196

00:43:40.560 --> 00:43:50.340

Daniel "Dr. Dan" Fagbuyi: out of the country or within the country to protect the country. So those are some things to consider and then with regards to medical countermeasures, we need to figure out how we

197

00:43:51.090 --> 00:44:03.990

Daniel "Dr. Dan" Fagbuyi: have therapies, therapeutics, vaccines, these are the equipment and things like that, PPE, that we all need when we're having an emergency response that we need to be responsible for. Next slide please.

198

00:44:05.640 --> 00:44:12.480

Daniel "Dr. Dan" Fagbuyi: So what really happened? I mean when you look at it, the story is still uploading, meaning, we really don't know the full story yet. We have pieces

199

00:44:12.900 --> 00:44:21.000

Daniel "Dr. Dan" Fagbuyi: of the picture together. And then we also have to accept the fact that change is actually constant, so it is a dynamic of change.

200

00:44:21.600 --> 00:44:28.740

Daniel "Dr. Dan" Fagbuyi: That's the only thing that we do know. So we'll tell you, hey, you can drink a glass of wine and it's good for the heart today, the next thing you know

201

00:44:29.130 --> 00:44:36.600

Daniel "Dr. Dan" Fagbuyi: six months to a year later, we'll tell you that, actually, maybe two glasses is good for you, or actually, no glasses are good for you.

202

00:44:37.080 --> 00:44:46.710

Daniel "Dr. Dan" Fagbuyi: So that's just the dynamic of change of science and we have to understand that and we have to be better messengers of telling people that this is going to change and people should also be

203

00:44:47.520 --> 00:45:05.550

Daniel "Dr. Dan" Fagbuyi: more understanding of being able to adapt to that change. So what's next? Well, we we have our favorite friend, as of now, or what we call the king with the crown that has really been terrorizing our lives, the COVID virus. And that's it in the in the picture here. Next slide please.

204

00:45:08.100 --> 00:45:20.850

Daniel "Dr. Dan" Fagbuyi: So what's ground zero and beyond? What do we experience? So from the emergency standpoint, as a frontliner, we saw surge, a great surge in patients' volumes. Physicians with their nurses,

205

00:45:21.960 --> 00:45:35.130

Daniel "Dr. Dan" Fagbuyi: our ancillary staff, housekeeping, I mean everybody, all hands were on deck trying to respond to this. And this is nothing new, from the emergency standpoint, but for other clinicians and for a whole hospital-wide

206

00:45:36.000 --> 00:45:50.130

Daniel "Dr. Dan" Fagbuyi: approach, it did it did shake the system. So how did we start up? Meaning, how did we get the supplies? So they're usually what we call the four Ss of surging, where have to have staff. That's one. You have to have supplies, and you have to have

207

00:45:50.940 --> 00:45:59.040

Daniel "Dr. Dan" Fagbuyi: space to be able to put people in and move things around but also, you have to have what we call it the other stuff which are

208

00:45:59.310 --> 00:46:05.910

Daniel "Dr. Dan" Fagbuyi: other intangibles that you might not know about, or PPE and things like that, or that you think that may be necessary for the response.

209

00:46:06.390 --> 00:46:15.960

Daniel "Dr. Dan" Fagbuyi: What was that impact? Well, we also had an impact on mental health with lockdowns and no lockdowns, just even the stress of going through the process, people worrying about their

210

00:46:16.200 --> 00:46:22.470

Daniel "Dr. Dan" Fagbuyi: jobs and things like that. So that was an impact. There was also the whole issue with regards to mask no mask and when

211

00:46:22.860 --> 00:46:30.180

Daniel "Dr. Dan" Fagbuyi: and who's not masking and all that, and it became a political thing. So those were some of the things we had to deal with. And then we had to really

212

00:46:30.480 --> 00:46:35.280

Daniel "Dr. Dan" Fagbuyi: maximize and get our medical countermeasure of how we get the vaccines to be able to

213

00:46:35.850 --> 00:46:48.450

Daniel "Dr. Dan" Fagbuyi: help thwart and interdict this whole process of death and dying and illness. And we saw a lot of people died, and a lot of people have died and still are, and we're only as strong as our

214

00:46:48.990 --> 00:46:58.290

Daniel "Dr. Dan" Fagbuyi: weakest link, and that could be a neighboring country, a neighboring state, your neighbor down the street. So all of us have to be on onboard. Next slide please.

215

00:47:03.690 --> 00:47:09.870

Daniel "Dr. Dan" Fagbuyi: So who are the influencers? What's the issue? We did see a lot of misinformation, disinformation.

216

00:47:11.250 --> 00:47:22.200

Daniel "Dr. Dan" Fagbuyi: So we didn't know which way to go, and you get your auntie and uncle on Whatsapp giving you a call and saying hey, this is what I saw, look, did you see this video?

217

00:47:22.650 --> 00:47:33.120

Daniel "Dr. Dan" Fagbuyi: And you know these are some of the challenges we have to deal with between looking at other social media, from the Facebook, YouTube, Twitter, Clubhouse any number of

218

00:47:35.040 --> 00:47:45.690

Daniel "Dr. Dan" Fagbuyi: social media outlets that people have used. So there was a lot of things along misinformation, fake news, propaganda, all those things that one had to really deal with and figure out. Next slide.

219

00:47:50.640 --> 00:47:57.960

Daniel "Dr. Dan" Fagbuyi: So figuring out who those messengers are and finding the trusted resources, has been an issue and yours truly and

220

00:47:58.560 --> 00:48:10.140

Daniel "Dr. Dan" Fagbuyi: a good number of others on this call and in the community are doing the hard work of trying to engage our different populations and having discussions. As you see on the slide, this was actually

221

00:48:10.590 --> 00:48:17.340

Daniel "Dr. Dan" Fagbuyi: an excerpt in Bloomberg in which myself and other colleagues were featured, where we were talking about, you know, us combating myths

222

00:48:17.670 --> 00:48:27.240

Daniel "Dr. Dan" Fagbuyi: and disinformation, misinformation on social media apps and addressing that. So that was one of the issues, I think. The other picture is showing Mariah Carey

223

00:48:27.480 --> 00:48:38.640

Daniel "Dr. Dan" Fagbuyi: receiving a vaccine, so influencers also have to be a part of the solution, so they are not part of the problem. But you want to make sure that it's the right influencer, right, that actually believes in the stuff

224

00:48:39.030 --> 00:48:51.060

Daniel "Dr. Dan" Fagbuyi: and understands what the message is, and also that they are culturally competent messages and ethnically competent so that it actually is going to the right messenger. You don't want

225

00:48:52.260 --> 00:48:59.340

Daniel "Dr. Dan" Fagbuyi: someone who's not from the community, or understands the community, giving you that message. It probably will fall on deaf ears.

226

00:49:00.090 --> 00:49:10.350

Daniel "Dr. Dan" Fagbuyi: But if it's somebody who you can relate to or somebody you look up to, you can get that message out there. So there are many things. And using different outlets, an example, also in this

227

00:49:11.160 --> 00:49:20.040

Daniel "Dr. Dan" Fagbuyi: caption is that using hip hop and music and engaging those communities are another way to reach this generation. Next slide please.

228

00:49:22.230 --> 00:49:29.880

Daniel "Dr. Dan" Fagbuyi: So this was just a testimonial. So call it Can I get a Witness? This is one of the highlights within the article that I mentioned

229

00:49:31.410 --> 00:49:39.630

Daniel "Dr. Dan" Fagbuyi: where a patient, as listed as 38 out of Dallas, Texas, she came into one of the rooms we had in Clubhouse and we were having a discussion,

230

00:49:40.050 --> 00:49:47.100

Daniel "Dr. Dan" Fagbuyi: over thousands of people in the room, we're talking about it and just, you know, just basically demystifying the information.

231

00:49:47.430 --> 00:49:55.920

Daniel "Dr. Dan" Fagbuyi: And that impact goes a long way. We get these DMS and information and get these calls all the time from people who actually made a decision

232

00:49:56.220 --> 00:50:04.500

Daniel "Dr. Dan" Fagbuyi: to either get vaccinated or their relative did based on our discussion and dialogue. People really want to engage. They want to just have a conversation.

233

00:50:04.770 --> 00:50:11.790

Daniel "Dr. Dan" Fagbuyi: It's really one on one. It almost reminds me of the military, guerrilla warfare, where you have to kind of go tactically into each room,

234

00:50:12.120 --> 00:50:27.030

Daniel "Dr. Dan" Fagbuyi: and in this case it's actually meeting people where they are and going to actually identify what their needs

are and listening. So it's not all about just talking. Listen to where they are and find out what their fear is or what their fears are.

235

00:50:28.080 --> 00:50:28.710

Daniel "Dr. Dan" Fagbuyi: Next slide please.

236

00:50:31.290 --> 00:50:38.190

Daniel "Dr. Dan" Fagbuyi: So, moving forward, how do we get this done? The most important thing is really engagement in education and how we talk about these things.

237

00:50:38.610 --> 00:50:49.200

Daniel "Dr. Dan" Fagbuyi: So we have to really build some sustainable public-private partnerships. So it's great that we're all here now, but the question is, are we going to keep these relationships?

238

00:50:49.860 --> 00:50:57.180

Daniel "Dr. Dan" Fagbuyi: How do we build and how do we partner, how do we get out of our silos and share that information with one another? So that

239

00:50:57.750 --> 00:51:04.230

Daniel "Dr. Dan" Fagbuyi: the next time we have some event like this, God forbid, but it will happen so it's not something that we're not aware of,

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00:51:04.950 --> 00:51:11.730

Daniel "Dr. Dan" Fagbuyi: even for some of the things that we currently do for flu, influenza season, and other things that

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00:51:12.150 --> 00:51:21.720

Daniel "Dr. Dan" Fagbuyi: may affect our different communities, how we band together how we share those resources. It is not during a disaster, during a pandemic, that you're now finding

242

00:51:22.020 --> 00:51:28.140

Daniel "Dr. Dan" Fagbuyi: each other and looking up, who is your person in your area that you can share information with or get information from.

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00:51:28.500 --> 00:51:36.090

Daniel "Dr. Dan" Fagbuyi: These are the now. From the grassroots level we build those relationships and magnify those over a period of time and keep it consistent.

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00:51:36.300 --> 00:51:43.260

Daniel "Dr. Dan" Fagbuyi: And that goes same thing for the government also with regards to funding. We have to sustain the program. It's not just we throw money at the program right now

245

00:51:43.500 --> 00:51:52.380

Daniel "Dr. Dan" Fagbuyi: and say, okay well that's over, now we keep it moving and we forget. We have to sustain these programs. And leveraging that trusted messenger,

246

00:51:52.890 --> 00:52:04.650

Daniel "Dr. Dan" Fagbuyi: making sure that again that is culturally competent. I think, also doing the work before which you all have done you put all your hours wonderful stories that many stories on here

247

00:52:05.040 --> 00:52:13.320

Daniel "Dr. Dan" Fagbuyi: about how people have connected with the community. But it's also what we do after and how we keep those communities protected.

248

00:52:13.770 --> 00:52:20.010

Daniel "Dr. Dan" Fagbuyi: And I did mention breaking the silos but transparency, accountability, and action. Racism is a public health issue.

249

00:52:20.370 --> 00:52:36.000

Daniel "Dr. Dan" Fagbuyi: And we need to get beyond that and we need to address it. So how you part of the solution, not part of the problem? What is your role? And what are you doing? That's what we need to be a part of and do something about it. And this is Dr. Dan. I believe I'm done. Next slide.

250

00:52:40.380 --> 00:52:40.710

Daniel "Dr. Dan" Fagbuyi: So.

251

00:52:41.940 --> 00:52:48.270

Daniel "Dr. Dan" Fagbuyi: This is the part where we transition. Okay, so we're going to go into the conversation. We'll have questions, so I'm sure questions are pouring through.

252

00:52:48.630 --> 00:52:56.760

Daniel "Dr. Dan" Fagbuyi: I'm going to introduce some of my colleagues here who are the panelists, wonderful experts who are on the panel. And so I'll just.

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00:52:57.270 --> 00:53:04.140

Daniel "Dr. Dan" Fagbuyi: introduce them briefly and they can tell you some more about themselves, but please take time to look into their bios. They are really

254

00:53:04.680 --> 00:53:11.850

Daniel "Dr. Dan" Fagbuyi: influencers and impacting on what's going on in our nation and in our community. So first of all,

255

00:53:12.750 --> 00:53:21.600

Daniel "Dr. Dan" Fagbuyi: I'm glad that they're here, so thank you all for being here. I will start off by introducing Dr. David Cho. Dr. Cho works for the US FDA.

256

00:53:22.260 --> 00:53:31.290

Daniel "Dr. Dan" Fagbuyi: He's an Associate Director for Preparedness within the Office of the Center for Biologics Evaluation and

257

00:53:31.890 --> 00:53:39.750

Daniel "Dr. Dan" Fagbuyi: Research, which is called CBER. In the military and the government there lots of acronyms, so we always give some acronyms.

258

00:53:40.410 --> 00:53:49.320

Daniel "Dr. Dan" Fagbuyi: So CBER at FDA, and basically he advises potential policies on emerging infectious diseases and threats to the nation.

259

00:53:49.680 --> 00:53:57.810

Daniel "Dr. Dan" Fagbuyi: So we're glad to have him, and he's worked with NIAID and as a long laundry list of accomplishments and accolades. We appreciate him being here.

260

00:53:58.410 --> 00:54:07.440

Daniel "Dr. Dan" Fagbuyi: Mary Anne Foo, who is also the Executive Director and Founder of the Orange County Asian and Pacific Islander Community Alliance,

261

00:54:07.920 --> 00:54:17.820

Daniel "Dr. Dan" Fagbuyi: or OCAPICA, on is also here. And she basically, the organization, I will tell you about, is a nonprofit which has a staff of over 100 people

262

00:54:18.360 --> 00:54:31.140

Daniel "Dr. Dan" Fagbuyi: who actually speak 26 different languages and the program serves over 55,000 community members a year. And they address things such as mental health policy and engagement with youth leadership and development.

263

00:54:31.740 --> 00:54:41.460

Daniel "Dr. Dan" Fagbuyi: So we're glad to have Mary Anne here. Also we have Pedro Martinez, who is a Senior Strategist for Public Health Preparedness Emergency Response under the

264

00:54:42.090 --> 00:54:53.520

Daniel "Dr. Dan" Fagbuyi: health component of UnidosUS. He co-leads the CDC-funded cooperative agreement which addresses racial and ethnic disparities and is focusing on COVID-19.

265

00:54:54.120 --> 00:55:09.270

Daniel "Dr. Dan" Fagbuyi: And last but not least, we have Janice Mathis, Esq. who was appointed the Executive Director of the National Council of Negro Women in 2016 and which was actually founded in 1935.

266

00:55:10.410 --> 00:55:24.060

Daniel "Dr. Dan" Fagbuyi: So it basically is an amalgamation of 200 campuses up to national, and I believe it's 32 national women's organizations, which include

267

00:55:24.870 --> 00:55:34.020

Daniel "Dr. Dan" Fagbuyi: The Links, Alpha Kappa Alpha sorority, I can go on. The list is on there, but we appreciate her being here also discussing policy and

268

00:55:34.500 --> 00:55:47.040

Daniel "Dr. Dan" Fagbuyi: other things as it relates to racial and ethnic minorities in different populations. So with that we can go to the next slide, and I'll start to throw some questions

269

00:55:48.420 --> 00:55:56.070

Daniel "Dr. Dan" Fagbuyi: to our group. You can probably leave the main screen on since I and everybody joined, I want to make sure we have all our speakers. Is everybody here?

270

00:55:58.440 --> 00:56:07.980

Daniel "Dr. Dan" Fagbuyi: All right, please un-mic. So I'll just throw out some first questions then I guess, so we can start to have this discussion. And the audience, you can engage too by

271

00:56:08.370 --> 00:56:19.770

Daniel "Dr. Dan" Fagbuyi: putting some questions out there. The plan is, we'll go through some questions round robin with the experts on stage, and then we will dive into some of the questions that you may have.

272

00:56:20.970 --> 00:56:25.290

Daniel "Dr. Dan" Fagbuyi: We want it to be a useful for you in the community and how we may better

273

00:56:26.190 --> 00:56:32.610

Daniel "Dr. Dan" Fagbuyi: our communities all together. So one of the first things I think is is important in the context of what you all have the seen,

274

00:56:33.150 --> 00:56:45.480

Daniel "Dr. Dan" Fagbuyi: we've had some challenges with regards, to you know, engaging certain populations, and this is for any of my colleagues here, I will direct some questions, but I think this is for

275

00:56:46.320 --> 00:56:56.520

Daniel "Dr. Dan" Fagbuyi: the colleagues on the stage to kind of just opine over it. What are some of the challenges you've seen with regards to actually just, you know, vaccination,

276

00:56:57.090 --> 00:57:07.350

Daniel "Dr. Dan" Fagbuyi: vaccination in general, and with the COVID vaccine? So it's, you know, an A and B question, but what are some of the challenges you've seen, and what can change that?

277

00:57:09.030 --> 00:57:10.020

Janice Mathis: Dr. Dan.

278

00:57:10.260 --> 00:57:13.050

Janice Mathis: This is Janice Mathis from NCNW.

279

00:57:13.080 --> 00:57:22.410

Janice Mathis: You actually identified some of them, you know the disparities themselves create a sense of

280

00:57:23.310 --> 00:57:37.680

Janice Mathis: lack of dignity and respect with regard to the health care system, and so people feel that it's not really a place that is welcoming and open to them, and so we need to build trustworthiness among providers and make sure it's part of

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00:57:39.150 --> 00:57:54.750

Janice Mathis: the curriculum that doctors study, and everybody in the system. So that's part of it, but then you get down to very basic things like transportation. And then you mentioned disinformation about how segmented our media habits are now.

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00:57:56.340 --> 00:58:06.210

Janice Mathis: So that was when I was a kid I had a TV in my room, but my parents were next door and they knew everything that was on the TV. These kids have grown up with their own iPhones

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00:58:06.570 --> 00:58:11.220

Janice Mathis: and their own Facebook accounts from the very beginning of their lives. They don't know anything different.

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00:58:11.790 --> 00:58:21.030

Janice Mathis: And they tend to self isolate in Clubhouse and IG and in groups that they join, and they get a steady stream

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00:58:21.570 --> 00:58:30.630

Janice Mathis: of targeted disinformation and they don't really have the tools to discern, well, is this a credible source? Is this somebody I should be listening to?

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00:58:31.080 --> 00:58:41.340

Janice Mathis: And so, those of us who have had a little bit more experience have to in some instances directly confront the purveyors of, I'm not talking about just misinformation, you made that distinction too

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00:58:42.240 --> 00:58:59.580

Janice Mathis: between misinformation and disinformation, and begin to hold Silicon Valley responsible for curating or at least hearing our complaints about bad actors. So I'll stop because if you can tell, this is a passion, I can go on and on, but I won't right now.

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00:59:02.070 --> 00:59:07.980

Daniel "Dr. Dan" Fagbuyi: I appreciate that. That was that was great. Mary Anne, any thoughts on that?

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00:59:08.130 --> 00:59:17.220

Mary Anne Foo: Yes, thanks so much. I think everything you said, Dr. Dan, before I totally agree with, and those are the key issues. Some of the things that we saw were,

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00:59:18.090 --> 00:59:28.560

Mary Anne Foo: for example, limited English proficient seniors or low wage workers really had a hard time accessing the app, the mobile apps to be able to make appointments.

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00:59:28.980 --> 00:59:45.600

Mary Anne Foo: And so what we did is we partnered with our county and they helped us to organize mobile pods and we worked with our federally qualified health centers as well as organized mobile pods in the senior housing. We targeted ethnic markets and

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00:59:47.280 --> 00:59:54.840

Mary Anne Foo: delivery programs or sewing, manufacturing, or nail salons. And we were able to hold mobile pods

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00:59:55.590 --> 01:00:03.720

Mary Anne Foo: or get community members into federally qualified health centers in order to do the vaccinations in language. And that was a key issue, was

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01:00:04.380 --> 01:00:13.110

Mary Anne Foo: to kind of bypass the app and do everything as soon as they got there and entered and all the information to into the state system or the county system

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01:00:13.470 --> 01:00:21.720

Mary Anne Foo: so that seniors and low wage workers who didn't speak English well didn't have to go through that, didn't have to figure out the mobile app and how to make appointments.

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01:00:22.470 --> 01:00:25.830

Mary Anne Foo: And I think that was a key issue. We talked about transportation.

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01:00:26.460 --> 01:00:33.180

Mary Anne Foo: We worked with different partners to provide transportation and then we would go out to them to churches and temples and

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01:00:33.510 --> 01:00:40.770

Mary Anne Foo: grocery stores and other small businesses, and I think that was key, was the language barriers that we needed to overcome and figure out.

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01:00:41.220 --> 01:00:57.300

Mary Anne Foo: And then working in partnership with our county, being able to get the vaccine earlier for those high risk areas of the areas that had the highest positivity rates and be able to just go into any place where we could find Community members.

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01:00:58.590 --> 01:01:05.850

Daniel "Dr. Dan" Fagbuyi: Wow, that's awesome, very impactful. I hope people are taking notes on so you can understand all these wonderful gems that

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01:01:06.390 --> 01:01:18.900

Daniel "Dr. Dan" Fagbuyi: our speakers are sharing and their experiences, because you don't have to sometimes reinvent the wheel. You can use some of these as lessons learned. So Pedro, any thoughts on this? What are you doing and what have you been seeing?

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01:01:20.400 --> 01:01:23.490

Pedro Martinez: Thank you so much, Dr. Dan. It's a pleasure to be here and

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01:01:23.910 --> 01:01:30.120

Pedro Martinez: you know, I appreciate our fellow panelists who have raised similar concerns that we've observed here at UnidosUS

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01:01:30.390 --> 01:01:39.630

Pedro Martinez: through our affiliate network and listening at the ground level to our folks who are doing the work at the ground as well as their national campaigns. But I wanted to revisit

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01:01:40.050 --> 01:01:46.680

Pedro Martinez: a little bit more around the misinformation and what we're doing today at UnidosUS to address that.

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01:01:47.100 --> 01:01:54.870

Pedro Martinez: With funding support from the CDC, UnidosUS has kicked off a digital, social, and radio advertising campaign that helps

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01:01:55.110 --> 01:02:03.570

Pedro Martinez: make Latino millennials and Gen Z-ers aware of the power and the responsibility that comes with spreading social media based information.

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01:02:04.140 --> 01:02:12.030

Pedro Martinez: And given their ability to easily navigate both cultures, they tend to be big influencers within their multi generational households.

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01:02:12.450 --> 01:02:21.300

Pedro Martinez: But many times they're not aware of this influence or power, so we will let them know that, that regardless of the number of followers that they have,

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01:02:21.570 --> 01:02:33.000

Pedro Martinez: they too are powerful influencers and information spreaders among those they love and who trust them. So that is how we can address misinformation is through each of our

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01:02:33.690 --> 01:02:40.980

Pedro Martinez: each of our influencers, each of us who has that power, that voice, we understand where those trusted sources are

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01:02:41.610 --> 01:02:48.930

Pedro Martinez: so that we can connect our family members and friends to those sources. But I think one area that you mentioned, also was active listening.

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01:02:49.230 --> 01:02:59.700

Pedro Martinez: We should be able to listen to what those concerns are so that we can address them and then route people appropriately to those trusted sources. So I just wanted to bring that front and Center as well.

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01:03:01.680 --> 01:03:10.410

Daniel "Dr. Dan" Fagbuyi: Yeah. Thank you very much. That highlights some of the things we've been wondering about. I wanted to, since we have

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01:03:11.640 --> 01:03:18.990

Daniel "Dr. Dan" Fagbuyi: some areas that I've definitely seen some problems and concerns, I'm going to ask David while we have him here.

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01:03:19.800 --> 01:03:30.000

Daniel "Dr. Dan" Fagbuyi: David, so you know, one of the things I did see were a lot of people with regards to these myths, and they were concerned about the vaccines that, oh, it was done so fast.

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01:03:30.510 --> 01:03:38.700

Daniel "Dr. Dan" Fagbuyi: And you know, it's going to magnetize me, and so many different myths and stories which we'll get into. But from your perspective,

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01:03:39.240 --> 01:03:52.530

Daniel "Dr. Dan" Fagbuyi: as a federal official and working as the number two at CBER and running the show over there, what was your view on this, and how can you better explain it to our community stakeholders to

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01:03:53.550 --> 01:04:01.410

Daniel "Dr. Dan" Fagbuyi: be able to improve their confidence in this stuff? And even some of the challenges you may have faced when you were probably hearing about that, did you hear about that?

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01:04:03.180 --> 01:04:06.900

David Cho: Well, yes, I think that those are great points and I think that really.

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01:04:07.770 --> 01:04:16.740

David Cho: it's so important really for groups and meetings like this to be able to relay the type information that is the true information, not the misinformation, that is out there.

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01:04:17.280 --> 01:04:24.870

David Cho: But yes, this is something where I think the first thing to sort of relay, and as many persons probably have heard generally, some of the key points

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01:04:25.500 --> 01:04:29.430

David Cho: from different federal officials is how we were prepared

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01:04:30.180 --> 01:04:40.620

David Cho: to actually handle this to some degree, meaning so much research has gone into looking at past coronaviruses when the SARS outbreak, the MERS outbreak had occurred, that there was enough basic

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01:04:41.430 --> 01:04:52.680

David Cho: information there for groups like NIH to really react to this very quickly. And then really the government response, really putting so many resources towards

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01:04:53.190 --> 01:05:03.270

David Cho: vaccine development is really why we were able to actually expedite the process and without cutting corners on any of the safety or efficacy. If you actually look

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01:05:03.570 --> 01:05:13.020

David Cho: at the way that this was done, a lot of this was done in a way of not necessarily cutting corners, but simultaneously looking at both

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01:05:13.650 --> 01:05:27.300

David Cho: mass manufacturing of the vaccine, as well as clinical development of the vaccine. So, if you look at the data and everything that's in there, Phase 1, 2, 3 trials, the number of volunteers, the wonderful volunteers are involved

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01:05:28.080 --> 01:05:33.120

David Cho: with it, matches the amount of volunteers that are normally involved in regular

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01:05:33.840 --> 01:05:46.680

David Cho: licensed trials, and so it was just done very much in that way, a strategic way with many resources devoted to to this too. And having actually personally seen the data, seen the demographics

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01:05:47.400 --> 01:06:04.560

David Cho: of the clinical trials and actually seen the immense conversation and scrutiny really by not just our agency, but by the whole Operation Warp Speed program that people have heard about, the firms themselves, which are the dedicated

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01:06:06.240 --> 01:06:14.220

David Cho: the dedication towards the development, really, I think you know all of that really came to fruition in terms of how well everything moves so smoothly.

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01:06:14.940 --> 01:06:21.870

David Cho: We are, even myself, I'm so grateful and thankful of the high level of efficacy. I don't think any of us could really predicted

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01:06:22.140 --> 01:06:36.750

David Cho: how amazing these vaccines would be and continue to be. Actually, the current data continues to show that there was a high level efficacy even towards the variants, even the delta variants that we are hearing of, overall. And so that development was quite,

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01:06:37.860 --> 01:06:45.120

David Cho: quite important. And like I said, the demographics, one of the key things I wanted to bring up, too, and the misinformation of

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01:06:45.540 --> 01:06:52.230

David Cho: the fear of the vaccine, among especially the different communities, the elderly and different races or so like that. There was a

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01:06:52.860 --> 01:07:07.590

David Cho: concerted effort and, if you look at the data, of making sure that the demographics are well represented. And so each of the three largest use authorized vaccines, I'm talking about Pfizer and Moderna and

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01:07:08.790 --> 01:07:14.310

David Cho: Johnson & Johnson, Janssen vaccine that are authorized within the United States, actually if you look at that,

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01:07:14.790 --> 01:07:22.950

David Cho: there were close to 10% of the actual volunteers, the grateful volunteers that signed up for those trials, were of African American descent.

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01:07:23.190 --> 01:07:31.950

David Cho: We had close to, I'm looking at the numbers now here, we had about at least 15, 20%, actually 20% or greater for Latino population, there are two, and

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01:07:32.250 --> 01:07:40.290

David Cho: at least about 20% in elderly above, age 65, so we knew the key demographics, as those trials were going on. And so

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01:07:40.860 --> 01:07:52.110

David Cho: there was a lot of concerted effort to make sure that these were safe and effective vaccines for all populations within the US, and so it was just an incredible number of resources.

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01:07:53.190 --> 01:08:00.210

David Cho: Thankful, a lot of gracious blessings and luck with the vaccine being so effective as we went through, but just a really concerted effort.

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01:08:00.690 --> 01:08:17.460

David Cho: But I would like to say, too, regarding this topic, I'm sorry for talking so long, but personally, actually in that sense, I think the the federal government, federal persons like myself, leaders like myself, have gone out and really tried to express how we were able to make this happen.

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01:08:20.340 --> 01:08:32.730

David Cho: Sometimes I feel like, at this point, the persons who have heard our message from the federal level that see this FDA sign above me have heard it and have actually received the vaccine, to some extent.

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01:08:33.300 --> 01:08:41.400

David Cho: But it's so important now actually that it does come to that one on one that Dr. Dan talked about, that the rest of the people who are hesitant,

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01:08:41.670 --> 01:08:51.150

David Cho: it does come from the community, now reaching out to their local community, and I see that personally on my level, too. You know, the church I attend,

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01:08:51.930 --> 01:08:59.250

David Cho: they don't really see me as the FDA guy. They see me as David, but they actually understand that, you know, I have that background and that way.

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01:08:59.550 --> 01:09:07.830

David Cho: But the real way that I'm able to touch them is actually as David, not as the FDA guy. I'm able to talk to them, one on one, and try to reassure them.

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01:09:08.490 --> 01:09:19.290

David Cho: They know me and my personal life, so they see aspects of things that are in common with them, that bring them more benefit. And my church being more of a minority

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01:09:19.740 --> 01:09:26.220

David Cho: church, too, it's really benefited from such programs like Mary Anne had mentioned the outreach of the churches,

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01:09:26.820 --> 01:09:32.640

David Cho: especially the the confusion, the beginning with the computer and how to register,

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01:09:33.360 --> 01:09:40.020

David Cho: being able to help them one on one, to be able to do that for seniors and others who are not able to understand the English language as well.

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01:09:40.320 --> 01:09:47.370

David Cho: And sometimes they just need a ride to these mass vaccination centers, right? And so just to be able to provide that. And so

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01:09:47.730 --> 01:09:56.970

David Cho: I really think that anything that I can say at this point is tripled by, quadrupled by the community here, what everyone else can do out there. That's really

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01:09:57.300 --> 01:10:07.980

David Cho: the most important thing at this point, too. So I like I said I so appreciate, be able to join this and really applaud everyone out there who are all part of this because we are all doing this together.

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01:10:08.820 --> 01:10:14.250

Daniel "Dr. Dan" Fagbuyi: Wonderful David. I appreciate that and I echo all what you said, especially

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01:10:14.550 --> 01:10:23.370

Daniel "Dr. Dan" Fagbuyi: appreciating our wonderful partners or who joined the call because they are doing the Herculean effort. They're the ones on lifting up the population and doing

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01:10:24.270 --> 01:10:30.270

Daniel "Dr. Dan" Fagbuyi: all that work and it's where the rubber meets the road. But I'm going to segue, and I thank you for bringing that up.

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01:10:30.720 --> 01:10:45.660

Daniel "Dr. Dan" Fagbuyi: So that was the Fed perspective, but what does the community doing? So what is the role of the community leader? What are the roles of the community stakeholders? Those who are on this call, how do they engage? And what role do they play in

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01:10:47.130 --> 01:11:01.020

Daniel "Dr. Dan" Fagbuyi: fostering vaccine equity among different populations and in the community and how it can become successful? So I'll throw that to Pedro, you want to tackle that, and then Maryn Anne, and then Janice?

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01:11:02.190 --> 01:11:11.850

Pedro Martinez: Thank you, Dr. Dan. At UnidosUS, we have multiple initiatives that are taking place to address multiple aspects of COVID-19.

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01:11:12.300 --> 01:11:20.130

Pedro Martinez: But the main one is around our Esperanza: Hope for All campaign at UnidosUS, we are extending our vaccine equity efforts and uptake

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01:11:20.430 --> 01:11:27.720

Pedro Martinez: through building our ground game through our affiliate network. As we know, hard to reach populations will trust

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01:11:28.110 --> 01:11:36.930

Pedro Martinez: local voices, and we need to continue to build confidence in the safety and efficacy of vaccines among Latinos and other communities of color.

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01:11:37.260 --> 01:11:50.400

Pedro Martinez: Community based organizations and health centers like our UnidosUS affiliates are trusted members of their communities and they can provide that latest information and social services. And we are offering our

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01:11:51.180 --> 01:11:59.310

Pedro Martinez: affiliate members media training opportunities to advance their media relations skills in order to become those trusted messengers, many of which

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01:11:59.850 --> 01:12:06.840

Pedro Martinez: have been essential in addressing community members' concerns and connecting them to those trusted sources, such as cdc.gov.

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01:12:07.170 --> 01:12:19.140

Pedro Martinez: And we must also engage our school leaders, the faith community, and our youth as messengers and influencers. And we should also encourage our state and local governments to forge new partnerships

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01:12:19.470 --> 01:12:30.570

Pedro Martinez: with community organizations to create, adapt, and disseminate bilingual materials that can reach communities where they are every day, such as the grocery stores, factories, and workplaces.

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01:12:30.900 --> 01:12:37.740

Pedro Martinez: We also have national aspects to our campaign, but I also want to just allow for my other panelists to also contribute.

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01:12:39.060 --> 01:12:49.950

Daniel "Dr. Dan" Fagbuyi: Thank you for that. I appreciate that so much, Pedro. Mary Anne, your thoughts? How do we get the community leaders and the people who are doing the work, how do we

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01:12:50.520 --> 01:13:04.470

Daniel "Dr. Dan" Fagbuyi: foster vaccine equity? How do they continue to do the wonderful work? And for those who just joined and want to be a part of that process, how do they lead and engage the community and foster vaccine equity?

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01:13:06.570 --> 01:13:18.150

Mary Anne Foo: I think that a key way or strategy was partnerships. And we were able to form an Asian and Pacific Islander Task Force, and it's a nine organization

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01:13:19.080 --> 01:13:25.500

Mary Anne Foo: member group Task Force, and we really focused on COVID-19 and health equity.

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01:13:25.950 --> 01:13:34.320

Mary Anne Foo: And the other issue that we did, when we partnered with our county health care agency who were so great, they invested in us for long term sustainability,

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01:13:34.770 --> 01:13:39.000

Mary Anne Foo: local foundations. And so that was number one, and you talked about that, was sustainability.

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01:13:39.780 --> 01:13:48.540

Mary Anne Foo: Building up our capacity, so we knew that as agencies we needed more help, and so we need to engage with other community leaders,

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01:13:49.350 --> 01:13:58.620

Mary Anne Foo: young people, and, you know, business leaders. And so training them as public health advocates, and so we've been doing trainings

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01:13:59.310 --> 01:14:11.730

Mary Anne Foo: to create public health advocates in the community, as well as ethnic media advocates and really training ethnic media and editors about the right information, how to find the data, how to get the information.

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01:14:12.900 --> 01:14:20.430

Mary Anne Foo: We've also been partnering up with national and statewide organizations to really help us with the latest information and to keep on track.

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01:14:20.970 --> 01:14:32.490

Mary Anne Foo: And I think the big strategy that we've done is we've integrated COVID-19 work into comprehensive services. You know, COVID really impacted the community

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01:14:33.150 --> 01:14:45.330

Mary Anne Foo: not just in losing jobs and being afraid about being homeless and losing housing, but what also exacerbated for us is the anti Asian racism that had been occurring, and the scapegoating.

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01:14:45.930 --> 01:14:55.140

Mary Anne Foo: And so we don't just go in and talk about well, you need to get vaccinated or, this is about COVID. We talk about, how are you doing? What's going on in your family?

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01:14:55.650 --> 01:15:06.870

Mary Anne Foo: Did you lose your job? Let us help you navigate EDD resources. Here are some things from FEMA and HUD that we can help you with for rental assistance or rapid rehousing. Do you need food?

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01:15:07.320 --> 01:15:19.710

Mary Anne Foo: What are other things? And that really engages the community and the community leaders to become a big resource hub. Then we talk about COVID-19 exposure, high risk,

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01:15:20.280 --> 01:15:29.370

Mary Anne Foo: how to get vaccinated, how to get tested, and wrap it all into that. And the other issue that we've seen that's been really high is mental health needs.

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01:15:30.000 --> 01:15:42.180

Mary Anne Foo: And so just talking about, you know, the pandemic's really taken a toll on everybody and I'm sure you feel overwhelmed. What can we do to help, you know, with that? And so schools have been reaching out,

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01:15:42.870 --> 01:15:48.870

Mary Anne Foo: community centers, churches, temples, businesses, to really provide a comprehensive view

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01:15:49.620 --> 01:16:01.980

Mary Anne Foo: and resources on how to address all of this. And that's the strategy, I think, that we've really been engaging people. They want not just the COVID information, but they want everything. And that's what's helped us. Thank you.

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01:16:03.030 --> 01:16:12.060

Daniel "Dr. Dan" Fagbuyi: Wow. Thank you. That was very helpful. I hope people are taking notes, because that's important. So you became basically this one hub, this center for everything, you know,

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01:16:12.870 --> 01:16:27.090

Daniel "Dr. Dan" Fagbuyi: where people can just be, that's something I trust, so I'm going here for that information. And that was probably very helpful. I hope that works for other folks. Janice, any thoughts? What's worked for you, and what are you seeing with regards to

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01:16:28.260 --> 01:16:31.650

Daniel "Dr. Dan" Fagbuyi: trying to get the community involved and how would they

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01:16:32.880 --> 01:16:33.090

Daniel "Dr. Dan" Fagbuyi: Would.

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01:16:34.350 --> 01:16:40.710

Janice Mathis: We had a little bit, at NCNW, we had a little bit of a natural advantage because of the way we're organized.

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01:16:41.700 --> 01:17:02.610

Janice Mathis: We are in 32 states with more than 310 sections of NCNW, and another 32 affiliated organizations like the large sororities and the other national women's organizations. So it wasn't a question of whether the the will to want to intervene and raise confidence was there.

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01:17:03.960 --> 01:17:12.180

Janice Mathis: Virtually everybody was trying to make some effort, but to have funding from the CDC gave us a way of coordinating it and measuring it

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01:17:12.780 --> 01:17:23.730

Janice Mathis: and being strategic about how we presented the information. That I think has been the real difference. And we're looking long term, too. somebody mentioned long term planning.

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01:17:25.050 --> 01:17:35.070

Janice Mathis: Immunization coalitions exist all over the country, but very seldom do you find people of communities of color who sit at those tables and have a voice

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01:17:35.490 --> 01:17:42.630

Janice Mathis: in those recommendations that come from those organizations. That's an example of the kind of thing that we're putting into place,

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01:17:43.110 --> 01:17:51.990

Janice Mathis: building bridges, creating opportunities for people to have sustainable long term relationships with health care, and it demystifies it.

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01:17:52.410 --> 01:18:02.250

Janice Mathis: We did a program called Kids Against COVID, where the children received boxes of supplies and instructions on how to do experiments, even

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01:18:02.670 --> 01:18:11.070

Janice Mathis: creating digital thermometers and testing for antibodies. Well, of course, the children are going to tell their parents and their grandparents.

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01:18:11.610 --> 01:18:20.670

Janice Mathis: And the CDC staff was so wonderful about supporting us in that and that's become a model that's being replicated across the country: talk to the children.

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01:18:21.150 --> 01:18:33.420

Janice Mathis: We'll have a Back to School town hall meeting next month, but walking neighborhoods, staking out shopping centers where people come naturally, I think it's very important to integrate it.

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01:18:34.110 --> 01:18:45.300

Janice Mathis: And maybe the most important thing we found is, both through our survey and sort of anecdotally, being patient and allowing people to tell you their story

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01:18:46.050 --> 01:18:55.440

Janice Mathis: and ask thoughtful questions. Oh well, how does that work out? And you know, let them tell it to you, and you can tend to bring people around, but it is

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01:18:55.950 --> 01:19:06.720

Janice Mathis: tedious work and it's going to take a long time. The worst mistake we could make is once the pandemic is controlled, to stop making these connections.

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01:19:08.520 --> 01:19:13.770

Daniel "Dr. Dan" Fagbuyi: A great point, so I echo all what you said, and pretty much what everybody said. I love it.

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01:19:15.000 --> 01:19:17.040

Daniel "Dr. Dan" Fagbuyi: So there's some truth,

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01:19:18.450 --> 01:19:29.820

Daniel "Dr. Dan" Fagbuyi: a lot of truth to all of this, and in the experiences that make it important, and the sustainability piece, I totally agree with, because you know you don't want to just

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01:19:30.390 --> 01:19:34.350

Daniel "Dr. Dan" Fagbuyi: relax the measures. Getting kids involved. Definitely. Kids make an impact.

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01:19:34.860 --> 01:19:45.180

Daniel "Dr. Dan" Fagbuyi: You know, we've seen this time and time over again in different scenarios, for example, the seat belt campaign. It was the kids that really made a difference, when they start calling you out as the parent, as the elder.

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01:19:45.630 --> 01:19:53.760

Daniel "Dr. Dan" Fagbuyi: We were taught to do this, you should do this for safety. Oh, you shouldn't be on the phone while you're driving, you know. Certain things that they, you know, they call us out and

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01:19:54.090 --> 01:20:03.720

Daniel "Dr. Dan" Fagbuyi: make us be accountable, as we talked about that, so I really appreciate that. I wanted to throw it back to David on the issue with regards to, you know,

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01:20:04.440 --> 01:20:15.990

Daniel "Dr. Dan" Fagbuyi: how do we better prepare and get folks involved, also related to vaccine equity? And what I'm getting at is with regards to studies, clinical trials.

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01:20:17.250 --> 01:20:23.100

Daniel "Dr. Dan" Fagbuyi: What's your thoughts on that, David? And maybe we'll throw it to our colleagues also, who may have some input.

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01:20:24.780 --> 01:20:27.000

David Cho: Yeah, now that's a great question and

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01:20:28.410 --> 01:20:38.100

David Cho: I am so proud of really communities that really turned out to be part of those clinical trials, especially minority communities.

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01:20:38.970 --> 01:20:48.060

David Cho: I know that, like I said, it was a concerted effort when we started looking at these clinical trials, over all the the whole Operation Warp Speed program within HHS.

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01:20:48.600 --> 01:20:58.680

David Cho: And there was a specific outreach, extra outreach, within those communities, I think. They reached out to the community leaders there, beyond just

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01:20:59.370 --> 01:21:08.880

David Cho: just the normal doctors that would just open up a clinic. But they really did a lot of research, talked to community leaders about what would be the best way to reach out to those communities.

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01:21:09.180 --> 01:21:17.640

David Cho: I think those clinical sites were not necessarily what you would traditionally see like if you go to a larger hospital, clinical site that's been established for

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01:21:17.910 --> 01:21:23.520

David Cho: many, many years to do trial after trial after trial. You know, some of these were just pop up type of places that they

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01:21:23.820 --> 01:21:33.780

David Cho: really had to go to the community members. But it really is, like what everyone talked about here, is engaging first with the community leaders to make sure that they are approaching,

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01:21:34.710 --> 01:21:48.630

David Cho: really even requesting and asking for volunteers the right way. And so it really started off from there, and really opened up that way. One of the things, just for full transparency really, too, is that when

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01:21:49.530 --> 01:21:53.940

David Cho: The trials were started out, as you can imagine, the clinical trials that were well established

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01:21:54.360 --> 01:22:04.050

David Cho: filled up very quickly and it was, quite honestly, it was more minority deficient at that point. There wasn't as many Latinos, African Americans, even elderly.

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01:22:04.350 --> 01:22:12.480

David Cho: Even though they were the ones starting out, the elderly were struggling to be part of these trials. And so there was that concerted effort to reach out

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01:22:13.590 --> 01:22:22.950

David Cho: to the communities involved, go to those sites to get the volunteers. And so I think going forward the lesson learned definitely is that

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01:22:23.820 --> 01:22:28.500

David Cho: you know, we have to continue to have good relationships with community leaders to make sure that we understand,

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01:22:28.830 --> 01:22:37.590

David Cho: where the struggles are so that some of the beginning next time, let's all pray that there isn't a next time with for in our lifetime here with something like this,

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01:22:38.040 --> 01:22:45.510

David Cho: but if there is something where there is a need to reach out, that right from the beginning we're able to get involvement from all the communities, especially the

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01:22:46.290 --> 01:22:51.990

David Cho: the minority communities that really are the ones that are suffering the most from these types of diseases and so

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01:22:52.620 --> 01:23:04.560

David Cho: I think that that's where the lessons learned was about this time. But I can assure that these trials did involve a large amount of the minority population, because that was such an important part of

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01:23:05.040 --> 01:23:19.770

David Cho: of seeking that, too. Dr. Dan, I don't want to go off script too much, but I did see a question within the Q&A about EUAs versus the licensure and so maybe I'll take a quick minute to answer that if that's okay?

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01:23:20.040 --> 01:23:31.290

David Cho: So I think one of the things with misinformation is, they were talking about, people know what FDA approved means. FDA approved means the licensure of a vaccine. And so

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01:23:32.100 --> 01:23:39.630

David Cho: that that kind of raises concerns of, why was this done so quickly? And it's not licensed vaccines, it's just EUA, or emergency use authorized.

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01:23:40.110 --> 01:23:47.280

David Cho: And so it is true, it is not a licensed vaccine just yet, but one of the important things, like I said when we were looking at these clinical trials

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01:23:47.550 --> 01:23:55.380

David Cho: as they were set up, was that we wanted to make sure that this was a vaccine that's going to go out to everybody in the world, everywhere in the US.

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01:23:55.710 --> 01:24:02.100

David Cho: And so we want to make sure that we had quality data that was equivalent to what we would see for licensure, at least clinically.

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01:24:02.520 --> 01:24:07.920

David Cho: And so, when you do a clinical trial for a phase three clinical trial for licensure,

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01:24:08.340 --> 01:24:16.920

David Cho: you are looking at a population of at least 30,000 plus volunteers. That's the normal way and the normal numbers that we look at for licensure.

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01:24:17.340 --> 01:24:23.280

David Cho: We actually did that exact same criteria for the EUA, so clinically

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01:24:23.760 --> 01:24:31.920

David Cho: we were able to do the exact same type of clinical trials, like I said, just faster, because we were doing it simultaneously. Right after what phase one was done, we went straight to phase two.

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01:24:32.730 --> 01:24:37.680

David Cho: But of volunteers, plus the

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01:24:38.400 --> 01:24:46.110

David Cho: demographics, everything involved was very similar, simultaneous with a licensure. The reason why it's not licensed yet

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01:24:46.440 --> 01:24:57.480

David Cho: is that we are continuing to look at more safety data that's coming in. And really what we're seeing and what you're hearing about, sometimes you'll see concerns about the safety signals that have come out.

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01:24:58.200 --> 01:25:06.510

David Cho: And, last week, I think the ACIP-CDC had a had a meeting regarding myocarditis and pericarditis.

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01:25:06.870 --> 01:25:12.930

David Cho: And we saw that there is potential association, but that is so low, very rare still,

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01:25:13.260 --> 01:25:23.880

David Cho: among the younger population. And so we do look at that type of information or safety data, let it go for another few more months here to see what safety data comes in

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01:25:24.210 --> 01:25:33.420

David Cho: before we actually go for go for the licensure, too. And so the companies are all working towards getting these licenses. So that's really the only

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01:25:33.960 --> 01:25:39.150

David Cho: difference here, but I can assure that, in terms of at least the clinical and the safety, efficacy,

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01:25:39.450 --> 01:25:52.920

David Cho: the immunity that went into the decision on the EUA was very, very similar to the BLA. It's just gathering more information to be able to reach that licensure step. So, just wanted to answer that question while I had a chance. Thanks.

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01:25:53.340 --> 01:25:56.070

Daniel "Dr. Dan" Fagbuyi: Thank you very much, David. I appreciate that. That's a

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01:25:56.220 --> 01:26:05.250

Daniel "Dr. Dan" Fagbuyi: great insight and guidance on it, because people have really asked that question. They're like, well, it's not really approved, it's experimental. And you have to go through the whole song and dance and explain.

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01:26:05.670 --> 01:26:20.310

Daniel "Dr. Dan" Fagbuyi: I think you did a wonderful job of it because that's your lane. I appreciate you for that. To my other panelists, so with regards to, you know, clinical trials and vaccine equity, we also have to have

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01:26:21.570 --> 01:26:22.860

Daniel "Dr. Dan" Fagbuyi: a competent

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01:26:24.210 --> 01:26:32.160

Daniel "Dr. Dan" Fagbuyi: How would I say it? We have to make sure that the participants also represent the population, right, by different groups.

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01:26:33.090 --> 01:26:45.720

Daniel "Dr. Dan" Fagbuyi: Have you all been involved in that whole process? Or how do you think we should engage our different communities in ensuring that they are participating in the clinical trials, and understanding

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01:26:46.050 --> 01:26:53.100

Daniel "Dr. Dan" Fagbuyi: How we may have to message that to get them involved? And after we get through this last question will go to the questions in the chat, so please,

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01:26:53.640 --> 01:27:00.570

Daniel "Dr. Dan" Fagbuyi: folks on the line, do not feel we've forgotten about you, We've set aside plenty of time because we're going to go through it with all these wonderful experts.

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01:27:00.870 --> 01:27:14.700

Daniel "Dr. Dan" Fagbuyi: They can give you the insight and guidance. And also we accept comments, because we want to know your thoughts what you're seeing on the ground where the rubber meets the road in your world. So Mary Anne, why don't you start us off with that and maybe Janice after?

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01:27:15.660 --> 01:27:25.290

Mary Anne Foo: Sure. Thank you so much. The clinical trials is a really great question. What we've been doing is, you know, historically communities of color have felt

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01:27:25.650 --> 01:27:33.840

Mary Anne Foo: either used or tested or experimented on, so we've taken quite a few years to build confidence in clinical trials and biospecimen

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01:27:34.230 --> 01:27:44.910

Mary Anne Foo: you know, collections, and by partnering up with our local universities and other national organizations. So we're part of the All of Us program out of NIH.

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01:27:45.330 --> 01:27:56.070

Mary Anne Foo: And what we've done is to really explain how medicines are tested, why it's so important to be a part of clinical trials, what is biospecimen collection,

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01:27:56.550 --> 01:28:07.380

Mary Anne Foo: and build confidence in that. We started a community IRB, as well as we collected our own biospecimens, we collected saliva for example, to build up trust.

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01:28:07.830 --> 01:28:20.040

Mary Anne Foo: And then we biobanked it and partnered. So it's not like instant. It takes a lot of time to really build that trust. And so by training community health navigators, or promotoras,

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01:28:20.460 --> 01:28:27.510

Mary Anne Foo: to really talk about the importance of research, the importance of being involved, the importance of having our communities

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01:28:28.590 --> 01:28:31.350

Mary Anne Foo: be involved in this, or else we're not going to find

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01:28:32.700 --> 01:28:39.270

Mary Anne Foo: vaccines or other health care interventions if they're going to really work with us. So we give that history of

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01:28:39.720 --> 01:28:49.380

Mary Anne Foo: you know, that many of the medications are tested on non people of color and that's why it's so important. It is really challenging, but I think the more people we train

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01:28:49.710 --> 01:28:55.170

Mary Anne Foo: about promoting it and being champions around clinical trials, the easier it's been for us.

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01:28:55.530 --> 01:29:04.950

Mary Anne Foo: But what we appreciate, is that, you know, local universities look at health equity and they're very inclusive of US and other communities of color in their work.

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01:29:05.310 --> 01:29:17.580

Mary Anne Foo: And they do it in an equitable way where we get enough resources to be able to train and build that confidence, as well as to do biobanking that can help with clinical trials.

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01:29:19.260 --> 01:29:20.250

Daniel "Dr. Dan" Fagbuyi: Awesome. Thank you.

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01:29:21.330 --> 01:29:21.780

Daniel "Dr. Dan" Fagbuyi: Janice?

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01:29:23.160 --> 01:29:34.890

Janice Mathis: Thank you, Dr. Dan. Like Mary Anne, NCNW has been involved with All of Us, through our partners with Delta Sigma Theta, the Delta Research and Education Foundation.

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01:29:35.370 --> 01:29:45.900

Janice Mathis: And we've set up fairs and clinics and webinars all over the country for several years now, and we're beginning to see it bear fruit.

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01:29:46.290 --> 01:29:59.430

Janice Mathis: Because, you know, some of these rumors and disinformation are based on the fact that there is not sufficient evidence to absolutely rule out, for example, something like autism

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01:29:59.940 --> 01:30:08.640

Janice Mathis: associated with vaccines, that we need more studies so that there's no doubt. You slam the door on the disinformation.

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01:30:10.410 --> 01:30:16.650

Janice Mathis: I think that we're making slow and steady progress in that direction in terms of being able to

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01:30:17.670 --> 01:30:26.190

Janice Mathis: get people, it was really gratifying with the COVID vaccines, because, clearly, if you looked at the data that was coming out there were

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01:30:26.670 --> 01:30:41.190

Janice Mathis: large numbers of African Americans in particular involved in the trials. And so that was reassuring to people. That pretty much put that question to bed put, that question to rest. Of course there was still many others that we're confronting.

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01:30:42.510 --> 01:30:57.750

Daniel "Dr. Dan" Fagbuyi: Of course, and duly noted. Thank you for that. Pedro, anything to add here with regards to clinical trials, or maybe how you all are engaging your different populations with regards to being involved in that process?

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01:30:58.530 --> 01:31:08.550

Pedro Martinez: Thank you, Dr Dan. At UnidosUS, we're also part of the All of Us research program, where our affiliates work to help our communities understand the importance

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01:31:08.940 --> 01:31:25.830

Pedro Martinez: of participating participating in research and clinical trials. We've also hosted webinars, Facebook Live events, and we're working with the NIH CEAL Alliance, which is working with 22 research teams and CBOs to address COVID. And we also have our affiliate network, among those we have FQHCs

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01:31:27.150 --> 01:31:38.190

Pedro Martinez: who would be able to, I would say, solicit support or participation, so there are multiple opportunities for us to continuously be engaged

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01:31:38.820 --> 01:31:48.240

Pedro Martinez: and to bring the resources and just also help improve health literacy, understanding of what's the purpose of trials, that process,

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01:31:48.630 --> 01:31:59.490

Pedro Martinez: and what are the benefits and the pros and the cons and so forth. So those are just some of the areas where we have done work, and we're looking forward to increasing our capacity around that as well.

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01:32:00.690 --> 01:32:12.120

Daniel "Dr. Dan" Fagbuyi: Awesome, awesome. So we'll get ready to get into the Q&A, and just for the last round robin, we want individual stories. So what is your personal experience?

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01:32:12.810 --> 01:32:23.880

Daniel "Dr. Dan" Fagbuyi: Everybody, and David, you may not be able to comment, I mean under the Fed guidance, you will probably just give us your individual perspective. But for all of us,

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01:32:25.230 --> 01:32:38.250

Daniel "Dr. Dan" Fagbuyi: what is your individual experience with regards to the vaccines and the uptake in the community? And any barriers, challenges that you all have faced? And any success stories?

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01:32:39.480 --> 01:32:39.960

Daniel "Dr. Dan" Fagbuyi: Personal.

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01:32:41.910 --> 01:32:43.050

Daniel "Dr. Dan" Fagbuyi: Who wants to tackle that first?

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01:32:44.940 --> 01:32:45.810

Janice Mathis: Well, I will.

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01:32:46.050 --> 01:32:46.440

Daniel "Dr. Dan" Fagbuyi: Go ahead.

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01:32:46.830 --> 01:32:53.880

Janice Mathis: I personally trolled my grocery stores and drug stores near the beginning of the pandemic in March

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01:32:54.390 --> 01:33:03.180

Janice Mathis: of 2020: When are you going to get the vaccine? Is the vaccine coming? It was testing at that point. Because I just felt

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01:33:04.140 --> 01:33:15.870

Janice Mathis: I live in a mostly Black community. It's not impoverished, but mostly black, and I wanted to make sure that there was adequate access. And I personally, my

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01:33:16.890 --> 01:33:31.500

Janice Mathis: treating physician is at an FQHC, just because I believe in the idea of it. I've been around them all of my adult life, some of my friends were docs at FQHC centers back down in Athens, Georgia. And so

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01:33:32.820 --> 01:33:45.750

Janice Mathis: to provide universal access to basic healthcare is something that I believe in very strongly, but when we started to see that the vaccines were coming, and there were more testing opportunities, it was gratifying.

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01:33:46.980 --> 01:33:51.570

Janice Mathis: I have had conversations with family members and friends who were quite reticent.

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01:33:52.830 --> 01:34:00.570

Janice Mathis: About half the time they changed their minds, but you can't make anybody change their minds. All you can do is suggest and offer your own perspective.

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01:34:02.640 --> 01:34:04.200

Daniel "Dr. Dan" Fagbuyi: Thank you, thank you so much, Janice.

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01:34:06.210 --> 01:34:11.400

David Cho: And I'll answer to that. It really is a personal perspective, like I said,

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01:34:12.540 --> 01:34:19.020

David Cho: especially like relatives, my church friends, or so like that, just friends in general,

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01:34:20.160 --> 01:34:28.890

David Cho: it's like I said, I have to take the sign off, maybe I should take the wallpaper off, because really it's more coming from that personal perspective. I've got calls from

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01:34:29.190 --> 01:34:41.190

David Cho: so many you know, relatives and friends, that I hadn't heard from in a while, right? So when this pandemic started and they reached out to me, for you know, thinking that I might know something about the science and the vaccine.

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01:34:42.060 --> 01:34:48.570

David Cho: And, you know, if I start spouting off facts of what I did at work, that doesn't really come through. What it really is, is that personally

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01:34:48.840 --> 01:35:00.390

David Cho: talking to them, one on one, and since I know them well, if it's a friend or a relative, their situation, and really talking about what their fears are and then really addressing it that way.

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01:35:01.260 --> 01:35:09.330

David Cho: And you know I don't know if I'm gonna be 100% successful with that, but they are very grateful and thankful when I do reach out to them

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01:35:09.720 --> 01:35:15.150

David Cho: and talk to them in terms of have that personal level, and that sense. And and I think that

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01:35:15.750 --> 01:35:31.290

David Cho: that's really the way that we just have to approach it. I love the slides that were brought up earlier talking about peer to peer, one to one. It really comes down to that and reaching in that manner, too. And then I had mentioned like for our church that we

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01:35:32.310 --> 01:35:39.450

David Cho: had done some of the vaccination bringing people to vaccination clinics and things like that. But that also started out

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01:35:40.110 --> 01:35:50.220

David Cho: by trying to build trust with the community more. And so we had food drives and things like that, that started off in our community, when the pandemic started, that we wanted to reach out to them for.

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01:35:50.490 --> 01:35:55.200

David Cho: And then that starts to build up that trust, and those one on one questions would come about.

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01:35:55.980 --> 01:36:03.600

David Cho: And then at one point, we actually were able to give out vaccines actually from our church site, so people didn't have to travel to the mass clinics. And so

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01:36:04.170 --> 01:36:12.120

David Cho: all of that, and even then, when they come to there, they had questions. And so having somebody there, myself or others, there to answer those questions,

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01:36:12.480 --> 01:36:21.150

David Cho: one on one, on a personal level, is such an important thing. And I think that's where we're at right now, and we've always been sort of there, but especially there right now.

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01:36:21.480 --> 01:36:38.820

David Cho: And the importance of having a community leaders and people in the community just being able to reach out and just talk to others, just person on person really, to talk about their experiences, that's really

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01:36:40.080 --> 01:36:41.970

David Cho: the most effective way.

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01:36:42.060 --> 01:36:45.990

Daniel "Dr. Dan" Fagbuyi: Thank you very much, David. I appreciate you taking off the FDA hat for a second there. I appreciate it.

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01:36:48.030 --> 01:36:48.690

Daniel "Dr. Dan" Fagbuyi: Mary Anne,

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01:36:48.900 --> 01:36:53.580

Daniel "Dr. Dan" Fagbuyi: what are you seeing, and the personal story in your community?

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01:36:54.930 --> 01:37:13.740

Mary Anne Foo: I think, well, I have a personal story. When they started to allow vaccinations for 12 and up, we were first in line for my youngest son who's 13, and I posted on social media, you know, you can get it now, anyone 12 and over.

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01:37:14.790 --> 01:37:26.730

Mary Anne Foo: And one of my friends contacted me and said, why would you do that to your son? You don't know the effects. You don't know what you're doing. What's going on, and why? I don't understand. Don't get mad at me for saying this, but why?

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01:37:27.270 --> 01:37:35.130

Mary Anne Foo: And what was great was my son spoke up and said, you know, I wanted it. I don't want to be afraid anymore. I want to be able to go to school.

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01:37:35.460 --> 01:37:41.580

Mary Anne Foo: I want to be able to go to baseball. I don't want to have to always be afraid. I'll continue wearing a mask,

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01:37:42.390 --> 01:37:58.050

Mary Anne Foo: but I don't want to be afraid. And that's really helped because what we've seen is more young people speak out about why they got it or why they wanted to, and also the posting on social media, families. Our entire family is now vaccinated.

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01:37:59.460 --> 01:38:04.500

Mary Anne Foo: One of the things that we did, too, is that we finally got to see my mother in Hawaii

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01:38:04.800 --> 01:38:14.850

Mary Anne Foo: because our entire family was vaccinated. And to be able to show a photo of her hugging her grandson after a year was really, really, I think, key.

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01:38:15.150 --> 01:38:23.550

Mary Anne Foo: And I think those postings of families, of people saying we finally get to see each other, I finally can go to see my mom at the senior center now,

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01:38:23.880 --> 01:38:29.850

Mary Anne Foo: or at assisted living, I think those are really touching and I think they do influence others

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01:38:30.270 --> 01:38:42.720

Mary Anne Foo: and influence your peers. And so I really highly recommend all of the people who've been promoting it online and through social media and having pride of getting vaccinated. I think that's helped other people who are iffy.

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01:38:45.180 --> 01:38:47.040

Daniel "Dr. Dan" Fagbuyi: Awesome, awesome. Thank you very much

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01:38:47.040 --> 01:38:53.460

Daniel "Dr. Dan" Fagbuyi: for sharing that. Pedro, show's on you. What you got? What is your story from the community? Personal!

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01:38:55.080 --> 01:39:05.100

Pedro Martinez: Got it. You know, as a as a first generation born Latino, my family has leaned on me to be a translator of sorts

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01:39:05.400 --> 01:39:13.650

Pedro Martinez: and also a navigator. From a young age, I remember being an advocate for my mother, or for my grandparents when they would go to medical visits,

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01:39:14.550 --> 01:39:32.940

Pedro Martinez: also, in just translating government forms and what information was needed. So I find myself always being in this role where I help my family process and understand the systems that are available and the resources that are available, and COVID was no different.

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01:39:33.960 --> 01:39:42.960

Pedro Martinez: As a trained epidemiologist and, you know, a public health professional, my colleagues, my coworkers, my friends, people from

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01:39:43.560 --> 01:39:48.240

Pedro Martinez: various walks of life that I've encountered, people came through the woodwork like you said,

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01:39:48.900 --> 01:40:00.330

Pedro Martinez: Dr. Dan, just other folks just asking for advice, and asking me for friends who are looking to become pregnant or who are breastfeeding and so forth, asking is this safe?

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01:40:00.780 --> 01:40:13.590

Pedro Martinez: Should I get a vaccine? And, for me, what really drove it home is, unfortunately, I experienced loss during COVID. My father passed away and I had to come back home to California to spend time

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01:40:13.980 --> 01:40:25.830

Pedro Martinez: and going through all the hoops to be able to feel safe, so that I can see my family, and I live in a multi generational household where my grandmother, who is 94 years old, is our

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01:40:26.280 --> 01:40:33.780

Pedro Martinez: our oldest living relative along with my mother, with my sister, and my partner as well, so

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01:40:34.530 --> 01:40:46.980

Pedro Martinez: it's been important for me to bring those resources to explain how the vaccine works and how it doesn't work to address the concerns that they've heard from their friends,

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01:40:47.310 --> 01:40:59.040

Pedro Martinez: as well, and just understanding of how science, how it's an iterative process. Having those dinner conversation really went a long way to address their concerns. And as soon as

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01:40:59.370 --> 01:41:08.310

Pedro Martinez: we had a vaccine available for my grandmother, she was one of the first people that we definitely connected to, and then my mother and then me, and my sister.

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01:41:08.520 --> 01:41:12.570

Pedro Martinez: And my sister also, she's an individual who has several developmental disabilities, and so

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01:41:12.900 --> 01:41:22.860

Pedro Martinez: I had to be her advocate and connect her to the resources and share with her the information that she can understand, so that I can motivate her to also go out there

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01:41:23.100 --> 01:41:30.600

Pedro Martinez: and pursue receiving a vaccine. And I'm the one that scheduled all the appointments for my family and a couple of reschedules, too.

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01:41:30.990 --> 01:41:42.900

Pedro Martinez: So it's just taking the time to listen in to connect with my family and then also be an advocate for others and connect them to the resources. That's the only way

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01:41:43.650 --> 01:41:47.730

Pedro Martinez: that we can truly get out of this is by having those one on one conversations

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01:41:48.060 --> 01:41:58.770

Pedro Martinez: and addressing those concerns and helping them, helping our family members and friends move past that so that we can hug our family members, so that we can take my grandmother to see the family,

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01:41:58.980 --> 01:42:11.490

Pedro Martinez: where the family would love to see her because she's our oldest family relative. So those are all little things that we've been able to do to sort of feel like we've regained our lives or a sense of normalcy.

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01:42:12.210 --> 01:42:21.210

Pedro Martinez: So I definitely encourage all of us to have those conversations with their families and be that resource, so that we can help others be connected to those vaccines.

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01:42:23.040 --> 01:42:38.760

Daniel "Dr. Dan" Fagbuyi: Awesome, awesome. Thank you for sharing that, and I'm sorry for your loss. And for all of us who are on the call and those listening, who may have lost loved ones, somehow, some way, COVID has impacted or all of us. Thank you for sharing.

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01:42:39.870 --> 01:42:44.880

Daniel "Dr. Dan" Fagbuyi: your personal story and being vulnerable with us here, and for everyone who shared their personal story.

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01:42:45.810 --> 01:43:00.450

Daniel "Dr. Dan" Fagbuyi: We'll get to the Q&A, but I'll share a little segment of my own personal story, which I think is important to

understand that everybody needs to know their Why. My Why was for my parents, they're older, they're 80, and for my children.

562

01:43:01.620 --> 01:43:13.950

Daniel "Dr. Dan" Fagbuyi: And since I support them, I want to make sure that I'm around, so I also took the vaccine and made sure that they were all secure even before they could see their grandkids. So I relate to that story very much.

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01:43:15.000 --> 01:43:27.930

Daniel "Dr. Dan" Fagbuyi: And I lost some some loved ones overseas. And I think it's had a toll on all of us and it's about that storytelling but making it personal and the listening, so I think

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01:43:28.320 --> 01:43:36.540

Daniel "Dr. Dan" Fagbuyi: You have all heard some things. I hope people are capturing that, and if there's some stories, they can share with us, too. So without further ado,

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01:43:37.380 --> 01:43:48.030

Daniel "Dr. Dan" Fagbuyi: after that, that was lot, that was heavy, but I hope that was useful for everyone, and I appreciate your sharing. So for the panelists, we're going to go through Q&A so Joynetta, if you can

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01:43:48.120 --> 01:43:49.680

Daniel "Dr. Dan" Fagbuyi: cue us up with that and we'll continue.

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01:43:53.100 --> 01:43:53.430

Joynetta Kelly: Yes.

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01:44:14.010 --> 01:44:15.090

Joynetta Kelly: Absolutely. (audio disrupted.)

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01:44:18.300 --> 01:44:19.440

Daniel "Dr. Dan" Fagbuyi: Your audio is going in and out a little bit. Can you all hear Joynetta?

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01:44:19.500 --> 01:44:21.720

Joynetta Kelly: Okay, can you hear me now?

571

01:44:23.460 --> 01:44:23.820

Joynetta Kelly: Can you hear me?

572

01:44:25.980 --> 01:44:29.640

Daniel "Dr. Dan" Fagbuyi: I can hear you on my end. Audience, I mean our panelists, if you can unmute

573

01:44:30.930 --> 01:44:33.450

Daniel "Dr. Dan" Fagbuyi: or just give us a thumbs up if you can hear Joynetta.

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01:44:38.010 --> 01:44:45.150

Joynetta Kelly: Okay, all right. well I'll just keep talking and if a colleague need to pick up the question, they can.

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01:44:48.570 --> 01:44:54.120

Joynetta Kelly: So the question (audio disrupted)

576

01:44:56.070 --> 01:44:57.750

Joynetta Kelly: (audio disrupted)

577

01:45:02.490 --> 01:45:08.670

Daniel "Dr. Dan" Fagbuyi: Joynetta, we can't really hear you that well. It may be best if you typed the question, or maybe

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01:45:09.690 --> 01:45:11.730

Daniel "Dr. Dan" Fagbuyi: we can back channel the question and then

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01:45:13.170 --> 01:45:24.000

Daniel "Dr. Dan" Fagbuyi: we'll announce it until you get to a better place. The reception, literally, it's sounding very robotic, and nobody's hearing the question. I think you mentioned something about barbershops, so we're trying to cue up the question.

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01:45:24.540 --> 01:45:25.530

Joynetta Kelly: Yeah. What about now?

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01:45:25.800 --> 01:45:31.290

Joynetta Kelly: OK, I turned my camera off. My computer is very temperamental with the camera.

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01:45:31.590 --> 01:45:33.720

Daniel "Dr. Dan" Fagbuyi: Alright, so without the camera we can imagine.

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01:45:34.290 --> 01:45:48.480

Joynetta Kelly: Yes, okay good. So the barbershops. How do barbershops become involved in outreach when it comes to educating technicians, and actually finding clinical partners to do on site vaccinations?

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01:45:50.310 --> 01:45:57.870

Daniel "Dr. Dan" Fagbuyi: Alright, any one of our panelists want to take that? Just unmute, feel free. I think we're all family here so somebody wants to just unmute.

585

01:46:03.450 --> 01:46:14.370

Mary Anne Foo: I think I'm going to talk about beauty salons and nail salons, I think, which are, would be similar. I know Barber shops are a gathering place. So are the beauty shops and nail salons.

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01:46:14.850 --> 01:46:20.310

Mary Anne Foo: And some of the things that our partners have done is to really train the nail salon technicians, or the beauty shop

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01:46:21.900 --> 01:46:28.560

Mary Anne Foo: employees around the importance of health, and not just COVID, but all healthcare. And many times,

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01:46:29.700 --> 01:46:37.200

Mary Anne Foo: for us, nail salon workers feel targeted at times, because I think in California, I think one of the first

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01:46:37.770 --> 01:46:47.190

Mary Anne Foo: statements that was made is that it got spread through beauty and nail salons. So they had really, really tried to give back and really educated themselves.

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01:46:47.580 --> 01:47:02.460

Mary Anne Foo: Many of the nail salons donated all the PPE back that they have, with the masks and gloves, to really support our health workers. But it was that training of nail salon technicians, beauty salon workers through beauty schools,

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01:47:03.510 --> 01:47:08.430

Mary Anne Foo: and then partnering up with the federally qualified health centers were key, and the county,

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01:47:08.970 --> 01:47:24.360

Mary Anne Foo: to bring in where people, low wage workers could get vaccinated on site, you know, or in a community center near the heart of where all the beauty salons or nail salons were. And I think it's that partnership that's key.

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01:47:27.990 --> 01:47:36.210

Joynetta Kelly: Thank you, Mary Anne. And Dr. Dan, I know that you have done some work with barbershops. Would you like to talk a little bit about that?

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01:47:37.350 --> 01:47:49.710

Daniel "Dr. Dan" Fagbuyi: Sure. So it's been on the surface. It's really, to what Mary Anne mentioned, the point is engaging them and the partnerships. So being a conduit,

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01:47:51.090 --> 01:48:00.240

Daniel "Dr. Dan" Fagbuyi: being a medical professional, just kind of like, okay, so what's the appetite? What's the need? Identifying that, okay, there's misinformation,

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01:48:00.840 --> 01:48:08.820

Daniel "Dr. Dan" Fagbuyi: or they don't have access to care. Or I don't have insurance, so I wasn't able to get it. I just went to this doctor and made them take care of me. These are the stories.

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01:48:09.630 --> 01:48:17.040

Daniel "Dr. Dan" Fagbuyi: Okay, well, why don't we get you in with the Federal Qualified Health Center, or maybe I'll refer you to a friend

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01:48:17.790 --> 01:48:30.600

Daniel "Dr. Dan" Fagbuyi: or a primary care clinic that you know does these things for free, and you can get a screening. So that's where the conversation starts, and then you start to identify what are the other problems. Or even while getting a haircut, even though I don't,

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01:48:32.070 --> 01:48:34.380

Daniel "Dr. Dan" Fagbuyi: you know, I have my wonderful Afro here,

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01:48:36.360 --> 01:48:45.120

Daniel "Dr. Dan" Fagbuyi: I shaved myself, but you know when I take my son to the barbershop you hear the dialogues and the story about oh, this corona, this, that, that, that. And

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01:48:45.510 --> 01:48:57.000

Daniel "Dr. Dan" Fagbuyi: we start to engage in the conversation and explain those things, so I think it's the again, one on one, it is the partnership. And from what Mary Anne as done in

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01:48:57.420 --> 01:49:04.620

Daniel "Dr. Dan" Fagbuyi: her setting, I think it's same thing that can be that is reproducible, definitely. And it's something that I've

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01:49:05.160 --> 01:49:12.990

Daniel "Dr. Dan" Fagbuyi: been a part of where we've actually had a coalition of barbershops that are part of other organizations, where we just kind of partnered, like,

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01:49:13.320 --> 01:49:19.800

Daniel "Dr. Dan" Fagbuyi: okay, we're going to do this health screening for you all on this day and we'll come out to the barbershop and you might give them

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01:49:20.160 --> 01:49:27.960

Daniel "Dr. Dan" Fagbuyi: free haircuts or a discounted haircut. It's just kind of partnering that way, and those things kind of work. So getting to know them, identify the need,

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01:49:28.830 --> 01:49:38.280

Daniel "Dr. Dan" Fagbuyi: finding the healthcare person or a group or agency that you can connect them with be a Department of Health, state, local department or Federally Qualified Healthcare Center

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01:49:38.610 --> 01:49:47.220

Daniel "Dr. Dan" Fagbuyi: to be part of that process, and in many different groups, shout out to many of the other community groups that are doing something similar. I'm done speaking.

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01:49:49.170 --> 01:49:51.090

Joynetta Kelly: Thank you for that. Another really

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01:49:52.380 --> 01:50:02.370

Joynetta Kelly: popular question that has come through the chat is about black people seeming to have moved from being hesitant to resistant about the vaccine.

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01:50:02.730 --> 01:50:22.860

Joynetta Kelly: How do you address this and bring trusted messengers in to help engage or you know, in addition to trusted messengers, what else can be done to educate black communities and address the the social issues, the historical context of why

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01:50:24.150 --> 01:50:28.290

Joynetta Kelly: they have a right to not trust the medical professionals and the government?

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01:50:29.460 --> 01:50:30.360

Janice Mathis: I think that

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01:50:31.410 --> 01:50:44.040

Janice Mathis: if you look at the data that we're seeing from our surveys, it's not just that black folk are becoming more resistant. I think that may be a little bit of an oversimplification. What we're seeing is

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01:50:44.700 --> 01:50:55.410

Janice Mathis: among the over 65 year old age group, within weeks of the vaccine being offered, 80%, it was common to see an 80% rate of vaccination.

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01:50:56.310 --> 01:51:06.120

Janice Mathis: Well, that reduced the size of the unvaccinated population, but what was left was younger people who felt that they were not vulnerable to the virus.

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01:51:06.870 --> 01:51:18.660

Janice Mathis: I remember July the fourth people just partied like it was 1999. They felt that they were young and strong and healthy, some of them, and did not require that kind of protection.

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01:51:19.200 --> 01:51:25.080

Janice Mathis: So now what you're seeing is that residue, now there's a greater understanding, we believe,

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01:51:25.530 --> 01:51:34.080

Janice Mathis: that, no matter what age you are, you can be vulnerable and if you're not vulnerable, you could transmit it to someone even if you were asymptomatic.

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01:51:34.890 --> 01:51:43.890

Janice Mathis: And it is in that cohort that is, you're talking about 18 to 30 basically, 18 to 26 or 27, that

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01:51:44.550 --> 01:51:52.680

Janice Mathis: believe that they have a lifestyle and physical strength that protects them from COVID. And then it's mixed in with some

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01:51:53.430 --> 01:52:06.090

Janice Mathis: ideological and political beliefs, too, about just resistance to government in any form. You look at George Floyd, and I don't want to politicize all of that, but

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01:52:06.780 --> 01:52:21.930

Janice Mathis: if I am a skeptic about policing, I will also be skeptical about healthcare. The skepticism tends to bleed over from one part of our lives to others. So you have to rethink what can you do about it. Meet them where they are,

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01:52:22.950 --> 01:52:35.190

Janice Mathis: be sensitive, open up avenues of communication that you might, Instagram and some of the media that you might not otherwise engage in. And the small group discussions

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01:52:35.670 --> 01:52:42.150

Janice Mathis: where people can be free to say what they really think are some of the techniques that we're trying and seem to be successful.

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01:52:46.230 --> 01:52:49.830

Daniel "Dr. Dan" Fagbuyi: Yeah. Great point, Janice. Does anybody else want to chime in on that?

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01:52:51.960 --> 01:52:58.830

Daniel "Dr. Dan" Fagbuyi: Well, I definitely wanted to add to that. Meeting them where they're at is key, I think.

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01:52:59.730 --> 01:53:13.830

Daniel "Dr. Dan" Fagbuyi: Let us also acknowledge that there are a good number, so for this point at this point in time, the ones who are going to take the vaccine, after the data and after all that information, have already signed up and received it.

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01:53:14.910 --> 01:53:23.520

Daniel "Dr. Dan" Fagbuyi: I think the ones that were on the fence have already received it. I think this is falling into the group that's pretty much dug their heels in

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01:53:24.300 --> 01:53:34.230

Daniel "Dr. Dan" Fagbuyi: But that doesn't mean that all hope is lost, and that doesn't mean giving up. It just means, let's acknowledge that, while we may want to change the digits from the

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01:53:35.400 --> 01:53:43.740

Daniel "Dr. Dan" Fagbuyi: 20% that's dug in their heels and drop that number significantly, we might only get to single digits. But it takes that personal conversation

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01:53:44.370 --> 01:53:54.450

Daniel "Dr. Dan" Fagbuyi: and understanding where they are with that to be able to get there. And yeah, so I think, with that, it's to acknowledge that there is some resistance, no doubt.

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01:53:55.830 --> 01:54:04.050

Daniel "Dr. Dan" Fagbuyi: But it takes a village, but it also takes that village's individual leadership, i.e., you all, the community, us,

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01:54:05.070 --> 01:54:17.880

Daniel "Dr. Dan" Fagbuyi: in engaging those and then even leveraging the trusted messenger. But those personal stories about all the ones that the panel has just mentioned are a very powerful message, but I think that's where the key is. I'm done speaking.

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01:54:18.990 --> 01:54:25.410

Janice Mathis: I will add that our youth and young adult, we formed a youth and young adults standing committee, nationally based.

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01:54:26.340 --> 01:54:43.140

Janice Mathis: And so it's more peer to peer. You're talking more to people that you would socialize with at any rate, and I think that makes a difference. We're testing right now to see what does move the

needle. So have us back in another six weeks or so, and maybe we can give you more insight.

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01:54:45.660 --> 01:54:46.650

Daniel "Dr. Dan" Fagbuyi: Loving it, loving it. Jonetta, next?

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01:54:48.660 --> 01:55:01.500

Joynetta Kelly: Thank you Dr. Dan and Janice. And just to add to that with the young groups, I know that there are so many conspiracy theories, like the zombie apocalypse and mark of the beast and I hear that, from my own nephew.

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01:55:02.550 --> 01:55:12.240

Joynetta Kelly: That is definitely something, Ms. Janice, we'd love to hear about it a couple of weeks after you work more in that area. But I want to transition a little bit to,

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01:55:13.170 --> 01:55:23.730

Joynetta Kelly: you know, once we, let's say, you know, get the good folks out to get a vaccination and they present other issues like homelessness or mental health issues or

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01:55:24.840 --> 01:55:33.450

Joynetta Kelly: different services that they might need, how do you connect community members who are getting vaccinations to those services so that

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01:55:33.720 --> 01:55:51.810

Joynetta Kelly: they can live a sustainable life so that, when the next pandemic, or when the next traumatic event rolls around, they will not be at the bottom of the barrel again and having to deal with chronic illnesses and homelessness and all the other issues that put them at greater risk?

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01:55:56.850 --> 01:56:07.620

Janice Mathis: Well, I will offer a story from our own experience. One of our Maryland members happens to also be in charge of social services for the county where she lives.

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01:56:08.190 --> 01:56:17.970

Janice Mathis: And so we met with her, we talked, and brainstormed, and came up with the idea that we would serve the homeless community and the foster children in that county

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01:56:18.660 --> 01:56:28.980

Janice Mathis: with counseling and rides and whatever they might need. So I think that's something that is going to be replicated. We're starting to see that in other jurisdictions as well.

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01:56:35.130 --> 01:56:36.660

Daniel "Dr. Dan" Fagbuyi: Mary Anne?

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01:56:39.600 --> 01:56:45.870

Mary Anne Foo: For homeless, one of the strategies we've utilized is working through the schools.

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01:56:46.620 --> 01:56:57.450

Mary Anne Foo: All of the schools have identified McKinney-Vento Act young people, which are the youth who are considered homeless. And we've been able to work through them

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01:56:57.750 --> 01:57:07.410

Mary Anne Foo: to get the kids vaccinated and their families vaccinated. Also going in our area, we have a lot of people who live in overcrowded conditions or live in motels,

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01:57:08.220 --> 01:57:17.040

Mary Anne Foo: as well as on the streets, and really reaching out, you know, to the motels, to the folks who have to keep moving from place to place

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01:57:17.820 --> 01:57:27.630

Mary Anne Foo: and reaching the homeless, you know we've worked with our county and the homeless outreach programs to really be able to go and work with community members.

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01:57:28.320 --> 01:57:36.870

Mary Anne Foo: There's a lot of community members who are not willing to get vaccinated, and so it's that constant, you know, going out and building trust and reaching out to them, that's really

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01:57:37.200 --> 01:57:49.260

Mary Anne Foo: important, and to partner with you know, everybody who is doing services or providing food or shelter or blankets, or anything for community members who are living in the streets.

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01:57:50.370 --> 01:57:54.810

Mary Anne Foo: But really, you can't do it by yourself. Everyone's got to come together.

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01:57:59.190 --> 01:58:00.510

Joynetta Kelly: Thank you. Oh go ahead, Dr. Dan.

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01:58:01.200 --> 01:58:01.650

Daniel "Dr. Dan" Fagbuyi: No, no. It's on you.

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01:58:03.870 --> 01:58:04.200

Joynetta Kelly: Okay.

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01:58:04.770 --> 01:58:05.850

Joynetta Kelly: All right, well um.

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01:58:06.270 --> 01:58:16.830

Joynetta Kelly: Another question that's come through the queue is, I've heard a disturbing comment from public officials about how the nation can,

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01:58:18.390 --> 01:58:18.990

Joynetta Kelly: Sorry.

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01:58:20.430 --> 01:58:32.880

Joynetta Kelly: My screen just froze up. But the question basically asked about receiving, as long as the population hits 70%, they can achieve, we can achieve herd immunity.

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01:58:33.930 --> 01:58:49.380

Joynetta Kelly: And this person wrote about how it's kind of like checking a box without getting or targeting or prioritizing communities of color and the most vulnerable communities. How do we get the government,

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01:58:50.940 --> 01:59:00.450

Joynetta Kelly: local governments, to stand by continuing to vaccinate communities, all communities, and not just reach the 70% box?

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01:59:04.920 --> 01:59:07.500

David Cho: So I think I'll quickly just talk first.

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01:59:08.850 --> 01:59:15.990

David Cho: So I think, you know, the 70% number to me personally, is a great number to try to look for.

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01:59:16.470 --> 01:59:29.370

David Cho: And you always hope it gets higher and higher, of course. But when I do look at the 70%, too, I look at it, as I like to see at least 70% everywhere, every state, every region, every community.

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01:59:29.820 --> 01:59:35.550

David Cho: And so that's the way that really would be most ideal, because if you sort of think about it,

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01:59:35.970 --> 01:59:46.380

David Cho: if you have one state that might have, or one region, that might have almost 100%, but then another region that has 50%, you're going to have that virus circulating much more freely, which in the

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01:59:46.860 --> 01:59:59.700

David Cho: state that doesn't have the higher percentage. And so, then it doesn't really do the nation any good, quite honestly, because we're all still connected and the travel and everything in place, it just keeps the virus being able to continue to move and move.

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02:00:01.530 --> 02:00:09.570

David Cho: What I've sort of seen from, you know, the different communities that reach out, and who we know from federal government wise reaching out,

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02:00:09.990 --> 02:00:21.000

David Cho: I'm actually still seeing like the communities that are struggling to vaccinate continue to reach out and work with the government and try to continue to recharge. So that's a really encouraging sign that they realize that

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02:00:22.140 --> 02:00:29.430

David Cho: it's not just a 70% box to check off, but really it's what's happening within their community. And so I think that that just continues,

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02:00:29.850 --> 02:00:39.480

David Cho: needs to happen and I hope that the government, federal government, doesn't look at it just checking off a box once the nation gets to 70% because that's really not how,

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02:00:40.560 --> 02:00:52.470

David Cho: at least for health officials, that's not really how we look at it. It really should be more, you know, spread throughout, basically and that fashion, because that's really the only way that we're going to be able to control this virus.

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02:00:57.870 --> 02:01:01.440

Joynetta Kelly: Thank you, Dr Cho. This question is directed to Dr. Dan.

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02:01:02.880 --> 02:01:12.210

Joynetta Kelly: Dr. Dan, you mentioned in your presentation about public-private partnerships, instead of people-public-private partnerships. Can you clear up,

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02:01:13.620 --> 02:01:29.790

Joynetta Kelly: you know, the fact that, if we aren't listening to community concerns, information they have, and their needs related to vaccinations, how we could increase vaccination efforts' uptake? And are we planning to work on assumptions that they are being misinformed?

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02:01:31.470 --> 02:01:37.710

Daniel "Dr. Dan" Fagbuyi: Great question, whoever asked about it. When I think a PPP, "public" is people to me.

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02:01:38.850 --> 02:01:52.590

Daniel "Dr. Dan" Fagbuyi: So I don't necessarily distinguish that. You should be informed to who you're trying to engage and you're trying to work with. I mean, that the wonderful moderators up here have all demonstrated how they

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02:01:53.640 --> 02:01:53.970

Daniel "Dr. Dan" Fagbuyi: have

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02:01:55.470 --> 02:02:05.700

Daniel "Dr. Dan" Fagbuyi: basically adopted PPP within their communities in their organizations. And the point is getting the ground truth and the letting that inform

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02:02:06.210 --> 02:02:18.540

Daniel "Dr. Dan" Fagbuyi: your response or finding out what those needs and those resource limitations are, and then merging that up with a private or even governmental partner

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02:02:19.470 --> 02:02:30.600

Daniel "Dr. Dan" Fagbuyi: that can then bring those resources to bear and find some people who can help you execute that, and even engaging the community specifically, actually, maybe even having them

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02:02:31.290 --> 02:02:48.390

Daniel "Dr. Dan" Fagbuyi: be a part of that process in terms of how it is executed. There's so many different strategies, but I don't distinguish that. There are private partners that work well on that help, for example, be it in Maryland we have (indiscernible) but we used to have (indiscernible)

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02:02:49.890 --> 02:02:56.640

Daniel "Dr. Dan" Fagbuyi: and the Maryland Department of Health as part of that. But then there's also agreements, I believe that

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02:02:57.510 --> 02:03:06.420

Daniel "Dr. Dan" Fagbuyi: our indigenous population got with Uber to get rides. So I mean there's so many different ways of looking at it this, not one size fits the box.

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02:03:06.720 --> 02:03:12.780

Daniel "Dr. Dan" Fagbuyi: But the equation, and a formula is there, so you don't have to reinvent the wheel just find what the problem is in your community

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02:03:13.140 --> 02:03:25.050

Daniel "Dr. Dan" Fagbuyi: and how you best address it and trying to bridge that gap. And you may need to engage a private or public partner. But when I use that P, maybe there should be a fourth P, but

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02:03:25.650 --> 02:03:36.120

Daniel "Dr. Dan" Fagbuyi: I'm thinking that it is informed by the people, so we know what they need and you're listening to their response, so that it's a like a cycle. It's not just

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02:03:36.690 --> 02:03:55.170

Daniel "Dr. Dan" Fagbuyi: a linear process and it is not serial. It doesn't go one way. It's bi directional. So understand that they're informing the population or the people you're trying to engage, the end user, and the end users are also informing the people who are helping out with the partners that are

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02:03:56.490 --> 02:04:05.850

Daniel "Dr. Dan" Fagbuyi: engaging them. And so it's a symbiotic relationship, but I guess, this is not just between two people or two groups, so it's like maybe a tribiotic, I don't know

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02:04:06.090 --> 02:04:17.910

Daniel "Dr. Dan" Fagbuyi: if that's actually a word. The bottom line, what I'm trying to say is that it goes back and forth, it's a give and take and we're working together in constant dialogue, constant information sharing and working together. I'm done speaking.

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02:04:19.950 --> 02:04:35.640

Joynetta Kelly: Thank you, Dr Dan., and we're getting to the end of the Q&A portion, but we want to ask one more question that is related to partnerships. And Janice, I think you might be best to address this one. One of the members of the audience asked about non traditional partnerships.

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02:04:36.810 --> 02:04:48.990

Joynetta Kelly: How, and specifically this person asked about using libraries, and what other non traditional partners can be used for engagement? You know a lot of

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02:04:49.500 --> 02:05:03.390

Joynetta Kelly: organizations are really trying to come outside of the box and be creative and and use different approaches. What types of approaches, what types of non traditional partnerships, have you come across in your work?

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02:05:04.650 --> 02:05:17.160

Janice Mathis: Well, our founding partnership was non traditional in one sense. Vaccinate Your Family is one of the foremost organizations in the country, advocating for vaccine uptake and confidence and access.

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02:05:17.730 --> 02:05:29.070

Janice Mathis: And we brought them in as one our very first partners to give us the sort of science background that we needed, the expertise of vaccination, so we think that is unique

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02:05:31.020 --> 02:05:34.920

Janice Mathis: culturally, and we're working very well together. It's turned out to be a great partnership.

698

02:05:36.000 --> 02:05:44.850

Janice Mathis: We know some things about community organizing. Vaccinate Your Family knows a lot about immunizations, not just COVID, but across the lifespan.

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02:05:45.270 --> 02:05:59.580

Janice Mathis: So we've started to learn the lingo from them. They've helped us put together toolkits and playbooks and that sort of resources for our brand new website. That's one type of partnership that has worked well for us, but the other thing that has worked well is

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02:06:00.840 --> 02:06:14.850

Janice Mathis: people are already trying to do this work. When you come in as a national organization and you have resources, you can really amplify what folks are already doing, like going to the county fair and setting up a booth.

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02:06:15.780 --> 02:06:27.150

Janice Mathis: They can be simple things, but also very effective, but if you can make sure they have enough publicity and you pay for the Zoom call if there's a webinar, you can really help the work have more impact.

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02:06:30.420 --> 02:06:33.930

Joynetta Kelly: Thank you so much, Janice. Mary Anne, were you trying to come off mute?

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02:06:35.400 --> 02:06:44.340

Mary Anne Foo: Yeah, I was going to add a non traditional partner that contacted us was the gaming industry, you know, gaming, like the kids' gaming.

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02:06:45.420 --> 02:06:55.290

Mary Anne Foo: And we had a gaming company come and talk to us about COVID-19, the impacts and what they could do, as well as the anti Asian racism.

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02:06:55.620 --> 02:07:03.180

Mary Anne Foo: And so, are our staff, who are all like online video gaming, were saying you know when you develop skins or different

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02:07:03.900 --> 02:07:10.500

Mary Anne Foo: outfits are things that for the folks, that by promoting COVID-19 in that or putting something in that.

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02:07:10.800 --> 02:07:16.680

Mary Anne Foo: But that's reaching all the young people, and I thought that was so creative for this company to approach us, as well as

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02:07:17.010 --> 02:07:31.980

Mary Anne Foo: all of our young staff who are video gamers who knew how to integrate the messages into gaming programs and which games would be the most popular, the online games that we could put in COVID-19 messages.

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02:07:33.900 --> 02:07:46.020

Joynetta Kelly: That is awesome. Talk about being outside of the box. Thanks, Mary Anne, and thanks Janice. Well, unfortunately, we are going to have to wrap up the Q&A portion but, again, as I mentioned at the beginning of

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02:07:46.770 --> 02:08:00.210

Joynetta Kelly: this session, if you have questions, we will answer them, so please send them to our mailbox. It is adultvaxprogram@cdc.gov.

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02:08:00.570 --> 02:08:12.930

Joynetta Kelly: And we're going to turn it over to our fearless leader, Dr. Ram Koppaka, who is the Associate Director of the Adult and Influenza Immunization Division.

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02:08:17.580 --> 02:08:22.500

Ram Koppaka: Thank you very much, Joynetta.. First of all,

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02:08:23.520 --> 02:08:26.970

Ram Koppaka: I'd really like to thank all of our participants for joining us this afternoon.

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02:08:27.420 --> 02:08:36.870

Ram Koppaka: You know, at the peak I was kind of watching the counter on the bottom, and there were nearly 850 people on this call. And I'm so grateful that you chose to spend some time

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02:08:37.470 --> 02:08:45.720

Ram Koppaka: talking with us this afternoon about what it will take to build vaccine confidence in the diverse communities that comprise our nation.

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02:08:46.830 --> 02:08:59.970

Ram Koppaka: On behalf of all of my colleagues at CDC, I'd also like to extend my thanks to Dr. Dan and to the panelists both for your participation today, but even more so for work that you do and the leadership that you've shown

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02:09:01.200 --> 02:09:13.500

Ram Koppaka: over the last year. You know, listening to your perspectives and real world experiences have given us a really tiny window into how specialized and how much of an art this type of work is.

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02:09:13.890 --> 02:09:22.080

Ram Koppaka: By the very nature of our work, many of us at CDC are often a bit removed from the challenges and the realities faced by those

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02:09:22.320 --> 02:09:41.010

Ram Koppaka: doing this kind of work in real communities all over the country and hearing your first hand accounts was truly awe inspiring. Many of you know that CDC is relatively new to this idea of building vaccine confidence through community engagement.

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02:09:42.120 --> 02:09:53.250

Ram Koppaka: About a year ago, when we sought expert advice as to how we could begin to address long standing disparities in adult immunization, we were told very clearly

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02:09:53.970 --> 02:10:02.160

Ram Koppaka: that success in that effort necessarily runs straight through individual communities and that all of these efforts,

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02:10:02.640 --> 02:10:19.170

Ram Koppaka: such as those that we've discussed today, must be sustained over years in order for us to have true impact. We're not

here just as part of a response to the pandemic. We're here for the long haul, and we really want to do this right.

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02:10:20.700 --> 02:10:30.210

Ram Koppaka: You know, as Dr. Walensky noted at the very outset of this afternoon's presentation, our nation's success in stopping the pandemic

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02:10:30.750 --> 02:10:40.020

Ram Koppaka: depends on success our collective success and getting as many people vaccinated as possible. To that, I would only add that success

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02:10:40.620 --> 02:10:49.530

Ram Koppaka: depends in large part on the work that our community partners, many of whom joined us today, have initiated. So on behalf of all of my colleagues

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02:10:50.340 --> 02:10:58.710

Ram Koppaka: at CDC. we thank you, we truly thank you, for the work that you do every day and stand ready to support and facilitate in whatever ways

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02:10:59.100 --> 02:11:09.510

Ram Koppaka: we can. So thank you all very much for joining us, and we look forward to the questions in the comments and continuing to work with you over the coming months. Thanks, all.

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02:11:10.980 --> 02:11:17.670

Joynetta Kelly: Thank you, Dr. Koppaka. Members of the audience, please feel free to stay on for another minute or two

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02:11:18.390 --> 02:11:30.000

Joynetta Kelly: to see responses in the chat boxes and also to see the adult vax program email address again, as well as see a little bit more of the video montage.

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02:11:30.360 --> 02:11:38.940

Joynetta Kelly: But again, thank you so much for being with us here today. You could have been anywhere but you chose to be here, so we value your partnership and

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02:11:39.540 --> 02:11:48.870

Joynetta Kelly: we hope to see you all again very soon. And please don't hesitate to reach out to us if if we can be a further assistance or if we can

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02:11:49.530 --> 02:12:06.780

Joynetta Kelly: help with your community engagement efforts. So again, thank you to all the panelists, thank you to Dr. Walensky, staff, thank you to our team, thank you to Dr. Dan all the panelists. You all have a wonderful week. Enjoy your holiday and be safe. Thank you all.

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02:22:37.230 --> 02:22:46.860

Joynetta Kelly: Thank you all. The montage has ended. Thank you again for attending today, and we hope to speak with you again in the future. Thank you all.