

## **Welcome**

Katie Kaufmann acknowledged one year since declaration of COVID-19 Pandemic.

## **Announcements**

Grace Kyung shared announcements. PPE Campaign is moving to a monthly meeting as our governmental partners direct more attention to vaccine distribution. We will be doing several PPE distributions the week of 3/14. If your agency has any questions on PPE distribution then please contact Cristina Garmendia at [cristina@urbnredux.com](mailto:cristina@urbnredux.com).

For Vaccine Education campaign, in partnership with PrepareSTL, we are launching three opportunities to support vaccine education efforts: a speaker's bureau, community health champions and vaccine education experts. An initial group is trained and ready to go. If you'd like to be part of one of these education efforts, RRT can share the job description. The Speakers Bureau is in partnership with BJC and SSM healthcare providers. If you would like to request a speaker for a meeting you are part of in the near future, reach out to Grace or Serena. The RRT is also planning a Women's Health Panel and Bosnian Panel as a part of the Vaccine Education Panel Series. The Women's Health Panel is scheduled for March 30 at 5pm. The Bosnian Panel the date and time has not been determined yet.

## **Equitable Vaccine Distribution**

Serena Muhammad led a discussion as a continuation of the conversation with the health departments at the February CAN meeting. Health departments shared what they need support for equitable vaccine distribution through them in how their systems are being overwhelmed, barriers to transportation access, and even with transportation that it would be difficult for them to leave their home. Further the vaccine site locations are causing 'vaccine deserts'.

Over the last few weeks, many organizations have offered support and we know the capacity is there within our social service sector. We are missing the centralized coordination system. There is a disconnect between what the state is planning and what is happening in local communities. For access to older adults as an example, older adults have been a part of the prioritization for a while and as new tiers open up it puts more pressure on vaccine eligibility. Reminder that even if a tier is open that a previous tier may not be fully addressed. The state is providing supports for older adults through Area Agency on Aging across the state. As we learn about resources that exist that we know for some populations the state still has not developed a plan and could present an opportunity for us to support.

**For today's meeting, How much do we focus in on promoting resources that exist? And to what point do we stand up and create something different?**

St. Louis County Health Department is the Regional Implementation Team. What they stand up will support St. Louis City and St. Charles County. St. Louis County shared they need support for their call center and what is helpful to link it with existing partners in the region. St. Louis County Library has offered additional support.

Debra Moore shared in the Metro East that they are doing well with mass vaccination site at the Fairgrounds. What made their call center successful was who took responsibility for it. The person who runs the 911 operation set up the call center. When they don't hear from people, they call them and if they get an inquiry then they go into the system and find the person. Walgreens and CVS went to nursing homes and assisted living facilities and vaccinated employees and residents. St. Clair County Transit District provides transportation from individuals at the Metrolink to the Fairgrounds site to either drive-thru or receive the shot inside the building. The emergency services system is involved and it's not only on the health department. The sheriff department and IL state police also help monitor traffic flow. Debra shared to contact her if you'd like a tour of the mass vaccination site.

Rick Skinner shared STL Volunteer Center has posted opportunities to volunteer with the St. Louis County and Jefferson County and Lincoln and Warren County health departments. Scott Walker shared there is a homebound program in St. Louis County. St. Louis County is working with fire department and EMS to go to the homes of homebound individuals to administer the vaccine in their homes.

For the call center, it makes sense to support an existing resource and not set up a different system. The issue at the call center is a staffing issue and waiting to understand how the technology side can link it to other systems. The RRT is considering can we prioritize zip codes based on the burden of covid and connect people to appointments and not only pre-registering individuals, but there needs to be a way to prioritize people. The call centers focus on helping people enroll people into a pre-vaccination site, but each vaccination site has their own enrollment process that creates a waiting list.

With more vaccine availability, we need to work together to better coordinate and prioritize those most at-risk for covid. For example, helping older adults navigate towards registering for a vaccine at BJC (since BJC is focusing on older adults) instead of navigating them to a list to pre-register.

There was a suggestion of having one site to receive information about vaccine registration. St. Louis Regional Health Commission is looking into this in helping people pre-register for vaccines and would like to see how they can help support information from the State to local level. Centralizing the information of vaccinator sites is important too.

Reina shared International Institute and Casa De Salud are doing pop-up events for vaccination for specific target audience where they call the week of the vaccination event to pre-register an individual and then have the appointment the same week during the pop-up. Karen Bradshaw shared those types of events are in partnership with an approved vaccinator, such as, Affinia Healthcare. Hospital systems and FQHC's are thinking of creative ways to support communities that may have lack of access to technology. By April, we should see an increase of vaccine availability with more options which may cause more confusion which then could cause more inequity.

**To summarize, the members agree there does not need to be an additional support number as there are already enough numbers that people have to navigate. There is interest to identify specific groups and connect them to existing appointments.** It does not mean adding capacity of the St. Louis County Call Center. We have the potential of talking specifically to vaccinators and connecting them to specific communities who are eligible and hard to reach.

What are the identified groups that are more invisible, and it would be to map those who are most vulnerable to prioritize. We need to consider who are the trusted relationships to help people get registered and to appointments. Approved vaccinators can choose who to prioritize and Karen Bradshaw may be able to help with it. Hospital systems are focused on age from their list and established patients. It'd be good to establish who is concentrating on which populations.

"Older adults" when we are thinking about equity, hits differently based on the community as life expectancy changes based on the community. So if we are looking strictly on age and no other determining factors then that does not address the equitable distribution we want to get to as a region. Also, needing to considering adults who may not be 65 or older but have comorbidities. The limited access to vaccine up until this time has required prioritization but recognize that this is a difficult decision in the period of scarcity.

Grace is working with Sara Weir at the state in equitable distribution of the vaccine for unhoused individuals. RRT is looking into how groups like homebound are being supported and learn from existing efforts.

If the CAN agreed to the both/and process of prioritization and what does vulnerable populations mean to us. If we were really to prioritize ourselves and focused the time on who needs to get to whom in agreement of who we serve and agreed to that when supply started flowing that we'd be in place to advocate. Yes – that makes sense even to the supply that is available to make sure priority groups have access to it. When we look at vaccinator availability to focus on specific subpopulations then we can focus in on our priority populations. **If folks are interested in giving feedback or input in prioritization reach out to Serena.**

Bethany would offer to agree to the formula, such as, death data by zip code, and then apply that formula to what we know then we better understand the why. **Serena will share the County formula for disparate impact to anyone interested in receiving it.**

As a preview for eviction prevention campaign, we are looking at how to flag families before they hit a crisis point and documenting burden of disease by geography and economic impact that could impact the work for this campaign.

### **CAN Learning Agenda Update**

We are getting closer to launching our Learning Cohorts. We have zeroed in on working with Jessica Wernli to build our capacity for honoring community power and voice and will be working with UMSL's CIAC to get real about using disaggregated data for decision making. We are also exploring a partnership to offer Equity Audits and Equity action plan development & coaching with Beloved Community.

We hope to begin recruiting members for these various topics next month. Is participating in these learning cohorts still something folks want to do and feel like you have time for? What questions do you have about participation?

### **Reflections on the year**

We spent time as a collective reflecting on the last year. There are deep appreciations for you all and the work we've done together and will continue to do.