



## **Equitable COVID-19 Vaccine Distribution: Build It but Will They Come?**

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3:27

I'd like to extend a special acknowledgement and group hug two council members that are with us today. We're very glad to see you.

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I am Stephanie Powers, and I am the Senior Advisor for Public Policy and Partnerships by Title.

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My portfolio at the Council includes our relationships with the White House, and executive branch of the Federal government, and our relationships with other associations in Washington, DC, that have mutual interests of the Foundation sector. So, I'm especially pleased today to welcome our colleague from the National League of Cities, who's with us today, Dr. Robert Blaine.

4:10

Our presenters have a lot to share today, so I'm going to be brief. And I think, I need to turn off my dog.

4:19

Um, we also want to have time to answer your questions, and, also to hear of any of your examples that you'd like to share in the chat box that we can lift up. We know that many of you are trying to address similar issues and challenges in in your own communities.

4:39

Experts say that as much as 90% of the population must be vaccinated to achieve herd immunity, the real immunity to eliminate covid at 19.

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To be clear, our conversation today is not going to spend any time on how to move the needle on vaccination for those who refused the vaccine for political reasons.

5:04

We're digging into the challenges of helping folks who are wary because of fear of the shot, or low trust in government agencies, or importantly, those who do not have traditional health care attachments or easy access to health care. Many of these people are already suffering from the disparities of the impacts of Colgate.

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So, the question for us as philanthropy funders is, can philanthropy help by promoting education and increasing accessibility for these populations?

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I'd like to introduce our presenters today.

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Irfan Hasan, who is the Deputy Vice President for Grants at the New York Community Trust, is here Joe Smyser, who is the CEO of the Public Good Projects.

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I think both of you are in New York City, um, Sachi Yoshii, who is the Vice President of Strategy and External Relations at the East Bay Community Foundation in Oakland, California.

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And Dr. Faith Polkey is Chief Clinical Officer, Beaufort Jasper Hampton, Comprehensive Health Services, Inc, which is a community health center and Dr. Robert Blaine, who is Senior Executive and Director at the Institute for Youth Education Families at the National League of Cities.

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So, let's hear, first, what our philanthropy peers are doing to foster partnerships with community, trust of community organizations, and or local government.

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Health agencies responsible for vaccine distribution, and then following that, Dr. Blaine will round things out by sharing the goals and strategies that are elected officials, their members, and what challenges they're encountering, and hopefully, he'll tell us a little bit, give us some ideas about the potential areas for collaboration with foundations to get people vaccinated in communities.

7:09

So, I thought I'm going to turn to you to get us started.

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And just remind people, if you have questions or comments, anything you'd like to share, please post it in the chat are fun.

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Great. Thank you, Stephanie.

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Several of you know May, that may know the Trust, but for those of you who don't, wear the Community Foundation for New York City's five boroughs, our counties as the rest of the country refer to them.

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And without to affiliate, the Westchester Community Foundation and the Long Island Community Foundation recover an additional Curry County rest Chester Nafo and Suffolk, with about \$3 billion in assets, just short of being about 100 years old because made \$265 million in grants to 5000 non-profits last year.

8:01

That's it.

8:02

Many of us felt a sign of collective relief when the first curve at 19 vaccine in the United States was administered to Sandra Lyndsey, an ICU nurse in Queens, New York, last December.

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It seemed like we had finally turned a corner.

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But the unfortunate truth is, five months since that critical injection, we face several hurdles to getting past the pandemic and reaching much short herd immunity levels that will allow us to be in the same critical room, not just guru.

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That's the community foundation for the largest metropolitan area in the country.

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A region that was the pandemic epicenter in the early months.

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We knew we had to respond, just as we did, after the attack for September 11th, after the economic meltdown in 2008, 2009, and Hurricane Sandy nine years ago.

9:00

And given that the trusted, hosted and manage, the NYC corvid 19 response an Impact Fund, a multi funder collaborative, that made close to \$110 million in emergency relief grant in the immediate wake of the pandemic. It was a natural extension that we would make grants to make sure that New Yorkers got vaccinated.

9:23

But we were also keenly aware of the challenges associated with mass vaccinations, the need to overcome hesitancy in many communities, and the push to combat growing levels of misinformation.

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For many foundations, including the trust, these topics are top of mind in conversation with colleagues, as well as non-profit partners.

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What we brought to the table was a deep knowledge of communities and non-profits across the region and the capacity to co-ordinate with other funders. And why we didn't quite know what we were going to do in December as nurse Saundra about the vaccine.

10:06

We didn't know that whatever we had to do, we would need to do it quickly and thoughtfully, but in a manner that acknowledged longstanding inequities, cross race, across income, across regions, in the city, that became public in the preceding month.

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We offer you that foundation grant, shouldn't duplicate what government was doing.

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We wouldn't do vaccine production. We wouldn't do transportation, and we wouldn't do delivery.

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It would be wasteful of public dollars, wasteful of what the public dollars will cover.

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On April first, the New York Community Trust board approved one million dollars in grants to six non-profits to work together over the next 18 months, to come to misinformation, use science-based messaging, and encourage people to get vaccines.



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11:03

The six grants, if we could go to the next slide, included the Community Healthcare Association of New York, which we're working with health centers and neighborhoods with high levels of vaccine hesitancy.

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Mind you, we made this grant prior to all the federal money that is now flowing to community health centers, but it is flexible enough that they can use it to fill in the gap where the federal money may not be, may not be applicable.

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We read a grant to the CUNY Graduate School of Public Health and Health Policy, which is helping gather information about why some New Yorkers are hesitant to get vaccines, and then putting that back in real-time and working with community partners to overcome some of that hesitancy.

11:50

We made a grant to the Fund for public health in New York, which is going to be hiring a coordinator to oversee a multi funded re granting effort. And I understand the effort is almost ready to hit the ground, and we're glad that we had the money out to them ahead of time, to help with that co-ordination.

12:08

We made a grant to the New York Academy of Medicine.

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Would you agree to bring together the group of six grantees, as well as other non-profits, faith-based community, personnel, medical personnel, government partners, to make sure that there is communication in all directions.

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We made a grant to Brooklyn NY, which is engaging in a vaccine advocacy campaign to encourage formerly incarcerated individuals, people with HIV slash aids, injection drug users, and homeless individuals to help them get vaccinated, the reform group that we feel there is a particular need to do some outreach and support.

12:49

And we made a grant to public good project for PG PGP, which will affect community and faith-based groups to create customized messaging that counters that clean missing creation.

13:03

They'll work with local influencers, and Joe actually will be shot B will explain a little more about what they're going to do.

13:12

I want to close with a couple of points: one is that while all of the grantees that I mentioned earlier have been Trust Grantees, except for PGP, I was introduced PGP who a colleague at another Foundation, Brian Bird, at the New York State Foundation.

13:29



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And that I think is instructive. because while Foundation knows a group of grantees to do good work at a time like this, I think we need to be open to working with groups who may not have worked with before.

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And finally, I'll add Good why we have made an investment of one million dollars to the six group. We are not the only foundation working on.

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These groups are all for getting money from the New York State Health Foundation. And the Altman Foundation.

14:00

That, to me, is a critical lesson as well, that this is not a time where just one foundation can pick up the banner and do it all. We redo, all need to work together.

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So, with that, I'll hand it over to Joel. Thank you.

14:18

Thanks, everyone. Can you hear me, OK?

14:21

OK, great, well, it's, it's very nice to be with you all today. I always enjoy talking to organizations and individuals who are heavily invested in this work and have a lot of experience on the ground in communities, running programs. And I know that all of you do. Public PGP is a public health non-profit. So, we only work on public health programs. And we'll be taking a lot of the learnings and the capabilities that we have been doing and other communities across the United States and applying them on this project. And I'm very excited about that. As someone who is based in New York PGP is based in New York as someone who lost a family member during this pandemic personally.

15:08

And as someone, as a public health practitioner, I'm a public health practitioner myself, by my PHD And Masters, are both in public health, trained in Infectious Disease Epidemiology. And I've been working, working in public health throughout my career, and I'm one of many people who got very, very busy when this pandemic started.

15:28

We PGP runs the United States largest vaccine misinformation. Program monitoring program.

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It's called Project Vector. It's a free service available for individuals and organizations who work in public health or health care, As well as to health journalists.

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Any of you on this call today, I'm sure, would qualify as a user. It's project ... dot com, if you'd like to apply. And usually, we turn around applications very quickly.

16:00

That system is funded by New York State Health Foundation and National Governors Association. It's been running since 2019. So, what changed when the pandemic started around



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March for us. The system has scaled quite a bit too much larger and it has a lot more capabilities than it used to.

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But one of the things that it does is it identifies vaccine misinformation circulating in communities and targeting communities. And we particularly focus on misinformation circulating within and targeting communities of color During this pandemic.

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We are able to see this misinformation at a national level, at a state level, and then large metro areas, including New York City. The information that we use is publicly available media data.

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And that media data comes from every major social media site, as well as websites and online video, and blogs, and a lot of other sources.

17:00

If public health practitioners and data scientists working on that program, in addition to train investigative journalists, who dig into the data deeper and general and generate insights that any user can use, the system is updated once a week. But you can also go in and dynamically see misinformation that's spreading every day in real time. There are live dashboards in the tool. The reason I mentioned Project sector is that's part of what we're going to be using for this program, they are fun, just described.

17:29

There is a lot of misinformation.

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The WHO declared an ... last March, I would say.

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Everything they said that led them to that declaration, we see that it's abundantly clear. There's more misinformation than ever before. And it's very complicated and overwhelming, even for very well-resourced organizations.

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And most community organizations are very lucky to have one individual who focuses on communications.

17:59

So, our role at PGP over the last year has been to stand behind frontline organizations, to stand behind community organizations, and give them the data, but also the insights and the actionable insights that come with the data. So not just giving organizations and other dashboards that they have to look at but tailored.

18:23

Reporting that can come at the frequency of every day, if it needs to, But at least once a week.

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That tells these organizations, here's what we're seeing.

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Here's what your, the people that you're serving are seeing.

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Here's a fact check to go along with it. So, here's what's true and what isn't about it.

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And here's what we recommend doing and saying about it. All of that comes together. And that's it, that's a that's a capability in a system that's been built out quite substantially over the last year. Other organizations and initiatives that use it includes the Rockefeller Foundation.

18:58

The US Government, the Canadian government.

19:00

Many organizations use, use our, our Taylor Talking points and our strategic communications guidance, in addition to the public, the Public Health Communication Collaborative, which sends out these reports to about 38,000 public health practitioners in the United States.

19:17

In addition to that, what we do is social media influencers. I think we all are aware that this is a new capability and a new trend. It's not new to marketers, but it's new to public health. And now we have everybody interested in how we can do this, and how can we do it in a way that is legitimate. It makes sense and can be evaluated.

19:37

We run a lot of influencer programs on a whole range of public health topics.

19:43

The reason that we do this is, I think one thing that we all have seen to be abundantly clear and very obvious during this pandemic is people need to hear from people they already know and trust and US. credible. It, the messenger matters a lot more than the message. And that's something that's really stuck with me, and I know it's stuck with, with many of you on this call today.

20:11

And so how can we empower the community organizations that people already know and already trust?

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And the individuals that resonate with other individuals?

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As a trusted community member, a friend, a family member, your neighbor, your co-worker, people who feel relatable, people who understand where you're coming from, because they come from the same place. And that's a big part of this project, is not only resourcing those community organizations.

20:41

Well, in terms of here's the misinformation, and here's what you can say about it, but also finding those individuals in every borough that have just a little bit more influence and their social network than others.



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And those don't have to necessarily be health care providers. Sometimes those aren't the best individuals to, to update their community.

21:02

Or perhaps those individuals are already engaged, and we need another kind of spokesperson for Public Health.

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We've seen a lot of that over this pandemic is if we can get your barber, your auto mechanic, your stay at home, mom.

21:18

Your deli worker doesn't matter who they are or why they have the influence that they have but people want to get involved. People want to use their influence for good, And that's particularly true of New York City. Of course, this is always the city where people stand up the first. So, allowing those people to say, in their own words, in the way that the people who pay attention to them already, view as authentic and credible.

21:43

A validated piece of health information, and to give them that over and over again, over the course of a year, really create change, it creates another way for people to get their information. That's, that's again, just relatable. So, what we're really talking about building is actually a health communications infrastructure.

22:01

It's a sustainable way of providing health information to community organizations, faith-based organizations, and individuals, again, who have just a little bit more influence than your average person. And for them to time and time, again, get involved with informing the public, and their neighbors, and co-workers and family members. So, I'm just really excited to be involved in this. And, again, we've seen it, this, this methodology, the system works very well in other circumstances, And I think there's no better environment that that's better suited for what we're talking about, the New York City. So, I'll be sharing how it goes with you all, as we go, and I'm happy to answer any questions or speak with any of you today.

22:45

Thanks. All right.

22:46

Thank you very much, and I'm sure that there will be questions that will pop up, and maybe we can get to them after we get to the next presentation.

22:59

I'd like to move on to Sachi Yoshi and I neglected to say earlier Sachi was having trouble with her camera, the video camera. So, we will hear her, but we won't see her. She is on, on the slide that's on the screen.

23:15

So, Sachi, would you like to go next? And I know you and faith are going to kind of share your, your presentation.



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Oh, and I hope we have her on audio.

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Great, thanks Stephanie, can everyone hear me, OK?

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Now, OK, well, we'll make this work, and I'm glad my hair looks nice and that, and that a headshot, it's a little bit longer now with a covalent actually get my haircut soon. But anyway, thank you very much for having me here today, East Bay Community Foundation is a community foundation based in Oakland, California. We're focused on two counties: Alameda, Contra Costa County, seeking to mobilize all of our assets to partner with donors, social movements, and the community to eliminate structural barriers, advance racial equity, and transform political, social, and economic outcomes for all who call the East Bay Home.

24:22

Next slide.

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So, the ... pandemic has really shone a spotlight on structural racism and the racial disparities that exist in our health care system.

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It has been impossible to ignore.

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And so, this demonstration project that I'll share with you today, and you'll get to hear from Dr. Polkey it actually emerged in spring, early last year because it was evident that the federal government's failure to adequately collect race and ethnicity data on testing, hospitalizations, and deaths related to COVID 19, would impede our country's ability to save lives.

25:05

So, in our presentation today, I'll share some background information about our role as a community foundation as a backbone for this project.

25:13

You'll get to hear from one of the incredible Community Health Centers on the ground in South Carolina and learn, also about related legislation that's actively prioritizing a racially just health care system going forward. Next slide.

25:29

So, the, the covert 19 African American Education Outreach Partnership, this is a demonstration project which aims to dispel myths and misinformation about Coburn 19 by disseminating accurate information by trusted messengers and providing resources to communities. We're really honored to be selected as the lead backbone organization to manage the project, but this really involve the expertise of partners like the Congressional Black Caucus Institute for the Partnership with us and really developing the strategy and execution of this project from its inception.

26:02



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Carol, each Williams advertising is a renowned blackledge advertising agency, developed culturally relevant media content and messaging, and a lot of paid social and traditional media campaigns, specifically targeting black communities and metro regions across the US.

26:18

We also partnered with the National Minority Quality Form, a GC base black lead organization serving as a trusted evaluation partner on this project and really actually helping us to understand and leverage the data encoded in black communities. And the project is also funded in, great thanks to Kaiser Permanente. And we were just really grateful to rely on their excellent guide guidance from program staff and all the local regions. Next line.

26:48

So, based on these existing community centered efforts that were occurring on the ground, we're actually able to get about two point four million dollars in grants, a distributed to health clinics, faith-based organizations, community-based organizations, reaching up to about 30 organizations being geographies, including both rural and urban regions across the South, in Atlantic and across the state of California. Those include Buford Jasper Hampton, Comprehensive Health Services in Richland, South Carolina, Greedy Health System in Atlanta, Georgia, Samaritan Clinic in Albany, Georgia. and keep the Faith Foundation and Bolton Mississippi Rural Health Medical Program. And so, Selma, Alabama, Uni Healthcare in Washington, DC. Watts Health Care Corporation in LA and since we've got the East Bay and we had five groups, Allen Temple Baptist Church in Oakland, Roots Community Health Center in Oakland, Native American Health Center, Asian Health Services in West Oakland Health Council.

27:45

Next slide.

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So ...

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approach is really about centering, the lifted and lifting up the critical role of CBOs as partners as an interested linked to the community. The organizations really design their own projects and outcomes because they were already doing a lot of this work already on the ground. So, we fully understood that their proximity to provide, you know, public education, testing, vaccination prevention efforts, and communities, would provide a wealth of information that could then inform legislation.

28:20

Next slide.

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So as the manager of this project, we actually really seen the role, I would say, of more of a listener and convener.

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You know, trying to provide the right conditions for peers to learn together. I mean, no one knew what was happening on a week-by-week basis, right? And really, it was through developing a lot of these relationships with each other, capturing stories, what's working, what's not on the ground. And advocating to for what's working and developing those relationships and deepening



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them with state and federal officials, where I think we actually found where the deeper investments are that are critically needed.

29:00

Next slide.

29:02

So, we'll go over this really quickly. This is a timeline of when the project actually officially kicked off. We're talking about this in early spring last year, but it didn't, and officially kick off, And the grants weren't made until October. And the team was assembled for the first-time relationships with a lot of the CBOs with deepened and developed across the country, while we managed also a winter media campaign shooting an airing commercials and radio ads when we were all experiencing the devastating peak of Kobe right around the holidays. We also tried to move resources as quickly as possible before the end of the year by re granting two point four million dollars into grants. And then let's go to the next slide. I really like this slide. This is actually a CBO activation kickoff in January. And this is when you will probably see a few familiar faces there, but we brought all of the organizations together.

29:55

The working team, kaisers leadership we had about 12 or so Congress members showing up a day after the House impeachment, to really hear what was happening on the ground. And it was just very energetic and moving.

30:12

I mean, the passion was very much alive on the zoom. If we go to the next, the next slide. You know, so now we're, you know, it's all these people were getting together, biweekly newsletters are going out to provide information to build the network really enhanced cross organization communication. But I think, most importantly, legislation that's directly linked to this demonstration is, is enacted inactive now. The Community Care Act was introduced by Representative Barbara, Lee, and Senator Elizabeth Warren in March this year.

30:48

And then just this month, 125 million community outreach grants from the Health Resources and Services Administration, HRSA, was posted.

30:58

So, we'll go the next slide. As we shared in the HRSA grants from the American Rescue Plan, it's available now to develop and support community-based workforce who will serve as trusted messengers, increase vaccine confidence, and really try to address any barriers to vaccination for individuals living in, you know, underserved communities.

31:21

So, these provisions were very consistent with the Covert Community Care Act, and that act actually was drafted to provide \$8 billion for CEOs to provide Cove in 19 outreach and underserved communities in 400 million work of 19 prevention in partnership with tribal communities.

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Also, linked to this approach of the demonstration project, is the anti-racism and Public Health Act.



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Keep an eye on this, this is actually going to create a national center for anti-racism to conduct research, collect data, award grants, and educate the public on impacts, a structural racism, and anti-racist, health and true interventions. And in the state of California, Asian Health Services, who was one of our partners on the ground for this project, has been working with the new Attorney General Rob onto the disaggregated data and Health Equity Bill, AB 1958.

32:16

So, this bill will require that key state agencies collect, and release standardized and disaggregated data for communities of color, without access to disaggregated language data, public agencies, non-profits, and philanthropy. We won't be able to design and implement initiatives that comply with Federal and State language access laws. So, all of these are really important. Keep an eye on all of those are going forward.

32:46

Next slide.

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So as a community foundation, ..., we just felt like, you know, really blessed for this opportunity. First of all, but uniquely positioned, right? Because we're centering the community but also able to partner with regional, state and national multi sector partners on this effort. And in order for these efforts to be sustainable.

33:10

We really do need long term public funding that's informed by community, to ensure structural and systemic change that occurs well into the recovery period, the pandemic.

33:23

So that's the high-level stuff. All move over and provide two examples. The next slide is about the Native American Health Center. This system insight about what this was looking like on the ground. They really show the power of community health organizations to effectively and efficiently get vaccines to the communities, and community members at highest risk.

33:47

Native was selected by FEMA, is 1 of 5 pilot mobile vaccination sites across the state of California. So, they received within 36 hours of notification for FEMA. They had set up the infrastructure to vaccinate frontline workers.

34:02

These are food, agricultural workers, teachers. Instead of lasting information about the vaccine on social media, they actually disseminated the information about the fact site and appointments through their own community networks in the Fruitvale neighborhood.

34:19

And when they realize that the States My Turn website wasn't quite syncing up with their systems fastener, they ended up creating their own appointment infrastructure. So that innovation within two days, allowed them to vaccinate over 725 people, and she was so impressed with this work that she extended, the mobile site pilot throughout the week. And recently, we're able to provide an additional 5000 vaccines for another activation effort. But, since we have Dr. Faith Polkey, here, I'd like to introduce her to talk a little bit more about the work at Buford, Jasper



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Hampton, Comprehensive Health Services. And she's the chief clinical officer there in South Carolina and can share a lot more about her experience on the ground. So, thank you, Dr. Polkey for joining us.

35:08

Thank you for IT. So, we won't say the long name.

35:11

That is a very long name from a health center we just say come but I'm faithful, OK. I'm a pediatrician by training and actually I'll sort of preventive medicine, I have been unfortunately at home in this pandemic because it's kind of something I've been training for my whole life, right? Prayed. It would never happen.

35:32

But it did and you know we all have definitely persevered. Our Health Center serves three counties in South Carolina.

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We have about 17,000 patients, 50% of which are African American. About 27% are Hispanic or Latino. With a lot of migrant farm workers, agricultural workers, recent immigrants.

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And so, you know, we've all been working since for us since March ninth, when the world changed for us, and we went to, you know, screening people outside, seeing patients outside, more telehealth than we had ever done ever. We had had, I think, 10 telehealth visits, and they were all test patients because we'd gotten a new electronic medical record. Now, we are up to 5000 or so telehealth visits.

36:23

And so, throughout the year, we really have been concentrating on protecting our staff, protecting our patients, and just making sure we all get here until a vaccine was available.

36:38

We had the opportunity to team up with the East Bay Foundation, Congressional Black Caucus Institute, too, and they provided funding to help us do what we do best as a Community Health Center get out into the community.

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And, while health centers have been very fortunate in receiving, you know, various types of funding, it hadn't been funding where we could actually gather other community groups who are trying to do the same things that we were doing and focus our efforts on.

37:10

whether it's testing or the vaccine's, especially for the African American community.

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So, we started this project in January and really started mobilizing groups that we are already having relationships with. So, there's a black Ministerial Alliance that has all the churches in our area. There's one particular church who has a radio station.

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So, you know, we were doing spots on the radio, but they have been amazing because they, they said, OK, what can we do to help y'all?

37:42

We can't get vaccines, but they could mobilize the people and do registration drives. And, so, they, they started doing this and they would call us up and say, we got another 100, we got another 200.

37:53

And, in the beginning, I think, we know, a lot of our hospitals, the hospitals stepped up. They were doing these thousand person events.

38:01

We're a small health center, you know, 300 or 400 people. There's a lot for us, you know, on a Saturday. So, we knew we had to be intentional.

38:10

And we knew we had to be deliberate. So, you know, we started at, we have nine sites, and we started at two sites and said, OK, we can give vaccines, you know, three days a week here, we can do a few Saturday events. And so, each time we've just been building, so, now we're up to all nine of our sites, being able to provide vaccines weeds.

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Vaccinate about 9000 people so far.

38:36

Um, and we're starting to see changes. Yeah, I was speaking a little while ago when people were talking about kind of the truth and the reality of what's going on. I know the narrative is that minority communities are hesitant, right?

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But in my area, people are really hesitant, have questions. And if you answer their questions, they're like, OK, yes, I'm ready. It's more about access. And what we found with the hospitals was that they were on the ... system, right? This CDC site, where you had to have a phone number, you had to have unique e-mail address. Which my parents don't have, I was trying to sign them up in.

39:14

They, they couldn't access it, even me trying to help.

39:17

And so, much like the other group, the Native American Group, we found that we had to register each person one at a time, either over the phone, or through some of these charge registrations were good old-fashioned paper. Then we would convert it, you know, into our electronic medical record and scheduled people that way.

39:36

So far, there's 9000, 70% have been African American. About 11% percent have been Hispanic and Latino, and that is one area that I think we are.

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We are we have to close the gap on. We're finding that the messaging has not gotten out, too.



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Those communities very well, there's definitely a lot of misinformation and disinformation, that once we are able to touch the people and talk to them, then they're like, Oh, yeah. Of course, I want to get vaccinated. So, we're kind of entering this next phase, right? The phase where its boots on the ground. It's not going to be hundreds and thousands of people getting vaccinated. It's going to be tens and twenties. We did a community event just the Saturday. We had a group distributed, I don't know, they probably distribute 2000 flyers.

40:27

We wanted to vaccinate 300, we got 40, but they were 40 people.

40:32

And there was, it's one man that I distinctly remember to actually who walked up to the vaccine site and otherwise, would not have gotten vaccinated because he had to work.

40:44

The other guy is working, but sometimes isn't working and just did not have the access to get to where he needed to be. And so, we're really all in this phase of, OK, now we need to shift, and we need to really activate our communities. And that's what, you know, the funding has really helped us do to be able to focus and concentrate our efforts out in the community. Where we know we're going to just have to adjust to what the community needs.

41:15

So, we're really excited. You know, and a lot of people, like, you sound so optimistic, I'm like, Well, I can't go back to March of 2020. I don't want to go back there. I want to leave that back there. I'm glad I didn't write anything down, but you know, we're in May of 2021 and things are looking better. They're looking up.

41:36

We just have to keep doing what we're doing to, to connect with our communities.

41:41

Thank you very much, and I appreciate the optimism.

41:46

Um, being one person who has just grown weary of working from home and now that I'm fully vaccinated and most of the people I know are vaccinated, we're actually like, Meeting for lunch, now. You know? So, there is the light at the end of the tunnel, and I do appreciate your optimism. Dr. Polkey. I'm going to turn now to Robert, Dr. Robert Blaine, and he's going to talk to us about local elected officials and what do they need from us.

42:18

Great. Thank you so much.

42:20

It was wonderful to hear Dr. Polkey's words, because those really reinforced a lot of what we're seeing on a national level. And so, specifically, I want to talk a little bit about the nuances between hesitancy and accessibility.

42:34



## COUNCIL on FOUNDATIONS

one of the things that we're seeing is that, of course, it's well documented that there have been longstanding disparities, especially when we look at black, indigenous, and people of color across this country and how those disparities have turned into increased vulnerability to coven IT.

43:03

But one of the things that we're seeing, is that more members of the bike, ah, community are willing to take the vaccine, but many don't have access to it.

43:12

And I think that that really is reinforced by what Dr. Polkey was just referring to. This is one of the challenges that we're seeing with local leaders across the country.

43:24

Community foundations are really important as we start to think of how we build a system to help local leaders align and leverage existing resources. one of the community foundations that we've been engaged with at the Institute for Youth Education and Families is the Community Foundation of Greater Dubuque in Iowa and their Director of Community Initiatives. His name is Paul Duster. And one of the things that he said was that, I think, the underlying factor of, or driver of the city's capacity to drive policy and systems change, is not their size or population.

44:04

Rather, it's more about the strength of the relationships between the decision makers from public and private entities and the broader community.

44:14

Dubuque has historically had good working relationships that can be leveraged to implement changes relatively quickly and effectively and we're seeing that these kinds of relationships across communities. Essentially, leveraging the assets that are available in communities and bringing them together towards the benefit of communities is really taking, taking hold, and it's creating opportunities for real change.

44:44

one of the things, one of the questions that we asked early on were, what do local leaders need from the private sector and funders to help them manage vaccine administration and distribution?

44:56

How do we get to some of the pieces that affect that access versus the hesitancy that we're seeing in many communities? And, you know, we're seeing barriers around access to the Internet, broadband. Online registration and long waits and vaccine sites are causing challenges in communities. And there are also significant access barriers that are differentiated between rural and urban communities.

45:27

So, I think the first piece that's important to note is that municipal officials are often not directly responsible for vaccine distribution. So, most cities do not have their own health departments, but rather, they work collaboratively with their county and state health departments to support vaccination efforts.

45:48



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So, this is important, because it means that while local officials don't control, they do play a significant role in messaging on the vaccine.

46:00

And they have lots of things that they can leverage, such as utilizing city buildings for vaccine clinics, and supporting overall vaccine efforts.

46:14

one of the things that we've seen, is that local officials are deeply concerned about protecting their residents.

46:22

And this is especially important for those vulnerable communities, who've suffered disproportionately from coven infection, sickness and deaths.

46:32

And we've seen this, especially, of course, can bypass communities.

46:37

Many, these communities are also have been vaccine hesitant, but it's more because of the historical and current day reasons for district distrusting, the health care system.

46:51

And we've seen that because of the historical challenges that we've seen in many of those communities.

46:58

one of the key pieces is that addressing the vaccine hesitancy among those vulnerable communities is only one piece that local leaders are navigating as part of the myriad of needs and response and ultimate recovery to the pandemic. So, one of the things that is important in being able to navigate that is, is what I was saying around those partnerships.

47:24

Building those strong partnerships with health departments, other partners, and, of course, community foundations that can be supportive in building the assets and connecting those assets in communities and ensuring that the kinds of innovations that we've heard about earlier can germinate and grow in those communities.

47:52

one of the last things that I want to highlight is that, when we look at communities of color that have been hesitant about receiving the vaccine, much of that has been rooted in systemic racism, I think that there is an important role for city leaders as convener and communicators. There's a real need to share data and information with residents and work with community partners to build trust among high-risk communities. It's important for the mayor and the city council to lead by example, and you see many of them publicly receiving their vaccinations, but it's equally important to have local community organizations sharing accurate and timely information as well. We've seen that some of the local YMCA, churches, afterschool programs, or other trusted community anchor institutions.

48:52

And these partners coming together are critical for it for this kind of outreach.



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48:59

Just a couple of examples that we've seen across the country of how these partnerships have been coming across coming together across this country. For example, in the city of Tallahassee, the city offered free bus rides to vaccine appointments, just to expand accessibility.

49:20

The city of Providence recognized early on that vaccine hesitancy mostly impacts the minority communities and worked with local neighborhood and faith leaders to meet with state health professionals to answer their questions and concerns.

49:35

And in the city of Lexington, a stakeholder group was convened by the mayor, and they were instrumental in reaching lower income and minority communities through mobile testing operations, essentially bringing the vaccinations to the communities that needed it the most.

49:53

So, in conclusion, I want to give a little bit about what the National League of Cities is doing with community partners to build trust amongst high-risk communities.

50:05

one of the initiatives that the National League of Cities has begun is to the National League of Cities, Hispanic elected Officials, and the National Black Caucus of local elected Officials, spotlighted the ..., disparate impact of the coronavirus and shared ways to improve access to vaccines among communities of color.

50:31

We've also further elevated this conversation on the national stage, teaming up with the YMCA and President and CEO, Kevin Washington, to discuss the topic on Washington Post Live.

50:46

We've also developed resources for local leaders and how they can support equity and cope at 19 vaccinations and support on how to have conversations about The Cové in 19 vaccines and that information is available on our website.

51:03

And finally, in February, the National League of Cities partnered with five of the nation's largest, non-governmental, non-profit membership organizations, including AARP, the American Diabetes Association, the American Psychological Association, the International City County Management Association, and the YMCA and collectively age or announced a joint effort supporting a vaccine equity and education initiative.

51:35

And that initiative aims to direct black Americans to accurate information about COVID-19 vaccines, and to underscore each organization's commitment to help advance equitable access to the vaccine in black communities, which research has shown to be impacted at a greater rate than their white counterparts?

51:57

So, I think that this nuance between what is happening with vaccine hesitancy and vaccine access, is a really important part of the conversation.



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52:11

And while we see hesitancy going down, the importance of being able to have easy access to vaccines is growing in importance.

52:22

And I think that, as we kind of shift to this new phase of thinking about vaccinations, we really need to focus on access across communities, and to ensure that we're not creating barriers in the programs that we're building. So, we're excited about where things are moving at the National League of Cities.

52:44

We, too, are feel that things are moving in a more positive direction, and we hope that they, that positive direction increases, especially as we look at bypass communities across the country.

53:00

Thank you very much. And we, we have time for a couple of questions. A few have come in on the chat.

53:08

And while I think, Robert, you just address kind of a core issue, and that has to do with trust and education.

53:20

And this new OS with easy access now, and black and brown communities in particular.

53:28

I'm just wondering if anyone else might want to comment on that other ideas?

53:36

Other things that you might want to bring up, maybe, Dr. Polkey?

53:40

Sachi, and in your project, I'm also kind of interested in show whether there's any helpful information that you people may find on vector that addresses how those black and brown communities, what kind of misinformation that are they getting and what are the kind of antidotes to that?

54:02

So, either one of you want to go, Joe? You want to Maybe you were nodding. So maybe I'll turn to you.

54:09

Can you maybe make a comment and then we'll turn to Sachi and Dr. Polkey, that's what I get for active listening? As a moderator, though. I wouldn't say. Well, most of the misinformation, the misinformation that we that we see in our systems is just honest. Every day, information seeking. It's, it's just the people looking for information and information is hard to find. Not everybody is not appropriate for, everybody, gets sent to just CDC webpage, and to have that be the end of the conversation. In fact, I, it's, that's not appropriate for most people, they need more local, more specific, or more tailored forms of, of information. Like, like everybody does.

54:57



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They're there is misinformation that's more nefarious than that I would call disinformation. That's spread with malicious intent and that's targeted at communities of color.

55:10

And that's important to know about, I think, it doesn't necessarily always require a direct response, somebody going out there and standing in front of a microphone and, and confronting it, but it's more on the scale of, it's more on the vein of, this is helpful for me to know. Keep an eye on it. Let me know if it gets worse. So, most of our role is, here's what you may be hearing about for community members that you serve. Maybe you're going to come to your immunization clinic, or, you know, just be aware that these are questions that we're seeing out there. And the volume of these questions doesn't match the volume of answers that are there for them. And so, here's some things to know, and if you're going to go talk to somebody, here are some things to have to be armed with. So that's usually the kind of the space that we find ourselves.

56:03

I'm just wondering, one quick follow up question. Can you give an example, maybe, of a piece of misinformation that, you know, we might all want to be aware of?

56:15

It's hard to pick just one. There's there, there is a lot. It's massive.

56:19

And it goes from cures, you know, that aren't really cures. Those are really commonplace that people Again, just people earnestly looking for information and kind of stumbling across something That maybe seems like it's, it could be helpful. True, or has an element, a kernel of truth in it but it isn't really going to do anything for you and might actually harm you to the stuff I think that we all hear about, you know, like there's the myth that there's microchips and vaccines and five G and all that stuff.

56:52

But there are differences in when you go community, by community, and, and I think one thing that that we see over and over again, is vulnerability to misinformation.

57:08

It does correlate with trust, and institutions, trust in government, trust in health care.

57:14

And that's, I think, another good reason that, although physicians and healthcare providers need to be on message, and need to be in front of people, there is a role, and a really important role for community organizations, and influential community members, to also be part of the conversation, and to be showing their support for, for vaccines, and, and, and using their influence for good.

58:39

I want to thank everybody for being on this call, and for sharing this information.

58:46

I think that this is an area for the council that we will continue to share resources. And I hope that you all will send stuff to us that we can send back out.



59:24

Thank you.

1:00:30