

NC Rural Coalition Fighting COVID-19

NC Rural Coalition Fighting COVID March 3, 2021 * 5:30-6:30 PM Meeting Notes

Facilitator: Kelly Calabria, President & CEO, Foundation for Health Leadership & Innovation

Speakers: Dorothea Brock, Operations Manager at the Office of Rural Health
Shemecka McNeil, Founder & Executive Director, SLICE 325

Topic: Vaccine 101 – Session 2

Kelly Calabria welcomed participants and reminded everyone that the mission of the coalition is to raise awareness of COVID-19 prevention and vaccine distribution, and to bring tools and information to the communities. It also acts as a feedback loop from those on the ground to DHHS, to learn what is working and not in local communities across NC.

The vaccine training was created by NC DHHS and can be customized to individual communities.

Shemecka began the conversation with a description of SLICE 325, which stands for Serving Locations Inviting Culinary Education, 325 days/year. Her organization educates low-income people on creative ways to serve health meals using affordable ingredients. Her presentation made the following points:

- Start with the 3 Ws while waiting for your shot.
- The vaccine is free for everyone, with or without insurance.
- Demand exceeds supplies, so you may have to wait.
- People have legitimate reasons to mistrust the vaccine, so trust must be built. Partnering with trusted leaders to get accurate messages out is essential.
- Vaccines are safe, tested and effective. There are many misconceptions circulating, such as, you can get COVID from the vaccine, which is wrong.
- Vaccine distribution is moving into group 3, so when it's available to you, Take Your Shot. Priority is given to those with higher risk of exposure, sickness or death.
 - Group 1: Healthcare workers and long term care facility staff and residents
 - Group 2: Adults 65 and over
 - Group 3: Frontline essential workers
 - Group 4; Adults at higher risk of exposure and increased risk of severe illness.
 - Group 5: Everyone else
- The vaccine was developed using decades of scientific research and vaccine technology. Dr. Kizmekia Corbett of NC, is a leading researcher in the development of the vaccine.
- More than 100K people volunteered for clinical trials, and the vaccine went through the same process as all other vaccines.

NC Rural Coalition Fighting COVID-19

- They are safe in the prevention of COVID-19 and are effective in preventing hospitalizations and death. No serious safety concerns have been reported. Some individuals experience temporary discomfort from the vaccine, such as site soreness, fever, headache and tiredness, but these go away quickly and are an indication that the vaccine is working.
- You cannot get COVID-19 from the vaccine. The vaccines imitate COVID-19 without giving it to you. The vaccine creates antibodies, which fight off the real virus, if you're exposed to it. More than 50 million people in the US and over 1 million in NC have received the vaccine.
- Johnson & Johnson's vaccine is one shot; Pfizer and Moderna are two shots, given 3-4 weeks apart. It's important to get the second dose of the same vaccine as the first.
- Personal information is protected. No information is shared with the CDC or ICE. The only information submitted to the state is your year of birth, not the date, and 3 digits of your zip code.
- Every week, the federal government decides how much vaccine will be distributed to each state, based on population.
- The NC DHHS decides which providers will receive shipments.
- The manufacturer ships vaccine to the local providers, who safely store and handle the vaccine.
- Originally, only hospitals and long term care facilities received vaccine. Now, clinics, pharmacies and vaccine sites also receive vaccine.

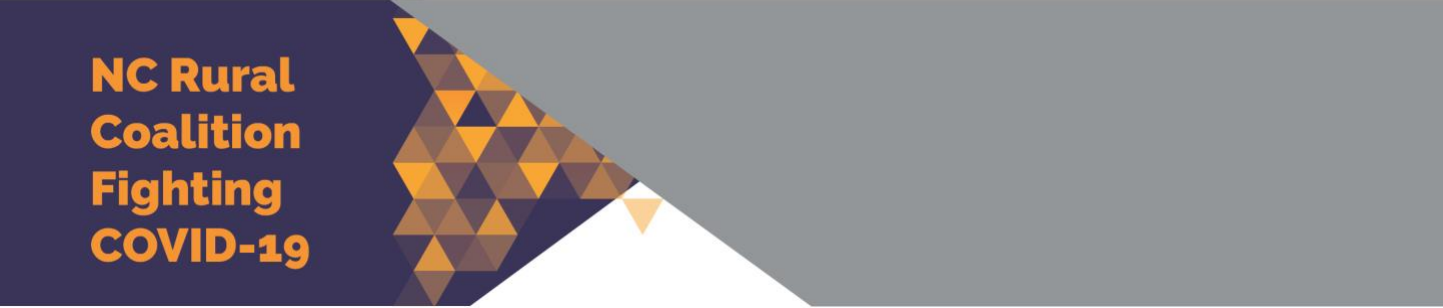
Dorothea Brock discussed data collection to assure equity.

- NC collects race and ethnicity data from vaccine recipients, and has one of the most transparent dashboards in the country. More vaccine is being delivered to historically marginalized communities, such as Black, Latinx, Indian and rural communities.
- A letter is included with the vaccine to all providers stating they must include historically marginalized populations and set aside vaccine and timeslots to accommodate them.
- Technical assistance is available to providers.
- \$2.5 million has been awarded to local transit agencies to provide transportation free of charge to those who need it to get vaccinated.
- 124 FQHCs have been onboarded to the vaccine management system, and historically black universities are becoming vaccine sites.
- Communities livestream townhall events and videos with trusted leaders get accurate messaging to communities.
- This meeting serves as a feedback loop to NC DHHS and the Office of Rural Health.

A question and answer session followed, highlighting these topics:

Q: How can we handle vaccine resisters?

A: Assure them that it's ok to be hesitant. Weigh the pros and cons of their concerns and seek to clarify their hesitation. It will take time. A support system is needed for those who are not sure. Don't be pushy. Faith leaders can serve to reinforce messaging.

The logo for the NC Rural Coalition Fighting COVID-19 is located in the top left corner. It features the text "NC Rural Coalition Fighting COVID-19" in a bold, orange, sans-serif font. To the right of the text is a graphic consisting of a cluster of triangles in shades of orange and brown, arranged in a pattern that tapers to the right.

NC Rural Coalition Fighting COVID-19

Another suggestion was to compare temporary discomfort from the vaccine, to being hospitalized for days or weeks. That can be a compelling argument.

Q: How is equity being increased in vaccine distribution?

A: NC has been recognized nationally for its transparency in data collection of race and ethnicity of those who have received the vaccine. The data dashboard shows demographics by county. UNC has a public website with the information updated regularly. There are Work Groups across the state and work streams showing how to reach historically marginalized populations. There is still work to do but it's moving in the right direction. Partnerships are being formed with Historically Black Universities for vaccine events. Community health workers have been deployed throughout the state to help with registrations and answer questions.

Q: How do I get more information to serve the marginalized communities?

A: Community based organizations serve as sites and provide volunteers. You can volunteer with local health departments or providers. As more groups become eligible for the vaccine, more volunteers will be needed.

Q: How can trust be increased in communities?

A: There is considerable misinformation circulating through communities. Accurate messaging through social media can be directed at the young. Older populations are more trusting of door-door visits or phone calls.

Q: How are the remote areas getting access to the vaccine?

A: There is a mobile clinic based in Greenville that services all of Eastern NC. An announcement is made to the communities about when the mobile unit will be in their vicinity. Word of mouth is effective in spreading the word, as well as the unit itself. Some county health departments are doing home visits and hosting vaccine events at group homes for older adults.

Kelly asked participants to fill out the survey and to refer to the coalition landing page for information and resources: bit.ly/ruralfightscovid or <https://foundationhli.org/covid19-2/>