The logo features the text "NC Rural Coalition Fighting COVID-19" in orange on a dark blue background. To the right, there is a graphic of overlapping triangles in shades of orange and grey, forming a larger triangular shape that points to the right.

NC Rural Coalition Fighting COVID-19

NC Rural Coalition Fighting COVID March 3, 2021 * 9:00-10:00 AM Meeting Notes

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

Speakers: Donald Hughes, Community Health Worker, W.A.R.4 Life (We Are Ready for Life)
Caroline Collier, Operations Specialist, Office of Rural Health

Topic: Vaccine 101

Kelly Calabria welcomed the participants and reminded everyone that the mission of the coalition is to facilitate conversation and collaboration, make tools and resources available, and act as a feedback loop to understand what is working and what is not, in rural communities across the state.

Donald Hughes began the conversation with a description of W.A.R.4Life, an organization dedicated to expanding economic opportunities for residents and offering support services and resources. Regarding the COVID vaccine, he 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.
- 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.

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- 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.

Kelly asked Don about equitable distribution of the vaccine, fear in the community and trust. He replied,

- There is some hesitancy toward the vaccine due to mistrust of the health system, based on previous experiences. First, acknowledge that people have a right to feel that way. Listen and understand their reservations and hesitancy and bring in trusted messengers, so that information is not always coming from the health community. Don't paint a rosy picture; acknowledge that there are temporary side effects such as arm soreness, headache, tiredness, but they will go away in a few days. Some individuals will be slow to say yes. It's a continuous process to build trust in the community. Providing resources, such as housing, utilities, food and clothing shows you care about the complete person and will build trust. Advise people that the vaccine will preserve their health and those around them. An economic reason for getting the vaccine is to get people back to work, since many have been laid off or have had their hours reduced.

Caroline Collier reviewed the vaccine distribution process.

- 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.
- 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.

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 series of overlapping triangles in shades of orange and brown, forming a larger triangular shape that points to the right. The background of the top section is a dark blue gradient on the left, transitioning to a light grey gradient on the right.

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- This meeting serves as a feedback loop to NC DHHS and the Office of Rural Health.

A question and answer period followed, highlighting these topics:

Q: How can we address concerns that the single dose J&J vaccine is not as effective as the Pfizer and Moderna vaccines, and how does it play out in the marginalized communities?

A: The J&J vaccine protects against severe illness and hospitalization. The Governor said he would take it. It's trusted, safe and effective. The White House and CDC are launching a messaging campaign to address highly marginalized and vulnerable communities, which will be shared with health departments and FQHCs. Faith leaders are asked to spread the message from the federal government as well.

Q: How do I volunteer to help at vaccine events?

A: Refer to the coalition's home page, or check with your local health department or clinic. Look for information on social media and the NC DHHS website

<https://covid19.ncdhhs.gov/vaccines/providers/covid-19-vaccine-management-system-cvms>

Q: With a history of discrimination and marginalization, how will the state support issues long term?

A: The medical community must be available to answer questions. Tell me what I need to know about the health needs of the community. The local people know what's happening in the community. It's important not to dictate to them; there should be bi-directional communication. To address long term needs, there must be a commitment to a long term structure, which needs funding, and some of those who make decisions on funding may not be part of the marginalized communities. It should also be customizable to each community.

Q: There is a perceived side effect of sterilization. How can we address that?

A: Listen to that individual's concerns and determine the root of the concern and counter with facts. This is a well-researched vaccine, which began long before the pandemic and there is no data to show that it affects fertility.

Kelly asked everyone to fill out the survey and refer to the coalition landing page for information and resources: bit.ly/ruralfightscovid