

**Coalition Meeting Notes
Wednesday, February 24, 2021**

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

Speakers:

- Danielle M. Brown, NC BVM Senior State Coordinator, Black Voters Matter Fund
- Idania Garcia, Community Dev. Specialist, Office of Rural Health, NC DHHS
- Kathy Hodges, MSW, Community Dev. Specialist, Office of Rural Health, NC DHHS
- Jimmy T. Tate, EdD, President, Mt. Calvary Center for Leadership Development, Burgaw

Kelly Calabria welcomed the participants and introduced the speakers. She announced the topic of the meeting as “Equitable Access to COVID-19 Vaccine Distribution” and the conversation began with Dr. Jimmy Tate.

Dr. Tate remarked that he is seeing lots of long-term health issues and the people don’t understand the importance of self-care. Fear is prevalent in many forms: not knowing the rights about their health, fear of staying out of work when they’re sick or exposed to COVID, for fear of losing their jobs. They have a right to be sick and self-care matters before their job. There is a need for more health education for minorities. They suffer from long-term health issues that are not addressed. The immigrant community fears being deported if they go to a doctor. Employers, farmers, business and industries have to deal with their workers.

As a solution, Jimmy joined business groups in southeast NC and got on the agenda of community events, such as the Chamber of Commerce, and emphasized the need to support employees. Establishing a relationship with employers helps alleviate the fear factor. In addition, he hired a Latinx team member, who is already trusted and recognized by the community and speaks the language. This makes information and resources more receptive to the community.

Danielle Brown was asked to discuss the work she is doing with equity and vaccine distribution. Her main focus is to bring awareness to health officials. People lack support. When an entire family is impacted by COVID-19 and close relatives are out of state, there is no access to help. Those with family close by have loved ones who are emotionally taxed. The nearest house may be five miles away, or there’s no hospital or medical personnel nearby and there may be one CVS in town, where people administer their own COVID tests.

Her organization has brought national attention to rural areas in multiple states. They are getting more vaccine, testing and PPE. Assumptions are being made that Black communities don’t want the vaccine, which are false. Many do want it, but have no access to it. Her team has used to Get Out the Vote Plan and applied it to COVID-19. They use phone banks, email and mail to help people register for vaccine distribution. Many people don’t have access to or use of technology, so old school methods need to be employed as well.

Danielle added that partners are key. All communities have different needs. The Black Votes Matter organization started a Mutual Aid program to fund people’s expenses who have lost jobs, childcare and their homes. She emphasized building capacity to help others by pulling in partners to bring what the need.

Kathy Hodges was asked to describe what community health workers are seeing and hearing on the ground. Ms. Hodges displayed a map of 55 counties in NC where community health workers are trusted in the community and provide education and resources to people in different counties.

Idania Garcia acknowledged that the most important component of community healthcare workers is to be trusted in the community. At the beginning of the pandemic, they provided access to community resources for people with COVID-19,

however, most resources were tapped out before all needs were met such as help for food insecurity, utility payments and homelessness.

In November and December, a food drive was held for the holidays and included PPE. Currently, education regarding the vaccine is the main focus, so that people can make an educated decision. Case management allows workers to identify client needs and support them in reaching their goals. Test and vaccine sites are coordinated with community healthcare workers and vendors to support the events, including registration and reminders for the second dose of the vaccine.

As the community health worker plan moves westward across the state, there is a goal to make it permanent. President Biden supports deploying 100K community health workers nationwide. Some communities are without technology and shouldn't be forgotten. Several counties have created contracts with the DOT and DHHS to provide transportation at no cost to the community member.

Jimmy added that a race and social justice task force was created for employees to join and learn about their rights. It meets monthly. Initially, it was not well received by employers, however, once COVID started affecting the families of the employers, opinions changed. One agricultural business gives leave for those who are sick and provides education for their employees. The group advocates for clients who may be afraid to ask for their rights.

Danielle remarked that many times employers don't know what's wanted or needed. Conversations with legislators and politicians can convey information about communities that they often don't know. Long-term changes are needed, with new policies in place. Politicians must be at the table for those conversations.

Kelly asked, if more precise allocation of vaccine is not made, many minority communities will be overlooked. What are tactical ideas to implement a precise approach? Responses included:

- Local resources are not getting information out to the community. There is no broadband or social media, so old school methods are need. A simple phone call to ask if they're ok can start a conversation to find out what individuals need. We need to work together better.
- Vendors and community health workers can go to churches and grocery stores to register people for the vaccine. Some vendors partnered with Indian tribes through their health department to offer cleaning supplies and PPE. Provide transportation or bring the vaccine to the communities.
- Pairing food drives with education can be effective.
- Identify barriers within the current structures and change them. More clearly define who can get shots. Family members transporting older relatives to get the vaccine are not eligible to receive it themselves. Many people are pushed away from vaccine events and should be allowed to be vaccinated. Redefine the categories.
- Build relationships with politicians and invite them to meetings to learn what's happening on the ground.
- Build health education into proposals to pay for community health workers programs.

Next week's topic will be Vaccine 101 and a second meeting will be offered at 5:30pm on Wednesday, March 3 for those who can't attend the morning meeting. Resources can be found on the NC Rural Coalition landing page.