

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

NC Rural Coalition Fighting COVID-19

NC Rural Coalition Fighting COVID Meeting May 26, 2021 * 9:00-10:00am Meeting notes

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

Speakers: Beth Lovette, Deputy Director, NC Division of Public Health

Donald Hughes, W.A.R.4Life

Topic: "State of the State" snapshot of NC most current COVID-19 prevention and vaccination efforts.

Kelly Calabria welcomed the participants and guests and introduced herself. She added that the Foundation for Health Leadership & Innovation is a partner with The Rural Center, AHEC, The Governor's Hometown Strong Initiative and The Office of Rural Health, part of NC Department of Health and Human Services, and have formed the NC Rural Coalition Fighting COVID. The Coalition provides a forum to share ideas and receive feedback, which is shared with the NC DHHS to ensure that those who are working on the ground, get the resources they need to fight the pandemic. She introduced Beth Lovette, who spoke next.

Beth works closely with the NC DHHS leadership and North Carolina's 85 health departments and shared what the state is doing to combat the effects of the pandemic. They have been working hard to respond to the changes in the virus and public health challenges. They are working to make the vaccine fast, fair, easy and everywhere. As of yesterday afternoon, 50% of the US has been fully vaccinated. With the high demand for the vaccine, there have been logistics and equity challenges. Most of the people who wanted the vaccine early on have received it. The next step is to get it to those who still want it, and to encourage those who are still hesitant, to receive it.

Under "fair", the state is making progress on equitable distribution. Under "fast", there are obstacles to equity due to transportation problems, time away from work or other demands, and lack of access to technology. The challenges affect some more than others.

Beth shared a slide of a web tool that mapped vaccine distribution on top of the social vulnerability index, a CDC recognized method of identifying vulnerability. The map is dotted with census tracts, which contain census information and a vulnerability value for that area. Along with color coding of the areas with the highest vulnerabilities, areas to focus on outreach can be easily identified.

<https://nc.maps.arcgis.com/apps/webappviewer/index.html?id=31df85b470ad49809445a2d83e80d269&>

In 24 counties, 90 vulnerable census tracts were identified. The local health departments, providers and trusted local leaders canvassed those communities and saw a significant increase in vaccinations. However, the process is hard, slow and expensive. In Rockingham County, 108 people answered the door. Some were already vaccinated, and 12 new vaccines were administered.

Donald Hughes echoed Beth's remarks that the process is slow and difficult. The handful of people who were reached might not have been vaccinated otherwise. In order to reach young people, community partners, public health departments and schools partnered to host a vaccination clinic, which drew 325 individuals who were vaccinated. 80%

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of those were 12-17 year olds, and 85% of them were from historically marginalized populations. Schools can be trusted places and community hubs. Family members are often influenced by young people, and many people wait to hear about the experiences of others before they decide to get vaccinated themselves. People with positive experiences often share their story with friends and family.

Of the lessons learned, representation matters. When people look like the individuals they contact, and have shared life experiences, there is higher trust and success in getting them vaccinated. They are more open to discussing their hesitation to take the vaccine and are willing to listen to information the medical volunteers provide. Three old city buses were repurposed as mobile vaccination units to bring vaccine directly to the communities.

Pop-up vaccine events are becoming popular, with take home COVID tests and Blue Cross/Blue Shield bags with insurance information as giveaways. With the summer approaching and relaxed mask rules, the communities are opening up and fun, safe events are being planned, such as a Film in the Field series, using public school fields to screen family movies and to share community resources and hopefully bring more people to get vaccinated.

NCDHHS is promoting “Bring Summer Back”. The state and federal governments have both advocated promoting the value of vaccines: get vaccinated so you can take off your mask and enjoy activities again.

<https://covid19.ncdhhs.gov/BringSummerBack>


There is an effort to get pediatricians onboarded to offer vaccine. The vaccine packaging has caused some challenges, since it is shipped in large quantities of 1170 doses. However, the Health Department is working with vendors to match them with health providers who only want a smaller number of doses.

A public health worker in Onslow County was highlighted in a CNN article. She gets in her truck with a cooler full of J&J vaccine and takes it to farm workers and military to vaccinate them. The NY Times reported that 15% of COVID skeptics have deeply held beliefs, including conspiracy theories, so health departments are enlisting the help of doctors, providers and scientists as trusted messengers to allay their fears. The article further stated that 14% of those unvaccinated are enthusiasts. Emergency medical services and community paramedics are able to get them vaccinated. Another 10% are cause anxious. They have concerns that they’ll be charged for the vaccine (it’s free) or that they have to have insurance to be able to get it. Insurance can be billed for an administrative expense, but there is no charge to individuals.

A successful vaccine event was held in Rutherford County that was for kids only. The event was advertised in schools, and 150 youth between 12 and 17 were vaccinated with the Pfizer vaccine.

To receive and administer vaccine directly, a practice must be an onboarded and enrolled COVID vaccine provider. The smaller practices can then receive smaller transfers of vaccine from another provider. Helping hospitals get vaccine to their ambulatory care practices, primary or specialty care practices, is an urgent challenge. The Public Health officials are working on a distribution model to assure those who want the vaccine are able to get it, including practitioners and pharmacies.

Donald added that communities can identify medical providers who are onboarded and enrolled and bring in regional medical providers to be trained by them. The practice is entered into the system and the other doctors become

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extensions of those systems. At an event, providers can be trained at the site, allowing smaller amounts of vaccine to be available for targeted events.

A question was raised about how the group feels about incentives, such as gift cards, and what tactics are being used to address skepticism in rural areas.

To address skepticism, using trusted messengers from the community allows a two way conversation to discuss and allay fears. A pilot launched in four counties offers \$25 cash cards, in an effort to offset transportation costs to get to a vaccine site. The driver and anyone they drive all receive a cash card. The state of Ohio saw vaccine rates increase with a \$1 million lottery drawing. Young people are looking for free college tuition. Some people push back against the incentives, while others embrace them.

Faith communities have been important to the fight against COVID. Many of the hotspots were from churches and people trust their leaders for life decisions and vaccine information. A ministerial alliance has formed to use churches as pop-up vaccine sites and offer vaccine education through workshops, summer learning sites, summer bible school, and back to school giveaways. Leveraging existing events to promote vaccinations will be effective since they occur annually and are trusted by the community.

The Greater Hickory Co-op Christian Ministry has been certified to dispense vaccine and have a trained pharmacist on staff, but they don't have any vaccine. Beth offered to put them in touch with the local public health department to get them some. Providers can share supplies. The state has a list of providers and, through an email or call, they can be reached to get vaccine supply for events.

<https://bit.ly/VaxRequest>

Beth showed a map of NC indicating vaccine rates. Dare County has the highest, as well as a county in the mountains. The immediate goal is to get 50% of NC vaccinated and she advocated promoting the vaccine by highlighting the result of fewer cases, more freedom for people to shop, go to music festivals, bring in tourism and have safe summer camps. She advised talking less and listening more, and continue to be creative in promoting vaccination and tapping in to community trust.

The next Coalition meeting will be Wednesday, June 9 and the topic will be NC DHHS' "Bring Summer Back" Campaign, with Dr. Kelly Kimple and Dr. Correll McRae of the NC Division of Public Health.