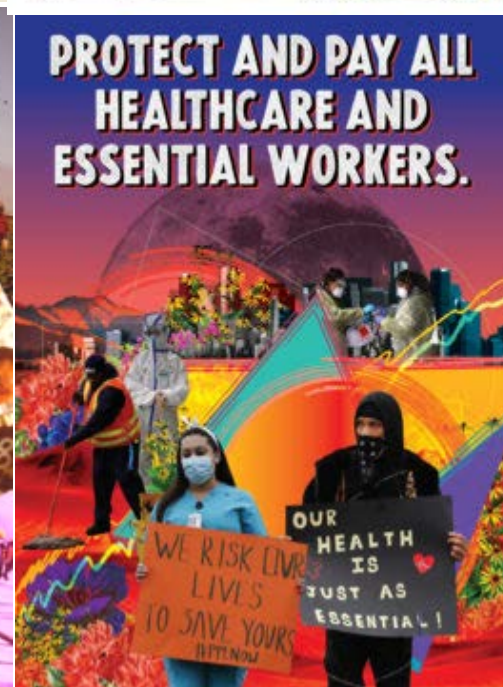
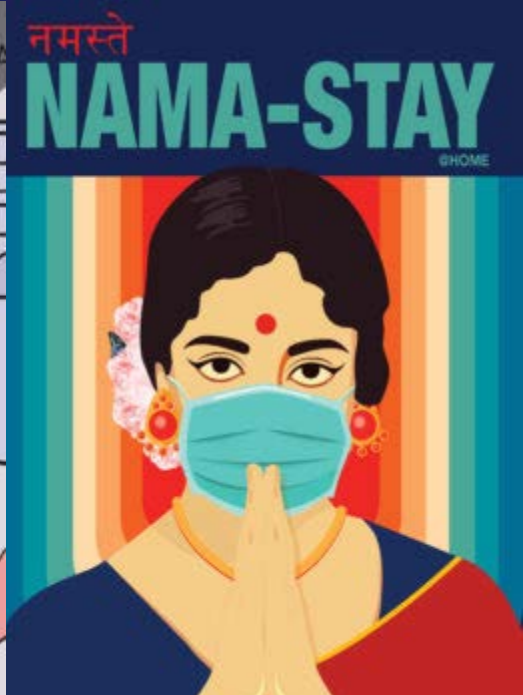
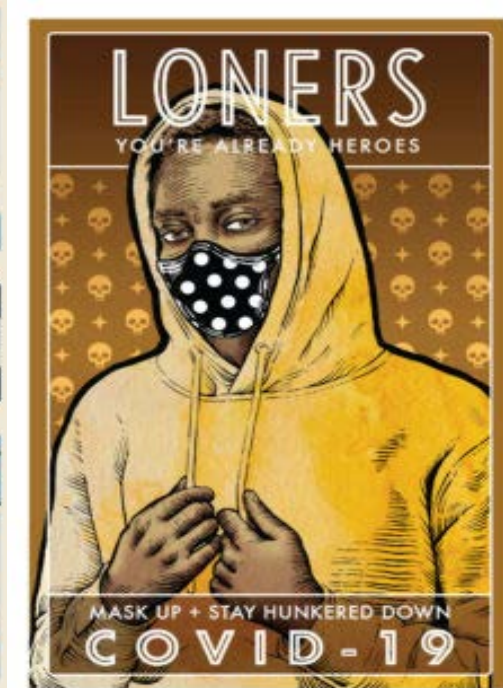
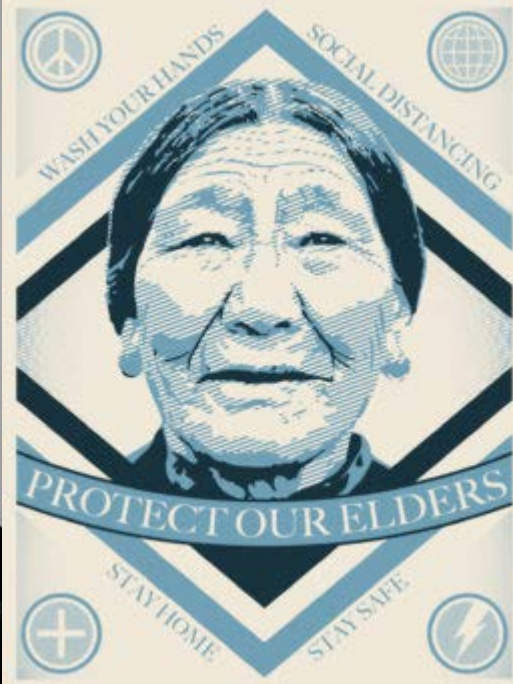




Overcoming Barriers to Equitable and Effective COVID-19 Vaccine Distribution

DECEMBER 17TH | 11:00 - 12:00PM PST / 2:00 - 3:00PM EST





Panelists



Nia Aitaoto, PhD, MS, MPH
Technical Assistance Lead
Pacific Islander COVID-19
Response Team



Tiffany Donelson, MPH
President and CEO
Connecticut Health Foundation



Janelle Rocktashel,
MS
Special Projects
Associate
Camden Coalition



Carly Bad Heart Bull,
JD
Executive Director
Native Ways Federation



Maria Lemus
Executive Director
Vision y Compromiso



Denise Octavia Smith, MBA, BS, CHW, PN,
SFC Executive Director
National Association of Community Health
Workers

Moderator



Connecticut Health
FOUNDATION

Tiffany Donelson, MPH

President and CEO

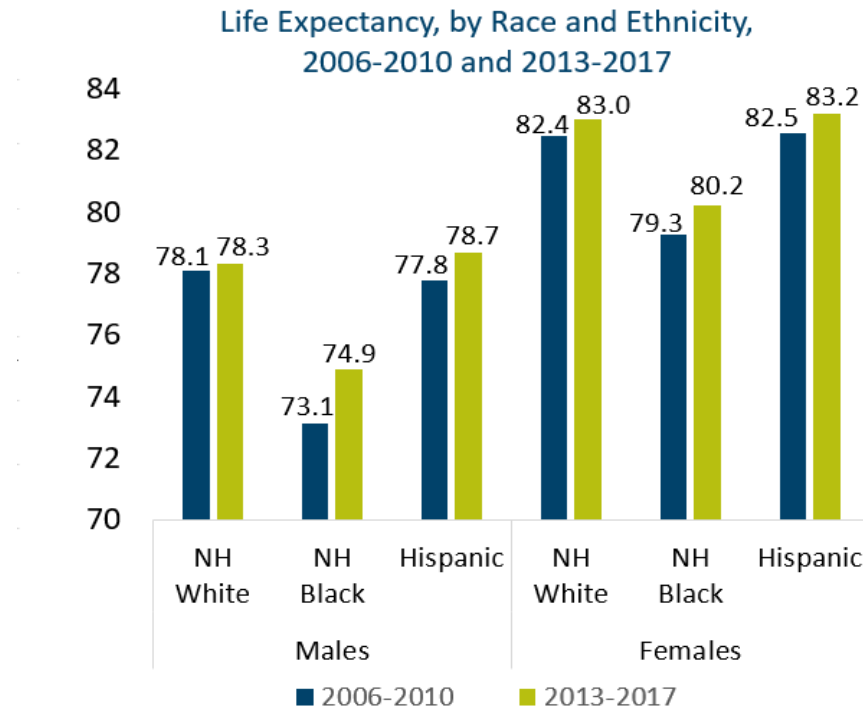
Connecticut Health Foundation

Connecticut Health Foundation



- Connecticut's **largest independent health philanthropy**.
- Since 1999, the foundation has supported innovative **grant-making, public policy research, leadership development, technical assistance and convening** to achieve its mission – to improve the health of the people of Connecticut.
- We believe that everyone deserves the opportunity to be as healthy as possible — regardless of race, background or income level. We focus on improving health outcomes for people of color.
- Our theory is that by investing in **systems change**, we will make lasting changes that impact more lives.

Is Health Equity a Problem In CT?

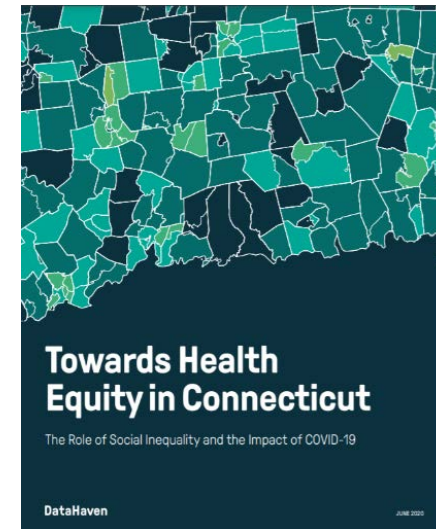


CT Department Public Health, Health Statistics and Surveillance Section, 2005-2017



www.ct.gov/dph/SHIPCoalition

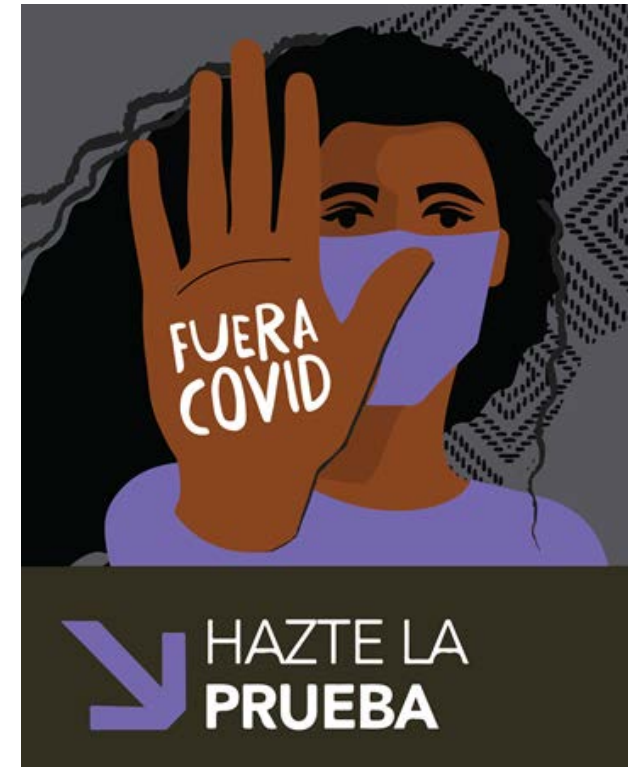
- According to *America's Health Rankings®* in 2019,
 - CT was ranked as the **4th healthiest state** in the country
 - CT was also ranked **41st in the nation for disparities** in health status.
- Report by DataHaven speaks to the social inequities in CT and the impact of COVID-19.



Ensuring Communities Aren't Left Behind



- CT Health provided four recommendations to the state to ensure that its COVID-19 response reaches those who are most at risk.
- One of the recommendations is **including community health workers** in the state's COVID-19 response and recovery efforts.
 - In partnership with 4-CT, CT Health funded nine local health departments to use CHWs for a variety of activities.
 - CHWs were used for contact tracing, connecting people to needed resources, education on COVID-19, flu vaccine distribution.
- Looking ahead, community health workers will be important for **vaccine education and distribution.**





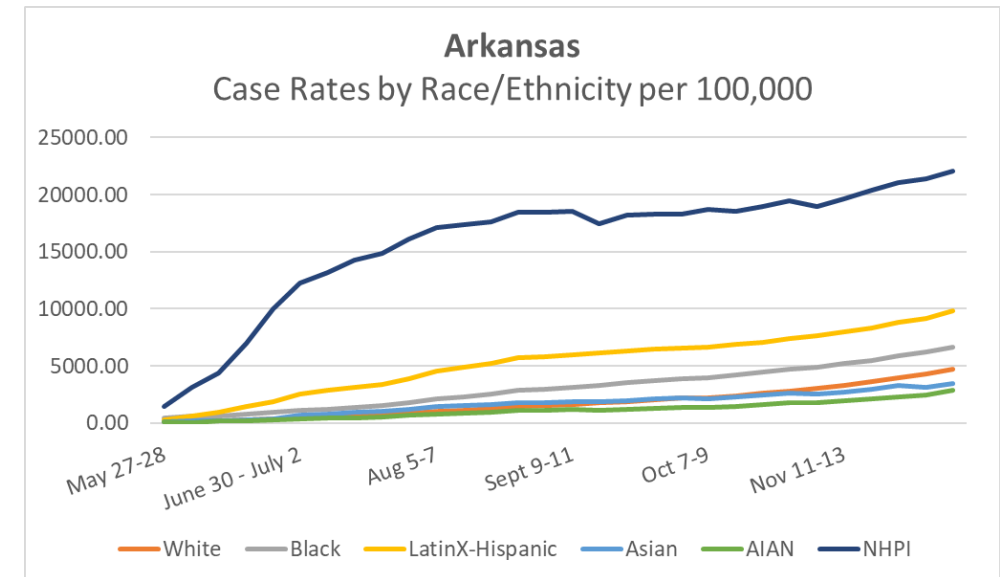
Nia Aitaoto PhD, MPH, MS
Lead Consultant
December 17, 2020

NHPI Case and Death Rates

As of Dec. 3, 2020

State	Cases per 100k	Case Rate Ranking*	Deaths per 100k	Death Rate Ranking*
Alaska	10450.47	1	90.70	1
Arkansas	21396.84	1	374.15	1
California	3406.51	1	66.27	1
Colorado	9677.42	1	104.06	1
Georgia	5628.33	1	100.76	2
Hawai'i	1509.35	1	20.00	2
Iowa	40611.14	1	591.42	1
Idaho	9494.95	1	0.00	5
Illinois	25681.74	1	414.22	1
Kentucky	3798.67	5	0.00	6
Louisiana	26364.57	1	823.89	1
Maine	2702.70	2	0.00	3
Minnesota	13139.80	1	76.39	2
No. Carolina	NR	NR	NR	NR
Nebraska	3356.16	3	0.00	5
Ohio	7356.84	1	56.88	2
Oregon	6331.97	1	70.51	1
Tennessee	7033.73	2	86.48	2
Utah	11768.72	1	68.31	2
Washington	4296.06	1	91.74	1
Wyoming	5000.00	3	48.54	2

*Compared to other races/ethnicities in state; does not incl. Other or Unknown race



Data Source: The COVID Tracking Project, UCLA Center for Health Policy Research
<https://covidtracking.com/race/dashboard>



Lessons Learned and Solutions

National and State Level

Problem: Invisible Community of Color → Lack of support and resources

Solution: Form Coalitions (State, Regional & National) to advocate for resources and mobilize assets

Local and Community Level

Problem: Lack of trust in information provided by health officials

Solution: Mobilize trusted community partners and provide support and training (<https://pi-copce.org/>)



Lessons Learned and Solutions

Continue to
advocate
for equity

National and State Level

Problem: Invisible Community of Color → Lack of support and resources

Solution: Form Coalitions (State, Regional & National) to advocate for resources and mobilize assets

Provide
Support to
Partners

Local and Community Level

Problem: Lack of trust in information provided by health officials

Solution: Mobilize trusted community partners and provide support and training (<https://pi-copce.org/>)



NATIVE WAYS FEDERATION



Overcoming Barriers To Equitable And Effective COVID-19 Vaccine Distribution

December 17, 2020

Health Equity and Native Communities



- COVID-19 and the disproportionate impact in Native communities
- Structural inequities and connection to health disparities – before, during and after the pandemic
- Lack of knowledge of sovereign status and federal trust responsibility
- Importance of engaging with tribal and urban Native communities

What can you do?

- Educate yourself and share information with colleagues
- Recognize history of distrust and build relationships with tribes, tribal programs and organizations to develop and implement culturally appropriate education efforts
- Support better, more reliable data – with Indigenous leadership at the table
- Join in Native-led advocacy efforts around Native health issues – including increasing resources for tribal health services

For more information...

National Indian Health Board (NIHB)

<https://www.nihb.org/covid-19/>

Indian Health Service (IHS)

<https://www.ihs.gov/coronavirus/>

Urban Indian Health Institute (UIHI)

<https://www.uihi.org/projects/covid/>

Native Ways Federation (NWF)

Website: www.nativeways.org

Email: cbadheartbull@nativeways.org



MARIA LEMUS

EXECUTIVE DIRECTOR

VISION Y COMPROMISO



Visión y Compromiso supports the transformational work of promotores, trusted community leaders who reach our most vulnerable residents during COVID 19 and vaccination efforts







Avances y respuestas hacia el Covid-19 Episodio 2: Actualizaciones, riesgos y realidades del COVID-19

Avances y respuestas hacia el Covid Episodio 1: Actualiza...

Watch later Share

COVID-19 en California

Día 28 – 21 de febrero – comienzan las cancelaciones de eventos (se afecta la economía)

Día 32 – 25 de febrero – San Francisco declara emergencia (sin ningún caso positivo)

Día 34 – 27 de febrero – (8,400 personas monitorizadas) 200 pruebas en manos del estado

Día 36 – 29 de febrero – las escuelas comienzan a contemplar la educación a distancia

Día 40 – 4 de marzo – Gobernador de California declara emergencia

Día 42 – 6 de marzo – El Presidente firma el primer paquete de ayuda económica (\$8.3B)

Día 43 – 7 de marzo – 100 casos confirmados en CA. Escuelas comienzan a cerrar

Día 47 – 11 de marzo – OMS declaración de "Pandemia". Comienza el distanciamiento físico

Día 49 – 13 de marzo – Declaración de emergencia nacional. Cierran las escuelas (8 fallecidos / 320+)

Día 51 – 15 de marzo – Centros de ancianos restringen visitas

Avances y respuestas hacia el Covid-19 Episodio 1: El autocuidado holístico durante estos tiempos

Avances y respuestas hacia el Covid 19 Episodio 2: El Aut...

Watch later Share

La enfermedad del coronavirus Covid-19 desde una perspectiva holística

"With y Compromise" © 2020

WE BELIEVE IN “HACIA UNA VIDA DIGNA Y SANA”



Maria Lemus, Executive Director, Visión y Compromiso
maria@visionycompromiso.org • www.visionycompromiso.org



Janelle Rocktashel, MS

Special Projects Associate

Camden Coalition

Vaccination Attitudes & Insights

Camden Coalition Community Advisory Committee



6. What are your feelings about the *COVID-19* vaccine?

DO NOT READ THE FOLLOWING QUESTION ALOUD
INDICATE WHETHER OR NOT THE RESPONDENT EXPRESSED CONCERN THROUGH CONVERSATION

- a. Did the respondent express feelings of concern throughout conversation? YES NO Prefer not to answer

IF THE RESPONDENT EXPRESSED CONCERN, PLEASE CHECK EACH ITEM OF CONCERN THAT WAS MENTIONED

*(If the respondent **did not** express feelings of concern, please skip to the next question)*

- I just don't know enough about it _____
- All vaccines are concerning, COVID is no different _____
- Previous bad experience with vaccines (got a fever, etc.) _____
- Concerns about getting COVID from the vaccine _____
- Worry about insufficient testing _____
- General safety concerns _____
- Concerns about microchipping _____
- Concerns about other governmental control _____
- Vaccines target low-income communities of color _____
- Worry about going into clinical sites during COVID _____
- Lost employment during COVID and therefore coverage/access to vaccines _____
- Unemployment NOT related to COVID-19 _____
- Prefer not to answer _____
- Other (please specify) _____



Surveying Partners





Takeaways:

1. Consulting with the community early in the project design process helps to center equity and strengthen relationships
2. Leveraging existing, trusting relationships allows for deeper and more meaningful conversations with community members
3. Using data and community voice to guide intervention design ensures that solutions are community-specific and more likely to succeed
4. Closing the loop by reporting back to the community opens communication between community members, providers, etc. and demonstrates that community voices are valued

Next Steps for Action - Equitable COVID-19 Vaccine Initiative

Sign on:

[Joint Statement On Ensuring Racial Equity In The Development And Distribution Of A COVID-19 Vaccine](#)

Join us:

<https://healthleadsusa.org/equitable-vaccine-distribution-project/>



Learn more about our panelists!



PI-CoPCE

PACIFIC ISLANDER CENTER OF PRIMARY CARE EXCELLENCE

[Nia Aitaoto, PhD, MS, MPH](#)

Technical Assistance Lead

[The Pacific Islander COVID-19 Response Team](#)

NATIVE WAYS
FEDERATION



[Carly Bad Heart Bull](#)

Executive Director

[Native Ways Federation](#)



Connecticut Health
FOUNDATION

[Tiffany Donelson](#)

President and CEO

[Connecticut Health Foundation](#)

Learn more about our panelists!



[Maria Lemus](#)

Executive Director
[Vision y Compromiso](#)



[Janelle Rocktashel](#)

Special Projects
Associate
[Camden Coalition](#)



[Denise Octavia Smith, MBA, BS, CHW, PN,
SFC](#)

Executive Director
[National Association of Community Health
Workers](#)