

COVID-19 VACCINE TASK FORCE

<u>COVID-19 Vaccine Task Force Meeting #12</u> June 23, 2021 10:30AM – 12:00PM Meeting Minutes

Task Force Committee Members Attendees **Emergency Services** Vince Pierucci, EMS Chief Jonathan Stornetta, Fire Sheriff Ian Parkinson, Law Enforcement **Bioethicist** Luis Ochoa, MD - Absent **Community Health Centers** Stephen Clarke, MD - Absent lose Guzman **Pharmacies** (Maronee Hollister, PharmD) Long Term Care Karen Jones, Ombudsman, SLO County **Business Community** Kristen Yetter, Promega Biosciences - Absent **Occupational Health** Brian Roberts, MD, MedStop Hospitals Mark Lisa, Tenet - Absent **Health Insurers** Paul Jaconette, CenCal – Absent Citlaly Santos – Absent Education Dr. James Brescia, County Office of Education - Absent Courtney Kienow, Cal Poly-Higher Education Child Care Raechelle Bowlay, CCRC Corrections Christy Mulkerin, MD, Jail CMO **Religious Leaders** Pastor Tim Thuele - Absent Rabbi Janice Mehring Monsignor Ed Callahan - Absent **Organizations serving racial and ethnic groups** Erica Ruvalcaba-Heredia, Latinx - Absent (Veronica Avery, NAACP)

Organizations serving people with disabilities Diva Johnson, Tri-Counties Regional Center Organizations serving people with limited English proficiency Irebid Gilbert, Herencia Indigena
Community Representatives
Mary Jean Sage, Health Commission
Betsy Whitaker, Med Anthropologist
Hospice
Kim Chartrand, ASPC - <i>Absent</i>
Homeless Serving Organizations
Janna Nichols
Voluntary Organizations
Rick London, United Way - <i>Absent</i>
Behavioral Health
Jill Bolster-White, Transitions Mental Health Association - Absent
Utilities
Samantha Caldwell, PG&E Diablo Canyon, Energy - Absent
Bill Robeson, City of Arroyo Grande Water/Wastewater/Trash - Absent
Agriculture
Brent Burchett, Farm Bureau
Transportation
Geoff Straw, SLORTA
(Tania Arnold, SLORTA)

COVID-19 Status in SLO County as of 6/21/21

The State moved *Beyond the Blueprint* on June 15. Majority of new cases are unvaccinated individuals. Case counts and hospitalizations remain low. No new deaths in more than one month. The number and type of variants found in SLO County are increasing. The variant of most concern at this time is the B.1.617 (India) variant, also known as the Delta variant which is more transmissible and the disease symptoms more severe. The vaccine is still largely effective against this variant. For every unvaccinated person that becomes sick, there is more opportunity for mutation that can result in more severe illness and less effectiveness of current vaccines. With more than 40% of the community not yet vaccinated, it is important to not let the Delta or other new highly transmissible variants take hold.

Vaccination Rates by Age in SLO County

The numbers below indicate the percent of people fully or partially vaccinated.

75+: 72% 65-74: 78% 50-64: 64% 40-49: 61% 30-39: 39% 18-29: 51% 16-17: 44% 12-15: 32%

Total SLO County Vaccination Rate (fully + partially vaccinated) = 62.4% compared to CA at 68.2%. To reach herd immunity, the best understanding is that percent of people fully vaccinated should reach at least 80%

Vaccination Rates by Race/Ethnicity in SLO County

The numbers below indicate the percent of people fully or partially vaccinated. Rates are based on Department of Finance (DoF) Population estimates (2021). Race/ethnicity is self-reported.

American Indian/Alaskan Native: 36% vaccinated Asian: 56% vaccinated African American/Black: 21% vaccinated Hispanic/Latinx: 43% vaccinated Mixed/Multi-race: 39% vaccinated Native Hawaiian/Pacific Islander: 117% vaccinated* White: 49% vaccinated Unknown: 15,350** Other: 11,935** *More people self-identified as Pacific Islander than are included in DoF Population estimates **Large number of people who selected "other" or "unknown" can skew data

Vaccination rates by age, race/ethnicity, and overall vaccination rates in the County and in the State of CA can be found on the interactive maps on the CDPH website: <u>https://covid19.ca.gov/vaccination-progress-data</u>

Vaccination Rates by City

The list below includes the percent of individuals either fully or partially vaccinated. Population data is based on DoF Population estimates.

SLO (93405): 34% Shandon: 35% San Miguel: 36% Creston: 37% San Simeon: 40% Atascadero: 43% Paso Robles: 43% Santa Margarita: 46% Grover Beach: 47% Oceano: 47% Arroyo Grande: 53% Templeton: 53% Los Osos: 54% Nipomo: 56% Cayucos: 58% Morro Bay: 59% Pismo Beach: 60% Cambria: 65% SLO (93401): 67% Avila Beach: 105%* *More people listed Avila Beach as their city of residence than are listed in the DoF population estimate.

Vaccination Rate by Gender and Age

Vaccination rates of women are higher than that of men in every age category with the largest discrepancies in the 30-64 year old age ranges.

Priorities & Strategies to Reach Groups with Low Vaccination Rates

Prioritized groups are based on raw numbers in the group, equity, resource availability, risk of bad outcomes and influenceability.

Race/Ethnicity:

- 1. Latinx
- 2. African American

Strategy: heavy communications focus, mobile vaccines, Promotores and Herencia Indigena partnership, NAACP and Race Matters, incentives

<u>Age:</u>

- 1. 30-39; Strategy heavy communications, incentives, pairing with community events
- 2. 12-17; Strategy school-based vaccines, in-office vaccines in pediatric practices
- 3. 75+; Strategy homebound vaccine options, messaging to healthcare providers and LTCFs
- 4. 18-29; Strategy Vaccine Champion influencers, targeted messaging, incentives

Geographic Location:

- 1. Shandon, Oceano, San Miguel;
 - a. Strategy mobile vaccine clinics, incentives, hyper local outreach, heavy communications focus via trusted messengers, partnership with multilingual, multicultural trusted organizations
- 2. Paso Robles, Atascadero, Santa Margarita, Grover Beach;
 - a. Strategy targeted messaging, political influence, incentives, homebound vaccine options and onboarding healthcare providers for vaccine administration

Mobile Vaccine Clinics

Public Health has held 42 mobile clinics at schools, low-income housing, supported housing facilities, faith-based organizations, homeless shelters and encampments, nonprofit organizations and more. CHC is also vaccinating homeless serving organizations and in Cambria and CA Valley in partnership with the Food Bank. Looking ahead, the Public Health Dept is pursuing pop-up clinics at swap meets, concerts, shopping centers, farmers' markets and more.

Healthcare Providers

Long term care facilities with low vaccination rates for both staff and residents have been identified. Public Health's Vaccine Team is working with facilities to provide education targeted to staff concerns and on-site vaccination. Acute care settings, such as hospitals, Emergency Rooms, Psychiatric Health Facility, and Urgent Care will begin to encourage pre-discharge vaccinations. Dr. Bravo is the first pediatric practice to offer in-office vaccines for children. The Public Health Vaccine Team will continue outreach and offer technical support for other pediatric practices and adult medicine. Public Health can provide refrigeration and digital data loggers, technical support in enrollment in the State vaccine tracking system.

Messaging

The County is emphasizing three areas of strategy:

<u>Mass communications</u>: Build confidence, set the stage, ensure valid vaccine information is always within easy reach, prevent a vacuum that would foster spread of misinformation

<u>Vaccine champions</u>: Engage communities with outreach, events and focused media/social messages; closely support mobile and pop-up clinic efforts

<u>Hyperlocal / Relationship-based outreach: Answer</u> questions, address concerns and make appointments through one-on-one and small-group conversations

Beyond the Blueprint

On June 15, the State ended its tiered structure and moved <u>Beyond the Blueprint</u>. All industry and business sectors listed in the current <u>Blueprint Activities and Business Tiers Chart</u> may return to usual operations with no capacity limits or physical distancing requirements, with limited exceptions for mega events, healthcare, schools, childcare, youth sports, corrections and other high-risk congregate settings.

Employers will be subject to the <u>Cal/OSHA COVID-19 Prevention Emergency Temporary Standards</u> (ETS), if applicable to them, and CDPH will continue to provide updated guidance for youth, healthcare, and high-risk congregate settings. CalOSHA FAQ page for employers: https://www.dir.ca.gov/dosh/coronavirus/Revisions-FAQ.html

Vaccinations in High-Risk Settings and Vulnerable Groups

Masks remain required in congregate settings regardless of vaccination status. Partners shared ideas about how to incentivize staff or participants since being mask-less in high-risk settings cannot be used as a reward for vaccination.

<u>School based vaccinations</u>: Cal Poly reports that about 40% of students have been vaccinated and about 70% of students who live in residential halls have received at least one dose. <u>Long Term Care Facilities</u>: SLO Ombudsman's office is continuing to survey facilities to identify low vaccination rates. See strategies above regarding outreach, education and mobile vaccine options for LTCF staff and residents.

<u>Corrections:</u> Jail inmates remain largely unvaccinated but have not had much disease transmission. It is thought that many inmates and staff have natural immunity from having had COVID-19. Needle phobia could be a potential reason for low interest in vaccines.

<u>Homeless Serving Organizations:</u> Similar to jail inmates, vaccine uptake remains low, and fear about needles is high in this group. Repeated visits from trusted vaccinators helps, but frequent movement due to heat and encampment clearings has made it difficult to find individuals. <u>Latinx Outreach</u>: Door to door outreach, individual conversations, testimonials, and incentives have proven successful. Door knocking increased turnout in Oceano by 200% from the first dose clinic.

Vaccine FAQs and Resources:

- Local FAQ, RecoverSLO: <u>https://www.recoverslo.org/en/vaccine-faqs.aspx</u>
- Public Health Collaborative: <u>https://publichealthcollaborative.org/faq/</u>
- COVID-19 Vaccine Toolkit for Community Based Organizations (CDC): <u>https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits/community-organization.html#AdolescentVaccines</u>

Beyond the Blueprint Resources:

- CDPH Beyond the Blueprint Framework: <u>https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Beyond-Blueprint-Framework.aspx</u>
- Beyond the Blueprint Q&A: <u>https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-</u> <u>19/Beyond-Blueprint-QA.aspx</u>
- CalOSHA COVID-19 Prevention and Emergency Temporary Standards: <u>https://www.dir.ca.gov/dosh/coronavirus/ETS.html</u>

 CDPH Guidance for Use of Face Coverings: <u>https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx</u>

Future of Task Force Meetings

4th Weds of each month is being held for updates and input, with the option of cancelling meetings if determined unnecessary.

Next meeting: July 28, 2021 10:30AM – 12:00PM

Meeting notes, slides, and public comment form available at <u>https://www.recoverslo.org/en/slo-county-vaccine-taskforce.aspx</u>

Adjourned at 11:55am.