

HEALTH CARE ADVISORY BOARD

Meeting Summary

May 10, 2021

MEMBERS PARTICIPATING REMOTELY

Marlene Blum, Chairman
Tim Yarboro, MD, Vice Chairman
Ellyn Crawford
Philippe Beauchene
Rose Chu
Rosanne Rodilloso
Dr. Michael Trahos, DO
Leeann Alberts, JD, MBA

STAFF

Sherryn Craig

MEMBERS ABSENT

Shikha Dixit, Mount Vernon District
Dr. Michael Trahos, DO, At Large

GUESTS

Gloria Addo-Ayensu, MD, MPH, Health Director, Health Department
Jessica Werder, Deputy Director of Public Health Operations, Health Department
Karla Bruce, Chief Equity Officer, Office of the County Executive
Sharon Arndt, Director, Community Health Development, Health Department
Dominic Bonaiuto, Director, Central Region Government & Community Relations, Inova Health System
Leah Hoffman, NAACP

Call to Order

The meeting was called to order by Marlene Blum at 7:31 pm.

Audibility of Members' Voices

Chairman Marlene Blum conducted a roll call asking each participating member to state his/her name and the location from which he/she was participating.

Braddock District, Leeann Alberts, JD, MBA, Springfield, VA
Dranesville District, Rosanne Rodilloso, McLean, VA
Hunter Mill District, Ellyn Crawford, Reston, VA
Lee District, Maia Cecire, Alexandria, VA

Mason District, Rose Chu, Falls Church, VA
Providence District, Marlene Blum, Vienna, VA
Springfield District, Bill Finerfrock, Springfield, VA
Sully District, Phil Beauchene, Chantilly, VA
At Large, Tim Yarboro, MD, Reston, VA

Chairman Blum passed the virtual gavel to Vice Chairman Tim Yarboro. Ms. Blum moved that each member's voice was adequately heard by each other member of the board, and specifically that each voice was clear, audible, and at an appropriate volume for all other members. Ellyn Crawford seconded the motion. The motion passed unanimously.

Need for an Electronic Meeting

Having established that each member's voice could be heard by every other member, Ms. Blum established (1) the nature of the emergency compelling the emergency procedures, (2) the electronic format for the meeting, and (3) public access to the meeting. Ms. Blum moved that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the Board to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of the Board and the physical presence of the public, cannot be implemented safely or practically. Ms. Blum moved that the Board would conduct the meeting electronically through Zoom Conference call, and that the public could access this meeting by telephone 888-398-2342 or through the following link: - <https://us02web.zoom.us/j/83230456901>. Maia Cecire seconded the motion. The motion passed unanimously.

Continuity in Government

To dispense with FOIA's Usual Procedures to Assure Continuity in Government, Ms. Blum moved that all of the matters addressed on today's agenda must address the State of Emergency itself, are necessary for continuity in Fairfax County government, and/or are statutorily required or necessary to continue operations and the discharge of the HCAB's lawful purposes, duties, and responsibilities. Maia Cecire seconded the motion. The motion passed unanimously.

March 15, 2021 Meeting Summary

The meeting minutes from March 15, 2021 were approved as submitted.

FY 2022 Budget Update

Jess Werder, Deputy Director, Public Health Operations, reported that the items in the County Executive's Advertised Budget are included in the Adopted Budget. With respect

to the BOS Chairman's Budget Guidance, a bill signed by the Governor will now require three support positions per 1,000 students per school in the Commonwealth.

The Health Department in partnership with the Fairfax County Public Schools is reviewing the impact of the mandate locally on the county's hybrid model that blends public health nurses and paraprofessionals/School Health Aides. A conversation about new nursing positions and a revised model has begun. The agency plans to provide a fiscal analysis and overview of the process to define the model for the BOS prior to carryover. Ms. Werder does not expect fundamental changes to the current model with PHNs and School Health Aides. However, additional analysis is being conducted to determine how new nurses are introduced using an equity and acuity focus.

Ms. Werder stated the HCAB will be involved in any redesign of the model and will discuss ways to engage members offline.

One Fairfax Racial Equity Training. Karla Bruce, Chief Equity Officer, provided an overview of One Fairfax and explained the Board of Supervisors request that all County Boards, Authorities, and Commissions (BACs) view a racial equity training video and sign an acknowledgement form regarding the One Fairfax policy. To implement this directive, the Department of Family Services and One Fairfax partnered with the Racial Equity Institute, LLC to present the Groundwater Approach: Building a Practical Understanding of Structural Racism. The Groundwater metaphor is designed to help learners at all levels understand the structural and institutional racial inequity in our society. The metaphor is based on three observations:

- racial inequity looks the same across systems,
- socio-economic difference does not explain the racial inequity;
- and, inequities are caused by systems, regardless of people's culture or behavior.

HCAB members received a link to the 30-minute video in their meeting packet and were encouraged to watch the presentation prior to the May meeting. Sherryn Craig e-mailed instructions to all HCAB members to complete the One Fairfax policy acknowledgement form.

Vaccine Equity. Sharon Arndt, Director, Community Health Development provided an overview of the Health Department's vaccine equity efforts. The broader County equity strategy follows five overarching principles:

- 1) Engage sector and community leaders to understand and address the unique situations facing residents most at risk;

- 2) Communicate with residents in various formats and in ways that are relevant to their life situations;
- 3) Connect residents to services and supports;
- 4) Foster cross-sector planning and partnerships, recognizing no single agency or sector can handle this complex situation alone;
- 5) Expand availability of vaccinations to targeted populations

The Fairfax Health District will achieve herd immunity from COVID-19 when 70% of people 16-years and older in each of its neighborhoods are vaccinated against the disease. Connecting all neighborhoods with vaccine – including those who have limited access to health care resources – is essential.

The March Vaccine Equity Strategy (VES) report highlighted the three primary components of the County's Vaccine Equity Strategy: disease, vaccine and vulnerability. A map displaying a bottom layer of darkened zip codes showed locations of the county where vulnerability is high. A heat map layered on top showed the amount of COVID disease, reflecting the higher vulnerability of residents with lower income and over-crowded households. The dots showed the vaccine access points in mid-April. To achieve equity in COVID-19 vaccination and position the region toward herd immunity, Fairfax County is hosting "Vaccine Equity Clinics."

Vaccine Equity Clinics offer COVID-19 vaccination in neighborhoods that have suffered higher levels of COVID-19 disease and where people have limited access to health care resources. The residents of these localities are more likely to be low income and belong to racial and ethnic minority groups.

The light orange dots represented vaccine equity clinic locations where trusted partners help to register residents for vaccine. Vaccine equity clinics do not offer appointments to residents "in the queue," and they are not found on vaccinefinder or vaccines.gov. The VECs are held in trusted locations such as community centers, schools and houses of worship. Over 300 trusted partners are engaged in supporting the registration of hard-to-reach and less resourced residents for vaccine.

The three primary components of the County's Vaccine Equity Strategy are to (1) continue and expand vaccine equity clinics, (2) facilitate vaccination scheduling using Vaccine Finder, and (3) engage with BIPOC communities to address vaccine hesitancy and other barriers.

Place-based vaccine equity clinic work would not be possible without anchor vaccinators and access to vaccine. Anchor vaccinators have included: Neighborhood Health FQHC operating at Knights of Columbus, Baileys Community Center and Graham Road Community Center. Neighborhood Health uses Federal and FCHD distributed doses. ADAMS Compassionate Health Network also operates a safety net site in Chantilly.

Safeway uses Federal doses and provides vaccine equity clinics at community centers, schools, community spaces such as a donated Springfield Town Center storefront, and clinics in trusted houses of worship. Mason & Partners Mobile Clinic (a converted food truck). Sharon Arndt highlighted the story of a security guard who, when asked at the beginning of the day, had not received the vaccine and was quite hesitant. He was welcomed to get the vaccine and upon watching hundreds line up to get the vaccine, George Mason University's Becky Sutter administered the first dose. He exclaimed, "That's it? I thought I would die if I got it and that is it!" He was an instrumental member of the vaccine event team and as the owner of a security company he will share his story to encourage others around him to receive vaccine.

The Chinese American Community Health Services (CACHS), a valuable member of the Multi-cultural Advisory Team has organized health fairs for many years. With the support of the Health Department, CACHS was able to navigate the VDH vaccinator certification process and received approval to administer the COVID vaccine to the community. CACHS are holding clinics in Dr Yu's office space on weekends.

Additional vaccine equity work has been underway to match independent pharmacies with Apartments and Condo Complexes designated for older adults living independently. Through partnerships with community pharmacies, on-site vaccinations are being provided at senior-specific apartment complexes.

In partnership with the County's Housing Department this effort has been expanded to include apartment/condo complexes where large numbers of low-income older adults live. Now that vaccine eligibility has expanded, additional efforts have been directed to low income housing regardless of age.

The High Risk Communities Task Force is a group of cross-agency staff, which includes the Health Department's outreach team, Office Of Innovation, Epidemiology, family assistance worker teams; and operational leadership and leadership from the Department of Neighborhood and Community Services. In January, the HRCTF expanded to include Long Term Care, One Fairfax and additional NCS staff from community capacity building and interfaith coordination. The HRCTF has met weekly to

understand the course of the disease, vaccine status, and essential agency communication messages. The task force has also explored feedback and barriers from the community and has used this information to shape its actions to enhance equity and improved access to care for all.

The Health Department's Outreach team serves an invaluable role to improve equity across the community. The team was established to support pandemic preparedness nearly 15 years ago. Since that time, this team of multicultural staff have sought to develop strong relationships and build capacity with numerous non-profits and community-based organizations that support Fairfax's diverse and hardest to reach residents.

The Outreach team has conducted regular COVID presentations throughout the pandemic, with recent emphasis on vaccine hesitancy and vaccine decision making to over 50 community organizations and their clients. Currently, the Outreach team has expanded its efforts to help mobilize engagement and registration for the vaccine equity clinics.

Today, the Black community is one of the most vulnerable populations in the county. Fairfax's Black community has the lowest life expectancy of all populations in the county

- 10% of the Black community lives in poverty
- In 2018, 6% of home loans were given to Black borrowers, compared to Whites, who received 55% of the home loans
- Today, unlike other ethnic groups that continue to grow, the Black community remains at 10% of the population, the same as it was 70 years ago.

The Black community has a history of being pushed out and not being invested in, and many continue to feel this way today. In Fairfax, Black residents often express feeling invisible, not valued, and often feel like their needs and concerns are overshadowed by the broader communities of color. Given its unique history and experience, the Black community cannot always be lumped together with all the other ethnic groups, it is important that we know when it is appropriate to carve out a space for them.

While there is still a lot of work that needs to be done, the agency is working hard to build trust and center the needs of the Black community by engaging and partnering with community leaders, and organizations that serve the black community. One of the groups the agency has been working with is VOBF. Back in the fall, the Health Department, in partnership with ONE Fairfax and NCS, hosted a COVID-19 and equity townhall for the African American community. As a result, three pastors decided to form

a coalition, VOBF. This group has been crucial in helping to reach the Black community with information and getting the Black community members vaccinated at equity clinics. Each one of the pastors also have standing vaccine clinics at their churches, which are Bethlehem Baptist, Mt Olive Baptist, and First Baptist Church of Vienna.

A campaign called Real Talk for the Culture (RTFTC) has also been launched to engage the Black community. By partnering with local barbers, Black sororities & fraternities, and other groups serving the Black community, the Health Department has been able to provide a safe space for Black residents to dig deep and speak freely about the COVID-19 vaccine and their hesitancy. These small group conversations have allowed for people to self-reflect, share personal experiences with COVID, and hear from others who have gotten the vaccine. While RTFTC has started with a focus on COVID, it will continue beyond the pandemic in addressing health topics and concerns that impact the Black community.

Lastly the Health Department's communications team has been very intentional in working with outreach to create messaging and a platform for the Black community to share and learn. One of the things the agency has been working on is a partnership with FOX 5 NEWS, where a dedicated segment airs every two weeks to provide COVID-19 information to the Black community.

Fairfax also has many Latino immigrants, many of whom have come here to escape war, gang violence, drought, and extreme poverty. Many have had limited education opportunities in their home countries and so they may have low literacy in their native Spanish, they have limited English skills, and many are undocumented, so while the community is very resilient, Latino immigrants are navigating their new world with a lot of uncertainty. This means that efforts to enhance vaccine equity need to be both sensitive and strategic about how and where engagement occurs.

For example, a lot of immigrant men find work as day laborers, going to places like 7-11 and small businesses to seek employment. Carla and Claudia from the Outreach Team have identified some of the more frequented locations so they can talk to the men gathered there about the COVID vaccine and sign them up for an appointment on the spot. Other places where successful engagement has occurred is at worksites (e.g., Surf and Suds, Empire Carwash, etc.) or business sectors (e.g., transportation, delivery services, etc.).

Vaccine outreach efforts are the result of collaborative relationships the team has formed with businesses and various Supervisor offices. The Health Department also

partners with many non-profit service providers and residential communities to get the word out about the vaccine.

Another important place in many people's lives is their house of worship. The team works to meet people where they live, and from the testing phase and now into the vaccination phase, the team has canvassed neighborhoods with the help of Community Health Workers and CERT volunteers to share information about the vaccine, answer questions, and sign people up for an appointment.

The Outreach Team continues to work with private citizens, or community champions, who out of a strong sense of civic duty and community, have taken it upon themselves to sign up well over 300 friends and neighbors for equity clinics in their area. Last but certainly not least, the Health Department has leveraged its Fairfax County Public Schools parent liaisons.

In addition to the Latino community, the Health Department's Outreach Team has provided critical assistance to Vietnamese residents who speak limited English. Outreach workers along with trusted community partners, like Boat People SOS (BPSOS), provide education, interpretation, and language assistance to residents registering for vaccine equity clinics.

To date, eight partners with 97 organizations have provided information, education, and registration assistance for the COVID-19 vaccine. In March, 51 clinics at 16 locations resulted in 9,500 people registering or receiving the first dose of the vaccine. Of those recipients, 39% were Hispanic, 21% Black/African American, 17% Asian, 13% White, and 10% Other/Unknown. In April, 93 clinics at 26 locations resulted in 16,000 people registering or receiving the first dose of the vaccine.

The Medical Reserve Corps (MRC) volunteers have been critical to the County's VEC efforts, as well as contracted staff and the Community Health Workers who have pre-registered residents for vaccine and served side-by-side as interpreters for the nurses and pharmacists. All CHWs are conversant in the vaccine screening questions and the guidance to help navigate COVID disease for non-English and limited English speaking residents.

Moving forward, the Health Department will continue to monitor the racial, ethnic and geographic differences in vaccination and continue to work toward equity. The disparities with COVID-19 vaccination are not unique to this pandemic, but seen across all health issues: a lack of trust in a system that has not worked as well for black and

brown people with economic and social disadvantages and limited to no access to medical care.

The pandemic vaccination has shined a light on the underlying factors that contribute to inequity and what will really be most important is that the VEC engagement and outreach continues to accelerate in addressing other issues that affect people's lives and their health.

In response to a question about engaging the disabled community, Ms. Arndt indicated that the Health Department has worked with the Disability Services Board and Department of Family Services to educate the disabled community about vaccination efforts and connecting residents to vaccine closer to their home and ensuring they are supported upon their arrival. All clinics are ADA accessible and have language assistance services available.

While the presentation provided a good overview, the question remains about how the public knows that the agency's partnerships are adequate or effective (e.g., EMS vaccinating homebound residents). The vaccine campaign is a work in progress and the agency continues to identify partners and additional communities to vaccinate. The homebound program is a Health Department program with EMS being deployed as vaccinators to that population. More mobile clinics will increase in abundance, and a more robust mobile vaccine program is about to be implemented. The primary goal of the vaccine strategy was to get to herd immunity very quickly with an equity lens while limiting death and disease in the community.

In response to a question about Bailey's Community Center being the closest VEC site to Culmore, Ms. Arndt shared that Neighborhood Health is doing close to 800 vaccines a week at the Bailey's Community Center.

The HCAB noted the inclusion of multiple languages being added to the vaccine registration portal.

HCAB members expressed concern about the VEC use of pre-registration. It was speculated that overall effectiveness could have been improved if vaccine had been made directly available at the location of registration as opposed to making an appointment/waiting list. Health Department representatives stated that data are being tracked in Vaccine Equity reports regarding pre-registration and the resulting vaccination rates, as well as second dose returns.

However, the HCAB noted that the data combine registration and vaccination numbers without isolating vaccination completion. Ms. Arndt explained that the agency looks at the capacity of the clinic and tracks the doses administered. For example, at a recent VEC clinic, the capacity was 440 doses and 406 were administered.

Given that the first equity clinic was conducted in March, when vaccine was available at the end of December, many HCAB members felt the Health Department was late to engage communities of color and the disabled. It appeared there was no forethought and planning to reach communities where they were being hardest hit and historical resistance to vaccination campaigns.

Dr. Gloria responded that outreach began before vaccines were available. The Outreach Team has been in place for 15 years.

In response to a question regarding efforts to address noncompliance with second shots, the Health Department will continue to conduct outreach and address residents' fears about getting the second dose due to concerns about sickness and adverse reactions.

The HCAB pointed out that the County's COVID vaccine dashboard has no data on demographics. While HCAB members understand that the Health Department does not have complete information, the agency must have some data elements as that is what is being used to plan where equity clinics are being located. The HCAB inquired why that data is not being shared with the community. Dr. Gloria shared that the Epidemiology team provided a demonstration to agency leadership and the dashboard will be updated soon.

HCAB members expressed that equity should be a consideration in planning, not an add-on, and that many community members and organizations share this feeling as recently evidenced by a letter sent to the BOS from three African American pastors.

Now that the Pfizer vaccine has been approved for children 12 and up, a question was asked about the Health Department's plan to address equity among younger age groups. Dr. Gloria shared that the Health Department is working with Fairfax County Public Schools and plans are in development for school-based vaccination clinics. The HCAB reminded Health Department staff that even adults that were vaccine hesitant might have even more reluctance to have their children vaccinated, especially given the public messaging that children are at low risk of getting COVID or serious illness. HCAB

members recommended a separate strategy to address these potentially conflicting messages.

Other Business. Sherryn Craig will survey HCAB members about potential meeting dates in July to review a Continuing Care Facility application and the 2022 Legislative Program.

There being no further business, the meeting adjourned at 10:03 pm.