

**Minutes - Supporting Vaccine Equity using CBPA frameworks, CDC Health Equity and
Community Rebuilding Training
Monday November 15, 2021**

[Link to recording](#)

[Link to saved chat](#)

Introduction

1. COVID-19 cases are rising again. We are going to focus today on vaccine equity and community need. We are moving the vaccine equity action planning up to now, instead of working on this in the spring of 2022.
2. We will talk about Community Based Participatory Action (CBPA) and how this framework can be used to support this work
3. After today's training - Health Councils should look for people that are already doing vaccination work in their community and connect with them

Equity Committee Session Follow-up

1. Highlights from Small Group Discussions about Health Equity Committees on 11/1/21
 - a. Health Councils are already doing a lot of great equity work
 - b. There is need for greater capacity to engage in the work
 - c. There is a need for additional training in multiple areas with a focus on Stakeholder Engagement and Guidelines for forming an equity committee
 - d. As with all work that health councils do, it is imperative that equity committee work continues to be co-created and accessible to community in language, structure and strategy
2. Next steps - Natalie and Everette will be reaching out to health councils individually to follow-up on the 11/1 training and connect everyone with resources they need to continue their work.
3. [Link to Slides](#)

Colors of COVID Video - Gerilyn

1. [Link to video](#)

Colors of COVID Debrief -Sharon

1. **In breakout rooms, people talked about:**
 - People may not hear messaging around COVID when their basic needs are not met
 - It is difficult to engage in COVID messaging in very rural areas because of limited communication channels
 - There is a need to connect Wraparound services with vaccine events, to address many levels of need
 - This would be a good video to share this video w/ the community.

Thank you to our public health partners!



Robert Wood Johnson Foundation



- Frustrating that some communities have access to childhood COVID vaccination but not all. Tribal communities in particular have not been able to access vaccine scheduling that other communities can
- Local governments did not always consider inequities in their COVID responses. For example, in Gallup, a lockdown was started with less than 24 hours notice. People couldn't access basic services for a week or longer.
- "build it and they will come" isn't working anymore. w/ our events, we need to reach out at a personal and local level, using our personal & community networks. Finding those community leaders who have a large following and partnering w/ them. This way those who are distrustful of Govt entities are more likely to attend vaccine events
- Top-down approaches for mask mandates did not work for people who were not local. In some rural communities, cities (ex. Socorro) instituted mask mandates, but people from out of town didn't hear about it. They didn't have access to masks, so the health council worked to have them available at the doors of stores so people could still get what they needed.
- Public health communication is often discussed as a one way approach. People in power have information that they need to distribute. There is not a lot of bottom-up listening
- the rural/urban split in the state; internet / broadband is an issue; testing; staffing shortages; system issues
- Is there data available about why people are not vaccinated? Because they don't want to get the vaccine? Or because they can't access it?

2. What are health councils doing to address vaccine equity? (ideas for others)

- **Valencia County:** Use medical reserve corp to administer vaccines in rural areas
 - Mackenzie, Bobbie, DOH, bobbie.mackenzie@state.nm.us, Medical Reserve Corp director
- **Rio Arriba County:** is working with schools and with the local hospital to put on vaccine clinics
 - **Notes from Lauren Reichelt:** I have reached out to all five school districts in RIO ARRIBA plus the two charter schools to organize vaccinations in the schools as it requires a lot of volunteers and resources each district may not have.
 - I'm working with the district, DOH and school based clinic in each district and also our EMS and hospital. I've discovered it is not enough to reach out to the administration of the clinic and district.
 - I also have to organize meetings that include the principals of the individual schools and school based clinics and that some schools need us to coordinate public outreach in advance to the parents at the school.
 - I've reached out to Dulce but not Santa Clara or Ohkay Owingeh and feel like I could use help reaching out to pueblos.
 - We have an Infectious Disease Task Force that has been engaged since the beginning of COVID, first making and distributing PPEs, then coordinating testing and now coordinating vaccination.

Thank you to our public health partners!



- **Valencia County:** has been administering 100% Community Survey during COVID and assessing community PERCEPTION of access to all 10 service sectors and asking for qualitative responses as well. Also letting groups with more community trust do their thing and host vaccine events in special areas where they are the experts. - Diana Good CWC
- **Social media in Quay County:** contacting agencies addressing needs and preparing social media posts about changes in accessing services and where and when they can get a vaccine or a test. One of our inequalities is geography. We have very few services and staff to deliver those services. People have to drive an hour to get to services.
- **Luna County:** is talking about working with mobile food pantries to create broader access to information about covid and access to vaccines.
- **Marilyn Alcorn, Grant County:** We have had a Covid19 task force since around October 2020. We gathered the whole community together by engaging key people in every sector of the community. Working groups were created that took a problem being impacted by Covid and worked on solutions. The task force working groups eventually stood down when we had seemed to reach a place of declining number of cases. Current numbers in our county has reactivated many of those sectors in collaboration once again with a huge community messaging campaign as well as increased access to testing and vaccine clinics.
- **Hidalgo County Health Council:** we are at the beginning of the covid vaccine equity committee and I am waiting to hear back from the school nurses to pursue a Health Fair which will include education on vaccines for 5+
- **Bernalillo Co:** Using vaccine messaging from a local NM Musician David Garcia - <https://youtu.be/N2TYHx0J2J0>

CBPR/CBPA as an Implementation Framework - Nina and Victoria

1. Foundations of Community Based Participatory Research (**CBPR**) or Community Based Participatory Action (**CBPA**)
 - a. Recognizes community as a place of identity and solution
 - b. Cooperative and co-learning process
 - c. Systems development & local capacity building
 - d. Long-term commitment to action
 - e. Balances research and action
2. Listening, dialogue and action go hand and hand. They are cyclical processes and build on each other.
3. CBPA Process: CBPA begins with community **context**. From there, organizations work on building **partnerships** and taking **action** towards health/social justice **outcomes**.

Thank you to our public health partners!





4. Some examples for this work:
 - a. Context could be local stories, local data
 - b. Partnerships could be with Health Councils, DOH, Health Departments, Alliance, UNM
 - c. Actions could involve planning, gathering community feedback, evaluating programs and progress
 - d. Outcomes could include local systems changes, events, and reports, and state-wide shared outcomes
5. Today - we are thinking about a 2 month timeframe - short term. What are some activities that we can work on to move towards vaccine equity in our community?
6. [Link to slides](#)

Regional Breakout Rooms

1. Link to Jamboards
 - a. [Northwest/Metro](#)
 - b. [Northeast](#)
 - c. [Southwest](#)
 - d. [Southeast](#)

Use of CBPR as a QI Approach with PEH - Department of Health Deputy Secretary , Dr. Laura Parajon

Example: Laura has been working on improving COVID-19 Vaccine Equity using CBPA

1. Context: COVID-19 has not impacted people equally.
 - a. Hospitalizations due to COVID don't just affect COVID patients
 - b. Different populations face different barriers to vaccination and different vulnerabilities
 - c. Hispanic/Latinx populations have notably low vaccination rates
2. How can we address this disparity?
 - a. Engage community groups that are involved with this population
 - b. Partnering practices
 - i. Foster trust
 - ii. Listen to the community
 - iii. Promote mutual learning
 - iv. Nurture safe spaces

Thank you to our public health partners!

- v. Facilitate reflection and dialogue for community empowerment
 - c. Prioritize vaccine scheduling for high SVI (Social Vulnerability Index) zip codes
 - i. Ask communities in these areas what barriers to vaccination exist
 - ii. Assess responses and see how barriers can be addressed
 - d. Improved communication materials to address barriers and address identified barriers
 - i. If you want access to these communication materials contact Laura at LParajon@salud.unm.edu
3. More information, resources, and data: <https://getthefacts.vaccinenm.org/chw/>

Next Steps and Action Items

1. Upcoming trainings
 - a. Health Council Talks November 19th 12-1PM- Tularosa Downwinders and DOH Communications Lead, Katy Differndorfer
 - b. CDC Health Equity and Community Rebuilding Training - Making a Vaccine Equity Plan and COVID Data Dashboards December 6th 1-3PM
2. Please remove existing Zoom links from the Alliance for:
 - a. Health Council Talks (third Friday of the month 12-1PM)
 - b. CDC Health Equity and Community Rebuilding Training (2nd and 4th Monday of the month 1-3PM)
3. Look out for an update from the Alliance with new Zoom information and calendar invites on Wednesday 11/17/21 in the [NMAHC Listserv](#)
 - a. If you are not subscribed to that, [do so here](#).
4. We also share information such as meeting recordings, minutes, training materials, resources, news, and more [in this Listserv](#) - we would really like to get everyone connected with it
 - a. Contact Madeline at madeline@nmhealthcouncils.org with questions or feedback on how this listserv is shared. We are open to your suggestions!
5. Invoicing and reporting
 - a. Please submit your monthly report even if you have not yet submitted your invoice. You can [do that here](#).
 - b. Contact Susie at susie@nmhealthcouncils.org or Madeline at madeline@nmhealthcouncils.org with any questions about invoicing or reporting!
6. Sharon and Susie want to hear about your health council meetings
 - a. Please add sharon@nmhealthcouncils.org and susie@nmhealthcouncils.org to your email lists where you update and share information about your health council meetings.

Thank you to our public health partners!