



## COVID-19 VACCINE TASK FORCE

### COVID-19 Vaccine Task Force Meeting #9

April 14, 2021

10:30AM – 12:00PM

Meeting Minutes

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### Task Force Committee Members Attendees

#### **Emergency Services**

Vince Pierucci, EMS

Chief Jonathan Stornetta, Fire

Sheriff Ian Parkinson, Law Enforcement - *Absent*

#### **Bioethicist**

Luis Ochoa, MD - *Absent*

#### **Community Health Centers**

Stephen Clarke, MD

#### **Pharmacies**

Maronee Hollister, PharmD

#### **Long Term Care**

Karen Jones, Ombudsman, SLO County

#### **Business Community**

Kristen Yetter, Promega Biosciences

#### **Occupational Health**

Brian Roberts, MD, MedStop

#### **Hospitals**

Mark Lisa, Tenet - *Absent*

#### **Health Insurers**

Paul Jaconette, CenCal - *Absent*

#### **Education**

Dr. James Brescia, County Office of Education

Courtney Kienow, Cal Poly-Higher Education

#### **Child Care**

Raechelle Bowlay, CCRC

#### **Corrections**

Christy Mulkerin, MD, Jail CMO

#### **Religious Leaders**

Pastor Tim Thuele

Rabbi Janice Mehring

Monsignor Ed Callahan - *Absent*

#### **Organizations serving racial and ethnic groups**

Erica Ruvalcaba-Heredia, Latinx

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- *Absent*

## **Homeless Serving Organizations**

Janna Nichols

## **Voluntary Organizations**

Rick London, United Way - *Absent*

## **Behavioral Health**

Jill Bolster-White, Transitions Mental Health Association

## **Utilities**

Samantha Caldwell, PG&E Diablo Canyon, Energy

Bill Robeson, City of Arroyo Grande Water/Wastewater/Trash

## **Agriculture**

Brent Burchett, Farm Bureau

## **Transportation**

Geoff Straw, SLORTA

(Tania Arnold, SLORTA)

## **Welcome and Public Comment Review**

Jen Miller welcomed Task Force members and reported there is no public comment now that eligibility is open to all age 16 and older; all advocacy requests have been resolved. There is a shift from a model of managing too much demand to a model that needs to *generate* demand. The role of the Task Force has been to advise on priorities in times of scarce resources, to ensure equity in decision making, and to steer the County's response to the pandemic. Today, the role of the Task Force needs to shift. With all groups eligible to receive the vaccine and uptake unacceptably low, the role of the Task Force needs to pivot in order to reach those who are vaccine hesitant. Specific reasons for vaccine hesitancy or resistance need a personalized, emotional response from a trusted source to increase credibility of information. The County will not reach herd immunity using the current methods of communication. Task Force members are vital to this effort.

## **COVID-19 Status in SLO County as of 4/12**

Although the case numbers remain somewhat low, the County is still in the Red Tier. Positive cases among younger populations have increased slightly, but rates of hospitalizations and deaths remain low. As case counts remain steady and vaccination rates lower than hoped for, it is now a race against the variants that are becoming more common in CA and SLO County.

The County is pausing administration of Janssen vaccine, per CDC and FDA recommendations while they examine an unusual type of blood clot that has been found in 6 of the 6.8M people who have received the Johnson and Johnson vaccine. Of most concern is the need for targeted and multilingual messaging of reassurance, especially to groups overrepresented among Johnson and Johnson recipients like agriculture workers, people experiencing homelessness, and Latinx communities.

## **Vaccine Hesitancy**

To date, more than 167,000 doses have been administered in SLO County, with over 41% of the population either partially or fully vaccinated. In order to reach herd immunity, 80% of the community needs to be vaccinated. Anyone age 16 and older is now eligible for the vaccine. Dr. Borenstein presented vaccination rates by age. For those who are unvaccinated, the reasons are many and tend to fall into one of two categories: access issues or belief systems. Although access issues are being addressed through many efforts and partnerships, there is still more work to do. It will be more challenging to change people's belief systems.

The next challenge for the Task Force is understanding vaccine hesitancy and how to approach reasons for hesitancy within their networks. National polling suggests distrust of government, side effects concerns, lack of data about the vaccines, political influence, and religious beliefs are some of the reasons for hesitancy. A Kaiser Foundation poll in February 2021 found that 22% of people remain in the "moveable middle" and the final one in six are fully opposed to COVID-19 vaccination.

Black and Hispanic adults are most likely to say they will "wait and see" before making a vaccine decision, and Republicans and rural residents are most resistant to COVID-19 vaccination. Polling also suggests Christians are among groups least likely to want the vaccine.

Building vaccine confidence requires acknowledging and addressing concerns. To do that, Task Force members can align vaccine benefits with emotions, specific values and priorities. Establishing vaccination as a social norm with compelling messages and the support of influencer and trusted sources to increase credibility of information will be key.

Even as COVID-19 vaccine acceptance is increasing, valid questions remain regarding safety and efficacy, and the public is also sifting through widespread misinformation and disinformation. Lack of trust in science and/or government makes it difficult to overcome these challenges, especially among groups with a history of being underserved or marginalized by medical and scientific communities and those who feel alienated from government and scientific leaders.

## **Discussion**

Task Force members offered specific ideas, personal stories and experiences, and suggestions about why people are hesitant. Discussion continued with brainstorming opportunities to engage with their communities to address unique needs/concerns.

### **Task Force membership:**

- Expand Task Force membership to include a pediatrician with experience addressing anti-vax sentiments among parents.

### **Messaging:**

- Christy Mulkerin, MD: Focus on the carrot, rather than the stick; encourage positive benefits available to those who are vaccinated, like gathering without masks. In the jail, that means switching from N95 masks to surgical masks, an incentive for comfort.
- Tim Theule: I believe strongly in the carrot approach. Fear of the stick (vaccine passport) is real.
- Kris Yetter: Marketing strategies that focus on science-based decisions, share experiences from an emotional perspective. It is important to have the message to come from a marketing perspective and not from the county or government, due to the issue of mistrust with government organizations.
- Christy Mulkerin, MD: We need to proactively provide more information for people who have had COVID before and were instructed to wait to get their vaccine. That message can shift,

now. Can we proactively share the need to get vaccinated, even if you have already had COVID-19?

- Jill Bolster-White: Participation by multiple chambers of commerce may be able to help with messaging since the businesses they represent depend on the County to move into the next tier to operate!
- Brian Roberts, MD: For those newly eligible, younger age groups who are not concerned about severe outcomes, push communication about the lasting effects in healthy people not hospitalization and death.
- Brian Roberts, MD: Do we know where Assembly member Jordan Cunningham stands on this? Could he help with messaging to the Republican Party folks?
- Janna Nichols: This is very reminiscent to the challenges around the census as well. Why is it in my interest to get vaccinated? And what is the impact if I don't get it (akin to the cost to our community of me not completing the census of \$120,000 over ten years)
- Karen Jones: It might help if SLO County can provide us with talking points when clients, friends, family discuss their reasons for refusing the vaccine.
- Tim Theule: IDEA: Flood the non-traditional communication channels with PSAs from trusted community leaders: chamber of commerce business leaders! I love this champions idea, but we've got to get them into non-traditional channels. PUSH. Impossible to PULL them to your websites.
- Christy Mulkerin, MD: These are emotional decisions that require an emotional response.
- Janna Nichols: LinkedIn is the new facebook for older people. We need emotional and visceral messages posted through these non-traditional channels as well.
- Irebid Gilbert: Already marginalized communities need targeted messaging. For the Latinx community, family-oriented messaging works best. "Getting the vaccine is a gift to your family."

#### Barriers, accessibility, convenience:

- Several task force members agreed that once people have a choice of brand of vaccine, they may say "yes." Having choice gives the individual some power in situation, and important aspect for people who feel forced, or have concerns about government overreach.
- Jill Bolster-White: Having mobile vaccine clinics at schools might allow busy parents and students to get vaccinated. Pacheco School in SLO and Georgia Brown in Paso Robles may be prioritized since they serve many monolingual Spanish speaking families
- Tim Theule: IDEA: quick and easy pop-up clinics downtown, at Costco, Home Depot, Target. In the parking lots of high traffic places where people are naturally going. Make it uber convenient. People are busy. Make big banners: "Get Vaccinated Right Now in 3 Minutes or Less!" "Let's get back to life together! We're all sick of these masks. Let's get vaccinated so we can lose the masks!"
- Tim Theule: I was contacted by my doc, Dr. Bloom, "We've got vaccine. Want an appointment?" So nice and easy. No need to register. Didn't even have to think about it. my silly tribe! Doing what I can!
- Tim Theule: IDEA: County reach out to larger key businesses. "We'll come to you with a mobile clinic. When can we do that?"

#### Vaccine hesitancy:

- Christy Mulkerin, MD: Inmates who have initially said "yes," to wanting the vaccine sometimes decline once it is their turn. As they see other inmates getting vaccinated and jail staff continues to educate over time, they gain trust. Many inmates have come around and ended up receiving the vaccine.

- Karen Jones: Topics I am hearing at work and in the community: 1) this is just a flu 2) waiting for the EAU status to be fully approved 3) this will all go away on June 15 when the governor fully opens CA once again.
- Diva Johnson: There is also the issue of diffusion of responsibility... People are not getting vaccinated because they are depending on others to get vaccinated to reach herd immunity.
- Maronee Hollister, Pharmacies: I have heard that the reluctance with military is more the right to say "no" to something.
- Rabbi Janice Mehring: I haven't seen resistance to vaccine in our community. interestingly, I have been reaching out to 30+ group to assess their thoughts on getting vaccine and then have appointments or have had first dose.
- Veronica shared her personal journey in making the decision whether to get the vaccine.
- Betsy Whitaker: affirmed Veronica's concerns and offered the hot cold naturopathic approach in thinking about vaccines; offer cold vaccine to counter hot disease.
- Christy Mulkerin: @Veronica your story is so helpful and inspiring! Thank you for sharing. I think this is exactly the thing that we need to look at - what makes people change their mind?

Tara Kennon, Public Information Officer, presented what the County is implementing to address the issue of vaccine hesitancy and build confidence. Personal stories, links to materials, and opportunities to share your own experiences are being promoted via:

- Vaccine Champions page: <https://www.recover slo.org/en/vaccine-champions.aspx>
- Social press kit: <https://thesocialpresskit.com/slo-county#get-the-vax>

Jen closed by stressing the importance of thinking differently about the ways task force members engage with their communities. Consider sharing personal stories, inviting tough conversations, holding forums or small group discussions where people will feel safe asking questions and exploring concerns without fear of ridicule.

### **Closing and Upcoming Events**

Next meetings (2<sup>nd</sup> and 4<sup>th</sup> Wednesdays of the month):

- April 28, 2021 10:30AM – 12:00PM
- May 12, 2021 10:30AM – 12:00PM

Future meetings TBD.

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

Adjourned at 12:05pm.