Sharon: Hello everyone, and welcome to this episode of the Health Disparities Podcast in which we are going to discuss equitable distribution of COVID-19 vaccines to underserved populations in several locations and the foundational policies that have made that possible. My name is Sharon LaSure-Roy, and I'm here in Jacksonville, Florida. I'm a member of the Movement is Life steering committee, but my day job is that I work for Florida Blue on health-related communications, and I manage our strategic enterprise social media strategy. I've spent quite a bit of time doing the digital storyteller, so I love this aspect and I think that we're going to have a great conversation today. It's my pleasure to welcome two guests who are going to share with us insights about equitable distribution of vaccines from two different locations. And I'm also going to talk a little bit about what's been happening in the state of Florida, with a large insurance company in helping to give out these vaccines. Our special guest is from Baton Rouge, Louisiana. Coletta Barrett is the Vice President of Mission at Our Lady of the Lake Regional Medical Center and she is also chair of the board for the Baton Rouge Mayor's Healthy City Initiative. Welcome Colletta to the Health Disparities Podcast.

Coletta: Thank you. Thank you, Sharon. I'm really looking forward to our conversation today.

Sharon: And secondly, my fellow Movement is Life steering group member, Dr. Carla Harwell, is an internist affiliated with University Hospital's Cleveland Medical Center, and like Coletta and myself, she has strong ties with local faith communities. So, welcome Dr. Harwell.

Dr. Harwell: Hi, thank you.

Sharon: It's great to have you both here to discuss this important subject, especially in this day and age, we can't get a more imperative of a subject to talk about. So, Coletta, let's start with a little bit about your health system, which is called the Franciscan Missionaries of our Lady, sometimes abbreviated to FMOLHS, of which Our Lady of the Lake Medical Center is a member.

Coletta: Yes, the Franciscan Missionaries of Our Lady congregation are who started our ministry 110 years ago now. And so, we are the only health system in Louisiana that was founded by women. Our health system is actually located in Louisiana and now Mississippi, St. Dominic's Hospital, which is a Dominican institution, joined our ministry a little over a year ago now. So, we have five hospitals located in Louisiana and in Mississippi. We have a freestanding children's hospital, a critical access hospital. The institution that I hail from is 840 beds, and we are the regional trauma center. As a Catholic institution talking about our mission, you know we're committed to defending the human dignity, attending to the whole person, caring for poor and vulnerable persons, promoting the common good, acting on behalf of justice, stewarding resources and so, that's just part of our Catholic identity. More specifically, our mission and ministry calls us to be a healing and spiritual presence to our team members and to the communities that we serve. From that perspective, I wear the outward facing hat of community engagement and collaboration.

Sharon: And I want to kind of talk about something. I used to work for Florida Hospital, which is the largest Advent Health System and I love how you talked about the healing and spiritual, because that was one of the aspect people loved that. They chose Florida hospital because of that aspect. So, when you talk about the healing and the spiritual, I think it does go hand in hand. You need a little bit of that to make sure and you feel better. Even some people that may approach religion in a different level still felt better and data showed us, that being in a hospital that was faith-based was a connecting force.

Coletta: Right.

Sharon: So, interesting. I love how you said that, so, thank you. Can you tell us a little bit more about how you went about setting up the vaccine distribution? What did you want to add about the capacity of the state led mass vaccination efforts? Also add a little bit about what we've been doing with our faith-based communities at Florida Blue to help get that out. And then how did you target, these different communities?

Coletta: Well, in the early days, you know vaccine was not necessarily, very readily available and so, there were prioritized groups of people who could have access to the vaccine. Our CEO, Scott Wester, is truly one of those servant leaders. He picked up the phone and called and said our numbers for diversity in vaccine uptake in the state are really, not good at all. We need to figure out how we're going to get into communities of color. And I said you

know that's fine, but broken promises and not making sure that we are fulfilling the promises that we make, we're not going to go there. He said, “Okay, I'm making the commitment that we're going to have 200 vaccines a week, that are specifically targeted for our congregational outreach program.” And so that was back in mid-January, this was early on in the vaccine distribution. And so, going to our churches, I call them churches of color, you know our brown and yellow populations, we went to congregational gatherings, we went to churches, we went to masses to services and shared with them personal experiences of receiving the vaccine and inviting them to have a reservation for a vaccine, if they gave us their name, their telephone number and their date of birth. And we made the commitment that 200 registrants each week would receive their vaccines. We started out with 150 something, we got to 180 something, but in the early days when we were still very limited with vaccines, we never went above our 200. And so, it was a commitment that we were able to keep, to call people, get them registered. It was interesting because we had to talk about culture and during service, tell them answer your phone! You gave me your phone number, our call centers going to call you to give you your date and your time, you got to answer your phone! And we just had fun with that because it was like, I'm not, I don't know who that is. I'm not answering the call. So, we did lots of different things with technology over time.

When we were able to look at vaccine distribution and we had a vaccine that would be available to us that is when we added a different prong at our congregation outreach and we actually went into congregations, partnered

with them in a true collaboration model, where we had shared ownership, shared power and shared commitment. And so, our partners own the front end of that, reaching out, recruiting people from their congregation and the community around them, getting them their registrations, their reservations and however they wanted to do that and manage the inflow into the vaccine clinic. Our commitment was we would bring vaccine, clinical staff to do that, we would make the second appointment. We did the back of the housework, and they did the front of the housework. And that shared collaboration, true stakeholder collaboration sometimes is a little uncomfortable for some people who were like, “No, no. Well, how do you know they're getting the names?”

Dr. Harwell: That's right.

Coletta: It's like we're very clear upfront. This is theirs. We are doing what is ours to do, let them do theirs. And that has been a successful model for us as well to go into high zip code need areas. We use community index. We also use vulnerable census track numbers. So, using data to drive where we go and who we collaborate with being a Catholic institution, we have a longstanding tradition and trust with congregations. And so, knowing that we could break through some of the trust issues by working with pastors, working with the congregational leadership, we were able to make some inroads early on.

Sharon: It's so interesting that you talked about a shared commitment. It seems like that the shared commitment and the trust that some people have I guess with even this, the underserved community, and with vaccines, they trust certain

people more so than if a bigger person is saying, you know somebody or brand, or, you know they trust their priest. They're going to trust their pastor, they also are going to trust their family doctor, which is a great time to bring in Dr. Carla, to tell us a little bit about what's happening in Cleveland and your health system and going into the underserved communities.

Dr. Harwell: I'm really proud to say that our governor, Mike DeWine, I think did a great job with the state of Ohio when the whole COVID pandemic hit. He immediately responded knowing that there was a disproportionate number of people of color being impacted by COVID. So much so that he formed a COVID-19 Minority Health Strike Force, which was comprised of community leaders, positions, scientists, so that we could sort of get ahead of this whole thing from the start. And so, I was very, proud of the fact that our governor really recognized early on that people of color were more vulnerable to contracting COVID and having worse outcomes. As an offshoot of that, our governor, the state of Ohio Minority Health Strike Force also had a campaign called More than a Mask, and that was specific messaging and resources for people of color to help prevent the spread of COVID. So, fast forward moving forward when it comes to the vaccine, once again I think here not only in Ohio, but specifically here in Cleveland we've done, I think a pretty good job of making sure that we have identified individuals that lives in these vulnerable zip codes. We too have partnered with churches and because the church, especially in the black community is seen as a trusted voice. Historically, has been seen that way and that's still true now. And we actually had a group of pastors here in Cleveland sort of form a coalition where they all came

together and it was a newspaper, media spread. They were on the radio, they were on TV talking about the importance of people of color getting the vaccine. They went on TV and recorded themselves on the news, getting the vaccine.

Sharon: That's pretty, awesome.

Dr. Harwell: When their turn came up and they were eligible. They practice what they preach, they're telling people and endorsing getting the vaccine and they actually themselves got the vaccine and allowed cameras to show them doing that. So we have had here in Cleveland, I know my hospital system we've held town halls to address the mistrust the African American community has and the Latino community as well. Some mistrust from people of color in general, some mistrust of the system. When it comes to getting the vaccine, we've partnered with of course, churches and community centers that are I already talked about in terms of trying to get these vulnerable individuals to feel that they have a trusted voice that they can come to and that they can get accurate information. You know I think one of the big things as you know social media can be a curse and it can also be a…

Sharon: A blessing.

Dr. Harwell: Right. And currently here in Cleveland, we have a big vaccination site set up at something called our Wolfenstein Convention Center. And while it's located downtown and that isn't the area where a lot of these vulnerable patients or

individuals have easy access to the Wolfstein Center, it is on a bus line, but there are mechanisms in place where bus passes are being given to individuals so that they can get there. There's coupons or certificates to use, things like Uber and Lyft to get there. Community centers are using buses and vans and transportation to get you individuals to this centralized location. And so that has helped tremendously with getting a lot of our people of color and people that are more in these vulnerable zip codes access to this mass vaccination site.

Sharon: I loved how you talked about partnering with faith-based organizations and the pastors. Here in Florida, we did the same thing at Florida Blue. Yes, the insurance company, we want to get people vaccinated. So, we literally had a faith-based initiative where we did webinars. It looks like education is key here, where you're helping to break down the myths where we had key people do videos. And we started as early as Martin Luther King Day during Martin Luther King breakfast in one of our largest cities, we had doctors, we had pastors, we had the head of, and everybody was talking about I'm going to get my vaccine when I'm ready.

Dr. Harwell: That's exactly when we started our campaign, Martin Luther King Day.

Sharon: That was the time to kind of start.

Dr. Harwell: Yes.

Sharon: So, I really loved that collaborative effort. I know Coletta you spoke earlier about how your strategy exemplified cultural, humility and competency. For example, the real talk sessions, we literally are talking about this now, you know online and on the phone. I love how you said, oh, we're calling you, we're calling you! It's like you are connecting with people. You know it provided an opportunity to discuss vaccine hesitancy, what we were just chatting about, you know, and how do we reassure them? So, what do you see as examples of cultural humility?

Coletta: First of all we're just like most organizations, we're pretty data driven. We want to make sure that we are good stewards of resources. And so early on, the healthcare advisory board had a publication, and it was titled, "*Why so many Black Patients Distrust COVID-19 vaccines and how do you go about Rebuilding Trust*". And so, it was like sent that to everywhere that we had it. And it was like, y'all need to read this because this is real. So, when we went to congregations, first of all, there was always a partner with me who didn't look like me. While we may talk about here's what we're doing, here's how you can get your vaccine. I had a partner with me from the congregation or from our mission outreach component part and talking about our personal experiences. and we talked about the elephant in the room, the mistrust around healthcare, the mistrust around research, and you know nothing that we were going to say is going to address that but here's what we do know and want you to be aware of. And so, you know, talking about Dr. Kizzy Corbett, who is an African American researcher, who was part of the Moderna team, who was part of the research. It's like, hey, you know maybe only 10%

of the people who were in the research study represent the African-American population, but that's 10% of the population. So, we really wanted to make sure that we, first of all, validated that there are concerns and it's okay. Secondly, you know what we were doing to try and build trust and making sure that we fulfilled the commitments that we made. And then those in the African American churches, the pastors themselves like you said. Dr. Harwell was, you know I got my vaccine, I'm still doing fine. You know those types of efforts and initiatives were really, really, very, important. Now with our undocumented congregations, that was a little bit different. We also, partnered, we went actually. to the community-based organization that is in the disinvested areas of Hispanic as well as African Americans, called the Guard Your Initiative and they've been involved in looking at education and how do you do economic development and we went to the Guard Your Initiative and said we need your help. We want to come and be a part of the solution of how we bring vaccine to this community, but we need your help. And they connected us with the Hispanic church, one of the Hispanic churches that said we'll do it and worked with them to set up vaccines at nighttime. Because what they said was our people are working all during the daytime, if you want to give vaccines, you need to come at nighttime. So, we did five at night to nine at night, and true collaboration with the church. They populated the spreadsheet, they gave the names and what we shared was that if you're uncomfortable with your address, because you're afraid of being undocumented, give us the church address. So we use the church address for a lot of people, people who were uncomfortable with giving you their telephone number. We put XXX.XXX, because that's what was required in the

Epic system if you do the reservation. You know, the cultural competency component part, our registration system with three and four names, we had them inverted, last name was first name. And so, our first clinic was a learning curve and then by our second clinic we were really, very, very good at that. Making sure that we had interpreters there because they're not making medical decisions. We had that typed out and answered yes or no. But more than anything, it was just to have the conversation and what are they asking and being able to interpret that. So, with undocumented persons, it was extremely important to us that we let them know that they could come to us without a piece of paper.

Sharon: Okay.

Coletta: If you tell me what your name is that's what I'm putting in the system. If you tell me what your birth date is that's what I'm putting in the system, which then went to the state vaccine databank, but it was important for us and so in church that at services that first Sunday, you know having the pastor interpret for me, letting people know I am not from ICE, I am not from a state agency. I'm from that Catholic hospital down the street and the church tells me here's where I need to be and here's what I need to be doing. And we had great receptivity, both clinics at nighttime in the Hispanic community were phenomenal. And their comment was when you're going to come back a third time? I was like, “Well, I'm not sure we're going to come back a third time.”

Sharon: Third time, but maybe for that booster. But I think one of the things that you said that striking a curve, I mean as we just, it's about the trust and partnering with people that whom already have that trust. I know, Dr. Harwell, in Cleveland, how are you tackling undocumented and talking to the people that have that hesitancy about getting the vaccine?

Dr. Harwell: Our governor made it quite clear that if they were one of the thousands of undocumented immigrants that we do have here, that they are welcome to get the vaccine. So, the Wolfstein Center that I mentioned earlier in downtown Cleveland, that's our federal mass vaccination clinic okay. And US Immigration and Customs Enforcement agents are not there, ICE is not there. You know on the news we are telling people they're not there. The military is there, it's a military presence because this is our federal mass vaccination site. But there's been a mass media campaign to assure any undocumented residents in the state of Ohio, especially here in Cleveland at this site, that ICE is not there. That, you know, it's safe for you to come there, get the vaccine. We want you to get the vaccine. We want you to get the vaccine for yourself or your family, but the nation's safety. And you know that may just sound like words, I mean if you're that undocumented person and you've got that fear, clearly, I'm sure there's some vaccine hesitancy associated with that, but I think we've done really good with a mass media campaign to hopefully make these individuals feel comfortable and feel safe and trust that that is not what is going on there. And I think that we've seen Latino vaccination rates go up some here in Cleveland, it’s not where it should be and I'm sure that there is probably still some vaccine hesitancy associated

with that as well as a big population of some undocumented individuals who probably are just still fearful of coming to that mass vaccination site and getting vaccinated.

Sharon: And I'm glad that you said that. I know in Florida, we have a lot of partners that are federally qualified health centers, and then Sanita USA, talking to our undocumented population, especially our Spanish speaking in their language to assure them this is a safe place to come, we can help you. You know we also are talking in Creole because there's a lot of Haitians and making sure that we are getting them to places that they feel comfortable. So, they don't, because when you go to, uh, when you, when you do go to a federal site, there's a lot of military. It's overwhelming for people even like me. I was like, oh my gosh! Did I do something wrong? You know don't breathe, don't talk. So, it's understandable that we need to address that.

You know I want to ask a question about you know we're talking about vaccine hesitancy, and do you think we're reaching a situation where is it a saturation? Are we done with the people that are willing to get the vaccine? You know are we overcoming that hesitancy phase? How do we talk to the people that just refuse to get it? You know all people that are yay! I'm getting my vaccine. Yes, they're all excited, they're putting it on social, which we tell people don't put it on social. Just put you got the vaccine and not your vaccine card. But you know, so are we reaching a phase to where we have gotten to that part?

Dr. Harwell: So, I think that we have to think about the difference between vaccine hesitancy and vaccine deliberation. Because the hesitancy, I think can still be rooted in some of the fear, you know mistrust, I'm kind of waiting to see how this stuff all pans out kind of thing. You know when you're hesitant to do something, you kind of pulling back the kind of the wait and see versus vaccine deliberation. That means you've given it some thought. You've given it some thought. You may be educated about it, you have all the facts, and now you're just deliberating about it. So I think what I'm seeing a lot just in my practice and I'm really thankful and hopeful about this, is I'm starting to see a shift from vaccine hesitancy to vaccine deliberation. People are thinking about it. They're giving it some serious thought now. Now, however, and you know we can't not address the elephant in the room, which is the pause on the Johnson & Johnson vaccine. So, I'm afraid that we may take some steps backwards in terms of vaccine hesitancy now because of that. But to me, the key here is still, it's all about education, it’s all about individuals finding that trusted voice that they can go to get the right information and I feel that getting the vaccine is a very emotional decision. It's an emotional decision. It was an emotional decision for me to get the vaccine. When I woke up the morning of getting my vaccine, I didn't wake up as Dr. Carla Harwell. I woke up as Carla Harwell, daughter of Austrick and Willa Harwell who are in their eighties. I woke up as that daughter who was the only caretaker for them in this city, because my sister lives out of state. And I woke up saying I want to get this vaccine, not even so much for myself, you know to protect, my parents from me and for me to stay whole and healthy because I'm the primary caretaker of them. So, that was an emotional decision for me, it

wasn't because I'm a healthcare provider and I was expected to get it. There's many health care providers out there who have chosen not to get the vaccine. So, it's an emotional decision and I think that we all have to acknowledge that when we're talking to individuals about getting the vaccine. So, those who are still in that hesitancy phase acknowledge that, acknowledge that it's an emotional decision and try to get them from the vaccine hesitancy phase to the vaccine deliberation. And then, I think that we can move that needle a little bit more.

Sharon: I really love how you said that and Coletta that's such a powerful thing she said. I woke up as a daughter, like not even as a healthcare professional that it was an emotional decision. You know, how do you feel with your collaborative efforts that you're doing? Has it been emotional for the people getting the vaccine?

Coletta: Absolutely. You know, some has been rooted in fear, fear of making someone else sick or fear of being sick themselves. Some of what we've seen has been in elation, like Carla, the daughter, who spoke of being excited about the fact that maybe we can go back to some semblance of normal, by receiving the vaccine and then getting fully vaccinated. I know that for our family, our oldest daughter and son-in-law and our three grandsons live right next door to us. And so, the whole issue of this was one family right. You exist in your family pod. Well, still with kids going to school, you know it was like, whoa! We need to be very aware, very, cautious. And so, it really was an emotional thing like you said. You know working in healthcare, I was not in the first phase of

vaccine. I was not until tier seven of our hierarchy in our hospital because I'm an administrator, I don't do direct patient care. So, it was weeks after people started getting vaccinated before my tier came up and you know it was just like, when's my time coming? You know, when's my time coming? You know I want to do this and then the same thing with my husband, who's just a little bit older than I am. And it's like, how do we get him vaccinated? Well, he ain't going to come for a while and it's like, okay, well, put him on that angel dose list. You know when you get an extra one, he works from home, call him up, he'll come to the clinic you know because we really saw that as part of our work to be able to enjoy our family.

Sharon: I love how you said that. One of the things, and that's how I got on the list earlier. It was one of those angel lists. Hey, we've got extra vaccines, can you come right now? So yes.

Coletta: Yes.

Sharon: Like my husband is a chef and he was literally taking a nap because he works double shifts on the weekend. I said honey, we have a chance to go get a vaccine. He jumped out of bed so quick, I thought he was going to get whiplash. Like he was like let's go! Like literally and then we were driving, we went to the wrong place, then we were freaking out because we were like, oh my God, we went to the wrong place! But we got to the place in time because you had to get there within 30 minutes.

Coletta: Yes.

Sharon: You had to get in the line to wait.

Coletta: Yes.

Sharon: And hopefully, you know, and everybody, a lot of people that I knew did the same thing. Like get in the line, I'm going to get in the line because they might be able to do that. And we saw that even at Florida Blue, where we worked with Southeast Grocers, who's Winn-Dixie and Harvey's, to do some onsite vaccination events. Where we're going 200, we're going to be right here in your neighborhood and people like as soon as, and we try to target to where we were talking to the people who lived in the neighborhood. We also did it in rural environments at Winn-Dixie. So, then it became, and then people were like when's the next one? When's the next one? So, and of course they were talking about the elephant in the room, J &J. So, we're like, oh my gosh, how are we going to keep? Because if you're in the neighborhood in Moncrief, which is a zip code an underserved zip code, say in Jacksonville, those same people, aren't going to go back to that place. They may not, they may have been passing through. I'm hoping that we'll have some good news within the week about J & J, so that we can get back to getting people that are ready for one shot and done. And I think you wanted to add something Coletta.

Coletta: Well, that was our outreach strategy was we started with Moderna vaccine and then going back to for the second doses. But when Johnson & Johnson

or Jansen became available that was our community outreach strategy, just your you're one and done. Well now we've gone back to Moderna but what we have been able to work out with our ministry is we have a large vaccination center at Pennington Biomedical Research Center. We collaborated with them because they've a huge complex and a huge, huge meeting room. So, that is where a large vaccine clinic that we run is there and that can do 1,700 vaccines a day, 1,700 vaccines a day. And then we have in the Northern part of our parish, which is a very disinvested area, one of our clinics, in the community center there, we can do 500 vaccines a day. So, what we've done say like, on May 1st, we'll be doing a job fair and a vaccine clinic with high school students. And we're partnering with Links, the Links lady's sorority, we have two chapters in Baton Rouge. And so we're going to do Pfizer at that clinic and when the kids get ready to check out, we'll ask them, where would you like your second vaccine? You can go to Pennington, you can go to North, you can go to Ascension. Well, I don't drive, not a problem. Our mayor has worked out an Uber contract. And here's your code, it will bring you to your clinic and it will bring you home. And so, we've been able to address the transportation issue, too. So, that's our strategy of how do we deal with this now? And I think it's a blessing because we were going to really struggle with you're not 18. Well, I'm 18 next week. Well, you ain't 18 today so you can't get the shot.

Sharon: Exactly.

Coletta: So, being able to use Pfizer now will afford us that opportunity to really work with the seniors and then not have to go back another Saturday just for a shot. They can do it wherever within their timeframe, in one of those three clinics.

Sharon: And I'm glad you brought that up about clinics and then in different neighborhoods. The pandemic has really, one of our medical doctors like to say expose, you know Corona's exposed what about health policy and health access that nothing else could have done. You know even in Florida, the governor has, you know, allowed for a lot of buildings that are in underserved communities to become vaccination centers. How do we connect now once our vaccinations are up, to addressing the health inequities in these communities? Is this an opportunity to maybe that is a place for a clinic that we should look at, or we're doing job fairs at the same time? How do we represent this culture shift into addressing those issues?

Coletta: If access were the only issue in addressing health equity, we in Louisiana would have solved that in 2016, when we expanded Medicaid. You know we look at Baton Rouge and we've watched ourselves through the years with the Robert Wood Johnson, you know what's it called, county health rankings and roadmap. Historically, our parish comes in number one out of 64 parishes, number one for healthcare. Because we have resident training programs here in Baton Rouge, we have access to physicians. So, we're number one in healthcare, but we're not number one in outcomes at all. So, access is important, but once you take access off the table, it leaves us with the hard

work of addressing the true determinants of health. You know the real issues of economics, education, transportation, housing, you know the real stuff that makes up the 70, 80%, whichever one of those research papers you read of how you define how healthy you are.

Sharon: That is like you're preaching! You're preaching to the choir there because people always like health and social determinants of health are not always about healthcare. So, you know, I know that this is Dr. Harwell's like baby. So what would you like to add about that? Because she just brought the fire right there. That Coletta, that was just on point.

Dr. Harwell: Yes, pretty much. I mean it's hard to follow behind that you know. I mean I agree that, you know, all COVID did was just unmask all of the inequities that have led to where we are as a nation, with all the health and healthcare disparities that currently exist. You know things like food deserts and digital divide, and you know I agree Coletta, this is not always just about access you know. Sometimes, when people think of access, they literally think brick and mortar, like there's no building that I can go to so to see a healthcare professional. Well, I mean here in Cleveland, you know that there's one on every street corner, you know it's not brick and mortar. It's the systemic behind the scenes, racism and inequities that exist that I think has us where we are and, you know like Coletta so eloquently said and like you said, it's just, you know COVID has just unmasked these things you know. It just unmasked it and the question is what are we going to do moving forward? And that's where I think you got to kind of put your money where your mouth

is right, and hopefully, like I said, I was very impressed and proud of our governor who like right out the bat formed this minority health task force to address these inequities as they started to sort of rise to the top. It's like when, what is it? When you're making butter and then the cream rise to the top, you know where the butter was always there, you know and so was the cream, you know, it was just all mixed in together and now it is rising to the top,

Sharon: I love how you said that. Cause making butter is a lot of work in there, it’s a lot of churning.

Coletta: Yes.

Sharon: It's a lot of churning.

Dr. Harwell: That's right.

Sharon: But this is what the pandemic has shown. It's a lot of churning that's gone into lack of just education, transportation. How do you decide that? One of the things we did when we, with COVID is we're working with our persona development people to pull in social determinants of health. It's not about just, oh, the clinics right there, well, how do I get there? I have children, how am I going to take care of those? So, as we start to build the people that we think our members, how do we better help them? How do we meet them where they are? And I think this podcast has really talked about collaboration, hey, it

could be some faith. It's an emotional thing. How do we pull together all of those components and address social determinants of health to get people to get vaccine, to maybe get them to get a booster later, but then to also address some of the issues that have been there, that we need to tackle. A neighborhood that, oh, we put a clinic there to give vaccines, well, what else can we do? Can we have a job fair there? Can we employ some people in the neighborhood? Because it's about that too and then of course we can get into pay equity, there's a whole bunch of things that we can do. But then maybe we need to look at zoning. Why is that neighborhood the way that it is? Of course, I would recommend everybody to read the "*Color of Law*" in this relation, because a lot of that stuff impacted with COVID. So, it's been such a pleasure to talk to each of you about your community initiatives, your statewide initiatives. I mean I'm proud that Florida Blue is really decided as an insurer that we're going to meet people where they are the same. We didn't decide, we partnered with Agape, you know, our federal qualified health centers to actually go where people are. So, they trust those people and those organizations, and we just needed to trust them and to let them help us do the work too. So, I'm just proud to talk to each of you and to hear your stories about overcoming health disparities from getting the vaccine and then in the future, maybe there's some opportunities there. So Coletta, call to action. What can we do in this arena to eliminate some healthcare disparities, to help with vaccine distribution?

Coletta: Well, you know structure drives outcome. And so, the question then becomes how are we building into our systems, our processes, and our structures to

get the outcome that we need? So, my challenge to healthcare is especially your hospitals within all of your systems and networks. Where are your community health needs assessments? 2021 is a community health needs assessment year or 2022, depending upon when you first started. Where does health equity sit on your community health needs assessment? Because then it'll be driven to your implementation plans, which each year you have to do an implementation plan. So how do you then work with your hospital systems?

Because what I see is that hospitals automatically want to go to, when you talk about health equity, well, we have a diabetes clinic. Or we have this structure here, we have that there. So, helping them understand the true dynamics behind or underpinning social determinants of health about equity. You know local and inclusive hiring, how do we go into disinvested communities, zip codes, lift up people out of poverty and give them meaningful work with benefits, you know that you can afford to raise a family? How do you support local and inclusive companies' purchasing power? Are we purchasing from local women, minority, veteran owned disinvested businesses? You know are we making the investments that Cleveland has made into, housing and infrastructure. And so, you know, hospitals and systems have foundations where there are investment portfolios, well instead of getting a three-year return on that investment, maybe it's 10 or 20 years, but guess what? I've made a social impact and still got a return on my investment. If we're going to be a true anchor institution in our communities, how might we do that work? To me that's the call to action. And it's to get out

of that mental model of a medical, mental model and look at how are we truly a community partner.

Sharon: I love it. Dr. Harwell, your call to action. How do we address this? How do we move forward?

Dr. Harwell: Seeing how I'm in the community and I feel like I'm sort of in the trenches here and can really see and hear and be that voice of what patients are saying they need, and they want to see, for me, the biggest call to action is to really acknowledge and involve the community. You know we oftentimes, you know, you can run numbers and you can run stats and figures and say, if you live in this zip code, here's your life expectancy, and oh look where you live and then, oh, you're in a food desert and oh, look at internet service, look how often it's down in this area. You can do all of that, you can do all of that but ask the community, what are their priorities? Is their priority to, I don't know, get a grocery store that has fresher fruits and better options because they live in a food desert or is their priority to move the bus stop from five blocks down the street from where they have to get off, then have to walk in an unlit, not so well, neighborhood to get home after getting off work. So, yes, so we can say here let me help try to find you a job. Let me help build your skillsets. Let's do this, let’s do that. Then they get a job, but they're on the bus line, but they're afraid when they get off at midnight to walk home from the bus stop because the way some of the bus stops are strategically located in some communities is not safe. So the point I'm trying to make is I think that we can never forget that the care that we're giving to people as a nation should be patient-

centered. The patient is at the center of all of this, all of this chaos, all of this inequity, all of these social determinants of health, all of these inequalities and disparities who was sitting at the core? It's the patient. So, that's the voice that we really have to make sure that we include and that they feel that their stakeholders and how we're going to get ourselves out of this mess that we've been in but like we've already said, COVID has just unmasked, but let's make sure that there are community voices to help solve these problems.

Sharon: I'm going to agree with you a hundred percent as we close this out because it is community. It is community and it is patient centered, but it is community. I think talking to you two ladies today has totally look, I'm going to walk away, look at my community, so I completely understand that call to action. You have to go into a community and ask them what they need, and I'll end it on Florida Blue has done that with some purpose-built communities. We are working with Lyft Jax, here, we've got Lyft Orlando, we've even got a community near Overtown in Miami that we are in the community. We're not just, what do you need? Okay, you don't want to clinic, you want a better sidewalk. We've done it with the city of Hialeah. We needed sidewalks so people can walk safely. So, I completely understand that. So, thank you and thank you for all of our time listeners for joining us today. It has been my pleasure to host for the very first time, and I look forward to returning soon.

So, remember to keep in touch with the podcast by subscribing on Apple, Google, Spotify, or yes even Stitcher. And you can also sign up to get notifications by email, on our website. And if Twitter is your thing, because it's

mine, you can find Movement is Life over there via @MILCaucus that’s C-A-U- C -U -S. Follow us and get into some great conversations. So, goodbye for now. Be well and thank you for working towards health equity.

(End of recording)