HAB You Heard Webinar: A Monthly Update from HRSA's HIV/AIDS Bureau Transcript

February 26, 2021, 2-3 PM ET

>> AMY SCHACHNER: Good afternoon everyone and thank you so much for joining us for today's HAB You Heard Webinar: A monthly update from the HIV/Aids Bureau. We're delighted to have you joining us this afternoon for this event. I'd like to first do a couple of housekeeping items. Just so you are aware, this meeting is being recorded. So if you object you can log off at any time. If you require captioning you will notice at the bottom of the screen there's a captioning button you can click on to access that feature. And this recording will be made available following the webinar in the next few days.

With that, I'd like to turn it over to Dr. Laura Cheever, the associate administrator of the HIVs Bureau.

>> LAURA CHEEVER: Great. Thank you very much, Amy. Good afternoon and welcome to the Health Resources and Services Administration's HAB You Heard Webinar: The monthly update from the HIV/Aids Bureau. I'm Laura Cheever the associate administrator of the. The HAB in HAB you heard. I'm joined today by Heather Hauck and Antigone Dempsey, captain Mofidi, and Chrissy Abram Woodland. Director of HABs division of metropolitan program.

We're so glad you could join us this afternoon for this webinar.

We once again have a full agenda for you today. Beginning with several important HIV/Aids Bureau updates including a discussion on waiving penalties and administrative requirements for the Ryan White recipients and first looking at the triangle data. We'll spend the majority of today's webinar highlighting COVID-19 vaccinations. We're excited to be joined by four Ryan White program recipients to participate in a roundtable discussion on their roles in the vaccination process.

Before we begin our vaccination discussion we'd like to turn to some important HAB updates.

Next slide. So first we want to begin with an important update for Ryan White HIV/Aids program recipients about penalties and waiver in administrative requirements. The HIV/Aids Bureau understand the COVID-19 Public Health Emergency has posed significant challenges for participates, providers and clients to provide services and access to care. Over the past several months, many Ryan White recipients have shared feedback with HAB project officers about these challenges. As a result, last month HAB released a letter indicating HAB was carefully reviewing Ryan White HIV/Aids program penalties and requirements to see which may be considered waived based on provisions in the consolidated appropriations act of 2021.

Now HRSA has carefully reviewed and considered the Ryan White provisions in order to identify opportunities to allow greater flexibility in administrative relief from penalties that would otherwise be applicable. Today HAB released a final letter outlining specific Ryan White program requirements and penalties that are waived for FY 2020 and FY 2021. You can access a letter by visiting the policy notices and program letters web page of the HAB website.

There are two buckets of waivers -- automatic and non-automatic. A summary of the penalties that are waived under those buckets are listed on this slide. Automatic waivers apply to penalties that will be waived for all applicable recipients for FY 20 and FY 2021 Ryan White HIV/Aids program funding as it pertains to Ryan White HIV programs provisions and funding limitations.

None automatic waivers apply to penalties that waived if requested. Over the coming weeks HAB will share additional guidance detailing how to request an automatic waiver and when to submit a waiver.

Recipients will be notified via the issuance of Notice of Award that the penalties associated requirements are waived for the applicable fiscal year in which the waiver would be imposed as applicable.

I'll turn it over to Heather Hauck Deputy associate administrator to share some updates.

>> HEATHER HAUCK: Thank you, Dr. Cheever. We wanted to make sure you all are aware that in accordance with the executive order signed by President Biden the centers for Medicare and Medicaid services or CMS announced there is a special enrollment period for the health insurance marketplace that is officially available to consumers in the 36 states that utilize the healthcare.gov platform. This special enrollment period began on February 15th and will continue through May 15th. At least 13 states and the District of Columbia, which operate their own marketplace platforms, have also decided to offer a similar opportunity. For those that qualify and want to access the special enrollment period to enroll in coverage, you should direct those individuals to healthcare.gov. I'm now going to turn it over to HAB's division of policy and data director who is going to share with you the first look at data reported through our ending the HIV epidemic initiative recipients.

>> Antigone Dempsey: This is our first public slide that we're sharing with you about the number of people served in the services provided by the HIV epidemic funding initiative. So those of you who have received funding through parts A/B are aware we implemented a tri-annual reporting system to gather data. So these data show what was submitted through -- March through August 2020. I also want to thank everybody for submitting your data and everyone did it in a timely way through everything that's going on. So we just really do truly appreciate it. And you will see that this is really valuable information that we've been collecting.

So these data represent a total of 9,900 people that have been served using AHE funding. Those people who received core medical support services or one of the EAG specific services. Among that larger number, 6,300 clients were new to the Ryan White HIV/Aids program. An additional 3,600 folks were reengaged in Ryan White services over this time period. And those are the two main buckets that we're really looking at trying to make an indent in terms of ending the HIV epidemic.

I also want to note our year one target for the number of people that we hope to serve through the EHE initiative was 18,000. And this represents a six-month period. So we really look like right now to be very much on target. And I want to remind folks as well that these numbers are associated with a $70 million funding level. So that's the amount of funds that were put 42 the project.

So one of the things that I wanted to point out on this slide is looking at when we look at the client services that were provided for clients or that were received by clients who were new, when you look at the chart you can see the first top three services are outpatient. The EHE specific services and folks being prescribed ART. We know a lot of those EHE specific initiatives are things like rapid ART. But this makes a lot of sense when thinking about people coming in new and being really sort of brought in and trying to help folks get on the treatment they need.

When you look at the services for clients that we brought in who are reengaged in care, there you see one of the top services again is outpatient ambulatory health services. But the other just as important is medical case management and mental health services. Those are the top three that people access. That makes a lot of sense when thinking about some of the challenges that people are facing who have, you know, fallen out of care and we're trying to reengage in care.

So I did want to just note that these services are duplicative data. So a client could have accessed multiple services just so you are aware of that.

I just want to thank you again for all of your efforts around EHE and I will now turn it back to Dr. Cheever.

>> LAURA CHEEVER: Great. Can I have the next slide please. Thank you, it's really exciting to have the first look at these data. I want to add my thanks to all of you who did this incredibly important work during a really difficult time and then reported it to us. By reporting it we're able to demonstrate what we've accomplished with those funds.

Next I want to turn to the main topic of today's webinar, COVID-19 vaccination and the role of Ryan White HIV programs recipients. As most of you know a priority of the administration is mounting safe effective and comprehensive vaccination campaign. As part of this effort last week HRSA announced to ensure our underserved communities are equitably vaccinated HRSA and the CDC are launching a program to directly allocate a limited supply of COVID-19 vaccine to selected HRSA funded Health Centers. The first shipment should be reaching them this week. This program supports existing jurisdiction efforts to ensure equitable and effective access to COVID-19 vaccination.

This is incredibly important to HAB and the Ryan white program. As we shared last month HAB released a letter in January focused on the role of Ryan White recipients and sub-recipients have in addressing COVID-19 vaccination hesitancy and distributing information about local access to vaccines. We know that team members are trusted source of information especially to the topic of vaccinations. Today we'll take a look at the role that several of our Ryan White program recipients are serving in vaccination administration processes during a roundtable discussion in a few minutes.

Before we begin our panel, I want to acknowledge that the vaccination process is not without its challenges. Many of you serve in roles as vaccine distributors and have managed areas such as the supply to meet the vaccine demand in your community, weather conditions and patient and provider hesitancy.

To address these concerns, especially around the COVID-19 vaccine hesitancy and education, we encourage you to visit CDC's COVID-19 vaccination website where you will find provider toolkits and important resources as you continue to educate your patient population. We encourage you to visit CDC's national COVID-19 vaccination forum website which has been taking place this week.

And we now that the recipients you will hear from now are just a few examples of the efforts around the country to support COVID-19 vaccination. We encourage you to share how your Ryan White HIV aids program is

supporting COVID-19 vaccine administration and helping your community to provide care and treatment to people with HIV while addressing COVID-19.

Please send your story and a photo if you are willing to the HAB office of program support mailbox listed.

Now I'd like to turn it over to our two moderators for our COVID-19 vaccination round table discussion. Captain Dr. Mofidi and Chrissy Abrams.

>> CHRISSY ABRAMS: Thank you. I am excited to be joining us today along with my colleague to moderate this important roundtable discussion on COVID-19 vaccinations and the important role of the Ryan White HIV/Aids program recipients. Today we are joined by four of our Ryan White HIV/Aids program recipients. We will first let each share a few introductory remarks and we'll then begin our discussion.

First we are joined by Dr. Michael Green with the Ryan White HIV/Aids program Part A Los Angeles County Department of Public health. Dr. Green has been a recipient since 1998 and is the chief of planning, development and research for the Los Angeles County Department of Public health division of HIV and STD programs. Dr. Green, would you like to share a few words about your program?

>> MICHAEL GREEN: Good morning from Los Angeles and good afternoon to everybody not on the west coast. The division of HIV programs is part of the Los Angeles County Department of Public health serves approximately 22,000 Ryan White Part A client recipients during the course of any given year. So is the number of services we support why our 100 plus million-dollar budget is in the neighborhood of about 30 different kinds of services ranging from HIV prevention and testing all the way through care and treatment services. Many thank you.

>> Mahyar Mofidi: Next is Andrew Gans the HIV STD Hepatitis manager of New Mexico Department of Health. Andrew has worked in HIV prevention and care services for over 30 years and joined the New Mexico Department of Health in 2003. Andrew, would you share a few words about your program.

>> ANDREW GANS: Yes thank you. I candidate myself as an old timer. When I started in California I was part of a Title II care consortium. So very old school. We are a statewide integrated Health Department in New Mexico. We save a largely rural and frontier state which makes discussions of HIV and stigma pretty unique. We have roughly 3,800 people living with HIV in the state and significant proportion of them, about 1,400, get one or more services through our Ryan White and state funded program. And we're largely poor state. 76 percent are below the poverty level. So thank you very much.

>> Mahyar Mofidi: Next Dr. Marianne Vega the chief officer of the Joseph Health Center in Auburn, New York, which is a duly funded program for Part C and federally qualified Health Center. Their experience with aids service organizations. Dr. Vega created the change model of capacity building assistance which helps to build culturally responsive program in quality improvement and organizational infrastructure at community-based organizations. Dr. Vega, would you share a few words about your family health center?

>> MIRIAM VEGA: Sure thank you so much. Thank you all for the invitation to this important conversation. And happy Wednesday I think it is to everyone. We made it to the middle of the week. The Joseph P. Adab bow health center is a family health center this is a Ryan White grantee. And we have five clinics. We are the City of New York. We are in more isolated parts of New York City. So it makes it a very interesting situation that we're in. Because we are in the for rock aways. As the name says, we are far out from the City center. And we are in Jamaica queens and red hope, Brooklyn all of which have major transportation issues. So it's an interesting for our patients. We have about 45,000 patients and they range, you know, we have the triple comorbidities -- diabetes, hypertension and obesity. And then, you know, we serve HIV positive patients at all of our locations and do HIV testing at all locations as well. And because we are in isolated areas -- I'll end with this -- we are also in two of the hot spots in terms of COVID in the city. We saw one of the first COVID cases in New York city as well. So we're in high incident rates situations and we also happen to be in places where many of the community

members are not getting the vaccine. So I look forward to this conversation on equity, vaccine equity. So thank you.

>> CHRISSY ABRAMS: Thank you Dr. Vega. The last members are Prescott Chow the director and co-principal investigator of the aids investigation and training center and the JaDawn Wright the Deputy Director. Pacific AETC is one of eight original AETC. The trained arm of the Ryan White program that provides locally based family training and technical assistance to healthcare proms and organizations working along the HIV prevention and care continuum Prescott, would you like to say a few words about your program.

>> PRESCOTT CHOW hi folks thank you very much for having me on the panel today. The Pacific AETC works in HRSA Region IX which includes the four states of Arizona, California, Hawaii and Nevada. Plus the six US-affiliated Pacific islands. And it's interesting to note that about 20 percent of the current jurisdictions within our region. Our key constituents are clinicians and care teams that work along the HIV continuum. These include doctors, nurses and nurse practitioners, pharmacists, MA's, as well as case managers, navigators, program and public health staff. Thanks so much.

>> Mahyar Mofidi: Thank you Prescott and thank you everyone again. We are excites to have you join us here today. Let's begin our COVID-19 vaccination roundtable discussion. Our first question is for Andrew Gans and has two parts. Andrew, what is the model of the New Mexico Department of Health's Ryan White Part B program to ensure statewide access to HIV care and support services? And how is the model for access to the COVID-19 vaccination administration similar?

>> ANDREW GANS: Thank you for the question. I am very used to bragging about our statewide integrated Health Department and our innovations in harm reduction, in STD. I have to start Bragging on the leadership. Our Governor and Department of Health. If you watch the national statistics you will see that New Mexico has consistently been second or third in COVID-19 vaccine rates. So where does that come from? I think there's a lot of lessons learned from other areas including HIV that have been translated. So we're a statewide integrated

program. When I say integrated it's really two ways. One is we're integrated Health Department in that we don't have local, County or local jurisdictional Health Departments. We're one statewide Health Department that delivers services. That allows us to do uniform training, hiring, policy development, et cetera. The other ways we're really integrated across program areas. So HIV, STD, Hepatitis. The way that is translated for our Ryan White care is we have at least one center of HIV service of excellence in each of our regional areas. All of them are so good the majority of people with HIV seek out those programs. So whether or not they're Ryan White or private insurance everyone is going to the same centers of excellence. That ensures access no matter where folks live in the state.

We have a statewide website that allows people to find prep in any region or city or an STD test or services at Ryan White care. So there are advantages to being statewide.

If you look at our statewide website for COVID-19 vaccine it's very similar. So when we first started testing we stood up a website -- looks a like M HIV guide. A lot of the same ideas. You can put in a city and you can find where the closest COVID-19 free test was. And just meant people had 1-stop shopping because we're integrated. It wasn't everything is delivered by the Health Department but some statewide coordination. Right now CV.NM health.org is the place to sign up for vaccination and people get informed when they're eligible. So there's a lot of advantage being statewide and integrated but I think we'll talk later also have to look at health equity and not just access.

>> CHRISSY ABRAMS: Thank you, Andrew. Our next question is for Dr. Vega. Dr. Vega, how is the Joseph adabo Health Center supporting COVID-19 vaccination in your community?

>> MIRIAM VEGA: Thank you so much for the question. As an FQHC in several hotspots we've been asked by several entities to help administer the vaccine. So we administer the vaccine on behalf of the state. And you know, that is dependent on the vaccine supply. And we do so out of our five clinic sites. We do it for both patients and community members. So we've done a lot of

outreach into the local communities to try to do health education for people to become aware of the vaccine and to then feel comfortable taking it. And we have also -- we will be also doing the vaccine administration on behalf of HRSA. We were one of the 200 or so FQHCs select Ford the first rounds. So thank you very much for your trust in us. We are happy to partner and serve the community in this way. And then we are currently in conversation with FEMA to turn our far rockaway sites into mass vaccination sites where we will vaccinate about a thousand individuals a week. That is partly because in the far rock aways you have two stories -- the communities of have and have-nots. So you have end points of the far rock aways where you have people who did grant access to the vaccine and are getting vaccinated at higher rate. Then individuals right in the middle of Far Rockaway where there has been high incident rates as well as death rates who are not getting vaccinated. So FEMA and HRSA have come to us specifically because of that. Because there is an unequal distribution of the vaccines and we're hoping to partner with you all to address that inequity.

Thank you.

>> Mahyar Mofidi: Our next question is for Prescott Chow. As part of Covid-19 vaccination, provider education is critical. Why is provider education such an important part in the COVID-19 vaccination administration process.

>> PRESCOTT CHOW: Thank you for that question. It is crucial that providers have up to date and programatics for about all aspects of COVID-19 to work with their patients on how best to protect themselves and their community as well as to provide clarity on therapies and other interventions. This has been through throughout the pandemic. The program has fully stepped in to these trainings and TA efforts. Between April and September they trained over 20,000 providers including more than 11 providers caring for people with HIV. Of these providers more than 9,500 cared for people of color with HIV. As well as the national programs like the national clinician consultation center also known as the NCCC have also been quite busy with COVID-19 with vaccinations including pandemic information related in their discussion. The national coordinating

resource center the NCRC has seen increased traffic to their site for COVID-19 resources for HIV providers. Right now it's imperative that providers who are often the trusted source of information for patients and communities have clear, accurate information and messages about the vaccination to ensure that all communities have access to this intervention.

The COVID-19 pandemic has shed more light on health inequities especially as it affects black and Latinx communities. Provider education is crucial to address the obstacles that may impede patient engagement and access to vaccinations as well as address some of the issues related to patient hesitancy or resistance about the vaccine.

Thanks again for the question.

>> CHRISSY ABRAMS: Thank you, Prescott. Dr. Green, this next question is for you. How is L.A. County Department of Health leveraging staff, partners and others to build trust in the communities and encourage vaccination?

>> MICHAEL GREEN: Thank you for the question. We have at the Department of Public health level we have designated all of the public health workers as disaster service workers. And so I know for my staff specifically, 80 percent of my staff have been deployed since March to work on either testing activities or testing locations, now are doing vaccination points of dispensation and also have been very involved in contact tracing and notifications. We contract out almost all of our services to community-based organizations that are spread across diverse areas of Los Angeles County. Because those community-based organizations have already -- have a lot of experience already in developing and maintaining trust among very, very diverse neighborhoods. And so a lot of the messaging comes from those sites. And the vaccinations are being conducted in some of those sites as well.

Thanks.

>> Mahyar Mofidi: How has the Ryan White Part B program in New Mexico engaged in provider and patient education during the COVID-19 pandemic?

>> ANDREW GANS: Thanks. So, you know, the term vaccine hesitancy is very -- has gotten a lot of awareness. But what we haven't talked about enough I think at a national level is stigma. And so when we start talking about COVID-19 to our clients with HIV or our providers with HIV, especially folks who have been around longer, we harken back to the '80s and '90s. A lot of our long-term survivors, our clients are harkening back and saying it's the same, right. The stigma, the hesitancy, the fear of accessing services, all the stuff we faced back then and continue to face in our rural areas in our frontier areas and some of our communities, it's still true. And we have to speak to it honestly. We have some excellent partners. I'll give a shout out again to aids education training centers. Our south-central ATC here for our region. And project echo at the University of New Mexico. So those long-standing partnerships have been great for us. We've done provider education. We've done patient education and we've done combined. Because I think we need to hear each other talking about what some of the stigma and issues are. So there have been presentations like grand realms through our ATC. We've had folks from ATC and Echo give presentations to our statewide HIV planning group. Lots of discussion back and forth. And again, I think really being aware of the parallels between HIV and other stigmatized conditions with COVID-19. You know, the racial bias, I think we've all seen it over the last year. And it's impacted our outcomes. That needs to be in an honest discussion. Our clients are hesitant to come in for HIV care are also going to be hesitant for the same reasons to come in for a vaccine. And we can overcome that through some honest conversations.

>> CHRISSY ABRAMS: Thank you, Andrew.

So this next question is for Dr. Vega. Can you talk about some of the strategies you're using to encourage your patient population including people with HIV to get the COVID-19 vaccine and how you are addressing vaccine hesitancy?

>> MIRIAM VEGA: Sure. Thank you for the question.

We're using a multi-prong approach looking at both the individual, organizational and community level in terms of education. So at the individual level I'll start off first by saying that I myself acted as a role model as a Latina woman who has a lot of allergies and carries an epi pen, I made it publicly known I was getting vaccinated. And to show I didn't grow two heads from the vaccine or anything. So, you know, doing that bit of role modeling for the community. It's important for them to see people that look like them get the vaccine.

Number two. Our providers have been doing a lot of education one-on-one with the patients while they're coming in for the regular examinations. And also our Ryan White case managers and social workers have been working with our HIV positive patient population and high-risk populations as well to dispel myths through education and encourage them to get tested. And something that we did here is that we set aside Thursdays specifically when we have our HIV specialists, medical doctor here. So that way it was a team-based approached. So when individuals came in who were HIV positive to get tested, they knew their specialist was going to be there, their case manager was going to be there. There's a social worker there. So it was a team-based approach. And I think that helped soothe a lot of the anxiety and created an environment that was quite comfortable for them to come in. And we continue to do that as a tactic here.

We also do community-level events. We do Facebook Live. We've done our own Townhall events. Whenever a politician is holding a Facebook live event we go on as experts to talk to the community. Even if they're talking about bank loans we get on and talk about the COVID vaccine. So we just put ourselves everywhere and anywhere and use every opportunity to get the word out there.

So you know, we feel that we've had success. We've had over 30 percent of our HIV positive patients get vaccinated and we're looking to continue to increase that as we get more doses going forward. So I'll leave you with that. Thank you.

>> Mahyar Mofidi: The next question is for JaDawn. Is the Pacific ATC conducting specific trainings or educational events for healthcare providers on COVID-19 vaccine hesitancy or another related topic to help them counsel their HIV patients?

>> JaDawn Wright: The ATC has conducted over 80 trainings with over 4,100 participants covering COVID-19. Over half work in Ryan White settings. Over half of those were also caring for people of color living with HIV. We initiated our COVID-19 related work with a needs assessment with over 300 responses from our region. And in the survey findings we noted that many of the providers wanted to hear more about the intersections of HIV, COVID-19, and health disparities.

In partnership with other stakeholders, Pacific ATC has hosted a series of panel discussions on this topic. These webinars led by a panel of subject matter experts focused on continuity of HIV care, considerations when providing supportive behavioral health, substance use treatment, housing assistance, the impact of structural racism on the healthcare settings, and most recently how youth living with HIV are being impacted by the pandemic.

The Pacific ATC team has addressed other identified needs including virtual trainings and webinar series that focus on the impact of COVID-19 and HIV prevention and STI and HIV services. The alternative delivery of services via telemedicine or oral health, HIV, and COVID-19 have also been topics.

Regarding vaccines specifically, the Pacific ATC has conducted a few activities on that as we're just starting the rollout across the country. Our HIV learning series has conducted a session on January 24th entitled "COVID-19 vaccine update, efficacy, safety, and availability for people living with HIV."

Other trainings include, COVID-19 and medical mistrust conducted in the L.A. area with the HIV mental health task force and the Pasadena city college student health clinic. Pacific ATC is actively planning events to assist providers with their conversations on vaccine hesitancy and issues of medical mistrust or I think more accurately distrust. A symposium in collaboration with the California

prevention training center, a CDC funded provider, will provide attendees with information about medical mistrust and distrust and how those things have adversely impacted our efforts to end the HIV epidemic. This event will also provide attendees with strategies to meaningful engage priority populations in efforts to address medical mistrust and distrust to end the HIV epidemic. As one of the other panelists pointed out we think this is an opportunity to address the disparities within the COVID-19 pandemic. This is an ongoing conversation in the Pacific region and we are well equipped to address provider's needs and to strategize with them for the specific ways in which their communities are impacted and that we can have the most impact on the uptake of COVID-19 vaccinations.

>> CHRISSY ABRAMS: Thank you, JaDawn.

So next Dr. Green, can you describe the models or plans you have in place to help ensure people and communities throughout your County and jurisdiction including those who are at high-risk or disproportionately impacted receive the COVID-19 vaccine?

>> MICHAEL GREEN: Thanks for the question.

So Los Angeles County is about 4,000 square miles. So in our COVID planning we are planning in much the same way as the State of California overall is planning. Our vaccine availability of course is dependent upon what we get from the state. So it's been a Little Rocky for us here. But things are starting to even out.

We have been adhering very closely to the priority populations as indicated by both CDC and by our state leadership. And so people who are at potential elevated risk due to health conditions have actually not been prioritized yet. We're still in the process of going through the essential health workers, people over the age of 75, and some people over the age of 65.

Los Angeles being such a huge car culture location we have taken advantage of that and our exceptional weather to set up what we call mega-pods which are points of distribution spread across the state where people can actually -- or

across the County, rather -- where people can drive in to a large point of dispensation like dodger stadium, Disneyland, magic mountain, races in have enormous parking lots and people are able to schedule online their appointments and then drive through the vaccination process. Including the wait times and then drive without ever even getting out of their vehicle. So we've got those points of dispensation set up across the county. And then in addition to those we have smaller vaccination sites scattered throughout those areas where the large venues are not available in order to give some geographic parity to residents of the county.

The downside of course is relying on people to be able to drive in to vaccination facilities is for those people who don't have vehicles available to them or who don't drive it's impossible for them to get to one of the vaccination sites. Most of them discourage walk-ups completely. And so we do also have mobile testing units that are going out to some of our neighborhoods where housing is much more dense and there is not availability of large sites to conduct vaccinations. So in total there are about 360 vaccination sites of that are active right now across the county.

We have diagnosed approximately 1.2 million people with COVID in the county. And we have vaccinated about 1.8 million. 600,000 of those have received both doses of the vaccination.

Thank you.

>> Mahyar Mofidi: Next as part of COVID-19 vaccination effort addressing disparities in people with HIV is critical. On that note, Andrew, the next question is for you. As New Mexico continues its distribution of COVID-19 vaccinations, how has the New Mexico Department of Health addressing poor people are HIV?

>> ANDREW GANS: Great. So I'll again put on my epi background hat. When we're talking about health disparities it's one thing -- I start by bragging we have centers for excellence in all of our public health regions. That's only as good as

we tailor our services to overcome disparities, to look at strengths, to look at equity.

The first part of that is looking at the data. So we try to make our HIV data available as all jurisdictions do. Our state is now on our site also showing data for vaccination by race ethnicity, by age group, to look at the differences. First you have to look at where you are at. And we have challenges. There is some inequity already in vaccine as young as it is. So looking at data is first.

Looking at success stories. We've had a lot of successes in ensuring access to vaccine for American Indians. Why that is? There is some great systems in place like Indian health service, local tribal programs. How do we replicate that in other communities? If our lowest vaccination rates are African-American how do we replicate our successes to make sure we bring those vaccination rates up?

And our state has done some other creative stuff. So we brag on our website, well the website is great for registration if you are good at internet right. How many of our grandparents are? Some. So we have a special calling service that's reaching out to folks over age 75 to help them get registered. And now looking at transportation issues. So, you know, as we see the data and realize we have challenges, we have to overcome that. And that really replicate what's we're doing with Ryan White. You know, our programs are in every region but the ones in our rural frontier areas have the similar interventions to reach people who, you know, can't just hop on a bus to get to the clinic because there is no bus right. Or they're an hour and a half away. How do we tailor our services.

So you have to look at the local issues as well. Thanks.

>> CHRISSY ABRAMS: Thank you, Andrew.

We are about at our last question for this roundtable discussion. Dr. Vega, it's for you. So in addition to supporting vaccine distribution you are also part of the governor's COVID-19 health equity task force. Why is health equity so important in the vaccine rollout?

>> MIRIAM VEGA: Thank you. Without health equity we're not going to reach herd immunity. We need all these individuals to be vaccinated, especially we need to think about many of these marginalized communities that often are a bit more skeptical, may not have ready access to the suppliers. And they also happen to be essential workers who are at the front line. They're part of MTA. They are grocery clerks. They are restaurant workers. They are people that have been serving us throughout the whole pandemic and have faced a lot of exposure. If we don't get them vaccinated, we won't have a way to reach herd immunity. So we need to make sure the vaccine distribution is equitable in such that it is available and accessible and acceptable to our communities. And with that we've been focusing a lot on messaging and making sure that individuals that look like community members come out and speak out on behalf of the vaccine and talk about how safe it is. And open themselves up for questions, for people to ask every myth, stereotype they want, just put it out there and we can try to address these all bit by bit. And here in New York they have now started setting up these mega-sites where they're just for community members. So that way people feel that these sites are for them. And encourages them to own it and feel part of the process.

And you know, the previous speaker mentioned online accessibility. Yes a lot of people don't have online accessibility. So what we have done is that we reach out personally to community-based organizations and try to partner with them in order to bring in community members to be vaccinated. We can't do this alone. And if you just rely on online scheduling platforms you are not going to have equitable distribution of the vaccines. So you have to be more creative and think more in terms of partnership and collaboration throughout the whole system.

So that's a bit of what we've been doing.

I will end with and someone in the chat mentioned this. Part of some of the hesitancy on part of community members is they hear a lot about the supply chain problems and thus they think well am I going to be able to get the second dose. So what we have done as an organization, as an FQHC is that we only

vaccinate those people for whom we can assure we will give them two doses. So when they come in, many of them ask us and we promise we're going give them their two doses. So our reputation's on the line. But we assure them they're going to get it. So they feel better about it. So, you know, that's part of the messaging that will have to be addressed more and more going forward but perhaps now with the Johnson and Johnson vaccine possibly coming online soon with just one dose, perhaps we can use -- reach vaccine equity much more quickly. So thank you.

>> Mahyar Mofidi: Thank you to all of our panelists. Thank you for sharing your insights and successes with all of us. And this has been a very, very great discussion this afternoon. And with that I'm going to turn it back over to Dr. Cheever.

>> LAURA CHEEVER: Great. Thank you, may har and Chrissy for moderating today. And Dr. To Andrew, Dr. Green, Dr. Vega, Dr. Prescott for the insight to innovative models you shared. We appreciate all the critical work you and your teams are doing across the country to support the COVID-19 vaccination efforts.

Now before we finish I want to remind everyone about several key resources that are continuously being updated to support the work of the Ryan White program recipients.

We continue to update our HIV/Aids Bureau COVID-19 frequently asked questions web page with new information it becomes available. For those responses we encourage you to continue to visit the HIV/Aids Bureau COVID-19 FAQ web page listed there. We also encourage you to visit several other web pages for critical information on the COVID-19 pandemic as it continues to evolve.

I want to point out CDC COVID-19 vaccination website.

We encourage to you note our upcoming HAB you heard webinars. The next one will take place on March 24th from 2 to 3 and following that on April 27th.

Please mark your calendars and be on the lookout for the save the dates.

And that concludes today's HAB You Heard Webinar. The recording for today's event will be posted on the HAB COVID-19 web page. I want to remind you that as you continue to care for your families, your patients and your communities, please take time for our own self-care. And as part of that, please strongly consider getting a COVID-19 vaccine when you are able to in your community.

Thanks again for the vital work thaw do in your communities during these challenges times and thank you for participating in today's webinar. Have a great rest of your day.

>> AMY SCHACHNER: This concludes today's webinar. Thank you everyone for joining. You may now disconnect.