Orange County COVID-19 Vaccine Taskforce

Thursday, November 19, 2020
Introductions
&
Opening Remarks

Dr. Clayton Chau
HCA, Director
<table>
<thead>
<tr>
<th>Welcome New Members</th>
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</table>
| **Ellen Ahn, JD, MSW**  
Executive Director, KCS  
OC Asian Pacific Islander COVID 19 Task Force | **Joy Anne Fumera, RN, MSN**  
President  
GLBOC-AACN | **Mario A. Ortega**  
Abrazar, Inc |
| **Lisa Armony**  
President OC interfaith Network  
Director Community Relations Jewish Federation OC | **Jeff Goad, Pharm.D., MPH, FAPhA, FISTM, FCPHA, FCSHP**  
Professor & Chair  
Department of Pharmacy Practice, School of Pharmacy  
Chapman University | **Jeff Pagano**  
UCI, OC Veterans & Military Families Collaborative |
| **Whitney Ayers**  
OC Regional Vice President  
Hospital Association of Southern California | **Laura Gomez**  
Teacher  
Santa Ana Unified School District | **Karen Pavic-Zabinski, PhD RN, MSN, MBA, MA, MS**  
Regional Director Of Ethics  
Providence St. Joseph Health Southern California |
| **Joy Anne Fumera, RN, MSN**  
President  
GLBOC-AACN | **Stu Greenberg**  
Tustin Police Chief  
Representing Orange County Chiefs of Police and Sheriff’s Assoc. | **David Ramirez, M.D.**  
Chief Medical Officer  
CalOptima |
| **Isabel Becerra**  
Chief Executive Officer  
OC Coalition of Community Clinics | **Candi Kern**  
President  
Fourth District PTA | **Philip Robinson, MD, FIDSA**  
Medical Director of Infection Prevention and Hospital Epidemiology  
Hoag Hospital |
| **Bernadette Boden-Albala M.P.H., Dr.PH**  
Director and Founding Dean of the Program in Public Health  
University of California, Irvine | **America Bracho, MD, MPH**  
Executive Director  
Latino Health Access | **Jasjit Singh, MD**  
CHOC Children’s Hospital |
| **Isabel Becerra**  
Chief Executive Officer  
OC Coalition of Community Clinics | **Candi Kern**  
President  
Fourth District PTA | **Michelle Steele**  
Chairwoman  
OC Board of Supervisors |
| **Cevadne Lee, MPH**  
Director, Community Outreach & Engagement  
UCI Cancer Center | **Ann Light, MD**  
Medical Director  
OC Social Services Agency | **Lisa Wright Jenkins**  
President & CEO  
Council on Aging – Southern California |
| **Clayton Chau, M.D., Ph.D**  
Director  
OC Health Care Agency | **Dan Cooper, MD**  
Associate Vice Chancellor for Clinical and Translational Research  
University of California, Irvine | **Rebecca Yee**  
Ensign Services |
| **Dan Cooper, MD**  
Associate Vice Chancellor for Clinical and Translational Research  
University of California, Irvine | **Jason Cord, M.D.**  
President & Board of Directors, Orange County Medical Association  
Chief of Radiology, Kaiser Permanente Orange County  
SCPMG Government Relations Lead, Orange County | **Gloria Alverado**  
Executive Director for the Orange County Labor Federation |
| **Maria Bredehoft, Ph.D.**  
Deputy Agency Director, Public Health Services  
OC Health Care Agency | **Lucy Dunn**  
President and CEO  
Orange County Business Council | **Matt Zahn, MD**  
Medical Director of the Division of Communicable Disease Control  
OC Health Care Agency |
| **Lucy Dunn**  
President and CEO  
Orange County Business Council | **Al Mijares, Ph.D.**  
County Superintendent of Schools  
OC Board of Education | **Grace Alverado**  
Executive Director for the Orange County Labor Federation |
| **Helen Macfie, Pharm.D., FABC**  
Chief Transformation Officer  
Executive Administrator, Clinically Integrated Network (C.I.N.)  
MemorialCare | **Jason Cord, M.D.**  
President & Board of Directors, Orange County Medical Association  
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SCPMG Government Relations Lead, Orange County | **Gloria Alverado**  
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1. **Introductions**
   - Welcome & Opening Remarks
   - Session Agenda & Objectives
     - Update the Group (vaccine, survey, HCA approach)
     - Prepare to Start Phase 1a Targeted Communications (safety and effectiveness, benefits)
     - Preview the plan for the website campaign (to prepare for further guidance next time)
     - Review FAQ topics covered to identify what else might be needed to be covered

2. **Updates**
   - Vaccine Status – What We Know Now (and discussion)
   - Vaccine Hesitancy Survey & UCI Focus Group
   - Op-ed on Vaccine and Herd Immunity
   - HCA Vaccine Program in Orange County – Overview of Approach

3. **Building Our Communication Strategies and Messages**
   - Phase 1a/1b Communication & Draft Tools
   - Frequently Asked Questions: review questions to be answered (update on status of the FAQs)
   - General Awareness Campaign: Plan for Website
   - Discussion: what are you doing to communicate with your constituency, what else do you need

4. **Next Steps & Debrief**
Updates & Communication
Multiple types of vaccines.

- The two vaccines closest to Emergency Use Authorization* (EUA) are both based on a mRNA model and are completing stage 3 of testing which involves administration to 30,000/44,000 people.
- In preliminary data both vaccines have shown approximately 95% effective.
- Both Moderna and Pfizer have included older adults and have similar effectiveness in preliminary review.
- 37% of Moderna subjects are either older adults or people of color.
- Moderna states no cases in the vaccine group developed severe disease.
- These are being developed by Moderna and Pfizer and one or the other may be submitted for EUA by the end of November (as far as we know).
- EUA process can take up to several weeks.
- Pfizer is now including children down to age 12.

The distribution processes:

- Acute Care hospitals are signing up to be providers for 1a staff.
- Skilled Nursing Facilities are signing up directly to receive administration through the CVS arrangement.
- First round will go to critical healthcare workers and first responders.
- It’s not known how much we be available or if those groups will be completely covered.
- The rest of the distribution will be in phases with increasing amounts of vaccine available as time goes on.

The administration process:

- Moderna, Pfizer and AstraZeneca vaccines require two shots about a month apart; Johnson and Johnson requires just single dose.
- Storage and administration requirements will limit who can provide the vaccine and depend on which vaccine is first available.

Update: Current Volume on Survey Results

As of November 17, 2020 = 25,025

- English: 23,826
- Spanish: 600
- Vietnamese: 165
- Korean: 154
- Khmer: 83
- Farsi: 28
- Arabic: 21

Face-to-face surveys: 113

Key populations:
- Spanish as primary language:
- Older Adults:

Next Steps:
Present initial findings during 12/3 TF meeting (age, occupation, ethnicity, geography) to inform communication, outreach and engagement.
We’re Almost Ready to Analyze our Survey Data

Groups we want to analyze (assuming we have enough responses for a reliable analysis):

20 out of 30 of the cities listed in the dropdown menu

Gender

Primary language for:
  - English
  - Spanish
  - Vietnamese

All age groups

All education levels

All occupational groups except construction and housekeeping/janitorial

- We’ve finished collecting survey responses except from the Coalition of Community Clinics and will close access to the public/online survey on November 20 (tomorrow).
Plan for Focus Groups by UCI

Dr. Dan Cooper; Dr. Bernadette Boden-Ablala
A high-level overview of the HCA approach to the vaccine challenge
Creating a System Designed to Match People, Providers and Vaccines: March to Immunity for 3.2M Orange County Residents

Individual & Target Population
- Virtual Caretaker for Individual Self-Management
  - Support patients before, during, and after vaccinations
  - Find the right provider and schedule an appointment
  - Follow up on vaccines as needed
  - Tell others

Portal for Population Management
- Support phased approach to access
- Identify and address inequities
- Track whom is and isn’t getting vaccinated
- Informs and supports the communication plan

Portal for Demand and Supply Management
- How much vaccine is available?
- How much supplies are wasted?
- Support for proper storage

Portal for Clinical Protocol
- Who receives what vaccine by what provider type?
- What do providers need to know?
- How is the vaccine administered?

CarePlans (Testing & Vaccination)

The Goal
- Timely, Correct, Complete and Documented Vaccination for each resident and every episode - through a process of adjudication of individual, provider and vaccine information.

Providers (Hospitals, LTCs, PCS, pharmacists, etc.)
- Provider Vaccine Administration
  - Support vaccine scheduling
  - Guide vaccine administration and documentation
  - Drive Vaccination Care management

Provider Network Management
- Support recruitment and education
- Enforce and maintain quality

A system designed to assure the integrity of individual vaccinations at the scale of an entire county - through HCA functions/supports and the technology platform that matches each person with the right provider and the right vaccine in the identified priority/phase. Like HCA’s role in assuring clean water for OC residents regardless of status or location, so too will HCA assure access to timely, correct, complete and documented COVID-19 vaccinations for all residents.
Building Our Communication Strategies and Messages

A Key Guiding Principle

Information about the vaccine to overcome hesitancy needs to come from trusted members of individuals’ communities.
Core Messages (to be adapted as needed for targeted groups based on survey findings)

- Safety and Effectiveness
  - Trust of the approval process
  - Trust of Federal, State, and local system that is providing the vaccine
  - Correcting misinformation

- Benefits
  - Belief that the disease is serious enough to merit getting vaccinated for self-protection
  - Understanding the role of vaccinating oneself to protect other people
  - Supporting progress in the State Tier System

- Access and Availability
  - Perceived cost
  - Distance from the vaccine provider
  - Language barriers

- Information
  - Updates on vaccine and distribution
  - How decisions are being made
Over-Arching Communication Strategy

Communication to Targeted Groups

Targeted, tailored communication to key groups (within each phase) to:

- Address hesitancy and build readiness (per survey findings)
- Communicate when group members will have access to the vaccine (based on the applicable phase)
- Support vaccination participation

Taskforce member roles:

- Provide guidance to create tailored, high impact messaging and communication (based on survey findings)
- Use existing communication means to deliver this messaging (newsletters, social media, etc.)
- Identify additional communication mechanisms to effectively reach constituents
- Be a visible champion of and trusted resource about vaccinations

County-Wide Communication

General communication across the county to:

- Build general awareness about what is happening with the vaccine
- Make ‘common knowledge’ that the vaccine is safe and effective
- Create solidarity around the shared benefit of high vaccination rate:
  - re-opening businesses
  - schools back to normal and
  - ‘freedom from COVID’

Taskforce member roles:

- Provide guidance to create general messaging
- Be a visible champion of and trusted resource about vaccinations
Phase 1a/1b Populations: What We Know that Informs Our Planning

High Risk Health Care Workers
- HCA has received estimated volume of healthcare workers by site (and much of the first responder population) – from CDPH
- HCA is validating this data
- Hospitals have received invitations to sign-up with CDPH to be a provider of vaccines
- CDPH will be working with many acute care hospitals to distribute the vaccine directly to their facilities
- Vaccine distribution will depend on the parameters of the vaccine storage and administration requirements
  - Pfizer directly to hospitals (kits delivered separately)
  - Moderna will deliver through McKesson to providers (kits delivered separately)
- Hospitals will request desired volume (we believe)
- HCA will review and approve requests to assure equitable distribution across the county

1st Responders
- It is not yet clear which providers will be responsible for delivering vaccines to 1st responders

Long Term Care residents
- Care settings must sign up with the Federal Government to participate in the CVS & Walgreens vaccination program
Flyer: Targeted for Phase 1
- One for safety and effectiveness
- One for benefits

FAQ questions:
- Is each one a good, relevant question for your group?
- What else are people asking?

Article on Herd Immunity and Vaccine
- Sample of opening paragraph
- Instructions on how to download to distribute to your group
Discussion Draft Only

How Do I Know That A Vaccine Will Work and That It Is Safe?

SAFETY:
- Vaccine safety for EUA and full approval use the same standards, with the exception that full approval requires longer follow-up.
- Vaccine safety and efficacy is determined by scientific experts, not political appointees.
- Most negative reactions to vaccines occur within a month of vaccination.
- COVID-19 vaccines will have independent safety reviews done at the study level, prior to the FDA decision and at the state level before making it available to those in the state of California.
- All persons receiving the vaccine will be followed by the Centers for Disease Control and Prevention (CDC) for adverse reactions, that information is available to the general public.

EFFECTIVENESS:
- Vaccine must be at least 50% effective to apply for EUA.
- A vaccine with a EUA will have the same effectiveness requirements as a full vaccine approval.
- The Pfizer vaccine has predicted a 90% effectiveness in their stage 3 trials.

BENEFITS: Is COVID-19 serious enough to get vaccinated?
- An infected person passes the disease to 2.5 other people, on average, and 50% of transmission occurs prior to the onset of any symptoms.
- 53% of infected people infect another household member with half of them infecting others within 3 days.
- According to the CDC, 60% of those infected will have symptoms.

The first use of COVID-19 vaccines will be through the use of an Emergency Use Authorization by the Food and Drug Administration (FDA).

You cannot be required to be vaccinated for a vaccine approved under an Emergency Use Authorization (EUA).
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BENEFITS: Is COVID-19 serious enough to get vaccinated?

- An infected person passes the disease to 2.5 other people, on average, and 50% of transmission occurs prior to the onset of any symptoms.

- 55% of infected people infect another household member with half of them infecting others within 3 days.

- According to the CDC, 60% of those infected will have symptoms.

Additional for Law Enforcement:

- More than 150 officers nationwide have died from COVID-19 contracted on the job this year, which is more than from gun violence, car accidents, heart attacks, or other causes, according to the Officer Down Memorial Page.

- If you become infected, you have a 53% chance of infecting someone in your home. If that person is over 70 years of age or has a significant medical problem, their risk of getting hospitalized is 3-5 times higher than yours, and their chance of dying is 18 times—or more—higher than yours.
Frequently Asked Questions

1. How do vaccines work?
2. Why should I get a COVID-19 vaccine?
3. How can I know that a vaccine is safe?
4. How can I know whether a vaccine will work for me?
5. Do vaccines only protect the person who is vaccinated or do they also protect others?
6. How are vaccines tested?
7. What kinds of approvals are required in order to administer the vaccine to the public?
8. I’ve heard that a vaccine may approved first using an Emergency Use Authorization. What does that mean?
9. What is the difference between an Emergency Use Authorization and a full Biologic License Approval?
10. Can people be required to get vaccinated?
11. When will a vaccine be available?
12. Who will get the vaccines first and how is that decided?
13. When will the rest of the population be able to be vaccinated?
14. How will vaccines be distributed?
15. What is Operation Warp Speed?
16. What is herd immunity?
17. Can herd immunity be achieved without a vaccine?

Please chat in feedback for revisions, additions, deletions.
Herd Immunity is Only Possible with a Vaccine

There has been much debate around the concept of herd immunity since the early stages of the COVID-19 pandemic. As a public health term, the idea of herd immunity is that if enough people are protected against an infection because they have been exposed and developed antibodies, transmission of the infection slows and ultimately new outbreaks are halted because much of the population is no longer susceptible. Some people suggest that COVID-19 can best be controlled by allowing the virus to run its course and achieve enough numbers of infected persons to reach herd immunity. We suggest that there is some confusion about the use of this term and that there are strong reasons for not pursuing that approach.

Co-authors: Dr. Clayton Chau, Dr. Casey Dorman, Dr. Bernadette Boden-Ablala, Dr. Dan Cooper
Communications: Objectives/Strategy

Julie MacDonald
OC HCA Health Communications Manager
1. Communication Overview – initial campaign local / next phase
   CDPH/State
   1. Objective
   2. Strategy
   3. Key Tactics
2. Campaign – Creative Concepts & Media
3. Next Steps
Key Objective:
• Establish the COVID-19 Vaccine webpage as the “to go” place for Orange County residents (and medical community) to educate themselves on facts regarding the COVID-19 Vaccine.

• Educational news and information (credible sources)
• Does not attempt to influence (at this stage), rather allows reader to educate themselves with information
Communication Overview

Strategies:

• Curate medical and scientific information regarding COVID-19 vaccine and publish in an easy-to-find website and newsletter
  • The testing/approval process
  • Results/efficacy, historic vaccine information
  • Distribution projections

• Leverage Taskforce member input/insights around articles:
  • Establish credibility of the Taskforce
  • Help interpret complex information for general consumer consumption
  • Include Opinion/Editorial content as able to address hesitancy/acceptance and attitudes
Communication Overview

Strategies:

• Promote the vaccine website to OC residents using broad-reaching paid media schedule to drive awareness of the URL

• Promote the Taskforce and the webpage to the OC Medical Community
  • 2-way referrals:
    • MD to patients – visit website “educate yourself”
    • Website to patients - “talk to your Dr.”
Communication Overview

Tactics:

• Create a COVID-19 vaccine informational newsfeed on the website (SME/Taskforce approved)
  • Subscribe to media monitoring service to access articles
  • Include a preview or short interpretative quote (ala LinkedIn)
  • Generate content into a regular newsletter (2x per month?)

• Create a downloadable flyers/social media/resource section to make key information available for distribution by Taskforce partnerships and community
  • Translated (proofed by community/taskforce for nuance) – HCA standards for COVID include: Spanish, Vietnamese, Korean, Farsi, Arabic, Traditional and Simplified Chinese, Khmer and Tagalog
  • Flexible formats for co-branding
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Tactics (Cont.):

• Use Partnerships and Outreach teams to amplify messages:
  • HASC- Hospitals
  • OCMA- Physicians
  • Labor Federation- Unions
    ◦ Police/ Fire Unions
    ◦ Teacher unions
    ◦ Other unions as their group is staged for administration (we will get the allocation strategy from CDPH)
  • Labor Federation will co-lead the Community Outreach Group
    ◦ Will include Family Resource centers, direct outreach, FACE program, School wellness centers, (many more)
  • Children (Dan Cooper & CHOC & OCMA) (scheduled for when CK comes on)
Campaign Overview
Encourage Orange County residents to see the OC Health Care Agency as a trusted source of information on Orange County’s COVID-19 vaccination program.

- Use website/e-newsletter to prompt residents to learn facts about the vaccine.
- Create open and transparent communications about the vaccine program
  - Share the Task Force members’ contact information, credentials,
  - Share FAQs about getting the vaccine
  - Curate trusted sources of information and direction on a centralized, memorable website url
Initial Education Positioning message targets all Orange County Adult residents. Focus media buys predominantly on broad-reaching platforms including:

- Encourage easy-click-thru to the website and e-newsletter subscription using online and social media strategies.
- Include radio, streaming audio, outdoor display (billboards)
- Paid Search - keywords
Replace Call-to-Action:
• Ideas forthcoming
Nothing but the vaccine facts.

COVIDVACCINEFACTS

COVIDVACCINEFACTS

Nothing but the vaccine facts.
Website & Newsletter Samples

COVID VACCINE FACTS
11.9.2020

TOP POINTS

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OTHER CONSIDERATIONS

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No Thanks  Remind Me Later
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You cannot be required to be vaccinated for a vaccine approved under an Emergency Use Authorization (EUA).
Set up a template that can be customized by target:

- Law Enforcement
- Schools
- Other
Orange County COVID-19 Vaccine Taskforce

The plan for distribution of a COVID-19 vaccine is a phased one, in which high-risk/high-priority groups receive the first, limited amounts of vaccine, and as more become available, more groups are included until there is enough vaccine to serve the entire population. Many of the policies and procedures for vaccine distribution will be developed by the Centers for Disease Control and Prevention (CDC) or the California Department of Public Health (CDPH), but counties have the responsibility of determining their unique needs in terms of identifying priority groups and vaccine providers as well as encouraging acceptance of the vaccine among local residents.

OC Health Care Agency (HCA) vaccine planning involves using input from our staff, from medical experts and from the community, to assist us in developing procedures that meet all CDC and state regulations, while addressing the unique needs of the Orange County (OC) community.
Taskforce Members and Constituencies they Represent

The Taskforce is being developed while we await responses from our fellow community members. Once the members have agreed to the commitment, the names and groups they represent will be posted here.

<table>
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Questions?
Feedback?
We will use your feedback to advance these and prepare additional communication tools for your use.

Initial Target: Phase 1a
Next Meeting

Review of survey findings

Advance the communication readiness for Phase 1a and county-wide messaging

Explore equity concerns related to COVID to inform communication strategies (Advance OC demonstration – *Social Progress Index & OC COVID-19 data*)

- Chat in topics we should cover in the next or other future meetings.
What went well about this session?  
How can we improve these TF sessions?
Thank you!

Standing Schedule: 1\textsuperscript{st} and 3\textsuperscript{rd} Thursdays, 4:00-5:30
Next meeting: Thursday, December 3\textsuperscript{rd}