



Idaho COVID-19 Vaccine Advisory Committee Meeting

Friday, March 12th, 2021

12:00 – 1:00 p.m.

SUMMARY REPORT

CVAC Members and Staff in Attendance¹

Chair: Patrice Burgess, MD
Executive Medical Director
St. Alphonsus Medical Group

Executive Secretary: Elke Shaw-Tulloch, MHS
State Health Official and Administrator
Division of Public Health
Idaho Department of Health and Welfare

Members (Voting):

Name/Role:	Organization/Representing:
Richard Augustus, MD, Chief Medical Officer	West Valley Medical Center
Matt Bell, Vice President, Idaho Regional Director	Pacific Source
Sam Byrd, Executive Director	Centro de Comunidad y Justicia
Rebecca Coyle, Executive Director	American Immunization Registry Association
Abby Davids, MD, MPH, AAHIVS Associate Program Director HIV & Viral Hepatitis, Fellowship Director	Family Medicine Residency of Idaho
Karen Echeverria, Executive Director	Idaho School Boards Association
Rachel Edwards, Secretary	Nez Perce Tribal Executive Committee
Amy Gamett, RN, Clinical Services Division Administrator	Eastern Idaho Public Health PHD Representative
Rob Geddes, PharmD, Director Pharmacy Legislative and Regulatory Affairs	Albertsons Companies, Inc.
Randall Hudspeth, PhD, MBA, NP, FAANP Executive Director	Idaho Center of Nursing
Mel Leviton, Executive Director	State Independent Living Council
Salome Mwangi, Social Integration/Refugee Bureau Coordinator	Idaho Office of Refugees
Christine Neuhoff, Vice President, Chief Legal Officer	St. Luke's Health System
David Peterman, MD, CEO	Primary Health Medical Group
Kathryn Quinn, MHS, CHSP, Safety Officer	Saint Alphonsus Health System
Daniel Reed, MD, Director of Family Practice	Primary Health Medical Group
Linda Swanstrom, Executive Director	Idaho State Dental Association
Elizabeth Wakeman, PhD, Associate Professor	College of Idaho
Toni Lawson for Brian Whitlock, President and CEO	Idaho Hospital Association
Lupe Wissel, Director	AARP Idaho
Casi Wyatt, DO, FIDSA	Sawtooth Epidemiology and Infectious Diseases

¹ A full list of Members is available at <https://coronavirus.idaho.gov/idaho-covid-19-vaccine-advisory-committee/>.

Ex Officio Members:

Name/Role:	Organization/Representing:
Russ Barron, MBA, CPM, Executive Director	Idaho Board of Nursing
Pamela Murray for Dean Cameron, Director	Idaho Department of Insurance
Kris Carter, DVM, MPVM, DACVPM Career Epidemiology Field Officer	CDC Division of Public Health, Idaho Department of Health & Welfare
Alicia Estey, Chief of Staff and Vice President for Compliance, Legal, Public Health, and Audit	Boise State University
Magni Hamso, MD, Medical Director for the Division of Medicaid	Idaho Department of Health & Welfare
Anne Lawler for Steve Malek, MD, Chair	Idaho Board of Medicine
Tim McMurtrey, Deputy of Operations	Department of Education
Danielle Pere, MPM, Bureau Chief	Division of Behavioral Health Idaho Department of Health & Welfare
Brad Richy, Director	Idaho Office of Emergency Management
Josh Tewalt, Director	Idaho Department of Corrections

Staff and Other Stakeholders:

Name/Role:	Organization/Representing:
Natalie Brown, Project Manager	CDC Foundation
Zachary Clark, Public Information Officer	Idaho Department of Health and Welfare
Misty Daniels, Administrative Assistant 2	Idaho Department of Health and Welfare
Bill Evans, IT Ops & Support Analyst III	Idaho Department of Health and Welfare
Niki Forbing-Orr, Public Information Officer	Idaho Department of Health and Welfare
Sara Garrett, Project Manager I	Idaho Department of Health and Welfare
Chris Hahn, MD, Medical Director, State Epidemiologist	Idaho Department of Health and Welfare
Sarah Leeds, Program Manager, Idaho Immunization Program	Idaho Department of Health and Welfare
Kelly Petroff, Communication Director	Idaho Department of Health and Welfare
Zachary Prettyman, IT Infrastructure Engineer	Idaho Department of Health and Welfare
Sara Stover, Senior Policy Advisor	Idaho Office of the Governor
Kathy Turner, PhD, Bureau Chief, Communicable Disease Prevention	Idaho Department of Health and Welfare
Angela Wickham, State Health Officer Liaison	Idaho Department of Health and Welfare
Monica Revoczi, Facilitator	Interaction International, Inc.
LaVona Andrew, ASL Interpreter	LaVona Andrew, LLC
Frances Bennett, ASL Interpreter	Frances Bennett Interpreting, LLC

Attendance Acknowledgement and Meeting Overview

Monica Revoczi, Facilitator

Monica Revoczi thanked all COVID-19 Vaccine Advisory Committee (CVAC) Members and staff and those listening in for attending. Per previous meetings, in lieu of introductions, she encouraged members and staff to review the list of attending members found above the WebEx Events meeting chat pane. CVAC Member designees not previously mentioned were asked to introduce themselves in the chat.

Monica reviewed the agenda and affirmed this meeting will be focused on discussion of pending vaccination decisions. No votes will be taken. She asked that members engage in live discussion as much as possible and limit

use of the chat to additional resource sharing and quick questions, allowing the main focus to remain on the group discussion. Monica also affirmed that CVAC is not required to adhere to the Idaho open meeting law; however, it is being conducted in the most transparent manner possible.

Welcome and Opening Remarks

Dr. Patrice Burgess, Chair

Elke Shaw-Tulloch, Executive Secretary

Dr. Burgess and Elke Shaw-Tulloch welcomed everyone. Elke reviewed that the pending between-meeting electronic vote deadline has been extended to Monday morning to allow members more time to consider their decisions and also integrate aspects of today's discussion, if needed.

COVID-19 Vaccine Administration Experience and Realities

Salome Mwangi

Salome Mwangi, from the Idaho Office for Refugees, shared her experience working with the limited English proficiency population. Primary barriers include language, low health literacy, low literacy in own languages, and cultural and spiritual beliefs. She asked for help from a Boise pharmacist from Kenya to devise strategies from the perspective of how she would communicate about the vaccine to her grandmother in Kenya. Steps to solutions include:

1. Understand the barriers
2. Identify ways to overcome the barriers
3. Communicate the message without changing it – don't water it down, emphasize the impacts on the refugee community
4. If you build it, they will come

Salome highlighted the importance of leaning on local resources (e.g., community members with medical expertise), using simple and accurate language, relying on existing relationships for connection with the community, and listening to and addressing what is – and isn't – being said. It is key to dial down the harm and also acknowledge the impacts of past trauma on community members. Building trust and communicating choice also facilitate vaccine openness, as does offering community resources at existing clinics rather than separate, isolated (i.e., "different") ones. Training has been offered to help vaccinators understand community perspectives and concerns.

Please see Salome's slides for more details.

Further Considerations and Discussion Regarding Idaho Priority Group 3: Areas Pending Decision

Dr. Patrice Burgess, Chair

Elke Shaw-Tulloch, Executive Secretary

First, the group discussed the high-risk condition/age sequencing decision for those age 16 - 44 currently pending CVAC electronic vote (closing Monday). Logistical factors related to vaccine allocation and distribution will also impact timing but, per Charter, CVAC is being asked to focus on prioritization recommendations. The group grounded in the population estimates for age and high-risk conditions in its considerations. Dr. Burgess noted that the number who have already been vaccinated in each group is currently unknown. Members pointed out the tendency in some communities to protect the elderly and frail members, which may account for some of the vaccine hesitancy observed.

Elke Shaw-Tulloch provided further considerations to inform discussion/consideration of the prioritization of those living in congregate settings:

- People living in congregate settings are considered to be at increased risk of acquiring COVID-19, but there is no widely-held consensus on which groups are included
- Various definitions of “congregate settings” are so broad they would include everyone not living in a single-family home.
- Many congregate living settings were already included in groups previously prioritized by CVAC (see following table)
- We propose specific congregate living settings to be considered when CVAC votes on prioritization of people living in these settings

Next, Elke reviewed the congregate living settings already prioritized by CVAC:

Congregate Living Setting	Staff	Residents
Long-term care facilities (LTCFs) (including LTCF-like units in correctional or detention settings)	X	X
Independent living facilities attached to residential assisted living facilities	X	X (Federal Pharmacy Partnership)
Adult day care facility	X	X
Intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs)	X	X
Certified family homes (CFHs)	X	X
Residential schools/facilities providing behavioral health treatment	X	
Correctional and detention facilities	X	
Homeless shelters	X	X

Population estimates for various congregates settings are as follows:

Congregate Setting	Population Estimate
Emergency shelters and transitional housing if not already included (e.g., domestic violence and abuse shelters).	Domestic violence shelters: 319 beds (likely already included with homeless shelters)
Dormitory* housing for workers.	First responders at training, Group 2.1. Farmworkers, Group 2.3. Unknown # of others.
Correctional and detention facilities.	12,695 not already included
Group housing for persons in substance misuse treatment or recovery or with mental illness who do not require hospitalization (e.g., SHIP and transitional housing).	487+ [SHIP housing = 211 beds; transitionalhousing.org lists 23 homes (not SHIP); est. 12 beds/home =276 beds
Residential treatment or recovery facility.	One licensed PRTF in Idaho (for teens), # beds not specified. Unknown other recovery facilities.
Dormitory* housing for students.	Unknown number currently living in dormitories. Most likely in 16–24 years of age group.

Note: *Dormitory means a facility with numerous beds per room, communal bathrooms, and communal dining. It does not mean apartments with bathrooms and cooking facilities in each living unit, even if there is a common recreational area.

CVAC comments and discussion included:

- Persons in jail or prison in previously-eligible age groups have likely already been vaccinated. Also, it is important to consider that approximately 500 incarcerated people are released into the community per month. Further, jails and prisons are legally obligated to provide care for those incarcerated.
- Perhaps residents of college dorms should not be included due to the relatively young age of that population. However, dorms are known super-spreader environments.

Wrap Up

Monica summarized the meeting. The next meeting is scheduled for:

Friday, March 19th, 2021
12:00 – 2:00 p.m.

Pending CVAC electronic votes are due Monday, March 15th by 8:00 a.m.

Meeting slides will be sent to members after the meeting. Members and the public are invited to submit written input for consideration through their respective email addresses.

The package of materials for the March 12th meeting will be sent Monday, March 15th.

Dr. Burgess thanked everyone for their attendance and Members for their input. Elke expressed appreciation for everyone's participation. The meeting was adjourned.