

**Minutes of the May 5, 2021, meeting of the  
Upstate COVID-19 Regional Community Assessment Review and Equity (CARE) Panel**

The Upstate COVID-19 Regional Community Assessment Review and Equity (CARE) Panel met on Wednesday, May 5, 2021 at 9:00 am via Microsoft Teams.

The following were in attendance:

Trey Moore, MD, Abbeville Area Medical Center  
Saria Saccocio, MD, Prisma Upstate  
Tina Fowler, NP, Primary Care of Union  
Mike Marling, Pickens EMS  
Juana Slade, AnMed Health  
Heather Goss, AccessHealth Mountain Lakes  
Sue Veer, Carolina Health Centers, Inc.  
Tim Womack, Appalachian Area Agency on Aging  
Angelique Jarvis-Simmons, Hispanic/Latino Advisory Committee Member  
Rebecca Leach, SC Retail Association  
Kandi Fredere, SCDHEC  
Marlon Hunter, ReGenesis  
Dr. Matt Delfino, ReGenesis  
Christina Castillo, ReGenesis  
Sheila Henderson

Also, in attendance were members of the public.

Sue Veer, CARE Panel Chairperson, called the meeting to order.

**Item 1: Update on Cherokee Recommendation:**

- Formal process with panel – drafted recommendation to establish an AdHoc group to focus on Cherokee County and the rates/numbers for Cherokee since it has the lowest rates in the Upstate Region. Since that time some of the DHEC Community Team staff, Page Rogers and Karen Fradua, is working with Community leaders to identify who needs to sit on that committee. We are actively working on establishing the first meeting the week of May 17<sup>th</sup>. We think we have someone to chair that group. Encouraged by the good preliminary work going on. Our initial focus should be to gather data, educate ourselves of what is needed in that community – marathon not a sprint. Will make sure there is a linkage back to our group for updates.
- ReGenesis work in Cherokee County: We are working closely, not just with Cherokee County, but with farm workers. Have given a total of 2,400 to the Cherokee community and we have around 3,000 doses on hand in the Gaffney office. Have included the agricultural workers in our efforts. Want to do what we can to close the gap.
- Vaccine hesitancy/children: Have uptake among the agricultural workers. Seem they are motivated to keep working. Foot traffic in the center has been low compared to Spartanburg office. Dedicated a community outreach worker to Cherokee County that started 2 weeks ago. Hope to see some effects from that. In terms of emergency use authorization for the younger kids – the pediatrician that works at that office will be aggressive in promoting that. We can impact our patient population if that gets passed. Challenge to reach out to the community to let them know anyone can come into the center to get the vaccine.
- Having ReGenesis involved in the work group that is targeting Cherokee County, is essential.

**Item 2: SC Safely Vaccinated “Branding”:**

- Last week discussed, adopting a branding, “I’m vaccinated”. Our thought was to have more conversation to nail down what that needed to look like and what is appropriate for our communities to show case those who are vaccinated. If we think that is a good idea, we need to put pen to paper.
- Those that are wearing their ribbon are excited. Some people have shared their personal story as to why they haven’t received the vaccine. That could spark discussion with patients. Good to convey message.
- Link was sent to group of the ribbons that were purchased – yellow/red COVID-19 awareness ribbon. Very simple. Would be very easy if we want to utilize what already exist but create something specifically for SC. Would be easy to purchase and have standardized message across the state.
- Like the simplicity of the ribbon. Raising the awareness is critical. Like the standardizing of something. Not sure if there is something at a national level for that. Giving someone the opportunity for a conversation starter.

- Need to focus on “my choice”. Sending that empowering message that it is your choice.
- We are starting to get questions from patients asking if their providers have taken the vaccine. Any clinical/hospital setting – how would you consider handling that if you have a client asking that? Interesting component. Some reached out to legal regarding this due to HIPAA. The provider has to be able to consent.
- Plastic wrist bands discussed. If people don’t want to wear ribbons, they could wear the wrist bands. Could also consider that.
- How would we determine if there are national efforts? Nothing seen on a national level of symbol. Various groups with different efforts – targeted campaign.
- If we were to use what was shared, is there something we want to use specifically for SC? Kandi to reach out to Media Relations/Communication Department to see if similar research has been made.

### **Item 3: Mobilization of Door to Door Efforts:**

- How do we become more mobile and hit the streets to get opportunity to rural areas and those with transportation issues? How can we more static in our efforts to go more mobile?
- Once you have patient in front of you, you have opportunity for education and vaccination.
- Are there neighborhoods that we can walk through and knock on doors?
- ReGenesis has been doing a lot of events to go out to corporate entities – go to their location and vaccinate employees, family members, anyone signed up for event. Have done throughout the week and on Saturdays. Separate initiative – considering a community health workers program to assist us.
- Abbeville – priority to go out in the community. This week went to Ingles. We are anticipating starting a more door to door process with free clinic and community health staff in our organizations. Using paper and entering on the backend. In trying to use some local churches to identify communities. Working with ministry leaders to identify target population in vaccine uptake. More one to one interaction.
- There are trailer parks with large Hispanic populations. Would be good to have fliers in Spanish and English. Increases chances of reading it and leave at door to let them know it’s at no cost, appointment information – make efforts. Can hit a lot of people in trailer parks and low-income housing.
- DHEC piloted going to a festival this pass weekend. Have to get creative to go where the people are. If you have staffing barriers, reach out to Kandi – could be opportunity to partner.
- Prisma – vaccinating at schools – anticipating that the vaccine will be available, at least for Pfizer, 12 and above. Working on consent forms and planning to go to schools. This is an easy way to get students and you can also offer to bring parents in. Would be interested to hear from DHEC regarding school plans.

### **Item 4: Coordination with School:**

- Looking at processing. Timing is off since it is at the end of the school year.
- Plan – from a regional perspective, as providers, what are we doing? Work to cover gaps and not overlap efforts. We need to coordinate and make sure someone has reached out to every school district. Do a brief survey on who plans to reach out to school districts and have DHEC fill gaps.
- Important that the parents are offered vaccine at the schools. That is a safe place for Hispanic population.
- What is DHEC considering age of consent for vaccination? That varies depending on service. Confirmed that 16 years and older is age of consent.

### **Item 5: Weekly Meetings:**

- Any ideas for this schedule?
- Meetings are very helpful. As process changes, qualifications who can access vaccine, potential environment for back to school and what that will look like, would be helpful to hear ideas/solutions as if nothing else, best practices over next couple of weeks. Can transition to a less frequent meeting time as needed. All agreed to weekly meetings.
- Have heard compliments of the Upstate CARE Panel. Very well received. Request that DHEC deliver data information to other regions on how provided to us.

### **Item 5: Tasks:**

- Minutes will be sent out and posted on the SCDHEC website.
- Cherokee – proceed with plans to pull group together and report out on that as we make progress.
- Branding – task to follow up with CO Media relations and communication group for national/statewide efforts. Frame with “my choice” language. Will see if other CARE panels have had similar conversations.
- Outreach – surveying our efforts across region to reach out to schools. Make sure we don’t have gaps.

- Expand data of zip code and demographics across the state not just for Upstate. Have picture of where we need to work in our region, top 5 areas, of where we need to focus. Discuss areas within our service area and what we may already be planning to look at outreach efforts.

**Item 6: Next Meeting Agenda Items:**

- Tim Womack has money available and would like to use the recommendations we have from this team. Want to focus on Spartanburg and Cherokee where vaccination rates are lower. Any ideas for outreach let him know. We need everyone to be vaccinated to protect those associated with his office (age 60+). Need to find trusted voices to do PSA and get out something on the radio. Reaching urban radio stations. Think of ways to use funds for outreach and discuss at next meeting.

Meeting adjourned.

Next Scheduled Meeting  
Wednesday, May 12, 2021  
Via Teams Meeting