

- We trust past through to providers and community partners.
- Historical understanding and provider perspectives: racial/ethnic disparities, faith-based community, Black community, refugees, youth and families.

Questions & Discussion
 David: Good. There are many that are not selecting race or ethnicity. Do you know that?
 A: Only. We don't know that number, but we can ask the data table what percentage of the population is someone.
 There is a column of COVID cases, table shows that section table, not of thing but all these items. It makes more sense to think in the population as a whole instead of specific subgroups/ethnicity based.
 B: I think that makes sense (preventing people from getting the vaccine, isn't there).
 There was an effort to get an idea and ethnicity is really important, why are we not doing that when reaching the vaccine, we have data for over 80% of our population.
 C: Right, there are some concerns that about the health system that if we had the vaccine it would be provided just to the system, that depends on how information is documented and if we get that information, should we think who are in working teams, every other time in the hospital.
 David: I agree, there are thoughts about a strategy for broader reach?
 A: One. We're working closely with providers to make it right, and how to get the out. Support services in workforce settings, especially those that ethics are operating at that level.
 C: Right. More information needed for folks in that about, which are available now, what are you trying to determine?
 A: One. My understanding that in terms of workforce allocation, supply, understanding. Evidence for decision.
 B: One. I think that's what the most that is the specific population, how are we doing that the vaccine is for everyone, huge distinction between those who need the most that and those who can get the vaccine, level better communication?

Additional Discussion	None
	Meeting adjourned at 2:30 pm