

Speaker 1: Welcome, and thank you for joining today's conference, Cracking the Code Using Public Health Data to Boost Your Vaccine Efforts. Our audio lines have been muted until the Q&A portion of the call. To submit a written question, select "all panelists" from the drop-down menu in your chat panel. Enter your question in the message box that's provided, and then send. If you require technical assistance, please send a chat to the event producer. With that, I'll turn the call over to Jason Amirhadji.

Jason Amirhadji: Thanks so much, and thanks to everyone for joining us today, and for those viewing this afterwards, we feel very excited about today's topic, Show Me the Data! "Bucking" Vaccine Trends. This is really an innovative approach from the City of Milwaukee and the Housing Authority of the City of Milwaukee to use address data and public health information to help with a data driven approach to guide vaccination efforts. This is really critical as we're in this later phase of the national vaccination effort, knowing that some communities have very high vaccination rates, and others are still much lower. I think the techniques and the approach that was taken in Milwaukee is one that can really effectively and efficiently use resources to target areas that have particularly low vaccination rates.

Very excited to have them joining us today after this very special, I think, victory for the City of Milwaukee last night, and so without further ado, I'll hand it off to Ken Barbeau, who is the Director of Community Programs and Services for the Housing Authority of the City of Milwaukee. Ken?

Ken Barbeau: Thanks, Jason. We also will have Dr. Nick Tomaro, who is with the City of Milwaukee Health Department. He's the Preparedness Coordinator for them. He will be on the line as well. And so, I'll turn it back over to you, Jason, if you want to do this question.

Jason Amirhadji: Yeah, absolutely. This was sort of a question. If we can just throw the poll up, and we'll also just get folks who are watching this after. Do you have a data sharing agreement to inform your vaccination efforts? Do you have an agreement with, if you are a community, with your state local health department? Or if you are a state local health department, with your community? Are you working together with your vaccination partner to share data? You're not just giving shots out, you're not just raising awareness, but you're looking at public health, anonymized, aggregated data to see on a community level, what the rates look like. If you're doing that, great. Probably want to feature you on a future hot shot webinar. And if not, that's okay too, that's why we're glad to have you joining us today. Okay, great. And as folks are answering that, if you can go ahead and just show the response on the side, we'll take a look and see what that looks like.

No, pretty unanimously no. I think this is going to be all the more important for those in attendance today. If you all want to share a little bit about the background, and then you can talk me through how you actually made it happen.

Ken Barbeau: Sure. We, the Housing Authority obviously had been doing a lot during COVID to give our residents information on COVID. When the vaccination started to roll out, the week before that seniors were eligible, I got a call from Dr. Tomaro from the Health Department, who was in the process of setting up a mass vaccination clinic in our downtown area, and wanted to ensure that low income adults had access for the vaccination. Maybe you want to say a few words about some of the things you were able to work with us on, to get some of our low income residents connected to the vaccinations.

Dr. Nick Tomaro: Sure. Thanks, Ken.

As obviously the vaccination campaign ensued, we really, as a local municipality, looked at standing up, as many jurisdictions around the country, a really large scale operation to start. Then we've certainly morphed our strategies since then really significantly. In the beginning, we were in a convention center, and as we opened up the mass vaccination site, obviously everyone experienced these initial phases. As we're heading into the phase 65 and older, had reached out to determine, how can we work with Housing Authority to promote vaccination and access to vaccination.

One unique thing we were able to do was, we were working already with a charter bus line that we had been working with for quite a long time at one of our community testing sites, to bring people throughout the community to community testing. We repurposed those buses to bring residents from Housing Authority to our mass vaccination site until such time that we had better ability to go mobile in our strategies. That was kind of our initial task at working with Housing Authority early on.

Ken Barbeau: Thanks, Nick. During this period, from February to May, as the eligibility expanded, we kept rolling it out to more and more of our residents. We worked closely with the Health Department, both in transportation of people to the mass vaccination site when there were slots available, as well as setting up vaccination clinics in our developments as well. Through these efforts, we were able to directly assist about 350 residents to be vaccinated.

The problem with that is, those were the people that we knew about. Those were the ones that we directly assisted. What we also knew was that people were going on their own. Their families were taking them, they were going on their own to get vaccinated. Later on during that whole period, the pharmacies started rolling out vaccinations. And so, we knew who we assisted, but we wanted to figure out, what does that mean in our developments? In our housing developments. We had no idea. Was it 30%? Was it 50%? Was it 80% of the people were vaccinated in our housing developments?

I got Dr. Tomaro on the line, and tried to feel out, what are the possibilities? How could we maybe get at this data? Nick had a great idea. Nick, do you want to talk a little bit about how we were able to get some general data on

vaccination, that we could look at where we were at in general? And what the limitations on the data are?

Dr. Nick Tomaro: Yeah, thanks Ken. And honestly, I didn't even remember if it was my idea or yours, it was just a group effort.

Obviously, we work within a specific registry in our state. Sorry. Wisconsin Immunization Registry, or WIR. Really, the discussion became, with the unique opportunity to look at the different locations and addresses for Housing Authority of the City of Milwaukee and the various residences. Really looking at a query of those addresses and vaccination rates within. Ken and I have talked about this in the last couple days, and had talked about it at the time, of really organizing and coordinating on this, that there are limitations.

When you look at these immunization registries, it's important to note that many people will have information put into this registry throughout their lifetime and multiple addresses. We feel confident that our registration process for COVID-19 vaccines was updating addresses at the time. But obviously there's a lot of vaccinators throughout the city and county that would have been available to Housing Authority residents. And so, it's important to look at that as one limitation. We don't know absolutely that the address would have been updated every time in the registry.

However, what we were able to do is then pull a query and that's where it's important to talk about, this is deidentified information. So it's just really trying to get a sense of the percentage residents at each Housing Authority site who had sought vaccination. And then obviously working closely with Housing Authority and their census for their individual buildings to get a sense of which residences we wanted to target. And then obviously those that were senior residents, et cetera. just a way to kind of direct strategy initially.

Ken Barbeau: So, we were able to run the data for our buildings that were large, multi-family buildings. A lot of these are designated for seniors and persons with disabilities that we have. Where there is one general address, and everybody has an apartment number with that address. The Health Department was able to run that address of that building, and figure out how many shots were given to people who live at that address.

One of the limitations of the data is it doesn't tell you what the percentage that is fully vaccinated is. It gives you the total number of shots or doses but it doesn't tell you that. So you have to make some assumptions. Knowing what was going on, both in Milwaukee at the time in terms of how people were getting shots, and the fact that Johnson and Johnson had a month, month and a half gap where it wasn't being given out, we were pretty certain that ... what we ended up doing was figuring out, if you assume that 90% of the shots were with a two dose vaccine, either Moderna or Pfizer, and then 10% were Johnson and Johnson, this is the percentage, then, of people in each building that are fully vaccinated.

You'll see in the fifth column there, the fully vaccinated, assuming 90% of the shots were 2 doses, that's the most likely scenario. Somewhere around that. Again, this is not accurate. This is an estimate based on the data that we had. You have to make some assumptions. If you look at it, it tells you kind of the general status. We knew, for example, Lapham Park, Mitchell Court, those are places that have a lot of older seniors. We knew those numbers would probably be higher than a building like Locust Court, which is a younger group of disabled adults. And so, if you look at the percentages, it runs all the way from 45% for Locus Court up to 84% for Lapham Park as of mid-May. That made sense to us based on what we knew about our population, the demographics and our buildings. It gives us a picture of where we need to focus our energy and our efforts. Next slide.

What that did was, we were able to use that data to really drive where we're going to focus for the next couple of months. Family developments were difficult to look up in terms of the database, the Wisconsin Immunization Registry, because there are a lot of addresses. That's a lot of work, looking up address by address, whether somebody had been vaccinated. That one, we weren't able to get at through that effort. We also knew that the percentages were probably lower in our family developments.

Secondarily, we also want to focus in on those senior, disabled buildings, at the low end of the vaccination rate and do some extra efforts there. The data was able to help us come up with a plan. We're actually working with the city. The city has set up community mobilizers. I know this is a current federal administration effort as well. People who are going door-to-door in low income communities, and in neighborhoods in cities and communities, and answering questions, informing people about the vaccine, dispelling misinformation. Nick, do you want to talk a little bit about the Health Department and the connection with the community mobilizers?

Dr. Nick Tomaro: Thanks, Ken.

That is our latest initiative. For several weeks, we've been out with a group of community mobilizers and there's really plans in place to continue to pull in different community organizations, and have brief mobilizer trainings, and just really build the capacity to be out on the canvas.

We really think it's our next most important initiative, to really, as I said, as we were starting this vaccination campaign, most places in the country were starting with large scale sites. But now we've really gotten down to the micro level and going door to door. This is also very data-driven. We have census tract level data that shows us the census tracts that have the lowest vaccination rates. We are working with these community mobilizers and have vaccination teams alongside to go on a community canvas every day.

We also have partnered with the Milwaukee Fire Department to bring smoke detectors at the same time, and we're adding in lead safe home kits. It's really

just an effort to really optimize what we're doing on the canvas, from a public health standpoint, to bring information and services to city residents.

Ken Barbeau: And I don't know that we mentioned it, but really, part of the mobilization team is also, if somebody is interested in getting the vaccination there on the spot, there are nurses from a college and also people from the Health Department who can just deliver it right on the porch or inside the apartment, wherever the person feels comfortable getting it.

Dr. Nick Tomaro: That's correct.

Ken Barbeau: We're also combining that with an effort that the Housing Authority is putting forward. We're doing a bit of an incentive program, because we would also like an update on where these numbers are at, and also some numbers for our family developments. For anybody during the next couple months that registers, that shows they are fully vaccinated, with their Housing Management office, they're going to get entered into a drawing. We're doing a bit of an incentive. The City of Milwaukee Health Department, the Housing Authority, doing a bit of an incentive. There's a \$500 prize for most of our developments. That hopefully will help. If that's going to really make the difference for somebody in terms of getting vaccinated or not, we believe it's a good use of resources to try and ensure that people are protected. So we threw that in there.

Nick do you want to talk about ... this is just a photo of our mayor with the community volunteers. So for example, next week we're going to be doing our Westlawn development, which is one of our larger family developments. And on Friday, they're going to be training some more. This Friday, they're going to be doing the second training of community mobilizers so that we can get some of our residents trained as mobilizers as well. This picture is of some of the community mobilizers that have already started in the neighborhoods, that Nick was talking about. The ones with census tracts with low numbers.

And so, this Friday we're having a training that the non-profit that's running this community mobilization effort is doing. And then next week they're going to be out in our Westlawn development during the hours of noon to 5:00, to knock on doors and see if anyone wants to get vaccinated. There's also going to be a vaccination clinic, so if they miss them at the time when they knocked on the door, they came by later and saw a brochure that they left with them, they can go to a neighborhood center that's close by and get the vaccination during the same timeframe.

Jason, with that, I'll turn it over. You can maybe talk about the key takeaways if you want.

Jason Amirhadji: Thanks, Ken. And thank you, Dr. Tomaro, we appreciate the presentation. This is fantastic information. I think, just what I'm hearing as some of the key takeaways are, number one, make sure you get the data to drive your effort. It

sounds like you did some great initial work and you realized, we don't really know where to focus. Getting this data kind of filled an important gap and helped to ensure you're using your resources and time wisely.

I'm also hearing that it's really possible for the Housing Authority to partner with your state and local Health Department. I think Dr. Tomaro mentioned that this is deindividualized, aggregated public health information, so you're not identifying an individual who has been vaccinated. You're just looking at a census tract or address for a high rise, midrise, that says this is how many people at this location are registered in the state health registry with a vaccination.

And then the third thing is, it sounds like you're using this to really drive your partnership, outreach, and mobilization efforts. You're doing these events now, helping to get vaccination to folks who haven't already been vaccinated, and perhaps looking at where to focus that. I think those are the key takeaways I got, but I'm sure we're going to get some good questions in from the chat. I have my colleague, Rommel Calderwood from our Office of Field Policy and Management here. Rommel, do you want to kick us off with a question first?

Rommel Calderwo...: Sure. Thank you so much, Jason, and thank you, Dr. Tomaro, and Ken, for your presentation. So if a public housing authority wanted to get started today, could they get the data by the end of July, for example? What advice would you give a housing authority that wanted to get started? That's for Ken.

Ken Barbeau: I'll start with that. For a housing authority, I would say, A. Find out who in your local health department is working on the whole vaccination program. And establish a relationship there. B. Find out ... they can tell you what your state registry is. Most states, I think, have a registry like the Wisconsin Immunization Registry. It keeps track, not just of COVID, but of any immunization that people get. You can look up your children on that, as well, so that you can make sure they have all their shots for school. That's something that's typically in every state.

I would say, reach out and find out if they have somebody who would be available. Even if you just have a couple of high rise buildings, if you were able to share that address of the high rise buildings with them, could they tell you how many shots have been given in those buildings? If you know how many people there are who are 12 and older, you can then calculate what percentage are fully vaccinated.

Jason Amirhadji: Ken, actually, just a follow up to that, I don't want to put you on the spot. Are you all thinking about expanding this approach now as we get into it ... last week we talked on a webinar about influenza. People maybe aren't thinking about that quite yet, but as you mentioned, other types of vaccinations are in the registry. What sorts of thinking have you all done, if any, around future use of data sharing?

Ken Barbeau: You know, that's a good question, I have not. Because I've been so focused on COVID. But it could be used, I suppose, for that as well. Nick, do you have any ideas on that?

Dr. Nick Tomaro: Yeah, I love the question as well. I was in a conversation yesterday where, as we get into this community canvas, and just the focus of a local Health Department to be more in the community and working in neighborhoods. This is the type of work that we want to continue and expand.

In terms of influenza vaccine, that data, COVID is a little bit different in terms of the reporting. In terms of the reporting into the immunization registry, along with some others. I can look into that a little bit and get back to you in terms of, from a local public health department perspective for influenza, if it would be exactly the same.

What I'd also stress though is, as Ken said earlier, that for a data pull like this, it's quite efficient for us. It really is something that, if you were approaching your local health department or even state health department, that data pull should be something that can get done pretty efficiently for you.

Rommel Calderwo...: Okay, next question. In terms of funding, did you all have to seek out additional funding for this, or was it already available to the Housing Authority or the Milwaukee Public Health Department? Was there any, I guess, grants that you had to seek out to get this started?

Ken Barbeau: I can talk for the Housing Authority. For any funds that we used, because we did rent a couple buses for some of the things, we used our CARES funding. We've used some, a combination of CARES funding and our general non-federal money for the incentives that we're doing. Dr. Tomaro, do you want to talk a little bit about the funding for the community mobilization, and where that's all coming from?

Dr. Nick Tomaro: As a local health department, this has been substantial federal funding at the local level to support COVID response in general, and then certainly the vaccination campaign. The mobilizers, that's been a really good partnership among multiple entities. We have a healthcare system involved, we have a local government, county, multiple funding streams. Again, lot of its federal pass through money that would have been supporting COVID response and vaccination efforts that then is grant funding for these local organizations that are acting as mobilizers.

Jason Amirhadji: Just a question on the data sharing component of that, we already talked about data being free. In terms of staff time, is this something that can pretty much just, from the data sharing perspective, be done with in-house resources? I know a lot of PHAs, they have their public housing information, but they may not be really well versed in manipulating public health data. Working with the

Health Department, was there any real significant cost to doing this? Or was this sort of just able to be done under the normal operations book of business?

Dr. Nick Tomaro: We're the size health department that we do have that ability within our staff. Our epidemiologists and data team. I would say, most local health departments, despite size, it's something that we certainly provide as a service and it would be pretty normal to expect that.

Ken Barbeau: I will say, this happened fairly easily. We've had other times in the past, like on lead for example, where the data sharing ... some of that is due to changes in personnel and other things ... where that takes a while to get in place. This happened fairly quickly, and easily.

Jason Amirhadji: I guess what I'm hearing is, this was sort of a slam dunk, which is maybe why you all won the championship. But definitely appreciate that this is a partnership that required some vision and thought to put together. It sounds like, really, the first step was making that initial connection. Folks may not have a partnership with their state and local health department. Can you just talk a little bit about getting that initial connection made?

Ken Barbeau: Yeah. Nick, do you want to ... it sounded like you wanted to say something.

Dr. Nick Tomaro: I was just, as the question came up, I was actually recalling fondly that, within COVID response last summer, the summer of 2020, we had a significant heat event. I was struggling to identify cooling centers, another part of my job. So I had reached out to multiple places and Ken was one of my calls. He was great about partnering to allow us to use Housing Authority facilities to provide COVID-safe cooling centers. That was kind of where our relationship started. But then, again, when I looked at, how do we promote vaccines in the city and certainly targeting specific demographics, I just called Ken. Certainly, this is how we get a lot done, in terms of the people we partner with.

Ken Barbeau: I think, for a lot of Housing Authorities, it's difficult doing that cold call. However, if you don't get a call back maybe from the ... you may be reaching out to the head of the department, and maybe you start at a lower level, too. Sometimes it works better one way, sometimes another. I would say, get to know the folks in the Health Department. We have had a long-term relationship with the Health Department on a number of fronts, both from the flu vaccination and childhood vaccination, all the way to lead and other things.

Get to know the people who are on the programs that can connect with you. Housing Authorities serve a lot of the people that the Health Departments want to reach, that aren't getting reached. And they want to make sure that there's equity in services. We have populations that can be assisted by them.

Rommel Calderwo...: Next question is really for smaller housing authorities. Milwaukee is a relatively large city. You guys have a pretty established relationship with the public health

department. Can you provide some tips or best practices for smaller housing authorities that may not have that kind of relationship with their own public health department? How they should approach, [inaudible 00:29:22] data sharing agreement?

Ken Barbeau: Nick, do you know much about smaller health departments? I think it's pretty much the same. The problem is, they probably never had a reason to have to reach out to their health department. It may even be easier in a smaller department because there's fewer people and you'll be able to really get connected to someone faster, I'm thinking.

Dr. Nick Tomaro: I agree with that. My experience, working with my colleagues at some of the jurisdictions around us that are smaller, would just be that. They kind of wear a lot of different hats and have those relationships within the smaller jurisdiction to be able to coordinate directly on some of those issues.

Jason Amirhadji: I was just going to say, in some cases, if you have a local health partner, like a health center, they might have a connection with a state or local health department. You may be able to use that as a vehicle. Let me just ask a quick question around, you did a webinar a couple months ago about CHWs, and that's one of the CARES act expenditures that folks can hire community health workers to help with the COVID response. It sounds like you all are doing this great mobilization effort. Can you talk a little bit about your thinking around, first of all, how this can be a great opportunity for residents, for employment, and maybe a pathway to a health career. But also, using that peer to peer expertise and their role as a trusted messenger, maybe post-COVID, for other public health messaging in the community. And if you all are thinking about sort of leveraging the CHW framework in a post-COVID world.

Dr. Nick Tomaro: Ken, I'm happy to speak about it.

Ken Barbeau: Yeah, if you want to take that, Nick.

Dr. Nick Tomaro: I'll start. The community health worker model is one of my favorite things. It's definitely, I think, incredibly impactful. I think, to your point, some of what we're doing with the community canvas is we're really trying to build on that. I was in a conversation with somebody who's organizing CHWs yesterday, about joining the canvas. As well as, first at the Fire Department, and their efforts to get out in the community to provide smoke detectors. Their ability to do that, by joining our canvas, has gone up exponentially. It has been a great learning experience for us and for multiple departments about how we can work together. To your point, I think that's about with really forming these partnerships and taking these steps, that you just realize how, it doesn't have to be complicated to do this. To really take these models that we're forming with a COVID response to some extent, or partnerships and collaborations, to move it forward into public health work and other efforts.

Ken Barbeau: Yeah, and from the Housing Authority point of view, community health workers, people who are actually from the community. A. We want to make sure that our residents, they get connected to those kind of positions, because that can lead to longer term employment. Secondly, when the Housing Authority comes out with information about the vaccines and how safe they are, we're not necessarily always seen as the trusted figure. And so, we want to make sure that people who can actually connect one-on-one, and who may be a little bit more trusted than Housing Authority, are the ones that can help deliver that message. Or answer questions, if people just have questions, and they're unsure about the vaccine.

Rommel Calderwo...: The next question. Unfortunately, with COVID, the way it's going up with the delta variant, do you all have a target goal in mind of where you want to track the vaccination rates? Or are you planning on continuing this work with rates kind of going up throughout the state of Wisconsin, and across country?

Ken Barbeau: Well, I'll let Nick talk about the city of Milwaukee rate and what their goals might be. From the Housing Authority, if we can get rates up between 70 to 80% in all of our developments, I will feel a little better about it, especially with the variant. Obviously, higher rates are better, but right now I think 70 to 80% in most of our developments would be wonderful. Nick, do you want to talk about the city as a whole?

Dr. Nick Tomaro: At a city level, obviously, the broad statement is going to be, we are pushing as far as we can to raise our rate. The discussion we had earlier about, we have census tracts that are significantly lower within the city, and that's really how we're focusing our targeted efforts. And those efforts, specifically, with community canvassing, are going to be ongoing definitely throughout the summer and into the fall. We'll be looking at, obviously with the delta variant, what's happening. We are also working on community testing and kind of looking at, how do we transition those efforts to make them the most available and productive to really augment the response.

I think in terms of targets, everyone knows the same information. We have to get to a very high rate of vaccination in all communities for us to even talk about herd immunity. This is now an endemic virus, so it's a difficult conversation, because it's obviously a really difficult virus and one that we're going to be living with. But we've seen the success of these vaccines and we can't stress enough about how protective they can be against serious disease and hospitalization. So that's, from a public health perspective, our ongoing messaging and push for vaccination, especially in these targeted areas.

Jason Amirhadji: Right. Let me go back just for a second to the slide on vaccination data that you showed. Obviously, there's a pretty wide spread here, depending on the assumptions that you make for the one shot versus the two. But if you're looking at anywhere from potentially 45% to 100%, I know it seems like a very Milwaukee specific question, but I think the analysis is something that a lot of communities are going to want to do. Ken, did you find any trends in the data to

explain maybe why some developments are higher than others? Did it match with outreach that you've done? Maybe certain developments are senior sites versus family sites. For Dr. Tomaro, are you seeing trends just broader, does this sort of line up with your expectations, or were there any surprises here?

Ken Barbeau: I can start. For us, it lined up with my expectations. The trends would be that the buildings with higher percentage of elderly trended higher. In addition, Lapham Park, which is at the top of this list, had a very active resident organization president who was ... and who also had Dr. Tomaro's cell phone number. So he was doing everything he could to make sure that people at that development received a vaccination. It was an active resident organization, and the buildings that had more seniors trended higher. The buildings that had more younger, disabled individuals trended at the lower end. In general, this lined up with my expectations. Nick, do you want to talk about the city as a whole?

Dr. Nick Tomaro: Yeah. I will comment, that individual was outstanding to work with. He was really a great advocate.

City as a whole, from the perspective of a local public health practitioner, I guess I'll make the statement. This may be an obvious one at this point. Working within COVID response and getting to the point where we had the vaccination, I think many of us from the federal to state to local level were surprised when we started to plateau within mass vaccination. To be honest with you, when we started the vaccination campaign early on in the year, we assumed that we would be doing mass vaccination throughout the summer.

It was the first week in April when our levels started to plateau and we started to see a shift. Where we then really pushed for a mobile strategy and we say, meeting people where they are. In terms of the parts of the community, unfortunately it really overlies with the parts of our community with the biggest health disparities. And as everyone has heard, in terms of misinformation, in terms of community trust, we are seeing the same things in pockets within our city of the neighborhoods and areas that we need to reach. That, again, just repeating myself, but it just really informs our efforts and it helps us to target both where we will be, and how we're approaching it.

I think, to the question earlier about community health workers and this mobilization model, we're really trying to work with the community in individual neighborhoods to make sure that we have trusted voices to really get the message out about vaccination.

Rommel Calderwo...: I can ask a last question, this will wrap it up. Unfortunately, younger folks are disproportionately less likely to get vaccinated for many different reasons. Do you all plan on tracking vaccination rates for younger people? Are there ways to aggregate the data so you're able to kind of discern vaccination rates based on age?

Ken Barbeau: I'll leave this up to you, Nick.

Dr. Nick Tomaro: Yeah, absolutely. These are all great questions. But this is data we're looking at on a daily basis. It is a little bit dark, the numbers in the 18 to 24 year old range, at this point. Again, trying to strategize for how we reach and how we really encourage vaccination in different demographics. From our perspective, this is data we have to look at on a daily basis, to see where we need to target, and see how we're doing, and to shift our strategies.

Rommel Calderwo...: Great. Jason, are you there? I just wanted to see if you wanted to introduce our next speaker.

Thank you so much, Dr. Tomaro, and Ken, for presenting. We definitely appreciated your strategies and best practices for folks who are interested in doing something similar on data sharing for vaccination rates.

With that, I have the pleasure of introducing my colleague from HUD, Grace Bridges, to discuss next week's webinar. Grace, the floor is yours.

Speaker 6: Thank you so much, Rommel. We just want to announce that we plan to do a webinar sometime next week. Most likely Tuesday, but be looking for the invite for this, the Summer Sprint to Coverage. This is about the Affordable Care Act, for those who are not already aware, there is a special enrollment period currently going on for the Affordable Care Act. Where consumers can go in and enroll in health care coverage or update their application for a different coverage, even though it's not currently open enrollment. This started in February of this year and it's ending on August 15th. Currently, the White House has an initiative called Summer Spring to Coverage around making sure people are aware and can get enrolled in health care coverage through the Affordable Care Act.

In the webinar next week, we'll be talking about what exactly is the 2021 special enrollment period, what people need to do to get enrolled, what are some things people should do if they already have coverage through the Affordable Care Act, and also talking a little bit about some updates that were made pertaining to the ACA that occurred during the American Rescue Plan. So please be on the lookout for that invitation coming soon.

Rommel Calderwo...: Thanks so much. Next Wednesday, same time, 1:00 eastern, we're going to have our HUD Strong Families Summer Youth Extravaganza. We talked a little bit about youth vaccinations, but we know it's quickly ... it doesn't seem like it is given how hot it is in the rest of the country right now, but quickly transitioning to Fall, back to school season. And so we'll be talking about some great resources as we have our summer Strong Families push for youth that involve our back to school efforts, youth engagement, summer employment, some exciting opportunities that are coming up. And most of all, of course, the

vaccination efforts. Make sure, currently 12 and up, but as we're anticipating that it will be available to more youth this Fall, youth engagement strategies.

Thank you to both of our presenters today. Just some wonderful information, an incredibly innovative approach that I hope more communities take to heart. Thank you to everyone for joining us, and for tuning in after the fact. We hope to see you again next week.

Speaker 1: That concludes our conference. Thank you for using Events Services. You may disconnect.