

Speaker 1: Welcome, and thank you for joining today's Hot Shot, Jab It Up! with The Little Jab Book. Before we begin, please ensure you have opened the WebEx chat panel by using the associated icon located at the bottom right of your screen. You may submit chat questions at any point during today's call. To submit a chat question, please select the Q&A panel at the bottom right of your screen, enter your question in a message box provided and send. If you require technical assistance, please send a chat to the event producer. All audio lines have been muted for the Q&A portion of the call and we will give you instructions on how to ask a question at that time. As a reminder, this conference is being recorded. And with that, I'll turn the call over to Jason Amrahaji. Please go ahead.

Jason: Great. Thanks so much and thanks to everyone for joining us today for this very special Jab It Up webinar. We've been excited to present this for a long time as part of our weekly Wednesday Hot shots webinar series. And it's been going throughout the summer, and we're especially happy to have the CDC joining us today along with TCA Health from Chicago. CDC will be presenting their brand new COVID-19 Vaccination Field Guide: 12 strategies for Your Community. And TCA will be talking about some of the strategies that they've actually used on the ground, and lessons learned, challenges, best practices. We know this is very challenging time as part of the vaccination efforts, it's been going on last year. But we're now in the middle of the Delta surge that we covered last week, what's the deal with Delta webinar?

And we know that there's a lot of changing landscape in terms of third doses, additional doses for those who have been compromised and the recent announcement of the full FDA authorization and CDC recommendation for the Pfizer vaccine for those 16 and above. And of course now with return to school and in some places return to work, just all the challenges involved with increasing vaccination rates across the board, particularly those youth vaccination rates for the COVID-19 vaccine.

So without further ado, I'm very pleased to hand it over to our partners from the CDC who will be joining us today. Please do send your questions in the chat. We're going to take most of today's session to actually have an interactive panel discussion and Q&A. So don't wait until the Q&A but you can of course send your questions in the chat as we're going along for either the CDC folks or TCA. And then we'll get to them in just a little bit. But Dr. James Lee, take it away.

James: All right. Good afternoon, good morning everybody. I want to first of all to say thank you so much for having us on and I want to extend the thank you on behalf of our agency to the work that everyone else here is doing. My name is James Lee. I'm a medical officer at the CDC, currently leading the Vaccine Confidence and Demand team. I'm here with Nicole Weinstein, who has been instrumental in developing some of the materials you'll see today. Next slide, please.

So as we're setting the scene here, I want us to talk about how we think about vaccine confidence. Okay, so this slide shows how the willingness to accept a vaccine falls on a continuum. This illustrates behaviors in terms of demand, but confidence is a feeling that can be acted on, okay? Some people might fall in the middle of the spectrum along the wait and see approach, some people we saw had a very early uptake and meanwhile

we have some who continued to be very reluctant or actively refused, okay? If there's sufficient confidence in trust and ability then people will seek out vaccines, overcoming barriers to do so, people with less confidence or motivation or ability maybe less willing to overcome real perceived barriers such as transportation or getting time off. Next slide.

This is where we are in the state of vaccine confidence, okay? The dark blue bar you see there that fortunately covers most of the graph is part of people who are already vaccinated. Meanwhile, we have some of those were medium solid group who said they definitely plan to get vaccinated. And then what we want to focus on today is this light blue group, which is the reachable group. People who say they probably will get vaccinated but haven't done so for one reason or another, or they're unsure. Obviously, what you see here is there are significant variations by demographics, by region, by income. And so somewhere in the breakdown we expect to see given the structural challenges and structural injustice that people have experienced. Now to convert people in the light blue group into the dark blue group, okay to convert people who are unsure about vaccination into getting vaccinated is not easy as all of you know. It requires sustained localized intervention implemented with trusted messengers. Where we are today is getting into the ground game of intensive outreach to reach the pockets that are around us that remain un-vaccinated. Next slide please.

And the way we think about reaching people for vaccination falls in this framework. Usually when we think about this, we think about convincing, changing hearts and minds or changing what people think and feel in the top yellow group box. Now however, expert working group chaired by WHO alongside CDC scientists, we developed this model specific for COVID-19 vaccination updates. So what you see here is that what people think and feel is only a part of what drives your vaccination, alongside how we think about risk benefits. It's also the influence battle that surrounds us, whether our friends and family are vaccinated, whether we trust the doctors or the organization that's providing the vaccine. Also adheres motivation. And then finally, it's a set of practical issues ranging everywhere from ease of access to even requirements to get vaccinations. The takeaway here is that there are many factors aside from just how we think and feel. And that is important to promote vaccine uptake along the whole spectrum. Next slide, please.

And to this too, right? We need to be shifting gears from the building confidence in the early months of the vaccination to demand generation, which is really mobilizing individuals, communities. Using all the behavioral tools and our friends, our family, our faith leaders to seek support and advocate for vaccines. Next slide, please. The Kaiser Family Foundation conducted interviews with a nationally representative sample of adults using open ended questions to better understand... Excuse me. Excuse me, I'm so sorry... health public concerns around receiving a COVID-19 vaccine. Six months later, they repeated this survey, and then to find out whether or not those individuals they initially surveyed, ultimately received the vaccine and what their reason was. And then what they found is that, converting people who are hesitant into receiving the vaccine, 17% were persuaded by a family member, 10% were persuaded by their own doctor or healthcare provider. 5% were persuaded by a close friend and 2% were persuaded by a co-worker or classmate.

So this highlight here is not the sheer ability of, let's say, our family members to change how we think about risk benefit and vaccine side effects, but also highlight the importance of social norms to change behavior. Next slide, please. This is another way we used to think about climbing the ladder for demand. We started with working on making vaccines accessible, trying to demonstrate that the vaccines are beneficial, and then we'll try to make sure that they're convenient to get. Over the summer we've seen a lot of messaging that have tried to make this desirable but probably the most famous example is we've seen some hardbacks summer messaging. But at this point, we hope that vaccines have reached enormous estate meaning that we should be surrounded by people who are getting vaccinated as the default. And then at the same time, employers, schools and healthcare institutions are shifting gears along the demand ladder to do higher vaccines, making it necessary in order to access things that people need. Next slide please and I hand this over to Nicky.

Nicky: Great, thank you so much James. Let's see if I can share my screen. It takes a minute here. And hopefully that will be coming up for you. All right, are you able to see that?

Jason: Hey, not yet really.

Nicky: All right, I think it's coming up there. So I am super excited to join you today and be able to share this resource that we've been working on. Hopefully in a moment, you'll be able to see that, it looks on my end like it's working. So I think it'll come through in a minute if it's not already. This is super-hot off the process, just being released now. The first time I've really gotten to talk about it with a group that isn't already familiar with it. We're really, like I said, really excited about this COVID-19 Vaccination Field Guide: 12 Strategies for Your Community. We created this resource because we wanted to take a research-based approach to promoting practices that are most likely to work to increase COVID-19 vaccine uptake. And it's really an effort to build off of solid knowledge base and also upgrade the deal because we know that a lot of communities are doing really great work right now. And this guide highlights some of them, and connects the dots from the research to the practice.

So we're hoping that it inspires and informs local and state health departments, other government agencies, community and faith-based organizations, who are working to increase COVID-19 vaccine uptake. So what is this research that we were looking at? We looked at emerging promising and best practices, mostly related to other vaccines like HPV and flu, because really, the research base related to COVID is just starting to emerge. We established criteria, so we wanted to look at evaluations being conducted that demonstrate positive outcomes, what's the likelihood of generalizing to diverse populations.

And the way that I'm talking about, CDC worked with us as contractors, but assembled also an amazing advisory committee of academic and practice experts to oversee the whole process and the recommendations that are coming out of it. So the guide starts with looking at barriers, you might be familiar with a lot of these barriers, a little bit common. Even if you are familiar with them or you know some of them exist, I think it's nice to see this laid out because it might give you a different perspective, will help you think about things in a different way that you hadn't thought about before. The next

piece of the guide is knowing your community. Most of these tools that are provided are available in other places, but here it is all under one roof to make it more accessible and easy for you to find and access.

So sometimes you might be working in a community that you're very familiar with, that you've been working with for a long time, but in other instances, health workers are entering communities that are a little less familiar. And it's really important to understand where the people in the community are coming from, what their specific challenges, and even facilitators are to accessing the vaccine. So we present the Social Vulnerability Index, which helps identify specific geographic communities based on things like SES and housing type minority status, that might mean more help during a public health emergency like this one. We present the Walk a Mile exercise, which is about walking a mile in someone else's shoes, so you can really get into and better understand their barriers and facilitators to the vaccine uptake.

There's a diagnostic tool, which is a little bit of the same information, but addresses both through very specific questions. And then the Cadillac of Community Assessments is the rapid community assessment that we talked about in the field guide and provide you links there, if you really want to dig in to the community that you'll be working with. We probably won't use them all, but you can take a look at them and see what suits best for your situation. And really the idea here is just not to make assumptions about community but really look at what are some of the barriers and facilitators that people are encountering. Then we get to what I think is the meat of this, which is the 12 intervention strategies that we talked about in the guide. And those, I'm not going to read through them all, but those are the 12 strategies that the research supports as being likely to increase vaccine confidence and uptake in communities. And one thing I want to mention before I go in depth on a few of the strategies is that there are lots of links and resources in the guide.

And this is really designed so that if you are reading about something here, and you think it would work in your community or you find it interesting, that you can click around and find more resources, and even potentially reach out to some of the people that have done this successfully before. So I wanted to highlight just a few of the strategies today. And I'll also make another note overall that there is no single strategy that will affect your community and say, "Okay, here is the one thing that's going to work for us." And you'll see that within the strategies, they really were highlighting the key essential ingredient, but most of these strategies are really made up of multiple approaches. And so we encourage communities to take that perspective also and try and implement different ways of reaching people to increase their confidence and then uptake of COVID vaccine.

So first one are vaccine ambassadors. I think on the surface that can mean different things to different people. What we highlight here in the field guide two very intentional programs that were more than just encouraging community leaders to be advocates for the vaccine. We know from the research that social norms can impact vaccine uptake, which James was just talking about. And when people think that most people around them want to be vaccinated, then they're more likely to want to be vaccinated as well. So in the unit of and absolute example, out of the San Francisco area, health workers

provided specific training people who came to their public clinic to receive their vaccinations. So while they were doing their 15-minute wait, staff shared their personal experience of when they got the COVID vaccine. So by doing that, they modeled how this can be done.

And then staff encouraged others to share their experience with family and friends, to encourage them to become vaccinated. And then the third piece that was really important was directly providing tips on how to answer people's questions and concerns and role playing with them. And it worked, 91% of people who became vaccine ambassadors through these efforts, recommended the vaccine to other people. And 82% said that they motivated at least one person to get vaccinated.

Let me talk about another one that I think is getting a lot of attention right now. And that is financial incentive. We've all seen the headlines about lotteries and free donuts. But what does the research say is most effective? Well, it's really not lotteries. Do you want to know that the research here is a little bit limited, so if you really want to do a lottery, we're not telling you not to do that. But so far, what we've learned and what we're learning, is that when it comes to incentive, small assured tangible reward does seem to impact vaccine uptake. So one study that highlights this was done with college students, where the studies show that giving \$30 cash increased vaccination rates at the college clinic.

So some COVID related examples, and there's plenty more in here, West Virginia is offering residents of a certain younger age group either \$100 savings bond or \$100 gift card. Many private company companies are promoting, are providing, excuse me, vaccinated employees with cash anywhere from \$75 to \$500, mostly somewhere in between. So these are the types of incentives that we've seen through the research that are supported. Let me go to another one. With everybody going back to school, I think this is on people's minds. School located vaccination programs are particularly interesting with the potential of younger children also being approved soon for the vaccine or in the coming months. So the focus here is on using the school setting to vaccinate school aged children. That's what we're mostly focused on in the field guide. But it's important to note too that the setting has a lot of advantages and might want to be used as a base for vaccinating others in the community as well.

Again, this is why it's important to know your community. So you know what makes most sense here, but schools have space, they have parking, so generally accessible and familiar to people in the community. And also providing the vaccine in schools takes away a lot of access issues and increase those social norms. So another advantage is that school nurses who are often very involved in a school-based program like this, are trusted sources of information who can provide parents and older students with solid information about the vaccine. So if you're thinking about taking this approach, there's a good article linked in the field guide with a list of things to consider. And there are several additional resources with more how-to information.

Do I have time to go through one more? Indeed, I want to make sure we leave a lot of time for questions. But this is another one provider recommendations that we find really critical. We know from the research that provider recommendation is a great

predictor of vaccine uptake for any kind of vaccine. People consistently say when they're surveyed about the COVID-19 vaccine, that their medical provider is the most trusted source of information. So it's critical that doctors are comfortable recommending the vaccine to their patients. There are resources available for those in the medical community for this, there are also tools for health departments and community organizations to work with their healthcare providers in their community on this, and as you probably guessed it, these tools are available in the field guide.

So we look forward to sharing this with you, we are in the process of getting this link on to the CDC website. So that will be available very soon. And we'll make sure we work with Jason to get that link out to all of you following this seminar. So I think just that and I'll stop sharing the screen. And I think I'll be able to pass task of the time back to you Jason.

Jason: Great, thanks so much. So this is just a slide of some of the resources that I think you were referring to. And again, we'll share after the webinar. I do want to move over and give TCA some harness example before we do go into the full Q&A and panel discussion. But just to express folk's minds, I want to see if there's any immediate questions. We have a quick second here to just do a Q&A for the CDC folks before we move on. And I have seen a few things coming through the chat. So I guess one question for both of you is, is there a website that you can link folks to right now or should they expect that in the coming days?

James: Yeah, no. I think we're close to putting it online, right? I want to say days, but yeah. Hopefully after the Labor Day weekend, you'll be able to see it.

Jason: Hopefully. All right, so we'll make sure to share that out once that's available. Okay, well, thank you so much. And we'll come back and do the panel Q&A. I was just drawn to a few minutes. And I want to hand it over to the folks from TCA Health in Chicago to talk a little bit, really in terms of on the ground, how this is looking. So we have the Dekesha and Donisha who have actually worked with one of our public housing sites, of Altgeld Gardens, actually several sites, but in particular, in Chicago which was one of our former jobs websites actually, it just got wrapped up, to talk a little bit about your efforts over there and what it is you are doing. So [inaudible 00:23:46].

Dekesha: Good afternoon everyone. My name is Dekesha Calhoun, and I am the Director of Development and Compliance at TCA Health. And I'm joined by my colleague.

Donisha: Hi, I'm Donisha Reed, Population Health and Wellness Manager.

Dekesha: Great. So on the next slide, let's give everyone an overview of TCA Health. So TCA Health, we are a federally qualified health center located within the parameters of the Altgeld Gardens, Murray Homes public housing community as a part of the Chicago Housing Authority. TCA, we're celebrating our 51st year of serving the public housing community. So as times change, environments change, TCA has grown and learned from the communities of which we serve. On the next slide, you will see TCA's mission, which is the mission of TCA Health, is to improve the health outcomes by providing high

quality, barrier-free personalized healthcare for you and your family. So we do offer a variety of services that are tailored to the specific needs of those that we serve.

And we do this by employing our values which is TCA Care. TCA Care stands for we strive to be compassionate, accountable, respectful, we strive to have excellence in our care coordination as well as stewardship. Jason, on your end, are you able to advance the slides? Perfect if you can go back one more slide please. So TCA Health, we do have several locations located throughout Chicago's far South Side. Our main location is located within our Altgeld gardens. We have another location at a different site, further north in Chicago and the Chatham community, as well as several locations, we do operate a school health center, as well as we host a mobile student health center that visits at least 30 schools per year on Chicago's far South Side.

Donisha: All right, so we're going to take you through a journey of how we have responded to COVID-19. We have responded in testing and of course now vaccinations, but also through addressing the social determinants of health. And so we were so blessed to already have a lot of these services and opportunities in place, and it just revved up, if you will. So of course, in March, everyone was experiencing COVID but it finally hit Illinois and we were able to be one of the first COVID-19 testing sites throughout the entire state. But it was a really great opportunity for us to serve as a community, especially since we're serving the far South Side, we're serving people of color who are sometimes disadvantaged or have issues with accessing resources and things like that, just the way Chicago is built historically and currently.

We started to use our social media strategies to really promote what's happening, to really be able to communicate with people in a quicker turnaround that wasn't as long form as a newsletter. Just quick updates about telehealth and patient portal, and then being able to access that. So we want to make sure that people knew that we were still here for them, and that we were able to still take care of them. Then we started thinking about how do we want to address social determinants of health, right, we really couldn't sit and wait any longer. So we started a variety of different initiatives, one was having employees donate food and money to buy food and we did care packages for seniors and teens.

And again people that were affected, so we have to drop them off safely. Like Dekesha mentioned, we are next to Altgeld, Murray homes and so we were able to give people the things that they need in the short term, especially those who couldn't get out with access to transportation of seniors who had issues getting to the grocery store, or it just wasn't really a good time for them to get out and have access to these basic hygiene and food needs.

And then in the summertime, we know that it was national, local and civil unrest. And this is really important because this creates even more distrust when it comes to our affinity structures, and even within healthcare with the different police interactions, if you will. And so this was a pivotal thing, because it just made it hard for us to navigate, but also it created opportunity for us to build trust and we will go along our journey. Then in July, we were able to expand our staff employment training programs, so at a time where a lot of people were laid off, in furlough, we were able to reboot them and

get them back into the workforce. We were able to employ some of them here and are helping them. So again, opportunity to expand and to really help people and build communities at a time where things are going in the opposite direction.

When the fall hit, we started to mobilize our COVID-19 testing efforts. So we have a mobile van. And so we were able to, again, be on the road, servicing communities and again we want to make sure that we are accessible as best as we can. Chicago is such a beautiful city, but it's impacted by segregation and transportation issues. So we want to make sure that if people needed to be tested, and they needed mask and hand sanitizer, and just someone to talk to about everything that's going on, that we were there to do that for them.

And then we started to work with Southern Cook County. Okay, the cool thing about TCA Health is that we're right on the border of the city of Chicago, which means that we are able to serve the southern suburbs as well. So we started to go throughout the Southern and Southwestern suburbs of Chicago and Cook County, and we were able to form so many relationships, able to serve so many more people are getting access to healthcare and testing in people's biggest time of need. And then winter rolled around, and then here we are at New Year, still facing this. And then we were able to be one of the sites to administer vaccines, of course. And January, February, we got the ball rolling, we started to partner with other federally qualified health centers to make sure that they know that we're in this together, a lot of our patients sometimes go back and forth between the two. And so we were able to say we want to make sure that no matter where they go, that they are going to get taken care of.

"We want to see you, we want to see you working together. We want to see this collaboration and again, you're going to get what you need." And so we will partner with four other federally qualified health centers on the South Side. And then we started those big, big, big work, and I'll give Dekesha special thanks for getting it started and getting them overlap. We started to work with, not just Altgeld Gardens but with other CHA housing sites on the South Side to make sure that they had vaccines. And so each housing site inside is so unique and so diverse. And so we had to adapt accordingly. And again, access is the biggest thing. So as well, following the [inaudible 00:30:27], being able to get the vaccine, right? Being able to get to the services is a really, really big thing. So I may be ready, but I can't get to it and so we were able to get to the people and get them vaccinated for both first dose and for second dose.

And the now as we enter the summer, we're still in summer, we're making sure that we engage the youth. The youth it's a one-year anniversary of everything that happened last year, these kids and you have so much to say, they're so smart and so aware of what's happening. And so we were able to start building rapport with them, understanding and treating them like the young adult that they are, and making sure that their voice is heard, their concerns is heard. Making sure we understand their perspective on all of this stuff that's happening, and then able to make sure that we are getting them vaccinated to go back to school.

Next slide, please. So our partnership strategy, again, we want to make sure that we leverage existing partnerships with our local schools, so most of Chicago public schools,

different places of worship, including churches and mosques, small businesses and community based organizations. Again, places that people go to in their time of need and making sure that they have hand sanitizer, they have masks, they can refer their patients and their patrons to be tested.

We went out to test employees, [inaudible 00:31:42] employee, right, but we were not going to let anything get in the way of people getting the services. We wanted to make sure that we met with partners regularly, right, to maintain our high quality services and programs around the Chicago land areas. Again, the South Side will be hard to serve, but we were able to make sure that people have what they needed in current relationships, and even give those referrals. So when it was out of our service area, and we were fully booked, we wanted to make sure that both FQAPs and other places that we work with, that they're able to get that warm hand out and making sure that everyone is connected. So this huge web of collaboration, everyone getting what they need.

Again, social media, could be health communication, marketing and promotions, making sure that we use appropriate hashtags and making sure that we tag our partner so that everyone can increase their fellowship and everyone can get access to up to date and accurate information. Again, opportunity to increase our brand visibility and brand awareness and build trust. So we use our mobile event, even if you wasn't actively using it to do school physicals immunization on the inside, we use it. So when people saw the big blue bus, they knew that we were outside doing something, they didn't quite know what because sometimes we gave out food, sometimes we were preparing our people for snap, they didn't know what was happening. But they knew I need to come over there and see what's happening. Because I know that I'm going to leave with something that I didn't come here with. And then we mobilize our population health and our receipts to manage our robust schedule of events.

So making sure that we can meet these requests, making sure that if there's just again, health education, right, addressing their vaccine hesitancy, making sure we send our community health workers and our vaccine ambassadors out. So in any event that people are not ready to host the vaccine, at least we can start having those crucial conversations. So when we do come back, they're ready. Next slide, please.

Dekesha: And Donisha mentioned, that whole framework was very important as we learn to expand our vaccine efforts. So the bread crumbs that we left along the way helped to build trust, not only with our partners, but also with our community. They saw us in the field, they got to know us on a personal level. And so when it came time to offer the vaccines, we already had an established relationship with the communities. But it also helped us to build and strengthen trust with our partners, including the Chicago Housing Authority, which is the third largest public housing authority in the nation. And so with that, we partnered with them to bring access to COVID-19 vaccines and other resources to different communities on Chicago's far South Side.

As we mentioned, we're located within the parameters of the Altgeld Gardens public housing community, but Chicago is home to at least a dozen public housing communities on the South Side of loan. So we partner with the Chicago Housing Authority to bring vaccines to those communities. We know that transportation is a

social determinant of health. And so we wanted to remove any barriers or perceived barriers towards getting the vaccine. And so we did that in the form of coordination team. So TCA helped to partner with the Chicago Housing Authority, the housing resource group, which is a organization within that public housing development that manages all social services for that particular development. The residents have a more personal relationship with the housing resource group. That's who they go to for all of their social needs. And then from there, we partner with the property management offices.

And so with this coordination team, we each had a part to have the events be a success. So the housing resource group was a key component to this process, because they knew the community intimately. So we partner with them, and we leaned on them as our partner to get the word out, to encourage people to get vaccinated. Once awareness was made, that we were coming, we will host a series of ask the doctor session, and we'll lean on the housing resource group to let people know about that and develop incentives for residents to join, The property management office who was responsible for setup.

So TCA will bring the staff and all of the equipment with us, of course, it was free of charge. But we relied on the property management offices to have tables and other resources there, so that we can have an efficient event. From there, we continue to leverage those relationships. Earlier on Donisha mentioned that we had to increase our brand visibility, brand awareness, which leads to trust. And so we leverage that as well as the trust that the committee already had with the Chicago Housing Authority, the housing resource group, as well as the property management offices. We also engage social media strategies. So those individual housing development also share the flyers on their social media accounts. And they got the word out in ways that you as well as seniors could get the word out.

So it was door-to-door, appealing to people it was also having an opportunity to pair vaccine events with existing events that were going on. That was one of our strongest lessons learned is that in the beginning, yes, there was high demand, people were coming for vaccines because they wanted to, but we had to change our approach to say, what can we offer? Or what is already happening where people are going to be, so that way people are more receptive towards getting the vaccine. As well as offering very appealing incentives that are practical. We had some lessons learned where we offered incentives or partner offer incentives that we are grandiose, and that did not go over so well. But when you have practical incentives such as battery packs, DoorDash gift cards, things of that nature, we saw that within our communities that those were better received than the high value items.

On our next slide, we go a little bit deeper into some of our areas of success, as well as our learning opportunities. So some things that we found to be really successful was to partner with organizations that were geographically cultural, and linguistically appropriate for that community. So as Donisha mentioned, we were able to expand throughout the South Suburban Cook County area to do more vaccine testing, education, and then vaccinations. But some communities, we were not familiar with, such as the Arab American communities. And so we partner with an organization that

had already had trust in that community to offer services. So that way, TCA may be new to them, but the partner that we work with was not and they already had trust.

Our service areas were activated within the city and the county, so we partner with barber shops, we partner with churches and a lot of other small businesses within the city limits as well as throughout the county. So that way, we had a lot of different touch points to work with community members. And then also we had multiple services delivered and expanded our services that were coupled with COVID-19 initiatives, such as food access. We were able to partner with a healthy food hub to donate over 300,000 pounds of produce to communities that are food deserts, transportation deserts, not a lot of safe spaces to play. So this was very essential to making sure that our community had what they need to live a happier, healthier life while addressing social determinants of health.

However, there were some learning opportunities as well. And so it was very important for us to build trust and rapport with the community and the partners that we partner with. Some partners were new, this was our first time working with them. And so we learned along the way that there are some things we have to do such as prepare a partnership checklist, and consider all levels of commitment. We know that hosting a vaccine event is very popular and a lot of people will like to participate, but we had to make sure that we made the right choices. So that way, as we go out and we brand TCA and people know TCA, we can be a partner with another reputable organization or individual group that also has a good report with their community. And then also just really thinking of unique and creative social media strategies to be engaging, some of our platforms, you may have more of a community presence. Whereas other platforms, you may get other social organizations or healthcare organizations like our own that we engage with. And so is making sure we have culturally specific and linguistically appropriate social media strategies to engage with our community. On the next slide, yeah, so this is really exciting, because look at all these beautiful kids' faces.

So this is one of the initiatives that Dekesha's mentioned about the DoorDash gift cards. And well, it was on their second dose, they were able to get a \$25 DoorDash gift card. And so this has, and with food access, again, we are working and people are living in food deserts. So a lot of times food delivery is a really good choice for people, especially teens that are becoming independent, and are trying to figure stuff out. And so this is a really cool, these incentives to give gift cards to them that was \$25. And so we gave it to some of the parents and adults too.

So this was really, really good. So we're really excited about this partnership, but even building up to that, making sure that we, again, really talk to the youth in different ways. We've had our behavioral health team speak to the youth about depression and anxiety and what that looks like in teenagers. And what to do when you are feeling anxious and depressed, what to do as a friend is feeling anxious and depressed, and knowing that there is a safety in calling us. That there's no judgment, that there's no you did anything wrong. Please come to us if you feel any kind of way, even if it's lightweight, if you will, we want to make sure that we care about you, and you get what you need.

We've had meditation and yoga sessions in the forest reserve. There's like a forest reserve behind our house in about two blocks away. And so we invite youth out there to come and just enjoy nature and connect with one another and get their minds right. And so we want to make sure that we're building trust in this very, very special group, especially as they go back to school. In person, they started actually Monday. Making sure they have what they need because they are bombarded with a lot of information, a lot of information isn't right. It's very inaccurate, people have different agendas. And instead of reading newspaper that's one or two publications or watching the evening news, they're on social media and dozens if not hundreds of outlets that they've been exposed to.

So we want to make sure that they know that we're here to help them above anything else. And even if they do hear information, or they see it, you can bring it to us and we can talk about it. And we can make sure that we process it, right? So doing a motivational interviewing as CDC mentioned, making sure that they know that again, we are groups that work within the public housing of South Side Chicago, sorry, Metropolitan Family Services that we mentioned that we work with, making sure that they know to refer to. So again, lean on those partnerships, lean on those collaboration, to make sure that the team, their parents, their family members know that we're here to help them, that we're here to walk them through their decision making process. And then whatever they need that we have their back.

Jason: Great, thank you so much. That was a wonderful presentation, and really appreciate all the work that you all are doing on the ground to support your community. So we've got 15 minutes left here, and I want to open it up really to TCA, the folks at CDC. And again folks, please continue to send your questions in the chat Q&A. One thing I want to ask about and this is sort of, as we're now moving into this new phase of the effort. I think it used to be described as the movable middle. And James said earlier, it's really the movable sliver. Now, it's a narrow range of folks, but I did notice and I'm actually going to go back to that slide just to illustrate that some of the reachable populations are those who have lower income, minority populations, but also crucially youth.

I mean looking at really 18 to 29, seems like almost 20% falls in that reachable category. So I'm wondering from both sides, if you can talk a little bit about the different strategies when you're trying to reach people who maybe are entirely hesitant or reluctant, and then those who endorse it. But what do you recommend folks do for this regional population going into the fall, and then also thinking about their parents, for youth who they need permission from their parents to get the vaccine?

James: So from my perspective, there's just a few parts. One is that I think we need better risk communication with youth. They start out thinking they're in this world to start with, but then the early part of the pandemic, we focused a lot about how elderly people and people with diabetes were most at risk. Now that narrative was still true, it's true that now what we're seeing now, with the Delta surge where we see a much lower age group getting sick. And a much lower age group than before that is getting sick and dying. And that in fact probably reflects that not only the increase on transmission and increased severity of the virus, but also reflects the fact that when older people are more vaccinated, then the younger people are who's left to get sick.

So I think better risk communication is important here. So the other thing is that, once again, many things in our job book focuses on making things normative and making things convenient. And making these convenient, with that low requirements for appointments, with that low requirements for travels is probably very helpful. One of the things that we're very excited about is school located clinics, because what schools do is that not only is it a place where kids and youth will go to for a certain time of the day. But if you were able to get 10, 20, 30, 40 kids who are lying on the side of the wall, and then to go get a vaccine, it creates momentum, it creates a norm that helps bring other people along to get vaccinated.

Jason: That's good, I appreciate that. And I just put the slide back up too to remind me of the hierarchy of needs, looking at what are the key components here. And you both talked about incentives, and how those aren't really a catch-all or one-size-fits-all solution. I'm wondering, folks at TCA, can you talk a little bit about how your incentive programs have gone and anything that you've learned from that?

Nicky: Yeah, so some of the things that we started with were first aid kits, hand sanitizer, masks, battery packs or a little portable battery packs that you can charge your phone or tablet or anything like that with you on the go. So there's smaller things, more practical things. We were distributing food bags at the events we have for both testing and for vaccinations. So again we're taking care of the whole person. And we also want to make sure they know that living well and living healthy beyond vaccination is really, really important too. We already have a food access initiative. And then some of the bigger, more worthy prizes came in with gift cards. So if you attended some of the talk with the doctors, after that then you will get a gift card there too. And that was sponsored by our partner organizations.

And then we partner with Direct Relief to get the DoorDash gift card through. So we were given those upon their second dose to make sure they came back to the health center, right? We want to lay eyes on more than once and want to make sure they come back to get their second dose and they're rewarded for their courage, right? And then some of the bigger ones that didn't go well were when we partner with someone who had a small business in the South Loop, and they were going to distribute 100 pair of shoes to the first 100 youth who came to get their vaccine. And that didn't really go well because a number of reasons. Juneteenth was the day that we decided to do it. And so it was so many things happening to celebrate Juneteenth, it became a national federal holiday, and so it was only fun thing that we were competing with.

And other people had given out shoes and all types of things and whatnot, it could be the location in South Loop so parking and getting there isn't as accessible. Even though there's Uber and Lyft, it's not a place where a lot of young people tend to congregate or hang out, it's almost close to downtown. So it's not really something that they gravitate to already. And then I believe Dekesha if you want to take over talk about some of the social media snap through and engagement in the comments and things like that.

Dekesha: Sure. So it goes back to what we were talking about, it's really knowing your partner, that you're partnering with and doing and making sure that you're selectively choosing your partners to best reflect your own organization's mission, vision, values. And so for

this particular event, that did not go as planned, we did partner with a social media influencer. And that is all a lot of different ways. And unfortunately, what we learned from that experience is that we do have to have a toolkit of what we share with our partners on appropriate things to share on social media. Don't give medical advice but really try to provide the facts and information that people can digest and it's age appropriate, we're targeting youth. And so I think that in some ways that may have hindered people from coming out that day. So it was definitely a lesson learned.

Jason: Great, thanks so much for sharing that. I know we've got a few minutes here before we have to wrap up. So I just want to ask a couple more questions. Nicky, I'm wondering if you can share, you have those 12 strategies, and I don't know if I can pass the ball back to you, if you can pull that back up on the screen. But what would you recommend for folks. You've got a lot of questions, people are excited about this guide. I think they're going to really get a lot out of it. What would you recommend for folks who are working particularly in affordable housing, public housing communities to partner with a health partner? You talked about trusted messengers, how could they help to empower residents, let's say, to be trusted messengers in their community, to get the word out?

Nicky: Yeah, good question. I think there are so many of these that are really designed for the health department, and all actually effective ambassadors for sure as far as providing that support and training to people. And like that example that I was talking about, these aren't [inaudible 00:50:55], these aren't people that think of themselves as leaders in their community. These are everyday people that can become vaccine ambassadors. So it takes that training from the health professionals to set them on that path. One that actually it is from my own personal, because lack of experience, when the strategy around workplace located and workplace sponsored vaccination came up, I kind of questioned it myself. I was like, "Well, where are the health departments? Where's the power of the health department's there?"

And it was interesting what I learned that there really is quite a bit of opportunity for health departments to influence what employers are doing. I mean, employers might want to be involved and not know what to do or where to start. So you don't have to wait for them to come to you, you can outreach to them to provide that information, and hold their hands through it, of what they could be doing as employers in the community. And cool examples of just even a small employer that set up a work with the health department and set up a pop-up clinic on their parking lot site, vaccinated all of their employees, and then also opened it up to the community. So they were, again, just making it more accessible for variety of people. So I mean, it's a really critical role that health care workers and health departments apply, in so many of these.

Jason: Great, thank you. And that's a great point, a lot of folks may be located near employers but located near organizations that are providing vaccinations or partnering as well. So it doesn't always have to fall on the housing authority to do that coordination role, they need to be able to help get the word out, if there's an event going on nearby that the folks participate in. I was really struck, at the start of the pandemic a lot of people mentioned that the mass vaccination sites were intimidating for folks, especially when they were armed at the gates early on. But that in some cases, people didn't want to be seen getting the vaccine publicly, right? This is sort of private health issues and it's one

of privacy. So I also know that in many cases, health care facilities can be a great way to get that kind of privacy.

We have on this line with us, actually, Dr. Jose from the National Center for Health and Public Housing. And he presented a course last week on our Delta webinar. But I'm wondering if you just have any thoughts on the health centers [inaudible 00:53:28]? I don't know, maybe you did Jose but I'll give you a second as you're doing that, I'll just let the other speakers know. We could be coming back to you just to do a final last thought. So maybe think about you know what key takeaways do you want folks to have walking away from this today, is it taking these resources throughout the fall, to just be saved to the vaccination efforts. But Jose, any thoughts before we go back to the panel?

Jose: Hey, Jason. Hi, I'm very sorry, I couldn't hear your question. It's raining hard here. This is the remnant of Ida. And we're not having a good signal right now. Sorry.

Jason: No, that's okay. Well, let me hand it over to the panel and say there's a lot of great information we all shared. But what are just the key takeaways that you want people to walk away with from your experiences and the resources you share. And we'll start actually with the folks at TCA.

Dekesha: So I would say for me, one of the key takeaways is truly understand your audience and have a toolkit that can be pivoted at any time. So that way, if you're working with a parent and a child, you have something that is specific for them, to better understand their choices, their options. So that way they can walk away still and more educated and make a choice as best for them and their family. So definitely have a toolkit that can be easily presented.

Donisha: I would say be ready and prepared to have open and honest and patient conversations. People are trying to make the best decision for themselves and their families amongst so many other decisions that is best for their families and for themselves. Again, thinking about those social determinants of health, right? And so if the one is defensive, and hesitating, giving you information and responses that as health care providers, and public health professionals and things like that, we know it's not true. Again, we have to understand them and be patient and hold them, hold space for them, and then walk them through it. And when they're ready, they will come, they will come.

Jason: Great. Thanks so much. And folks at CDC?

James: I'll let Nicky go first.

Nicky: Okay, sure. Well, just one point to reiterate is what Jason has said, that this guide will be available on the web in the next couple of days. And we'll make sure that you get only the information through Jason, to get that out to everyone. And I think this echoing what we've heard, this is hard and we need to recognize that. You all have been at this for a long time and we hope that the field guides provides a little bit more energy and fuel to what you're already doing. And like I said, there's no single solution. So we hope

that people keep working at this because it's working and trying different things in combination. And so thank you for all the work that you're doing.

James: Yeah, this is James again. So again, I extend my thanks to everyone's hard work. I'll add one of the things I like to think about today is that vaccination is an act, and it's not just a simple, abstract, bizarre, purely abstract intellectual exercise of like choice and risk and benefits. But you know it is something that's influenced by those around us and available conditions. In other words, you can think about vaccination, almost like attending a religious service. We may attend religious service because of our deeply held faith and this illusion, but we can also go because our mom told us to, our friends are all there, it's open, it's air conditioned, then vaccination's just like that.

I want to encourage when you think of more ways, not just to change lives, but also to really focus on changing action and behavior. I mean there's easier ways to do that than to, in future, than to necessarily give a science seminar for risks and benefits.

Jason: Well, thank you so much. Certainly here in DC in the summer, air conditioning is a big draw, no matter what you're selling. And, yes, I think the whole concept actually under this was a good point, but of engaging face-to-face partners it's actually something that we've talked about before. And that can be a great engagement strategy for just overall social network and contacts and realizing that people don't operate in a bubble but they look to their community, to their friends and family, in making healthy decisions in addition to their doctors, and other people they trust.

Well, thank you so much to both of you. And really thank you to everyone for joining us today for all the work that you're doing in the community. I know this vaccination effort is going on now on 10 months and two months left to this year, to next year, with the Delta variant, we're not out of it yet. So it's more important than ever, particularly for those places where vaccination rates are low, and they're seeing this resurgence, really is putting a strain on medical capacity and just having a number of unfortunate, adverse effects on those who were getting affected, in addition to the fact that there could be other variants.

As long as they are close to transmitting it and vaccinating it. So it is really important, not just as we move into the flu season with the possibility of a twindemic. But just be sure to catch up on vaccinations that they may have missed last year, and returning to school and returning to work. So thank you so much, again, to everyone for joining us. Thank you to all of our presenters for all of the amazing work that you're doing and for sharing that today. We will be following up with slides, with a link to the reporting and transcript and the resources that were shared. And of course, we hope that you continue to join us. We'll be taking a pause next week after the Labour Day holiday. And then coming back at the end of September and wrapping up our summer Hot shots webinar series and looking towards what's next. So thank you to everyone for joining us today and [inaudible 01:00:16].

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

