

Speaker 1: Welcome and thank you for joining today's conference a vaccine near view community-based access strategies. Before we begin, please ensure you have opened the chat panel by using the associated icon located at the bottom of your screen. If you require any technical assistance, please send a chat to the event producers. To submit a written question, select all panelists from the dropdown menu in the chat panel, enter your question in the message box provided and send. To minimize the background noise on this call, please ensure that your audio device is muted. This conference is being recorded. The recording will be available on the HUD exchange website within two to three weeks. The presentation will be sent to the participants after the webinar. With that, I'll turn the call over to Michelle Perez, assistant deputy secretary, office of field policy and management. Please go ahead.

Michelle Perez: Thank you so much. Hello everyone and it is my extreme pleasure to welcome you to this call today. Again, my name is Michelle Perez. I am the assistant deputy secretary for HUD's office of field policy and management, which oversees many of the department's cross-sectional programming and innovative place-based initiative. Today is HUD second webinar on COVID-19 vaccine confidence. And this webinar aims to increase COVID-19 vaccine confidence and access to vaccinations for the vulnerable groups we serve, including HUD assisted residents by highlighting proven and proactive community-based strategies and partnerships. HUD's office of field policy management is proud to co-host this webinar with HUD's office of public and Indian housing, which works to ensure safe, decent, and affordable housing for our country's two million plus public housing residents. On this webinar, you will hear from representatives from the national center for health and public housing, the Roanoke Redevelopment and Housing Authority, the housing authority of the city of Elizabeth, the housing authority of the city of Austin. The city of Phoenix's housing department, as well as two health care partners, the university of Arizona's college of public health and Austin's public health department.

I cannot thank our presenters enough and each and every single one of you for joining and taking the time to be here today, to contribute to this conversation. Essential workers, healthcare professionals, those in the service industry, hospitality and retail field, as well as agricultural workers have been hit hard during this pandemic. Native American Black and Hispanic communities have been disproportionately impacted by COVID. Public housing authorities and local community partners are the sources of help and hope for many who are struggling both economically and emotionally under the weight and for many the pain of the pandemic.

On behalf of the department, I'm confident in sharing that we will follow through on the president's commitment. That we will use a whole of government approach as we participate in support and uplift pandemic recovery efforts. Our priority is to ensure that you received relevant, accurate, and timely information and resources to assist you as you do the work. Each of us joining in this conversation are demonstrating the dedication and sheer will to defeat this

pandemic. I'm honored to be a part of it. This discussion that will highlight proven and effective strategies to support our communities in this moment.

I'm also excited to share the Biden Harris administration's commitment proudly under the 2021 American rescue plan, which includes \$6 billion for the health resources and services administration in the US Department of health and human services to expand access to COVID-19 vaccine and to better serve community of the color, rural areas, low-income population and other underserved communities. How does... Proud to share in a partnership with HHS and that we're actively collaborating on efforts to ensure how the assisted households receive access to COVID-19 vaccines and particularly working with federally qualified health centers or FQHC. We'll share more with you as the program rolls out, but to say the least as vaccine doses are being shipped and have been shipped to 1400 federally qualified health centers nationwide, HUD is working closely with HRSA to ensure that we can connect as many folks as possible in communities that are experiencing the impacts of the pandemic.

It gets to equity and it gets to access and this is one area we're definitely taking an active role in leading. Ultimately now I'm here to really present today's speakers who are known for their tremendous expertise and the strength of the relationships that they've built across the fields of housing and health throughout this country. First is Dominique Blom, she's the general deputy assistant secretary for the office of Public and Indian housing in the department of housing and urban development. She's a senior executive amongst HUD's career staff and has been with the department for over two decades before becoming general deputy assistant secretary, Dominique served as deputy assistant secretary for the office of public housing investments from 2006 to 2017, where she was responsible for managing the public housing capital fund, hope VI, family self-sufficiency, resident opportunities and self-sufficiency, choice neighborhoods, jobs plus, moving to work in other community and supportive services programs.

Bob Burns is the director of the national center for health and public housing and joined him is Dr. Jose Leon, chief medical officer. Both Bob and Jose have worked with HUD on many initiatives, including most recently our flu lead pilot program last fall that have directly informed our COVID-19 vaccination efforts. Greg Goodman has been in the envision center manager for three years in the city of Roanoke redevelopment and housing authority. Cathy Hart is deputy executive director for the housing authority of the city of Elizabeth, New Jersey, and has overseen many transformative and innovative projects throughout the portfolio of properties for over 35 years. Also from the city of Elizabeth is Margaret Church, who is a licensed social worker and case manager and an advocate for age friendly efforts in New Jersey as part of the New Jersey Alliance of age friendly communities.

Sylvia Blanco is chief operating officer for the housing authority of the city of Austin. The housing authority serves more than 23,000 individuals with critical housing assistance on a daily basis. Also from the housing authorities, Anthony

Schmucker who serves as a senior program manager for health and wellness services. Joining [Haka 00:07:14] is Stephanie Hayden Howard, a licensed master level social worker employed by the city of Austin as the director of the Austin public health department. Prior to her current position, Stephanie was the deputy director of health and equity and community engagement.

Zona Pacheko is the housing support services manager for the city of Phoenix's housing department. Alma Ramirez is a health educator at the Mel and Enid Zuckerman college of public health at the University of Arizona. And finally, Jamie brown is the director for the community and supportive services division in HUD's office of public and Indian housing, where she oversees implementation of programs focused on economic independence, health, youth, and digital connectivity. Jamie is passionate and dedicated to improving the lives of low-income Americans and we're pleased to have her and all of our other presenters join us today. Dominique, the floor is yours.

Dominique Blom: Thanks so much, Michelle, it's been a pleasure working with you, and I appreciate the strong partnership that Public and Indian housing has with field policy in management. Hi everyone, thanks so much for joining. This issue is really important because we want to vaccinate as many people as possible. President Biden has made the pandemic his top priority, passing the American recovery plan and accelerating the availability of vaccines, and we all have a role to play. As of this past Monday, every adult in the United States, 16 years of age or older is now eligible for free COVID-19 vaccines. Already a quarter of Americans are fully vaccinated and 40% have at least one dose. If the current pace of vaccinations continues, we may actually get to life back as normal.

But in order to do that, we need to ensure two things. One, vaccine competence and success. First on confidence. This means that everyone that has access to the information that they need to make the best decision for themselves about the vaccine. We know that the nature of scientific understanding is that it's based on the best information we have at the time, which is always changing. We encourage you to look out for the official guidance from the FDA and the CDC, which we will continue to share with you through our bulletins and webinars. And I'm going to put in a plug here for our weekly bulletins that we have on the vaccine and information from our government partners. We will include in the chat, how you can sign up for these vaccines and get weekly information from us.

Second, access is important. Beyond making the vaccine available to all adults, this means ensuring equitable access. We know that every community is unique with different challenges and opportunities. And today's webinar focuses on four communities throughout the country who have taken different approaches to increasing vaccine access. We hope that these examples will support and inspire you to work... That your community has equitable access to the vaccine. You as public housing authorities and community based organizations, help families every day. Providing safe, affordable, and decent housing is the foundation for many families during this pandemic and beyond. The work you

are doing in your communities to increase access to opportunities and resources such as healthcare is essential. We recognize that the linkage between health and housing is fundamental, which is why we're proud to support this collaboration between health and housing agencies on the ground. And today we're pleased to be joined by the national center for health and public housing, which represents and supports community health centers that serve public housing communities.

The COVID-19 pandemic has affected everyone in profound and often tragic ways, including many if not all of us here today. More than half a million lives have been lost in the United States and many more abroad. Nearly 10% of the country has been diagnosed with COVID-19, some with lasting and lingering symptoms and all with unknown long-term effects. We recognize that the past year has been difficult for people across this country and we acknowledge the incredible sacrifices that many of you have made to continue to support your communities throughout the pandemic. On behalf of everyone here in Public and Indian housing, I want to thank you for your dedication and your service as evidenced by you making time to join us today for this important conversation. I hope you find these webinars informative and that you take the opportunity to engage with today's speakers during the panel discussion in the Q&A.

I want to thank all the presenters today for sharing your stories and your strategies for ensuring equitable access to the vaccine. And I want to thank the HUD staff who have been supporting this work and made this webinar possible, including [inaudible 00:12:20] and [Ramelle Calderwood 00:12:22] from our field policy and management, place-based initiatives division, and also Jamie brown and Jason [inaudible 00:12:32] from Public and Indian housing to community and supportive service division. So in closing, I'd like to thank you so much for joining us here today, for everything that you do day in and day out to serve your community, please keep yourself safe and with that, it's my pleasure now to turn it over to Bob Burns who is the director of the national center for health and public housing. Bob.

Bob Burns:

Hi, everyone. I just want to pass along quick thanks back to both Michelle and Dominique for supporting health and public housing. It's so important to so many and to Jason and Ramelle for really making all this happen. Today I'm going to be talking to you a little bit about just some... The general efforts around COVID-19 vaccinations, public housing, primary care sites and health centers in general. And then our chief medical officer, Dr. Jose Leon will be talking a little bit about vaccine hesitancy and have some specific information for you on the Johnson and Johnson situation. So, I think I get control now of the slides so I'm going to try to move them. There we go. Just a quick bit. The national center of health and public housing is focused on training technical assistance, research and evaluation, outreach and collaboration. Our goal is to improve health outcomes for residents of public housing. And I should mention that we do have a national cooperative agreement through HHS, but the opinions expressed today are not necessarily those of HHS.

Just to give people a quick overview, across the country there are about 1400 community health centers. Of those 1400, 400 are in or immediately accessible to public housing and they serve about 5,000,000 patients. Of the 400, there are 108 health centers that actually receive the public housing primary care grant, which gives them funding specifically to provide healthcare to residents of public housing. But I should note that there are another 300 or so that do so without the grant and we are just as interested and focused on their efforts across the board. A little bit of about backgrounds, just in general health and public housing residents, their health status is extremely important when we talk about COVID because their chronic disease across the board is much higher than the national average. And in terms of a lot of indices which relate directly to COVID-19, including obesity, COPD, asthma, diabetes, you still got about 34% of public housing residents smoking.

So across the board, it kind of sets up a fertile ground for some complications due to COVID. Happily, there has been a significant effort around the community health centers in vaccines, and over the last few months about 1000,000 tube and tested through the PHPC sites. About 13% have been diagnosed positive. I think the good thing is that you're seeing a high percentage of racial and ethnic minorities being tested. And similarly, when you go down and take a look at the numbers for vaccinations, about 64% of those that have gotten their first dose are racial and ethnic minorities, and 71% that have completed their doses have been racial and ethnic minorities. And again, that kind of gets to a little bit of the hesitancy issue, which a lot of people are fearful of with respect to racial and ethnic minorities to the historical incidences [inaudible 00:16:19] and so on. Over the last few months, there has been a concerted effort through HHS and community health centers nationally to address COVID-19.

And as part of that effort, HRSA in conjunction with CDC have put together the health center COVID-19 vaccine program. And this is a program that provides doses in addition to the doses that health centers receive from their jurisdictional supply and that's from state and local governments. And it has really been a great boon because it's made a lot easier for health centers to have enough vaccine to reach all the populations that they have. And also there's a greater flexibility in how they administer that vaccine. For example, it's easier to utilize mobile vans and so on. The program itself initially was really started to achieve health equity, and particularly for public housing residents as well as migrants, seasonal agricultural workers, homeless folks, and patients with limited English proficiency. It was expanded beyond that to rural areas, the native American focus, and also to get money out for mobile units, which have been so critical in a number of the health center or housing agency partnerships that have been talked about in this forum in the past, and probably will be a little bit later on today.

Again, the vaccine is in addition to jurisdictional supply. And at this point all folks are eligible for vaccine and health centers will provide those vaccines to folks whether or not they are patients. You take a look at the numbers you can

see how it's really ratcheted up in terms of getting the vaccinations out through the program up to around 1000,000 as of the 2nd of April. And again, consistently high incidents of racial minorities. That's the lighter colored on each of the bars on the graph are patients who are racial and ethnic minorities. So again, a positive.

We do have a number of resources that are available, but I just want to touch on a couple of points before we jump to that. And one is that, across the board and we'll talk about it later. But in terms of health and housing, some of the key factors that we've seen in successful implementation of the vaccination and testing efforts have been partnerships with the PHA, the department of health and the churches and others in the community. Meeting people where they are, prioritizing underserved with emphasis on the elderly and disabled, flexibility and scheduling. And also the use of CHWS and promo tours, trusted culturally competent folks from the community who work for and with both the health centers and the housing agencies across the board. Another particular challenge I do want to point out is that on the communication side, all indicated that's a major issue in terms of achieving success and any of the vaccination efforts and using a bilingual folks is also critical because we've got about... I think about 27% of health center residents are Hispanic.

And I think about 35% of health center patients are better served in a language other than English. And so those are just some key factors as we go along. We're going to just identify some great resources for you here before I turn it to Jose. And I guess the biggest one is the NCHBH.org dashboard, which will really connect you to all of the other resources on this page, and I hope you'll find them helpful. And now I'm going to turn this over to Dr. Jose Leon, our chief medical officer to talk a little bit about hesitancy and Johnson and Johnson.

Jose Leon:

Thank you, Bob. Good afternoon, or good morning to you if you are on the West Coast. Bob mentioned that we are working with 108 public housing, primary care grantees. These are health centers serving public housing residents, and they are located in or immediately accessible to public housing. These health centers report every week challenges on best practices on two main issues. One is testing and the other one is COVID-19 vaccination. According to the report, the main challenge at this moment is vaccine confidence. Health centers are reporting that people, public housing residents in particular are still hesitant to get the vaccine. The percentage is about the same, the general percentage that you see on this slide, 58% of the public said that they would receive a COVID-19 vaccine, but there's still people who are not getting the vaccine.

And the proctors are usually the same. People are concerned about side effects, whether or not the vaccine works, whether or not the vaccine is safe and the cost of the vaccine. It's imperative to work with patients and to work with public housing residents to explain the side effects and how the vaccine works and whether or not the vaccine is safe. Mainly the side effects that we have seen so far are localized reactions. We're talking about pain at the injection site, redness at the injection site. The vaccines that we have so far, specifically the two

vaccines, the Pfizer and the Moderna vaccine that are the mRNA vaccines are 94.5 and 95% effective. These two vaccines have not shown any serious side effects or systemic reactions. We are going to briefly discuss the third vaccine, the Johnson and Johnson, but this is what the health centers are reporting. We are working very closely with health educators and community health workers who are doing all the education.

Jose Leon:

Health workers who are doing all the education and providing the information to probably house the resident and those patients being serviced by the health centers located in are immediately accessible to public housing. There are two ways we can get a protection. One is if we get the disease. That is called active immunity, unfortunately at this moment, we don't know who is going to get really serious effects or who is going to get severely ill, if they get COVID. The other way that we can get immunity is by getting the vaccine, that is passive immunization. This is the best way to prepare for people and to prepare for residents because it's safer than getting the COVID-19 infection.

One of the concerns that have been pressed by many people is the fact that they say that the vaccine had been developed quickly and experts have been saying that we have followed all the phases. And when they conduct the clinical trials, the recent report, the journal of American Medical Association, in regards to the Johnson and Johnson vaccine for the very first page, they inoculated or inject the vaccine to 25 people and about 80% of them develop antibodies. So nobody has cut corners. All the research has been done and has been performed based on the FDA regulations and the CDC supervision. And the vaccine has followed all the recommended protocols. So this is very important. And something that we need to explain to public housing residents and people in general about how the vaccine is developed.

I am just going to mention a little bit about the Johnson and Johnson vaccine, because this is really important. It has been on the news regarding the systemic reaction on the clots and all the information surrounding the vaccine. And right now, the term that we're using is vaccine-induced thrombocytopenia. And for this particular condition or side effect, six people have developed these systemic reaction after receiving that vaccine out of 7 million people who've been vaccinated with the Johnson and Johnson vaccine. Generally the symptoms appeared around six to 13 days after getting the vaccine with an average of eight days or [inaudible 00:26:25] Females, just one of them who was on progesterone medication, none of these was pregnant. And in regard to preexisting conditions, three of them were obese. One patient has hyperthyroidism. One had hypertension or high blood pressure and one patient was asthmatic. So there is no correlation between the Preexisting two conditions and the side effects or the systemic reaction after receiving the vaccine.

So we've been working with all these organizations just to make sure that they received the right information, that the vaccines are safe. In regards to clot, if you get the vaccine, sorry, if you get the infection, the COVID-19 infection, and

you get hospitalized, one in five patients who are hospitalized can develop clots. If you are on contraceptives, or if a patient is on contraceptives, probably one patient out of 3000 can develop clots. And one out of 1 million patients who have received a vaccine have developed clot. So the vaccine is still safe.

FDA and CDC are working diligently to address the issues, to make sure that people understand the side effects. And there are recommendations for the public and for public health professionals. There is the system, the vaccine adverse event reporting system, and if somebody has any of these side effects or systemic reactions, they need to report immediately to there. And for the public, if somebody who has received a vaccine develop any of the symptoms, such as headache, abdominal pain, leg pain, or shortness of breath, within three weeks of vaccination, they need to contact the healthcare provider immediately. And if the general public, as well as pernicious kind of report any vaccine reaction to there.

So at this moment, this is the most recent information about the Johnson and Johnson vaccine. There has been one report, so this is the... A report on vaccine confidence. It's out if you would like to take a look at the information, you can go to either the CDC website or the FDA website, and they are addressing the latest issues regarding the vaccine and what you need to know and what you need to do to help people who are hesitant to receive the vaccine. So I'm going to stop for a moment. Thank you so much. And if there are any questions above and I can take any questions right now.

Speaker 2: To submit a written question, select all panelists from the dropdown menu in the chat panel, enter your question in the message box provided, and send.

Jose Leon: You will have any questions?

Speaker 2: I do not see any questions in the chat.

Jose Leon: All right, if it that's the case, if you have any questions, you can either contact Bob Burns or Jose Leon. We are the national center for health and public housing. And we will be very glad to respond to any questions. So I am turning now the presentation over to [inaudible 00:30:39], who is with the Roanoke Public Housing Authority.

Speaker 3: Hello, everyone. I'm thrilled to be here today, presenting with so many wonderful peers that are doing such amazing work. Our recruitment of residents to participate in the RHA vaccination clinic was truly a team effort. It kicked off with our HR department coordinating with Virginia department of health to solidify the logistics of the clinic, followed with the resident services team, going a little bit old school and going door-to-door to let residents know of the clinic that was coming and helping them answer any questions that they may have along with enrolling them and getting the documents to the health department.

We followed up with the residents by giving them a reminder phone call, encouraging them to show up for their appointment. And then the day of, we had signage to remind the residents of where the vaccine clinic was being held. Some of the highlights of the clinic was having US Senator Tim Kaine stop by and see the clinic and participate and speak with some of our residents. We are also able to get coverage on local media, through our PR manager coordinating this. It was a good way to showcase the work that RHA was doing along with Michael's pharmacy and the Virginia department of health.

Currently we are working on a future clinics right now. Part of this future clinic is going to be incorporating community partnerships. We're working with a local church to provide 400 meals to families. And we're also going to have onsite services that can help individuals with different needs and also promote the work that the EnVision Center is doing. Finally, one of the most important aspects of this is providing mental wellness. We realized that prior to getting the vaccination and even after the vaccination, our residents are really in need of mental wellness services. So what we've done at the EnVision center is we've incorporated onsite mental wellness.

A perfect example of this is that we had a resident come in just recently with anxiety due to being required, to take the vaccination by her work. Luckily we had our onsite mental wellness counselor available to speak with this resident and help alleviate any of the concerns of this resident had the resident was able to leave the EnVision center and was able to successfully get their vaccination shot. It was a good example of just how well our mental wellness is helping our residents overcome some of their anxiety.

We look forward to sharing more from the future events. And I thank you for your time. It is my pleasure to hand off now to Margaret and Cathy, with the housing authority of the city of Elizabeth.

Cathy Hart:

Hi, this is Cathy Hart with the housing authority city of Elizabeth in New Jersey. I'd like to give a shout out to everybody, all the SOA presenters and HUD as well, thanking everyone for their work and dedication to their population. That said the housing authority of Elizabeth was blessed to participate in a vaccination clinic. We had received correspondence from the state and from local pharmacies to be able to provide onsite vaccination clinics to our senior buildings, our senior population, we have five senior buildings and... Scattered across the city. And we were given about a three to four day window of an opportunity from the notice of receiving word that we would be hosting vaccination clinics to when we actually would be doing the clinics for the seniors.

We mobilized very quickly, we enlisted staff, we enlisted community members to begin to help us with the uptake of additional work that was going to be needed to facilitate these clinics. We went door-to-door, we sent out flyers. We had teams of staff going around and taking the necessary information, and so far IDs and insurance information. We mobilized once the pharmacies were out,

we mobilized door-to-door distribution of the vaccines, thereby allowing for the residents to just sit in their doorway, get their vaccine, wait the 15 minutes or 20 minutes and be in the comfort of their own home while doing that. We also enlisted the services of EMS and the local police department.

Speaker 2: Cathy, I'm sorry- [crosstalk 00:35:55] Cathy, I'm sorry to interrupt. But I think, can you please advance the slides? I don't see it advancing.

Cathy Hart: Ah, okay.

Speaker 2: Margret, can you please advance the [slides 00:36:08]?

Margaret: I'm having trouble. Yes, there we go. Okay.

Cathy Hart: Sorry about that. So the vaccination clinics were at each one of our five senior buildings. We went door-to-door with our distributions for the seniors, so they didn't have to leave the comfort of their own homes as well as mobilized in the community space for any folks that were for whatever reason, missed the sign up or whatever. So we gave people options on how they would receive their vaccination. The services really were put together on the strength of the housing authority staff. We mobilized very quickly and enlisted the services of from maintenance to mid-level management, to senior level management, facilitating not only reassurance to the residents, but also educating them, letting them know it was okay and letting them know the things that we needed to do to get them vaccinated.

I have to share with you, in most cases, the expressions on the people's face, knowing that they didn't have to go anywhere. They didn't have to try to fight through the computer to try to sign up for one of these clinics was tremendous. They really, there was a desperate need in many of the eyes of the people that we serve, because they were just so thankful to be getting these vaccinations. And all the years of being at the housing authority, we've dealt with homeless populations, we've dealt with various other crisis. This has been one that probably not too many people will ever forget. And the [resources 00:37:51] that the housing authority staff has pulled together to try to engage with the residents. So it is a blessing that we're able to host these clinics. Some of the barriers that we hit were yes, people being unsure, but also there was a language barrier. So we had to find staff that were willing to... Not only willing, but were able to communicate so that we could have some bilingual translations going on, allowing for better understanding of what was going on.

Let's see. I think I've covered most of the information. I think I'm going, going to hand it over to Margaret.

Margaret: Thanks, Cathy. And I can't let it go without mentioning how important the leadership and the investment of the staff made us all a success. And thankfully we have a positioning at the housing authority that there's many leaders that

we're able to work with within the community. And I wanted to introduce why that happened by telling everyone about the fact that Elizabeth is an age-friendly city. There's a whole network of us. And I'm sure some of you are wondering what age-friendly cities mean. So I'm sharing with you this visual that outlines the eight domains of livability. This was a mandate put forth by the world health organization to prepare for the global trends of population aging, urbanization, preference to age in place. And the longer lifespans that we're seeing resulting in a longevity boom. ARP is the designated affiliate for the United States. And they manage the national network of age-friendly communities. To illustrate the reach of each community coalition, this partnership map of the housing authorities partners shows us how with each domain, we have overlapping alignment of goals to meet the needs of our residents.

The initiative here in Elizabeth is city endorsed and grant funded and has been going on for five years. The housing authority has been a vital stakeholder since its inception. We can see here that breaking down the eight domains of livability gives us the ability between our partnerships to maximize our overlapping resources and reduce redundancies. It aligns organizations that support these aspects of livability with the example here at the built environment, our community and health support services and social environment. Existing partnerships from this coalition have created opportunities for sharing resources, preventing redundancies, as I said, and breaking down silos, most importantly. These partnerships offer mutual support and collaboration and good times. And a safety net in times of crisis response, such as what we've experienced since the onset of the pandemic. Age-friendly practices utilize coalition building to create a network of organizations and institutions around the common goal of supporting older adults to age in place with a sense of independence and dignity.

These initiatives strive to make communities great places to grow up and grow older. The premise for this approach, being that any change to elevate livability in a community for a target population is beneficial for residents of all ages. In May 2020, ARP collected data from our age-friendly communities across the US to compile examples of the types of policies and improvements to prioritize how to keep residents of all ages safe, amidst the public health crisis, especially older adults who are most vulnerable and most impacted. We use the best practices, innovative measures and the power of volunteers and dedicated professionals, achieve solutions to meet the community needs in just the first few months of this pandemic that has changed our lives. Using the eight domains framework, we see examples that can be replicated in any of the communities. And we hope that sharing this will give you some ideas of how to do this in your own places of residence.

Some of the examples include online programming and schooling as everyone pivoted from in-person activities and programs using volunteers of all ages to use an intergenerational solution to combat social isolation, whether that be with carts or calls. Outreach to those in care facilities and wellness checks for

the home-bound. Ways of enabling social distancing, for example, grocery stores offering dedicated early opening hours for older adults, so they could remain safely distanced from the rest of the population. We've also been able to mobilize volunteers to ensure access to food medications and other vital needs that would otherwise go unmet, as well as making sure that there's increased access to hotlines and other means of assistance for testing and vaccine information.

Here in New Jersey, we also see examples for opening access to those disadvantaged communities, such as working with New Jersey transit and our partner at Rutgers through the New Jersey travel independence program, which developed a program called VAX ride. This outlined all the different vaccinations sites throughout the state and how they're accessible through public transit. Solutions such as these come about from cross sector collaboration between partners. And it's proven to be integral in responding to this public health crisis.

The approach can be used for continuing to address the changing landscape of needs during the past year and as a means of preparedness for the next crisis, whether it be related to public health or a natural disaster.

Cathy Hart:

Yes. So there was also... This is back to Cathy. So there was also collaboration with the state and with New Jersey health initiatives in New Jersey department of health in creating a COVID community core. And our goal here is to get as much information out to the public and providing education in developing community workers, that are both from the community and can work within the community and provide educational material to those in the surrounding communities. So we're working with the state to facilitate this program and it is in the beginning stages and we feel it might be very beneficial in the coming months, particularly with what is going on with the vaccines right now and the unsurety of the safety of it.

So the housing authority continues to work with the state and New Jersey. Again, New Jersey health initiatives, campaigning for more education, more resources, more availability for testing. As late or as early as this morning, I met with folks to bring an onsite testing clinic to the facility here at the FC family site. So we are continuing on this mission to get vaccines into our population, as well as provide education. And we look forward to the continued efforts of the staff, and hopefully we can get everybody back to a wellness point in their health. So with that, I'd like to close and then transfer over to Sylvia Blanco from housing authority, city of Austin.

Sylvia Blanco:

Thank you everyone. This is Sylvia Blanco with the housing authority of the city of Austin. I'm the chief operating officer and want to thank the HUD folks for extending the invitation for us to come in and present to you all. I will be... I'm joined by Anthony Schmucker, our senior program manager for health and wellness services, and very, very honored to have Stephanie Hayden Howard, our director of Austin

Sylvia:

To have Stephanie Hayden-Howard, our director of Austin Public Health Department. So as you've probably been hearing from the other presenters on this call, this is definitely a collaborative effort. Everything that we do in Austin's Housing Authority is done in partnership with other entities in the community; that's where you see my header here, vaccine access, it takes a village and it really does while we provide the platform of critical housing support, everything else that we do really involves the wonderful partners that we have in the Austin community; and that's from health and wellness, education, job training, and everything in between. With this COVID pandemic situation, it wasn't any different. So we reached out to Austin Public Health, we have a successful legacy of partnering many many years, and that really helped to sort of build that foundation.

And that started with our Rosewood Choice Neighborhoods planning initiative. We were blessed with a planning grant some years back, and we're focusing on a public housing property that was and is in need of, redevelopment and significant improvements; and APH really stepped up to the plate and, and was willing to be a critical partner in those very, very critical conversations that we were having, not only with our residents but with the surrounding community. The other very critical program that we worked on was the smoke-free initiative. We did that back in 2015, I'll be honest, it wasn't something that we were looking to implement; APH actually came to us and really helped us navigate those sometimes not so comfortable discussions with residents and others about making that leap, and APH came to the table with some resources, smoking cessation programs for our families, signage and survey help, and it was just really, really valuable to have them as that partner, as we made that decision to go smoke-free back in 2015.

So that really helped to set the stage for the current situation with the pandemic, with that, and I advanced too quickly there. So with that, I reached out personally to Stephanie Hayden-Howard back in January, and just have that open dialogue with her about the COVID cases that we were starting to see on our properties, and also making the case for the fact that, essentially, our property management staff and our maintenance staff are frontline workers. They're in units, performing maintenance work and emergencies, collecting rents on property, working with residents and handling emergencies.

That really helped to further the conversation about actually planning for and getting the green light initially for our frontline staff to gain access to the vaccine, as well as planning for some senior site onsite mobile clinics to give our seniors and persons with disabilities access to the vaccine right there in their own backyard. That was very critical and sort of moving the needle in the right direction; and that started back in January, as I mentioned, and then we were able to start launching those onsite mobile clinics in February, and here fairly recently, we have also been able to work with APH to more fully expand the access, not only to our senior properties, but now to our family properties, which is very exciting.

We have a total of 18 properties here in Austin, and we have four that are designated for our seniors and persons with disabilities, so all four have had all of their first dose clinics, and we are wrapping up the second dose clinics, really as we speak, this week and next. So we're really excited and very blessed to have a very close collaboration with APH, and I know that Stephanie will kind of touch a little bit more on sort of the behind the scenes work, and Anthony will dive a little bit deeper into the boots on the ground logistics of those clinics. So with that, I'm going to go ahead and turn it over to Stephanie Hayden-Howard.

Stephanie:

Thank you Sylvia. Thank you all for the opportunity to be here today. I thought it would be important for me to focus on the importance of the vaccine partnership. If anyone has ever heard any of the staff at Austin Public Health, when we are looking at operations and looking at how we can be successful and meet the people that we really need to meet that need our services the most, we happily rely on partnerships. The partnerships are just so important to us. I want to spend a little time just to talk about our communication as far as when we started to look at our vaccine strategy.

Let's see, can someone forward the next slide it's not. So this slide really gets into the department, established a vaccine coalition task force, and the reason why we use taskforce was because we wanted to, as you all know, we're in the middle of a pandemic, in the middle of a response and so we wanted to connect it to our emergency operations center. For that reason, we added a task force to the title of the group, and so basically it had different partners from across the community, including advocates and grassroots organizers, and so within that team, we came up with our community vaccination strategy. One of the things about in the state of Texas, initially, the state of Texas did follow the CDC guidelines for who to provide the vaccines to first.

It definitely mirrors here where we were focusing on to secure the health infrastructure, we wanted to make sure to capture that and be aligned, but the other thing that we knew was going to be very important is, make sure we were preventing severe disease and deaths and focus in on target populations, and then at the heart of everything we wanted to make sure we got to a essential workers, and then lastly, we wanted to make sure that we were preventing community transmission. At the heart of the matter is you can see I always call it the North Star here. Ultimately we want to focus on hitting the hardest hit communities of color, low income and older adults. When we think about this as a strategy, and we think about a housing authority, this definitely does align very well with the residents of the housing authority.

With establishing priorities, one of the things when Sylvia Blanco, Chief Operating Officer, when she reached out to me and sent a request in and says "oh, we really could use some assistance and she would let me know about their cases and making the request for the vaccines", at that time the department who was had received maybe about a thousand vaccines at that point. So, as you can see, we were not receiving very many vaccines at that time, but one of the things that we really, really start to look at and start thinking about, there's

kind of never going to be a good time as far as the timing of the request, and we really want to be able to reach the folks that housing authority was serving. And so that eligible kind of thinking about, okay, at this time we have this One-A and One-B let's go ahead and kind of work it into the work that we're doing.

The as far as the importance of the project, we know when we're thinking about equity and leading with equity, this is definitely the population we want to serve when we look at the torrent data that shows us the target areas and impacted areas that have been hit very hard with COVID-19, but then when we overlay that with the determinants of health and really start to think about the areas of within these areas of folks that are, may have high incidents of chronic disease, these are definitely the areas. Knowing that we could always rely on the data, but also relying on the relationship that we had established over the years. And so our team got together and started to think about how the implement in the meantime, reaching out to Sylvia and I said, "okay, start to send me some of your folks and we'll start to provide them their vaccines that fit into this one big criteria, and in the meantime, my folks can kind of start to kind of plan out, what the rest of the rest of the program would look like".

Austin Public Health has primarily provided Moderna vaccine's to our community. So we always plan to be able to do the first and second dose. We received some of the J and J but very little, so when we were able to stop with providing J and J, our staff just quickly pivoted and said, "okay, you know, we're going to go back and we'll continue the efforts and we'll continue with our Moderna vaccine".

With the housing authority partnership, I talked about it, reaching out starting in January 1st rounds went to the staff. But since then, we've been at the properties that were designated for seniors and people with disabilities, but one of the things that is definitely for certain is, that we are also not just providing the vaccines to individuals, but if they had a spouse or a caregiver there, we talk with them about the vaccine, our nurses always doing the education, talking to them about side effects and any questions that they may have, and then just kind of spending that extra time with them. As Sylvia spoke about we're now in, working our way to the family sites and the goal is just to continue to work through those sites.

And we know that initially when you start providing vaccines, there's definitely is some hesitancy, there's definitely some folks that are not on board initially, but our hope is, is that we'll work with their staff and be able to go back to folks that have changed their mind and so continuously working through this partnership, because ultimately our goal is, to make sure that we provide vaccines to every residence that is eligible, that would love to have the vaccine, so whether they decided in the past, or if they decide later in the future, our goal is to be able to work very closely to get that done. With that said, that is my presentation and I am going to transition over to Anthony Marker.

Anthony:

Yeah. Thank you, Stephanie. I want to be mindful of time. So I'm gonna be very brief. I want to go ahead and say that at Haka, we really believe the medium is the message and our fantastic team of community health workers you see pictured here are really the embodiment of that belief. They're all current or former Haka residents. We have this incredible capacity to make connections and relationships based on shared experiences and understanding, and so we really wanted to leverage and highlight their work by making sure that they got in front of residents when we were preparing for vaccines. And I'll speak briefly on two things that we do, I think that are really great and fantastic. And one is we make sure that residents have the opportunity to take a COVID-19 readiness survey that we designed in partnership with UT Dell Med. This helps spark conversations when they're talking directly with community health workers, but also then giving us information to better inform our strategies and the way that we engage residents on messaging future events.

And then finally, when it got and talk about on the day of an event, while we're actually administering the vaccines with Austin Public Health community health workers, go on some property and directly canvas and talk to residents and say, "Hey, this is happening right now. We would love to have you come down to the community room and get the vaccine". And we think this is a really important step because it transformed the choice to be vaccinated from an instruction to a concrete reality has really resulted in a lot of people coming in quickly. And with that, I would love to go ahead and hand it over to Zona Pacheco from the City of Phoenix housing.

Zona:

Good afternoon. And thank you everybody for being here today. And thank you for inviting us. I am the Housing Supportive Services Manager for the City of Phoenix Housing Department, who is the housing authority for the City of Phoenix. Alma Ramirez is also going to be presenting with me. She is a Health Education Promotion Professional for the University of Arizona Mobile Prevention Team, and then I also have Ileana Mendoza who's Casework Services Coordinator for my team as well. Let me go ahead and move forward. What happened here in Phoenix is when One-B opened up, there was very few sites that were available and we had many vulnerable residents. The sites were held at quite a distance from where our housing sites were located and that all hours of the night, most of our residents did not have transportation. And so, I called our Housing Director who also talked to our Mayor and City Council about the needs that we had in Phoenix.

We had eight senior sites and we kept getting emails and phone calls asking when we were going to come and present at our sites. And so I started making phone calls. I made phone calls to CVS Walgreens who were doing some pop-up sites of certain long-term care facility and then I went on and applied as a long-term care facility, and while we were not long-term care, I did say we were aging in place, independent living in HUD housing with vulnerable adults. Through that, I also had a meeting with our local HUD office in the County Department of Health to really take a look at how we could try and get these, our residents served.

The county did deliver. They did have, they did call out the university of Arizona Mobile Prevention Unit, which I think Alma Ramirez and Dr. Cecilia Rosales, they've been wonderful working with us. We had already been familiar with them. They have been providing prevention clinics at many of our sites through them, and then Maricopa County Department of Health, along with our housing supportive services case work team, we in with the support of our Mayor and City Council, we were able to begin to schedule and develop pop-up clinics at all of our eight housing sites. I'm going to let Alma Ramirez talk a little bit about the logistics, because there was a lot of logistics involved in trying to get these coordinated.

Alma:

Yes. Hi, thank you for having me stay. So we worked together as going to advent in with the Maricopa County Public Health Department in finding and identifying different locations throughout Maricopa county. Luckily, we had a great collaboration with the City of Phoenix, so it wasn't too hard to send her out into the community and be able to provide these services. What the way we work together is the University of Arizona is, has a bunch of Health Science programs. So we have physicians, doctors, pharmacists, nursing, students, medical students. So we're all able to work together to come out volunteer to said housing sites. It's a very good area for us to be in simply because they have severe vulnerable populations who as Zona had mentioned, they do not have transportation, they do not have the ability and they're not tech savvy, and so it wasn't as easy for them to go ahead and just sign on to a portal and make these appointments. So, it was a very good collaboration between the both of us to be able to work together. Zona also had many of her clinic coordinators, or, I don't the exact names, but she has had them trained so that they could help and also volunteer at the site. So being able to work together and collaborate made this process a lot smoother and easier.

Sylvia:

Thank you, Alma. Ileana you want to talk a little bit about some of the logistics on our end?

Ileana:

Yes, absolutely. Thank you. So part of the logistics with putting on these programs was having our ASU interns help assist with coordinating some of the actual site of events, meaning having residents sign up doing door knocks, passing out flyers, scheduling residents, not only on our end, but also on the, the website, the health department website, so that the registration process and check in process is smooth and individuals are in and out, they get their vaccine, they're seen for the 15 minutes by a physician and then cleared. We also had ordered enough PPE so that everybody has masks, gloves, and all the essentials that they need as far as like sanitizer cleaning chairs, and also just making sure that everybody who wanted the vaccine has the ability to get the vaccine. If we needed to help a resident come down from their apartment, we would send a staff to go and grab them to bring them down. So it took a lot of work, but we were able to get these vaccines to our most vulnerable population, which is our seniors and our disabled individuals at our public health site. Right?

Zona: So as a followup, we had to ensure that all the second vaccines were scheduled. We had to expand our efforts to remind people, to come to their appointments, and it did a lot of door knocking again and set up with the county or with and the U of A, because the county did provide the vaccines. In addition to that, as we move forward, we still looked at the fact that there were family sites and there were people who, because these vaccines were only for residents who were ages 65 and over then we moved to the next stage, which was 55 and over. We wanted to be ready for some of it, especially in our family sites where we still had some vulnerable residents who are 55 and above. The City of Phoenix partnered with the Maricopa County Public Health to develop some pop-up clinics. We had several meetings online and they were trying to divide or determine a location, and so I have to tell you, I made a very big push for our location in Central City, south Phoenix, because there are.

Speaker 4: In central city, South Phoenix, because there are six affordable public housing sites that are there, four family sites and two are senior sites. And this was a very vulnerable area where, again, we have lack of transportation, people live very low incomes, and we knew that there was a high need. So we worked together with them to develop a large pop-up clinic in the area. And we worked together to go out into the community to send out flyers. We called all the housing residents that we worked with. We also worked with county public housing residents to get them there as well. And we set this up at a park site where we had both drive-up clinic and we had a walk-in clinic where we have restrooms available because we had found through the course of this that it was hard, especially elderly were in line, they needed the restrooms.

Through that pop-up clinic, we were also able to serve about 2,500 area residents in this clinic as well as another clinic that went on just adjacent to this with another park site as well. With that, I think we have a little clip that we're going to play. Oh, here's our pictures too of our residents. And this is Dr. Rose Alison Alma, who we really, really appreciate. Hello, it's somebody going to take that over or do you need me to play that?

Speaker 5: I will be playing the video. The audio of the video will be heard through the phone.

Speaker 6: So I'm here with Billy at Pine Towers and she wants to discuss what a difference it's made the collaboration of Maricopa County public health department and the University of Arizona has made for her and the residents here. Billy?

Billy: Yeah. For the COVID 19 vaccination and [inaudible 01:11:39] power that has no transportation, no means of getting our vaccination for the group to come in, for first time, this is our first vaccination come back the second time and give us the second vaccination. That is a blessing to all the people at Pine Towers who participated and don't have transportation and for the group to come to us and do something that's so important of having this COVID-19 vaccination.

Jason: Great. Thank you so much, everyone. Really appreciate all the presentations today. We've got about 15 minutes for Q&A. So please enter any questions that you have for the panel into the chat. We've already had a few questions come in. So I want to ask folks again, just to chime in. It doesn't have to be for everybody. But we all know that the Johnson and Johnson vaccine pause has affected some events that were planned using that vaccine that has certain benefits in terms of being like a one single shot and having a little bit easier storage requirements, has it affected any of the work and the great model that you all have presented today on the ground? Or are you able to still sort of plan new events using the Pfizer and Moderna?

Speaker 5: As a reminder, to submit a written question, please select all panelists from the dropdown menu in the chat panel and to your question in the message box, write it and send.

Jason: And while you all are thinking about that question for the panel, I'll just see another question up. So you can take either of these. Did you have a relationship with your local public health partner before the pandemic? Or were these relationships built because of it? Can you talk a little bit about either of those?

Jake: So Jason, this is going Jake from Roanoke. I can say what did help us for sure was the fact that we had previously partnered with our local health department on some of the flu vaccination clinics. So I kind of already having that as a base really worked in our favor, although the COVID vaccination is a little bit different. It had a similar feel to it.

Jason: Great. No, I appreciate that. Other sites want to chime in? Particularly, it's just that [crosstalk 01:14:38]. Go ahead.

Sylvia: Oh, I'm sorry. This is Sylvia in Austin. And so, as I shared, we actually already had a really solid foundation with Austin Public Health, and that really helped to start the dialogue fairly quickly. And we were able to establish some great plans moving forward in conjunction with Austin Public Health. So it really helped that we already had a pretty solid foundation going in.

Phoenix: This is Phoenix. We also had a relationship with both Maricopa County Department of Public Health, U Arizona, who did have run the mobile prevention van. So yes, we've had a solid relationship with both teams.

Jason: Great. So we have a question for Margaret and Cathy, TJ. Did you all provide vaccines for hospital residents of other aged besides the senior population? Or were they exclusively just for us seniors?

Speaker 7: Sure. Yes. Thank you for that question. So we were able to vaccinate over 1,600, first and second doses, and those were for our older adult residents. The vaccine clinics that we held were throughout our five senior buildings, and those

first and second doses were not only for older adult residents, but for our staff as well. At the time, it was February and March that we held these vaccination clinics. And New Jersey, at that time, the eligibility criteria was, thankfully to the CDC, expanded from just long-term care facilities to include senior public housing entities as well. And so our residents and our staff both benefited from that.

Jason:

Great, thanks so much. This is a question really for the whole panel. So last week, we had a webinar focused on confidence. This week is like focused on access strategies, but we know that the two are intertwined, right? It takes confidence and access, as Dominic talked about in the beginning. And so we had a question come in that the problem in their community isn't really access, but they see it as being confidence right now. People just do not want the vaccine. Can you all talk a little bit about how some of your events were planned in terms of building confidence before the event and making sure that we're able to have the turnout at the event that you were looking for?

Greg:

Hey, Jason, this is Greg from Roanoke. So I think one of the key pieces for building the confidence with us was the door-to-door and already having established the relationship with the residents from our work that we're doing at the Envision center and through some of our other programs. We kind of already had a baseline to go off of and it allowed us to already have a little bit of trust with the people that we were recruiting. And I think, honestly, going door-to-door and having that face-to-face interaction is much more effective than kind of a simple phone call.

Jason:

Yep. No, definitely appreciate that.

Cathy:

It's Cathy from Elizabeth. Just to add to what Greg said, when we hosted at our clinics, there was very little time for us to mobilize any preliminary educational programming for residents because we were given that three to four-day window. So very much on the fly when we had our first wave of vaccination, I think there was initial hesitancy, but then when folks saw that people were okay and the way in which we administered to speak to Greg saying that personal touch, that trust because they're seeing familiar faces, they're familiar other residents or familiar staff. There weren't strangers that were forcing this on them. It kind of reassured them.

So that, the physical presence of being there to see how other people reacted, the physical presence of having people that they know and trust because of the relationships that are established with housing authority staff is an integral part of overcoming the barrier of hesitancy for these vaccinations. And we were just talking this morning about, in possibly doing the next wave of testing, sitting with the people after they're tested and actually providing educational materials to see if they will get vaccinated. And by bringing it on site, we think that familiarity again of the faces and door-to-door activities will encourage more people to get vaccinated.

Anthony:

Hey, Jason, this is Anthony from Austin. One of the things I wanted to say as it relates to confidence and accessibility is one thing that we found really successful is playing to the strength of our partnerships. So being able to have community health workers who have those preexisting relationships are really good at building them, having them get people to come down to the event itself. And then once people are there, making sure that we can highlight that the Austin public health nurses are the experts on vaccination that they're really eager and willing to talk to anyone who has any questions or concerns. The marriage of that kind of familiarity and expertise has really been fantastic in getting people who are on the fence to kind of jump over and go ahead and say, yes, I will get the vaccine. I'm not something that we want to continue to prioritize as making sure that we're kind of building a bridge to Austin Public Health. So that questions can be answered there because we found that people really trust when clinicians speak directly to them about their own confidence in the vaccination process.

And in addition to that, one thing that we're continuing to think about is continuing to push the peer-to-peer model. So we utilize our resident council, officers and leaders in meetings to be able to talk about vaccination and why they've chosen to do that, and it's something that we want to continue to highlight. And in addition to that, we're thinking about piloting a resident health ambassador program so that people on property in community can continue to speak with each other and have dialogue and give a platform to people to be able to kind of be validated to express themselves and be curious, and then have answers being provided to them by peers that can help them kind of arrive at a good decision about being vaccinated.

Jason:

Great. So the next question is actually for Elena, Arizona in Phoenix. Can you talk a little bit about the challenges that you face when recruiting volunteers as well as the importance of holding a vaccination event locally versus one that's maybe we're a little far off. [crosstalk 01:21:48].

Elena:

I'm sorry [inaudible 01:21:49]

Jason:

Sure. I'll repeat the question. So could you talk a little bit about the challenges that you've faced in recruiting volunteers as well as like the importance of holding a vaccination event locally on housing property versus having folks travel further out?

Elena:

Well, this is Elena. I'll talk and then Alma can talk as well. I think that we're very fortunate because I have few social work interns as well as case management staff. So our staff were able to volunteer at the structured events that were at our senior sites. And then Alma can talk about how she recruited hers. By the way, I did want to let you know those much larger event that was held at the park, U Arizona mobile team also provided the vaccinations and they were the healthcare provider for that event as well. Those volunteers were done on a larger scale through the county where people had to sign up to be a volunteer. We know the first day there was a little bit of a challenge. But after that, people

were well-trained and ran like a smooth machine after that. Alma, but you also have your own volunteers that you have with the medical side. Do you want to talk about that?

Alma:

Yeah. And I just wanted to touch really quick on what Jonas said earlier. The beauty of these events is that we didn't have some of the challenges that others may have seen, simply because a lot of the people live at those sites. And so recruiting them was getting people to... They worked there or they lived there. And then as far as the university side, we have a sign of genius that because part of what we do is a primary prevention mobile health unit. So we're already going out to the community, providing flu vaccines, doing primary preventive screenings, like glucose, diabetes, blood pressure, cholesterol. So we already have something established. And so we just kind of extended that.

We reached out to the other health sciences because we're with the college of public health. So we reached out to them, the School of Medicine, the School of Nursing, the School of Pharmacy. And we really got gathered together and band together in order to get all the volunteers. And it wasn't very hard. There was many, many fill to this day that are coming out, saying whatever I can do to help our community because that's what it is. It's the love of your community and having that passion for it.

Jason:

Great. And we only have one final question here. So I'll tee up for Elizabeth and Austin. You both mentioned community health workers as part of your approach. Can you just talk a little bit about, for folks who may not already have a community health worker program, what that looks like? We'll have more resources, maybe another webinar on this in the future. And we have sort of a pilot hub that we can share about. But can you talk a little bit about your programs, which I know you all have launched sort of independently?

Anthony:

Yeah, this is Anthony with Austin. And so our community health worker program was actually born out of a singular project. We collaborated with UT Dell Med on where we were specifically housed at a single-family property. And we pulled in and cultivated community health workers from residents. I thought that would be really important to make sure that we were leveraging that peer-to-peer piece. And then once we had a group of individuals who were really interested in moving forward with the program, we partnered with the Latino Healthcare Forum here in Austin to be able to provide those individuals with the certification of a community health worker through the Texas State Department of Health to make sure that they have the requisite skills to be able to claim the title of community health worker. While at the same time, they were working with us internally to be in communion with residents to be directly serving them and help them kind of navigate the social service landscape of Austin.

So we had the kind of dual components in making sure that we had people who were familiar and understood the culture of Haka and what it meant to be a resident in Austin and to deal with the social context there. At the same time, people who had some health background and were interested in continuing that

education. So there was those kind of two components, and they'd been at the team that's really fantastic. I'm going to stuck with this, and we continue to invest in from an education and training perspective as we continue to kind of move out to other properties and bring those services to other residents.

Jason: Great. Thanks. Well, I really appreciate everyone joining us today. It is my real pleasure to introduce our CSF and the Supportive Services Division Director, Jamie brown, to help close out today's webinar. And we will be providing all this slides information from today's webinars after the event. So please be on the lookout for that. Katie?

Katie: Thank you, Jason. And thank you all for engaging with us on this webinar. We hope that she found the information useful and informative. I just want to take a moment to thank all of the wonderful, great visitors here today. I can tell that you all have wonderfully collaborative partners because he will show up and we're able to share how your work brings itself together to really serve your community. So really appreciate you all for joining us today and sharing your stories and your strategies, and really just ensuring that there's equitable access to the vaccine. I want to thank our colleagues in Field Policy and Management for their collaborative partnership with us, and just really quickly wanted to extend a special thank you to [Jill Yu, Rommel Callawood and Jason Roger 01:27:40] For really doing the heavy lifting here on developing these webinars of getting great presenters to the table to share with you all.

I wanted to highlight that these webinars are part of our kind of COVID-19 series that we're rolling out for all of you all. We have the bulletins. We'll be providing some updated resources here in the future. But really, it's just illustrative of our demonstration of our continued support to all of the communities that you all serve. I did want to just encourage you all to join us next week, same time at 2:00 on Wednesday for our vaccine listening session. So this is going to be a different format from the other two webinars, if you've participated. This is really where we want to hear from you. So please engage your peers at your PHAs and your sites and really talk to them, figure out what questions and insights that she would like to hear from her so that she can be prepared to present them and just to pick up next week.

I also just take this time to remind you that our big push for Headstrong Families is coming here in the summer. As you know, Headstrong Families is all about kind of our Father's Day effort. And we do a lot of work around Mother's day and Father's day. And we really feel like this year is a great opportunity to have onsite vaccine collaboration with your health partners and bring them onsite for your Headstrong Families event. So really just wanted to put in a quick one for that and encourage you all to consider doing that. And if you do, please consider registering your event with us, and that should be provided in the upcoming button. Again, if you have not signed up for those bulletins, please do so to make sure you don't miss out on any critical information. And thank you so much for joining us today and for everything that you all do day in and day out

to serve your community. And with that, please keep yourself safe and we'll talk to you next week.

Speaker 5: That concludes our conference. Thank you for using AT&T event services. You may now disconnect.