

Speaker 1: Welcome and thanks for joining today's conference, Behavioral Science Insights for Vaccine Confidence. Before we begin, please ensure you have opened the WebEx chat channel where you can see associated icon located at the bottom right of your screen. If you require technical assistance, please send a chat to the event producer. All audio lines have been muted until the Q&A portion of the call. We will give you instructions on how to ask any question at that time. As a reminder, this conference is being recorded. With that, I'll turn the call over to Erich Yost, Acting Branch Chief, Place-Based Initiative in the Office of Field Policy and Management at the US Department of Housing and Urban Development. Please go ahead.

Erich Yost: Thank you very much and welcome everyone to our Wednesday hotshots vaccine webinar series we've been hosting on Wednesdays. And so we welcome all of those that are new to today's webinar series and those that have joined us in the past, thank you for continuing to listen in. HUD and the Department of Health and Human Services, on May 5th, our two secretaries, so Secretary Marcia Fudge and Secretary Xavier Becerra, announced a joint agency effort to increase access to COVID-19 prevention and treatment services including testing and vaccines among disproportionately affected communities, including among HUD-assisted households and people experiencing homelessness.

This joint effort reflects the fact that, while millions of Americans are now fully vaccinated, many others need help overcoming barriers to get vaccinated. We know that people in households assisted by HUD have a higher prevalence of risk factors than they place them at a more increased risk of COVID-19 transmission illness and mortality. So a large proportion of those who are helped by HUD's programs are people of color, aged 55 or older, they have disabilities, or have underlying health conditions. They often also live in high density housing or in congregate settings, homeless shelters, et cetera, and have mobility and transportation needs.

Additionally, many of our HUD-assisted individuals and households live at or below the poverty level. So this joint effort with HHS and HUD that we're engaged with is an continuation of a partnership we've developed between the Office of Public and Indian Housing and our trusted partners throughout the country along with the Office of Field Policy and Management, and our partnerships amongst our partners as well around the country. And we thank our partnership with those on the line as well.

I'm really happy today to be able to share today's webinar on promoting vaccine adoption with insights from behavioral science. Vaccines are widely available in the United States, but not everyone, as we know, have gotten vaccinated. So behavioral science is really this interdisciplinary field that has really helped us to understand and potentially motivate behavior change. I'm excited to share with you Wandi Bruine de Bruin who's a Provost Professor of Public Policy, Psychology, and Behavioral Science at the University of Southern California, USC. Her research uses insights from behavioral science to understand what drives people's health behaviors and to inform behavioral change interventions.

She has over 25 years of experience in this field and has published more than 130 academic publications. She served on expert panels for the US National Academy of Sciences, the Council of Canadian Academies, and various other institutions. And with that, I'd like to turn it over to Professor Bruine de Bruin.

Wandi Bruine de...: Thank you so much for that wonderful presentation. It is great to be here. You're all doing very important work and I hope that you'll find my presentation useful for doing the work that you're doing. I'll give a short presentation on how to promote vaccine adoption using insights from behavioral science. And as you just heard, behavioral science is an interdisciplinary field that combines theories and methods from psychology, economics, and other social sciences to promote health behavior change.

And so when promoting health behavior change, whether it's vaccine adoption or other health behaviors, it's important to understand why people might not be acting on a health expert's recommendation. There might be different reasons and depending on the reason for people not following recommendations, you would develop different interventions. Let me go through five common reasons for why people do not get vaccinated, and then discuss interventions associated with them.

The first set of reasons is related to the environment in which people make their decisions about getting vaccinated. One issue that we've seen that's important is that there's a lack of easy access to the vaccine. This was especially the case early on. In California, I had to fight with a vaccine website for an hour to get an appointment that was quite far away from where I lived in the middle of my work day. So not everyone at the time had that ability, right? To have Internet access, to take time off from work, to have a car to get to these places. Also in Los Angeles it was the case that the National Guard was giving out the shots and some communities in L.A., especially recent immigrants or undocumented people, were hesitant to be vaccinated by the National Guard.

So it's been recommended and we've seen this more and more implemented in different places, to have mobile clinics and pop-up clinics to bring the vaccine to people rather than to expect people to come and find the vaccine. Having mobile clinics and pop-up clinics also gives the benefit of showing the people that others in their community are getting vaccinated so that people are more likely to follow that lead. Then... Trying to, oop, progress my slides here.

Another issue that we've seen is a barrier to getting vaccinated, is that people don't see the benefits of it so there are no incentives. And so, adding incentives to the vaccines can be useful. Now if you talk to economists, they are usually fans of providing financial incentives, so paying people for getting vaccinated. And this has been tested in the past, for example, flu vaccinations and HPV vaccinations. I must say, the evidence is mixed. Financial incentives don't always work. An economist would say, "Well if financial incentives don't work, you're not paying people enough."

But another concern about financial incentives is that if you're paying people money for getting vaccinated, especially if you're paying people a lot of money for getting vaccinated, they may become more distrustful because it feels like you're paying them off for a risk that they're taking. So it actually highlights, to some people, that the vaccine is unsafe and that you need to pay them for that risk.

So if you want to provide incentives, it might be better to think of non-financial incentives. Specifically non-financial incentives that the audience that you're trying to reach really cares about. So these might be theater tickets, or sports tickets, or other prizes. Research in behavioral science also suggests that it can be very cost effective to have lotteries to give people a chance at those incentives rather than giving incentives to everyone. So instead of giving 10 people a \$10 prize, you can give one in 10 people a \$100 prize. A lot of people like engaging in lotteries and also, when people see those lottery prizes, they focus more on the prize than on the chance. So even if the chance is really small, a lottery incentive can be attractive.

But it's not just about giving people physical things for getting vaccinated, you can also think of other benefits, providing other benefits to people who are vaccinated. For example, airlines are doing this, college campuses are doing this, some events are doing this, where vaccinated people can come into the event without having to get tested. And because the COVID test is a negative experience to a lot of people, or at least a hassle, it is a benefit to the vaccinated to not have to do that. You might think of other benefits that you could provide vaccinated people so that becoming vaccinated is something that people would like to do. But of course, the incentives you choose have to be appropriate for the audience that you're trying to reach.

Then there are also psychological reasons for not getting vaccinated. One common issue is, it's just inertia, just not having the funds, not having the time. People lead busy lives, especially people who have to work multiple jobs to make ends meet and have childcare responsibilities and other things going on in their lives might not prioritize the time to get the vaccine. To help people prioritize the vaccine, there have been interventions to target that. For example, research on the flu shot has found that inviting people for a flu shot, sending them an invitation for the flu shot, with an appointment already scheduled, increases the likelihood that they will go to the clinic as opposed to just asking people, sending them an invitation that does not have an appointment already scheduled.

And the interesting thing is, if you send people an invitation to get a flu shot with the appointment already scheduled, it doesn't necessarily mean that people will come up to, go to the clinic for that specific appointment, they may not be able to make that time. But because there's an appointment already scheduled, they're more likely to then call and say, "I can't make this appointment. Can I please reschedule?" So giving the people an invitation for the shot with an appointment already scheduled, makes them feel like they

should go and it makes it more likely that they will make time for getting the shot.

I lived in the UK for seven years before coming to Los Angeles in December, 2019. In the UK, health services commonly use this strategy. They invite people for medical procedures with the appointment already scheduled to make it more likely that people show up for their appointment. If it's impossible or difficult to give people pre-scheduled appointments, what you can also do is send an invitation for the shot and tell them that a shot has been reserved for them, or is waiting for them. Even that kind of message makes people feel like, "Oh, I should go; otherwise, I'm wasting vaccines."

Another psychological issue that we see is that perceived social norms can make a difference. Most of us surround ourselves with friends and family that we care about and whose opinions we respect. So we often look to others around us to see what they're doing to inform our own behaviors, and perhaps the people around us put some peer pressure on us sometimes as well. That's why it's been suggested that it can be helpful to make vaccination the visible social norm. You may respect the opinions of your friends and family, but you may not necessarily know whether they got vaccinated or not. So if you can make it visible that others are getting vaccinated, that can have an influence on the behaviors of the people around the vaccinated people. This is why the CDC, for example, has developed stickers that you can give out to people who have gotten vaccinated so that they can make it visible that they got vaccinated.

It's also been suggested that vaccine selfies can be helpful to communicate a norm of getting vaccinated. This is why some vaccination sites have put up selfie stations to encourage selfies that people can post on social media. I posted my own selfie when I got vaccinated and got contacted by some friends who, to my surprise, were vaccine hesitant. They got vaccinated because they saw a picture of me getting vaccinated. This is especially important in communities where there's a lot of vaccine hesitants. It's even nicer if you can find well respected community leaders and ask them to show that they have gotten vaccinated so that others are more likely to follow.

And then of course, there are these other reasons for not getting vaccinated related to information and concerns that people have about the vaccine. The Behavioural Insights Team in New York has done, has tested several messages with a nationally representative sample in the United States. I'm going to highlight their most effective messages. The first message says that the vaccine has been tested by many. That kind of message is especially important for people who are hesitant to get the vaccine because they're worried it's not safe and not tested well enough. So a message that highlights actually, so many people have gotten vaccinated up until now that vaccine has, in a way, been tested tends to be effective with people who are hesitant about getting vaccinated because of concerns about safety. Of course the numbers in this message need to be updated, because when the Behavioural Insights Team tested, the number of vaccinated people in the US was lower. You could even

highlight the number of people within the community who have gotten vaccinated without issues. And that then also communicates the implicit social norm, which I highlighted earlier, is important.

Also messages that increase trust can be helpful. In most communities, people trust their doctors and nurses. So highlighting that doctors and nurses have gotten vaccinated also tends to be helpful. Other messages that the Behavioural Insights Team tested focused on the benefits of getting vaccinated. So often health experts who don't have a communication background have an intuition to design negative messages. Get vaccinated, otherwise you'll get sick or even might die from COVID. Those kinds of negative messages are usually not as effective as positive messages. Negative messages tend to make people feel bad and it makes them shut down. People are less likely to follow those negative messages. Especially now that it's mostly young people who have not yet gotten vaccinated, negative messages about COVID and getting sick and dying from COVID are not actually... They don't ring true for young people because young people are less likely to get sick and less likely to die from COVID.

There are positive messages that resonate with the younger people, that focus on, if you get vaccinated, you can see your loved ones. The CDC stated that vaccinated people can hang out with each other without social distancing and without mask cues. That is something that young people crave. Also, the idea that they can get their lives back. We may not be able to return to normal, but there's a lot more thing that you can do safely once you're vaccinated. So the Behavioural Insights Team has found that those messages resonate especially with the younger people.

Now I've highlighted very briefly, a number of different interventions. Interventions in people's environment by making the vaccine accessible and providing appropriate incentives for the community that you're trying to reach out to. Interventions that build on the psychology of getting vaccinated. So helping people to overcome inertia by making getting vaccinated easy and making it the social norm. And more informational messages that address people's concerns and highlight the benefits. But of course, which interventions to implement should really depend on the audience that you're trying to reach out to. It should depend on what the issues are, what the reasons are for why they're not getting vaccinated, and then the messages should also, and the intervention, should be designed with the help of community leaders to make sure that the messages are culturally appropriate and compelling for the audience at hand. And also, you might need more than one intervention. You might need a suite of interventions to address the different areas to behavior change.

Thank you very much for your attention. If you have any questions, please ask them now or feel free to email me later.

Jason Amirhadji:

Great. Thanks so much. We really appreciate the presentation. I know there's a lot of great questions coming in so let me just start off by asking one question

that came in from the audience. Can the same interventions be used if there is a need for any future boosters or additional vaccinations?

Wandi Bruine de...: Yes. So these same types of interventions can be used actually for promoting a whole range of health behaviors, but which interventions to choose should depend on the main reasons for why people are not following your recommendations. And so there might be, for the vaccine, for the first shot, people may have different reasons for not getting it than for the booster. So what is really important is to work with the community that you're trying to reach to find out why they do or do not want to get vaccinated and then to help them to overcome barriers to behavior change so that the interventions target those barriers.

Jason Amirhadji: I love that point. And actually that ties into the next question which is: In a lot of communities, they're employing community health workers or other trusted messengers, right? So this is not HUD coming down from D.C., but it's really focused on the community that are sharing with their peers and neighbors. So, how does the role of the messenger play with these techniques that you mentioned?

Wandi Bruine de...: Having the messenger be someone from the community, or people from the community, people that are respected within the community and liked within the community is really important. And it sounds like you're already doing that, so that's great. That is much better than having authority figures who are not part of the community relay those messages because those are not necessarily the most trusted individuals. People are much more likely to respond to their peers.

Jason Amirhadji: I don't want to put you on the spot, but would it be safe to say that if folks were thinking about spending money on incentives, another good use of those funds may be actually hiring trusted messengers? Paying people to do outreach in their communities, help get the word out.

Wandi Bruine de...: Yes, I would think so. But it depends on the audience you're reaching out to. If there is a really compelling incentive that you can think of that is really of interest to that specific community, then incentives might be a good idea. But if you can't think of a set of incentives that are broadly appealing, then spending on peer messengers might be more important.

Jason Amirhadji: Thank you.

Rommel Calderwo...: I will ask the next question. So, in your research and part of our experience moving in other countries, other than the United States, how have other countries addressed that being hesitant, particularly around the COVID angst and vaccines, and what strategies might work here in the US?

- Wandi Bruine de...: I am mostly aware of how the UK and the Netherlands have been doing their roll out, and what I've seen there is they really make it clear to people that it is now your turn. Once people receive that message, they feel compelled to go because a vaccine has been reserved for them, an appointment has been made for them, and that has been associated with high vaccination rates. I feel like in the US it's been much more less to people's own responsibility, and so what we've seen, especially in the beginning, that is was the people who had the Internet access and the time to hunt down vaccinations who got vaccinated first. It was a discouraging experience for people who did not have those, who did not have the time or the resources to do that. But it's not too late to change it, so we could still reach out to people and say we now have vaccines for your community ready, and it's now your turn.
- Rommel Calderwo...: Great.
- Jason Amirhadji: Well, speaking of that, the early part of the vaccination phase, there was a severe shortage, right? Of vaccines? So there was a lot more demand than supply and people who wanted it couldn't get it. We've now moved into this different phase where there are still some access issues, but by and large, there isn't as much demand for the doses domestically that are available. So as we are closing out the National Vaccine Month of Action, moving into the summer, how do you see the messaging shifting? What should folks be thinking about now that they're really trying to, more so, persuade people to reconsider their desire to get a vaccine versus the people initially who may have been more open to it?
- Wandi Bruine de...: Mm-hmm (affirmative) That really depends on who you're trying to reach, but I think we're all... Independent even of the specific community we're thinking about, a lot of the unvaccinated people are younger and they don't think of themselves as at risk. So reaching out to those young people is going to be very important. Highlighting the benefits of getting vaccinated by reminding them that vaccinated will allow them to safely go back to specific activities, and even making sure that, if you're vaccinated, it is easier to participate in desired activities, I think will make a difference.
- So for example, I think I mentioned this already, but our university campus is requiring COVID tests every day that you want to go to campus unless you're vaccinated. So that makes getting vaccinated more appealing, hopefully, to our students. But you can also think of other events, activities, where you can implement these kinds of restrictions to unvaccinated people. Which is for people's safety, but it also highlights the benefits of people getting vaccinated. But I would combine that with making the vaccine very readily available to those communities as well.
- Rommel Calderwo...: I can ask the next question. So a bit of a follow up and also a bit of dealing with sensitive. So there are younger people who are, they're definitely hesitant on getting vaccinated. But then there are also those who do want to get vaccinated, but maybe their parents or guardians are reluctant to help them get vaccinated. How would you communicate that, or help them overcome that

obstacle? In particular, for younger people who do want to get vaccinated but their families are more hesitant.

Wandi Bruine de...: I think actually from what I've seen, a lot of young people are not opposed to the vaccine, but they're more hesitant in the sense of, "Oh, I'll wait until I really need it, until it's really necessary." But you're right, there are also some people, some young people whose parents may not agree to them getting vaccinated. So then what's really important is to start a conversation with the parents, to find out what the concerns are, and then specifically address those concerns. Perhaps it would be even better, to have that outreach be done by other parents who have chosen to have their children vaccinated.

Jason Amirhadji: So, a follow [crosstalk 00:28:22] up question. No, go ahead, go ahead.

Wandi Bruine de...: Oh, because those parents will be much better able to address other parents' concerns than general messengers who have not faced the same decision about vaccinating the children.

Jason Amirhadji: So a follow up question, just looking at the five topics that you covered, right? Some of them seem like they were more on the incentive side, right? So helping to increase access, providing incentives, and then something like they were removing barriers, so making it easier and that sort of thing.

Wandi Bruine de...: Mm-hmm (affirmative)

Jason Amirhadji: For youth who are considering the pros and cons, right? They're weighing what I think they understand as a benefit of the vaccine against the potential con of some unknown, future side effect that hasn't yet been discovered. We know that the vaccines are still in their emergency use authorization, but very likely that some point this year to move into their more permanent authorization. Do you see any difference when it comes to a pick for routine childhood vaccination, things that are already accepted, versus something which is relatively new technology like the mRNA vaccine or even the viral vector vaccines? And what can folks really do to address those concerns?

Wandi Bruine de...: I've not done studies to make direct comparisons on how people perceive one vaccine versus the other, but you are right. There are some people who are still claiming that the vaccines could have unknown longterm effects. But COVID may also have unknown longterm effects, and so I think that is one thing to stress. And then another thing to stress is that so many people have gotten vaccinated, and some already quite some time ago, and so far the benefits of getting vaccinated and the safety of the vaccine is underscored by the number of people who are not having side effects and who are avoiding getting COVID.

Jason Amirhadji: Great point. And obviously, folks who have had COVID themselves may also have that concern, right? Well, I've had COVID so I have my own natural immunity. Why should I get a vaccine at this point? Which may be similar to the

other diseases, right? Like once you've had the chicken pox, you may not get the vaccine. So what do you think would be an effective way of messaging for those folks who have already had COVID?

Wandi Bruine de...: That's a good question and I'm not sure. I am a psychologist and not a medical expert, but from what I understand, there is some natural immunity from having gotten COVID, but it can be further improved by getting vaccinated. So to the extent that people don't know that, it might be important to highlight that.

Jason Amirhadji: Great, thank you. And folks, please continue. We'll take a few more questions here from the audience, so please continue to send questions in through the chat. Rommel, do you have any?

Rommel Calderwo...: Yes. Thanks, Jason. Could you talk a little bit about maybe like a value of getting vaccinated at an offsite clinic versus a mass vaccination site where there's a lot of people and, just the pros and cons and how that might affect people's hesitancy in getting vaccinated?

Wandi Bruine de...: I'm not sure what you're asking. So-

Rommel Calderwo...: I guess I'm... Oh, I'm sorry.

Wandi Bruine de...: Go ahead.

Rommel Calderwo...: I was just going to formally rephrase that. So sometimes when people go to a mass vaccination site and they see a lot of people, that could be an advantage or a disadvantage depending on the individual. And so if we're trying to promote vaccination campaigns, is it better to target a mass vaccination site or is it better to go to an offsite clinic where they can get individual attention?

Wandi Bruine de...: Oh, I see what you mean. Well, I think the problem with the mass... The good thing about the mass vaccination site is that if you see them, then you can see how many people are choosing to get vaccinated. But because those mass vaccination sites were often not within a community, a lot of people did not see it. So if there can be a mass vaccination site within communities to show that yes, people within your community are queuing up to get vaccinated, that could be helpful. Here in Los Angeles, we've had pop-up clinics that had lines and that made people interested in getting vaccinated as well.

But you're right. Those kinds of mass vaccination sites cannot give individual attention. And especially people who are vaccine hesitant and have some concerns might want to sit down with a healthcare professional to talk a little bit more about getting vaccinated before getting the shot. It might, in addition, be useful to have effort where you send healthcare professionals into the community with vaccines and with the time to talk to people individually. So have enough staff to sit down and have that conversation.

Jason Amirhadji: Well, speaking of that, for folks who are on this call who are doing this work, they may be having a lot of one-on-one conversations. You mentioned a little bit earlier some different messaging. How can folks try to apply these insights? They may not be able to really do rigorous studying, but how can they test different messages? Or just try to enhance and refine the messaging that they're using if they're trying to be more effective in terms of outreach?

Wandi Bruine de...: Behavioral Science is a field in which messages have been tested systematically. And you often can't do that when you're in the field, but there are some principles that you can apply and then adapt to the individual person you're talking to. I think one key insight if you're talking to people is that, focusing on positive, the positive side, the benefits of getting vaccinated is generally more effective than hammering on the negative side, the negative effects of not getting vaccinated.

And that's just an issue of framing, right? So you can, the negative message would be, if you don't get vaccinated, you'll get sick and die. Which, in addition to being an exaggeration, it's also, especially for young people, it is not a kind of message that people like to listen to. But a positive framing of that same message could be, if you get vaccinated, you don't have to worry about getting sick or dying or passing it on to other people. But then highlighting the benefits of getting vaccinated is even more important so you can go back to events, you can go, you can see your loved ones, and so on.

But different reasons might resonate with different people and if you're having a one-on-one conversation you can focus more on the positives that that particular individual cares about. And then it's, of course, if you're having that conversation, it's important to listen to people and not make them feel like they're stupid or wrong, even though that might sometimes be difficult. But to really listen and then respond in a caring way to highlight the benefits.

Rommel Calderwo...: Great. And so, one question from me. I know that the virus is a moving target and new developments happen every day, especially with the CDC pause on the J&J vaccine just last month and now with the new variant coming out, I'm just wondering if that has impacted people's hesitancy. Has that made the people more reluctant to get vaccinated with the new variant and the pause? Or have you seen that people are more likely to get vaccinated because of the new variant that's coming?

Wandi Bruine de...: It is hard to tell and I think there's a mix of responses. What I worry about is that some of the news that has come out about the Delta variant has made people, some people, feel that the vaccine is not going to work anyway, so why should I get vaccinated? And I think that is not the correct message because I think that, from what I understand, the data so far is showing that the Delta variant is especially a concern for unvaccinated people. So I think it's important to emphasize that and I wish that the news organizations would keep that in mind also.

Jason Amirhadji: Great. Well, we have a question here from the audience. It's really more of a medical question, but I think it actually ties into a messaging concern. The question is: Is it true that if you get the vaccine, you can still get COVID or pass it along?

And I think the answer to that is, there's some evidence that you can still pass it along, but the vaccine certainly helped being able to fight it off and reduce the risk of that. But from a messaging perspective, how do you deal with that concern, right? We know the flu vaccine, for example's, only some years 50% or 60% effective, but it's still the best tool that we have to saving lives and preventing that influenza. How is it, now that we have these sort of miracle vaccines that have over 90% effectiveness, how do you deal with that concern that they're not 100% effective?

Wandi Bruine de...: Nothing is 100% effective, but from what I understand, the vaccine makes it much less likely that you can pass on the virus than if you were unvaccinated. And then the risk of passing on the virus is especially a risk for other unvaccinated people around you. So that really highlights the importance of getting vaccinated and convincing your loved ones to get vaccinated so that you're not passing it around to each other.

Jason Amirhadji: Great. Well let me ask one final question for me and then I'll give you a chance to share some parting thoughts before we close. There are many, I guess people have many different motivators, right? And we're moving into a phase where one of the primary motivations will be, even though we may not achieve herd immunity to help, essentially, slow the spread, slow the development of new variants, so that the individual benefit will be more and more diffuse, right? Versus earlier on we were vaccinating older people who were at high risk. How does the messaging change now that we're getting into that phase, given that that just may not matter so much to some people?

Wandi Bruine de...: The individual benefit in terms of the effects on the risk of getting sick, the risk of getting hospitalized, or the risk of dying from COVID might not be as great, but there are other benefits that people care about that might motivate people to get vaccinated. So the, like I said before, there's some events and organizations that are limiting access to people who are vaccinated or no longer requiring tests to people who are vaccinated. And that is a benefit that is still there, so that is something to, perhaps, highlight.

And then, I think what has also resonated with some audiences is that you don't have to worry about passing it along to others. And I realize that many of those around us are vaccinated, especially vulnerable older people, but children are not yet vaccinated. It is not... That is something that might be important to highlight because nobody wants to be responsible for having gotten a child very sick or worse.

Jason Amirhadji: That's a great point, and the thought that many people may have who haven't been vaccinated at this point, that they're getting the benefits of everyone else

getting the vaccine without having to do it themselves, right? Infection rates are dropping, deaths are dropping. What [inaudible 00:43:26] social loafer in that situation who's getting this great societal benefit without having been vaccinated themselves?

Wandi Bruine de...: I'm not sure how big that benefit currently is. The benefit is really great when there's herd immunity, but we're not at the stage of herd immunity yet and the CDC... I heard an interview with someone from the CDC recently who said, at this point it's a pandemic of the unvaccinated. And so the vaccination rate dropping, I think are mostly due to vaccinated people not getting sick and the unvaccinated people are still at risk as long as we don't have herd immunity.

Jason Amirhadji: Well as we certainly move into this next phase of the effort, are you seeing any fear of something like staffing fatigue or backlash, right? The thought that maybe by... We've been having this big push, but maybe it's causing people to feel pressured or maybe they would have otherwise been willing to do it, but because we were really trying to influence their thinking, they're a little skeptical or hesitant. What do you think about that?

Wandi Bruine de...: What I had seen is that some people felt that the vaccine roll out was unfair, unfairly favoring more affluent people who had the time and resources to hunt down the vaccine. And that has led to some discouragement to get vaccinated. So these are people who wanted to get vaccinated at first, and then got upset about the difficulty in accessing the vaccine. It's important to reach out to those people again and to make them feel included, but I think it is unfortunate that it went that way.

Jason Amirhadji: Completely. Well, again we really appreciate all of your insight and I hope that this is mutual for folks tuning in. Any parting thoughts? If people only really come away remembering a few key things, what do you want them to walk away with?

Wandi Bruine de...: If there's one thing you take away from this, it is that it's important to work with the specific community that you're reaching out to. So reasons for not getting vaccinated might vary depending on whether you're reaching out to younger people, older people, have different communities and different places. And so, working with members of the community to understand why people are not getting vaccinated to help shape the messages and then help them to, and ask them to be involved as the messengers, is the most important.

Jason Amirhadji: Great. Well, thank you so much, Wandi. We really appreciate it. And thanks to everyone for attending today's hotshot. We hope you're enjoying these quicker, more tightly focused summer webinars, especially as we move into this next phase of the vaccine effort. We know that the National Vaccine Month of Action is coming to a close with the July 4th holiday, but we also know that our work needs to continue. We're still very much, as Wandi said, in the middle of the pandemic for those who are unvaccinated and that includes many of the populations that we serve. So we thank you for all of your work throughout the

past few months and year to help end the pandemic and we want to continue providing resources that are valuable and also timely and relevant to your work.

So I'm going to paste into the chat just a quick link to a feedback form, if you can share just a few thoughts with us to let us know what you think, if this is useful, not useful. We're always looking to help make sure that these are as valuable as they can be. And also we hope that you take the opportunity to sign up for our PIH COVID-19 Bulletin. Those are actually a regular resource of information about the vaccine coming from our HHS and other partners in government. So, CDC, it's all trusted sources of information. So we hope that you sign up for those as well.

And finally, as we move into this next phase of the effort, we really want to hear from you and celebrate your work. We'll be putting out a bulletin tomorrow just highlighting all the great work that you've done during the National Vaccine Month of Action with all of your HUD Strong Families event and many activities on the ground. But we'd really love to hear from you about what's happening, what's working, and also how we can better support your work because we know that there's ongoing challenges and we want to be here to help troubleshoot those with you and also connect with some of our federal partners to help ensure that those don't get in the way of your effort. So please do share with us how we can better support what you're doing to make sure that your work is successful.

I really want to thank Wandi again, just for all the great information you shared. We'll be sure to share out the slides and also the presentation to folks who attended today, and we hope that you join our webinars coming up next month. We're going to be having just as many great topics including, on data sharing, so innovative ideas around data sharing agreements so you can find out better how many people are vaccinated in your specific community, in addition to thinking through really the next annual seasonal influenza campaign which is coming up in just a month or two. I know it doesn't seem like that now, we're in the peak of Summer, but influenza vaccinations start up in August and that's just as important this year as ever to ensure that we aren't put in that twindemic situation with both COVID and influenza.

And we'll also be focusing on youth, including on the 14th, a child tax credit webinar, so please be on the lookout for that, but lots more on the way to support your work. So again, I'll just put this right now if you want to sign up for the bulletin in the chat. Thank you so much again to everyone for attending and for all of your work and thank you so much, Wandi, for the presentation today. I certainly found it insightful.

Wandi Bruine de...: Thank you for having me and thank you for all the important work you're doing.

Jason Amirhadji: [inaudible 00:49:53]

Speaker 1: That concludes our conference. Thanks for your event services, you may now disconnect.