Project ALIVE: Navigating Vaccine Hesitancy for Missouri Centers for Independent Living

2022

- [Moderator] Shaylin, I think we have most people in the room. We can maybe get started for you.

- Absolutely. Hello, everybody, and welcome to The Partnership for Inclusive Disaster Strategies Navigating Vaccine Hesitancy for Missouri Centers for Independent Living. My name is Priya Penner, and I'm with The Partnership. I use she/her pronouns, and I'm a brown woman with long curly black hair. Today, I'm wearing a pink shirt and a blue-gray colored cardigan. On the screen, you have a title slide with text that reads Navigating Vaccine Hesitancy from Missouri Centers for Independent Living. Above the title is the Project Alive logo, which includes text that reads Project Alive. In the word alive, a red BAND-AID is in the shape of a V that replaces the letter V. Under the text, there are five symbols in white with blue background. From left to right, they are the International Access Symbol, which is a symbol of a person in a wheelchair pushing themselves forward. The next symbol is a symbol of a person with a white cane for the blind, an ear with a dotted line through it, the interpretation symbol, which shows hands in the ASL sign for interpretation, and an outline of a head. Below the symbols is additional text that reads accessible life-saving integrated vaccine equity.

I'm first going to get started with a few accessibility and technical support reminders, and then we're gonna go ahead and get started, so first and foremost, this training is recorded and an accessible archive of today's conversation will be available in the coming weeks. The archive will include ASL interpretation on screen as well as closed captions. Today, we have communication access realtime translation or CART available. CART is already embedded in Zoom, and you can access it via the CC button on the navigation bar at the bottom of your Zoom screen. Click the CC button once to show subtitles on Zoom. You can edit the text in Zoom via the Edit Settings button accessed using the little caret arrow in the CC button. You can also access the CART transcript in a separate window if that's more accessible to you. To do so, please follow the link put in chat. A huge thank you to AI Media for the CART captions. To ask or respond to questions, please use the raise-your-hand feature or button, or you can type in chat. Please use the same process, either raising your hand or typing in chat, for any technical assistance or to alert us to an issue. If the chat is not accessible to you, please submit your questions to priya@disasterstrategies.org. That's P-R-I-Y-A at disaster strategies dot org.

Some friendly reminders regarding accessibility during this event and access for the postproduction. First and foremost, please identify yourself before speaking. An example would be, "This is Priya," and your comment. Please keep yourself on mute when not talking. This helps folks using CART captaining to follow the conversation. Please keep your camera off unless you are talking. This helps us create an accessible postproduction. If you're having trouble with your mute button or turning your video off, we will help you mute or turn your camera off for you. Please avoid using any acronyms. This is so everyone can follow along with the conversation, and with that, I'm going to turn it over to you, Regina. Thank you.

- Hi, everyone, I'm Regina Dayton, and I'm an equity consultant with The Partnership. I wanna begin by acknowledging the other members of The Partnership that are here with us, codirectors Shaylin and German, Jean and Melissa, and you've already met Priya. I'd like us to begin by asking, since we're all in this room, people to briefly introduce themselves just by your name and where you're from. I'd like to start with APRIL, and I'm not sure if Sierra is here, but someone, APRIL's a big partner in this, and we'll talk about this in a minute, is our major lead partner for the project, so if we could start with APRIL doing an introduction, then followed by the CILs.

- [Sierra] Hi. I can go ahead. Yeah, this is Sierra Royster. I am with APRIL. I'm the director of innovation with APRIL, and I have been working with this project. Elissa brought me on as kind of the youth perspective and ensuring that youth voice was heard. That was my previous role as of this fall, so that's what my role is here, and my pronouns are she/her, and I am a white woman with brown hair, and my office at home, so I'll turn it over to Elissa.

- [Elissa] Thanks, Sierra. This is Elissa Ellis, and I am director of operations at APRIL and cowrote this grant with German and Shaylin at The Partnership and happy to be here. Glad we're getting going here.

- Great. Thanks. If we could hear from the CILs in any order, just please your name and where you're from.

- [Rob] I'll go first. My name is Rob Honan. People call me Rob or Robert, depending on the situation, so I am the director of MERIL. Stands for Midland Empire Resources for Independent Living. We are a center for independent living that was established in 1994, and we're located in St. Joseph, Missouri, which borders Kansas, Iowa, and Nebraska kind of up in the northwest part of Missouri. We have nine counties. I'm a Caucasian male, wears glasses, and I'm sitting in my office, brown hair, and I don't think I have anything else to say, but I'm glad to be part of this project and look forward to working with everybody.

- Thank you so much. Next.

- [Moderator] LaDonna, if you're talking, you're on mute.

- Someone else like to introduce themselves, please? Okay, LaDonna in the chat said, "Sorry, I had to take a call."

- [Moderator] Amy, are you available to introduce yourself?

- [LaDonna] Hi. I'm sorry. This is LaDonna with Rural Advocates for Independent Living, and we're the center out of Northeast Missouri. Our home office is in Kirksville, and out satellite office is in Macon, Missouri.

- Thank you so much.

- [LaDonna] I also have Kathy Steele with us today. She's out of our Kirksville office also.

- Thank you. Great. Glad you're here, Kathy.

- [Amy] And I'm Amy Elliott. I'm in the Macon office.

- All right, Amy. Is that all of the CILs? I know it's not all the individuals, but is that all the CILs?

- [Moderator] Think it is. Pat Chambers is the only one, and I'm guessing that he wasn't able to make the call.

- Okay. All right. Well, completing my introduction. Next slide, please. Project Alive, Accessible Life-saving Integrated Vaccine Equity is a short-term, February through July 2022, focused effort to remove barriers to COVID-19 vaccinations for people with disabilities living in rural areas of Missouri, Montana, and Arkansas, and the goal is to help people with disabilities who want a vaccine and need support to access one. Next slide. You know, part of me, if I've got something mixed up here, but I realize I didn't finish introducing myself, so I'm going to do that now, describe myself, and so I am an older African American woman, proud of my age. I'm 68. I'm round and brown with dreadlocks that I currently have twisted into short curls known as loc knots. I wear glasses. I'm wearing white earrings, white pearls, and a Navy blue jacket with white embroidery, and I use she/her pronouns, so the population focus for Project Alive is people with disabilities, in this case, in rural areas of Missouri, who desire a vaccine, that is the primary series and the booster, and experience barriers in accessing them as well as people with disabilities who are hesitant but are open to getting COVID-19 vaccines. Next slide, please.

I want to be clear that this material doesn't constitute legal or clinical advice. This is for informational purposes. If you are seeking legal or clinical advice, please contact a qualified attorney or clinician. Our ground rules today are to maintain confidentiality. Ask questions. Most importantly, have fun. You need to do that in everything you do. Does anybody have other ground rules they'd like to suggest? 'Kay, if not, we'll go on to the next slide. By the end of this presentation, you will be able to understand some causes of COVID-19 vaccine hesitancy and how to respond and to identify barriers to accessing COVID-19 vaccines, that is, the primary series and the booster, and know how to respond. Next slide, please. Thank you. Now we're gonna talk about understanding vaccine hesitancy, uncertainty, and rejection. Next slide. The working definition of hesitancy that we'll use is the delay in acceptance, reluctance or refusal of vaccines despite the availability of vaccine services. Next slide. Some people do move from hesitancy to acceptance. A study in the "Journal of Community Health" found that 62.4% of people uncertain about getting vaccinated and another 30.7% of out-and-out vaccine rejectors did receive vaccines over the one-year period of the study. Next slide. Reasons that people usually give for vaccine uncertainty and rejection, the major reasons are their faith-based beliefs, their political affiliations, and racial-ethnic identities. This also just kind of identifies groups of people who are likely to be uncertain or to be refusing a vaccine. Next slide, please.

It's important for us to remember that faith-based and political beliefs and racial-ethnic identities are core and constant. It would be disrespectful and inappropriate to try to persuade one to change any of these things. We're not in this to be trying to make somebody do anything. Next slide, please. We're gonna talk now about moving from hesitancy to acceptance. Next slide. So you saw the great number of people in that study who moved from being hesitant or rejecting to actually getting a vaccine over a 12-month period. Now we're looking at why and how do some people move from that hesitancy to acceptance? One of the factors are peer educators. The best educators are peers, and all of you, as CIL workers, certainly know this. You do peer education. You do peer advocacy. It's something that you do great. You might be a peer to someone. People identify peers based on, amongst other things, disability, race, ethnicity, culture, and language, and CIL staff should address people's concerns about information in an open, unbiased, and welcoming manner, and certainly relate to them as peers on any of the three bullets listed and more. Next slide, please. People also move to acceptance because of a life experience such as getting COVID-19 or watching a family member or a friend struggle with the virus. Does anyone have examples of people who were hesitant and moved to acceptance? What was that like? And what can we possibly learn from it? Yeah, does anybody have an example of somebody who was hesitant and moved to acceptance?

- [Rob] This is Rob with MERIL. I'll go ahead and jump in. We had a staff member who was very hesitant to wear a mask, become vaccinated. She was very... We live in a pretty rural area. Didn't think she was gonna get it, et cetera, so she got a pretty bad case, had to be hospitalized, and then she, obviously, like you mentioned, people who were directly affected by COVID, sometimes their opinions of the situation changed, so I think she moved to that, to becoming more accepting of the situation, so obviously, personal experience with COVID was the catalyst for her.

- Yes. Anyone else? No one? It's interesting. You said she's in a rural area and thought that. I guess she wasn't in a crowded urban area, so maybe she thought there wasn't as much of a chance of getting COVID. It's interesting. I was born in rural Kentucky, and much of my family is still in Kentucky, though many have moved to cities, so when COVID got to raging in 2020, one of my cousins, who lives in the capital city of Frankfort, simply went, as we say, down home into the country to live in my Uncle Bubby's house, and so yeah, if you wanna know country, it's where Uncle Bubby is, and her feeling was if she was there, then there was no risk because it wasn't very crowded, but she did, as she was there, run into family and other people who had COVID and then decided to be vaccinated. Yeah. All right, next slide, please. Some of the reasons and responses for vaccine hesitancy. Next slide. And I'm sure you've heard all of these: distrust of media to provide accurate information, distrust of government to provide accurate information, and distrust of the medical profession based upon a history of ableism, racism, or other forms of bias and even abuse. Next slide. So here are some issues around hesitancy and how to respond. Let's say a consumer knows of somebody who got the vaccine and still got COVID-19. Next slide. Well, the response there is to let them know the purpose of the vaccine is beyond not getting COVID-19. It's to reduce the chances of dying or being hospitalized as well. Okay, next slide. Another reason for hesitancy here is that a consumer thinks that the vaccine will make their disability worse. The response is to then seek advice from your medical provider. Another consideration is that some people cannot be vaccinated for medical reasons, or the vaccine may not be effective because they're immunocompromised. Those of us who can be vaccinated can help protect others by getting a vaccine, and that might be a motivation for some people. All right, next slide. We're gonna pause here and see if you have questions or comments. Have you heard of any other reasons for hesitancy? I'm sure people have given all kinds of reasons for hesitancy.

- [Rob] Well, one, this is Rob again. One is kind of, it is a reason, it's transportation. It's sort of a, it's different, and I could see it kinda blends into a true barrier. We've talked the attitudinal barrier of the hesitancy, but also the barrier of transportation, so some folks say, "Hey, "I just don't have transportation, so why bother?" And that's sort of a form of hesitancy.

- It is, and actually, later on, we're gonna be talking about barriers and that people can be hesitant due to barriers. Yeah. Any other reasons that people gave for hesitancy that you've run into? If not, we'll go on to the next slide. And we're gonna talk a little bit about risk here. I just talked about my cousin thinking if she went into the country she wouldn't be at risk, so let's explore some risk issues. Next slide, please. Now, some people with disabilities may be more likely to get COVID-19 or have severe illness due to chronic medical conditions. Adults with disabilities are three times more likely to have certain chronic health conditions. People with disabilities are more likely to live in congregate settings, and most of the time we think of congregate settings, we think of group homes or nursing homes, but I also want us to remember people with disabilities in prisons, in shelters. Next slide, please. People with one of these disability types might be at increased risk for COVID-19 and its effects: people with limited mobility or sight who cannot avoid coming in close contact with others, people who have trouble understanding information or practicing prevention measures like hand-washing and social distancing. Next. People who may not be able to communicate symptoms of illness and people in congregate settings. Next, please. These are some of the conditions that increase risk. They include cancer, chronic kidney disease, chronic liver disease, chronic lung diseases, cystic fibrosis, dementia or other neurological conditions, diabetes type one and two, heart conditions. Next slide. Cerebral palsy, congenital disabilities, developmental and intellectual disabilities, learning disabilities, spinal cord injuries, certain mental health conditions, and sickle cell disease. Next slide. So that's really quite a lot. It's important, when talking to people who may not want a vaccine, to remember they might be willing to practice other forms of risk reduction such as masking, social distancing, hand-washing, and isolating. Next slide. It's important to discuss risks specific to an individual and help them to conduct a risk-benefit analysis regarding practicing risk-reduction behaviors. Please explore with your consumers risk factors such as their age, their specific disability, and health conditions such as respiratory issues like asthma, diabetes, other conditions, and their environmental factors such as being in close proximity with caregivers. Explore requiring their caregivers to use masks, gloves, to practice hand-washing, et cetera. Next slide. Some reasons and responses to vaccine hesitancy. We've talked about some of the reasons. Now we're gonna look at some of the responses. Next slide. The issue here, we mentioned before, distrust of media to provide accurate information. Now, how might we respond to that? Please click. That response would be to provide access to a variety of media and public health and websites to allow someone to make an informed decision. Sometimes, people are just looking at the one source of information that they're used to or that they've come to like, whereas I'll repeat it's important not to argue with people or not to tell them that their media source isn't trustworthy, but try to expose them to alternative media so that they can make a more informed decision. Next slide, please. Talk about the distrust of government to provide accurate information and distrust of the medical profession based upon that history of ableism, racism, other forms of bias and abuse, and please click for the responses. It's important to respect an individual or a community's history with government, media, and medical professions and their perceptions of them. These opinions were likely formed based upon experiences long before COVID. Next slide. Some people are uncertain about the long-term effects of the vaccine and fear that it will cause illness or infertility. Some responses, coming right up, are support the person in conducting that risk-and-benefit analysis in a very individual way that looks at their identities and their situation. Also, look at what are the current risks of getting COVID versus the long-term risks of getting the vaccine? And you might want to discuss post-COVID condition with the person. Post-COVID condition has previously been referred to as long COVID. Next slide, please. Some of the common symptoms-

- [German] Regina, before we move on, I do wanna go back to the or barrier issue that Rob brought up, and you mentioned transportation. Rob, could you elaborate some transportation? Is it general public transportation? Accessible transportation? Is it an issue of economics or just remoteness?

- [Rob] I'll just give you the example. We had a COVID vaccine clinic at my center in February, the first dose in February of 2021, the second one of last March of 2020, a month later, and there were people that were, they wanted to come, and it was a barrier, but they tried to call the local public transportation and kinda the ParaTransit arm of the fixed route in St. Joe, and they were unable to get a ride, so instead of trying to find another clinic or going to the pharmacy, they just simply, because they had an opportunity to come to the center, they just kinda blew it off. They simply didn't wanna to mess with it, so that made them a little hesitant to actually getting the vaccine itself. Of course, I think it's a true barrier because they couldn't do it that day, so they just kinda put it off, put it off, and they were hesitant to actually get it done, so they just kinda gave up, and so that's what I meant by that, by the transportation being, contributing to hesitancy, the transportation barrier contributing to the hesitancy of getting the shot itself. I think they wanted to get the shot, but because they couldn't get direct transportation that day, and then they just kinda gave up, so then they became hesitant down the road, and I know it's not truly a hesitancy of the shot; it's hesitancy of trying to get the transportation they need in order to actually get the vaccine and the follow-up.

- [German] Thank you, Rob. This is German. Might you know if the person since has acquired a vaccine?

- [Rob] You know, we didn't track that well, to be honest.

- [German] That's okay. I just wanted to, first of all, know, but overall, this is good information, and we will make sure we catalog this. We have friends at the transportation department and giving an example of how ParaTrans, and I'm a quad. I use ParaTrans, being the barrier to acquiring the vaccine needs to be elevated just as certainly it is still an ongoing issue and not only happening for you and this particular person, but thank you.

- Yeah. Okay. Thank you.

- [German] While we're at it, may there be other issues or other idea for responses of the issues we covered that anyone might want to discuss collectively? Oh, there's much more. Back to you, Regina.

- Okay. Some of the symptoms of post-COVID condition are fatigue, breathing difficulties, insomnia, pain, brain fog, and also, post-COVID can negatively affect organs like kidneys, lungs, pancreas, and heart. I've heard a lot of that, long symptoms from some people who've had COVID, and for some people, learning about people who are close to them having these conditions post-COVID has led them to want to get a vaccine. Next slide, please.

- [Melissa] This is Melissa. If I can interject here, Regina's asked me to interject with some notes, so I'm gonna be sneaking some notes in here and there. One of the things that we wanted people to know is that most people recover with COVID-19 three to four weeks after getting it, but there's a significant number of people that get post-COVID, and that takes a long time. I personally have a friend who acquired COVID, who contracted COVID in March 2020, right when the pandemic started. She was the first person I knew to get it, and she's still struggling with post-COVID, and she has a psychiatric disability, but she's someone who is a marathon runner, so it's really hit her hard, so I think that's something to take into consideration, so I'm gonna periodically be interrupting Regina 'cause she's requested that, not just 'cause I'm pushy.

- No, I... Thank you, Melissa.

- You're welcome.

- Next slide, please. Here, so here's another hesitancy: fear of the vaccine because it was developed so quickly, and it's important to provide education about how it was developed. Really wasn't so quick. President Donald Trump championed Operation Warp Speed in order to develop and mass produce safe vaccines. Next slide, please. And that was done via a partnership of government, science, and the pharmaceutical industry, and they used a new model, they came up with a new model to do in nine months what would usually take five to seven years, but it really wasn't quick because scientists had been working on this type of vaccine for over 10 years. One of the things they did, and I remember this, was that they simultaneously manufactured the vaccine while continuing to study it. Next slide.

- [Melissa] And this is Melissa. I just wanna jump in, and the vaccines have been studied around influenza, Zika, rabies, and CMV, which is a disease called cytomegalovirus. Sorry about that if I'm mispronouncing that. CMV. Try not to use acronyms here, so they actually, as Regina said, been working on this for 10 years, so Warp Speed helped, and that was great and amazing, but this is something they've been working on and had utilized for people with cancer and other conditions as well, so it wasn't just that they'd been working on it. They'd utilized what's called mRNA.

- Yes.

- Thanks, Regina.

- Yes, and so some of the things, as the government oversaw this rather than the pharmaceutical companies. Usually, pharmaceutical companies, which, of course, are very motivated by profit as well as curing illness and disease, they're motivated by profit and their bottom line. What this process of manufacturing while testing did, it was understood that if, in the testing and investigation, the vaccine that had been already manufactured, if it was found to be a safety risk, it was gonna be thrown out, and that's just what it was, and so what it did was it actually increased the financial risk 'cause you might throw away something you already made even though there were some government subsidies, but it decreased the risk for the public distribution.

- [Melissa] And this is Melissa. I'm just gonna jump in and let you know that we've talked about the science not being new, and many of us know that, but what you might not know is a person named Kizzmekia Corbett is the African American viral immunologist who led the team that developed the Moderna vaccine, so that's really cool, so some people are saying people are really aware of racism, oppression, the Tuskegee experiments, all of that, but I think that we need to know that an African American person helped develop the Moderna vaccine, so that's a great thing to know that doesn't get enough publicity.

- Yeah, and she also went, and continues to go into communities, and particularly communities of color, to talk to people on a level as a peer, in that case, identifying the race or ethnicity with certain groups of people who, yeah, may have more confidence or less fear in that. Yeah, so it's really important, once again, back to former slide, with those of you working in CILs, as working with peers who are your consumers. Those people identifying with somebody can't say enough about it in terms of how effective it is. Next slide. How about a consumer, talked about this situation, but how do we wanna respond to somebody who's not sure they're in a high-risk category? And that's coming right up. The response is provide education about universal risk, people with disabilities and other preexisting conditions and things like racial, ethnic, gender, other COVID-19 information, age, so forth and so on, that may put people at risk, but it's really important to underscore that anyone and anyone can get COVID, and that currently, the age group where COVID is most frequent are those 18 to 44, and that's because those tend to be the ones who think they don't need to be vaccinated. Next slide, please. Some people believe that the vaccine can alter the DNA and that natural immunity is better than vaccine immunity. We recommend that you respond to that by letting them know that there's no known substance in the vaccine that can alter the DNA and that getting a COVID-19 vaccine, they should consider that that's a safer and more dependable way to build immunity than getting sick with COVID-19 'cause you don't know that you'll recover fully. You don't know that you won't die. Next slide.

- [Participant] I just wanna jump in if I can, Regina.

- Please.

- [Participant] There's no there's no substitute in the, first of all, there's no substitute that can change someone's, there's no substance in proposing that the vaccine can change DNA. That's just not physically possible. It's not something that can be done. One study showed that for people who've already had COVID, those who did not get vaccinated after the recovery are more than two times as likely to get COVID, and again, those who are not... More than two times as likely to get it again than those who're not fully vaccinated after the recovery. Back to you, Regina.

- Thank you. Thank you. Next slide. Here, we're gonna talk about some of the barriers. Okay. Next slide. Some people may be hesitant due to barriers to accessing the vaccine, that is, the primary series and the booster. The barrier could be real, or it could be assumed. Either way, it has the same effect if someone's hesitant due to a barrier. Next slide. So some of the barriers, we talked about transportation, accessible transportation, a real or perceived, believed lack of sign language interpreters lack of spoken language interpreters and of physical access for wheelchairs and other mobility devices. Next slide. Other barriers are lack of sensory accommodations such as a scent-free environment, low-level lighting, a quiet room, no support person at the site, the fear that the site won't allow their service animal to enter, and fear that undocumented immigration status will be discovered. Next slide. Responding to... Other, I'm sorry, other barriers include bad experiences with vaccines in the past or any type of injection, disability bias that people have experienced, and lack of accessible information about the vaccine process. Next slide. Lack of accessible registration, such as easy-read, large-print font, screen reader accessible, and other formats. Consumer's caregiver, conservator, or guardian does not want them to be vaccinated and will not assist them. Next. On the barriers that I just spoke of, it's important to educate the consumer on disability rights and advocacy about what is and is not legally required for the consumer and for the vaccine site. Now, with this, I just said the word legally. Going to remind you that your training on legal rights and obligations will be coming up soon. That will be scheduled, and you'll be getting that soon. Also, focus on the consumer's specific concerns or fears and call ahead to the vaccination site to advocate for accommodations. Accompany the person to the site if they so desire and if that's at all possible. Next, please. So now I'm gonna talk about the other barrier that didn't fit into that, and that's a fear about undocumented immigration status being discovered or that a person who is indeed documented will be suspected of being undocumented, even if they're not, and the response to that is to provide education about health care and immigration status as well as offering to accompany the person to the vaccine site, and feel free to refer them to legal aid or a similar service for further education and advocacy. Next, please. It's important to share with anyone who may have that concern about the statement from Homeland Security ensuring that it will cooperate with the Federal Emergency Management Agency, or FEMA, that it will not conduct enforcement operations near or at health-care facilities, including pop-up clinics, hospitals, and any other such facilities. They will not and they're not allowed to. Next slide, please. Next slide. More barriers to responding. Oh, here we go. Sorry. Issue. The consumer had bad experiences with vaccines or any type of injection in the past, and the response here is to inquire about those previous bad experiences. Did they have a medical reaction? Was there a lack of accommodations? Once you know what, you can begin to do some planning and brainstorming with the consumer. Next. A consumer had a previous negative experience with health care which caused hesitancy to seek any health services, including receiving a vaccine. You want to definitely listen without judgment. You want to provide disability rights education and advocacy and offer peer support at the vaccine site. Next. Here's an issue. My caregiver, conservator, or guardian doesn't want me to be vaccinated and won't assist me. The response here is to refer to the Missouri Protection and Advocacy Services. This is the appropriate agency to advocate for someone who wants a vaccine and other people want to stand in the way of them getting it. Next.

- [German] This is German. I do wanna know, certainly that applies to conservators or guardians, the Protection Advocacy of Missouri. If you hear, of course, that a care provider, not a family member, someone paid by a waiver of sorts, and is prohibiting their employer, their consumer from acquiring vaccine or other health services, would definitely recommend them to make a complaint with your state's Medicaid department. Thank you.

- This is Melissa. I'm gonna jump in too, and protection advocacy systems vary from state to state, but I know the protection advocacy systems have been told, and which is Disability Rights Missouri, no, it's Missouri Protection Advocacy System. Sorry about that. They've been told to red-flag situations where people are being prevented from getting the vaccine by anyone, so even though they have prioritized for what they do legally each year, they are usually red-flagging those, so even if your protection advocacy office is only working on certain issues, you can still call them with this and see if they wanna litigate around it or get a legal remedy for somebody. Thank you.

- Thank you. Next. The issue here is inaccessible information about the vaccine process, and the recommended response is providing education about the process and to advocate for accessible information for the site. Next. Inaccessible registration, people have indeed run into, and the response here is to provide information and education to public health about legal requirements or materials in alternative accessible format. Melissa, did you wanna say anything more about that?

- [Melissa] Yeah, I do. First of all, reminding you, again, that the legal training is coming as soon as we can schedule it. I'll be doing that, so ADA is my bias, as it is, and 504 and disability rights law, so that's one of my first loves, but I'm also wondering if, I'm also wondering if the audience has done some of these responses, and have they been successful? Have they been not successful? Or have there been other issues and responses you'd like to talk about? Feel free to jump in.

- Okay.

- [Melissa] Because I think the other thing is a kind of secrecy around it, around people saying, "Well, that's my private business." It's like you're not supposed to talk about politics. You're not supposed to talk to people about religion, and vaccines is kind of in that category. It's seen as private business, so it's hard to get people sometimes talking about it, depending on the culture of your area, but I was on a call with someone else recently, and they're kind of indicating that they hadn't had a vaccine, and I just didn't wanna bring it up with that person 'cause it didn't feel like it was my place to do that even though that's what we all do for a living here, so it's pretty interesting. Has any run into that kinda secrecy around it? It's like a taboo subject.

- [Shaylin] This is Shaylin, and I see LaDonna agreeing with you. Yes, definitely, and adding that she doesn't think any additional comments, to her knowledge, around additional issues or responses. Thanks, LaDonna.

- [Melissa] Thank you, LaDonna.

- Thanks Melissa 'Kay. Next.

- [Melissa] And people can take themselves off mute. Is that correct?

- [Moderator] Yes.

- [Melissa] Oh, okay, so if you wanna say something, feel free to take yourselves off mute and jump in.

- Absolutely. Okay. Next.

- the better. Okay.

- So now we're gonna look at some scenarios, and I wanna hear from you in these scenarios, so next slide, please. A consumer calls to tell you that after their friend got very sick from COVID-19, they wanna get a vaccine, but their family's against it. They depend upon their family for transportation and personal assistance. What do you need to consider and how do you think you should respond? So please take yourself off mute and just respond.

- [Participant] I would think you would have to tread very lightly here about we could provide that transportation, but if their family provides the personal assistance, and they don't want that, how are they going to turn around and treat that individual if they find out that they do get the vaccine? I would just worry about that. I mean-

- [Melissa] This is Melissa 'cause having the vaccine isn't something you can do secretly. Your arm's gonna hurt. There might be swelling. There'll be marks and stuff. Oh, sorry. Go ahead.

- Yeah. Anybody else on that?

- [Rob] This is Rob. I've heard of that story where people actually do have to go behind their family's back, and then, . I mean, you have to weigh the repercussions: better health outcomes or scorn from your family. Again, like LaDonna said, that's a really tricky one. You have to tread lightly, and I don't have the answer. I'm just saying that I would, I mean, that would be very difficult, a dilemma, a true dilemma for sure.

- [Melissa] And this is Melissa. Don't forget if someone goes and secretly gets the first vaccine and is found out because they will be, they have to go back again with people knowing what they've done, so that adds another layer of complexity to it, so what do you tell the person?

- [Participant] I actually ran into an individual at our local Hy-Vee food store, and my husband had gotten his vaccine, and we were leaving, and we'd run into an individual who we've known for years, and I'm like, "Well, how are you and what are you up to?" He's like, "Oh, I'm trying to decide "whether to get this vaccine or not," and I told him I'd had mine and my first one and my second one, and my arm was a little sore, but I didn't really have anything from it, but he was so worried. I mean, this is a grown man, but his mom and dad are totally against it. His children are against it. He's like, "My kids will think "I've got the devil's blood in me," and that's what he actually said, and I'm like, "Oh my gosh. "I guess I'd be right there with you if you got it "'cause I must have it in mine if that's true, "but I don't think it is." He did end up getting it, which we had a further conversation, but that was literally, I mean, he was totally serious. I mean, he was like sitting on the bench in front of the store, and it was really a complex situation for him trying to figure out do I or don't I? He wanted it because his parents are both elderly. I mean, his dad's like 85, and he's not in the best of health, but he said, "I'm afraid I'll get it and then give it to them," and just on and on but yeah, it's a sticky situation, for sure.

- What I love about your response is that you didn't laugh. You took him seriously. You said, "Well, if it's the devil's blood for you, "it's the devil's blood for me," which was totally respectful, and I think really want to take it, 'cause if someone says something that you don't agree with or you think is ridiculous, that person is struggling with that information. That's the information that they have, and I think the other thing, and I think we'll probably get to this in another scenario, but I think also you talked about a man not being sure about it. Lots of people have fear of needles that they don't want to admit, particularly men. As a woman, I have a whole lot more space to say, "Oh, I'm afraid of needles," and people might dismiss me or laugh at me or tell me that's silly, but they're not gonna shame me for it. Do you know what I mean? But if I'm a guy in our society, a lot of people, "What do you mean?" It's not manly to be afraid of needles, and I know lots and lots of men that are, air quotes, manly, whatever that means, that are terrified of needles, and that's a hard thing for people to admit to, and so there's lots of factors that go in and maybe exploring someone's fear, and we're gonna talk more about that specific later, but I think being respectful is the key thing that you did, and what you did really right.

- Oh, yes, and absolutely, you didn't laugh and say, "Oh, your family are crazy," or any of that stuff because the emotional support for people in this situation it's a huge need. It's really, really important.

- [Participant] Well, you could see the stress and the strain on just his face and his facial expression, and I've known this young man for since he was quite young, and it was my heart just went out to him. I have the same type of situation a little bit with my husband because he was hesitant to get it because he has two, he has a brother and a sister who are both in the health-care field, and neither one have gotten the vaccine and had recommended to him that he didn't get the vaccine, but I used a different, something a little different with him. I used my tears.

- [Participant] Tell us about that.

- It's like use what you got to get what you need.

- But-

- Well, scenario.

- [Participant] I'm gonna tell you it doesn't normally work with him, but when I, and they were true tears. When I said, "Oh, my gosh. "What would happen if I lost you? "I can't imagine that," and at the time we'd had a sister-in-law who was on a ventilator and so forth, but he just, he was gonna go by what his brother and sister had said and not me, his wife, and I said, "Yeah, they would miss you, "but now you're just a sibling to them. "You're my spouse. "We've been together for 40-some years. "I can't lose you."

- Mm-hmm.

- This is .

- [Melissa] Go ahead, German.

- [German] Thank you, Melissa. It's just a great example of a case study. LaDonna will certainly touch base with you individually to collect this example. I mean, from the hesitancy of it's the devil's blood to acceptance. You've shared a few highlights of, well, he had concerns of his aging parents. There are other influencing parties, like his family members who are health-care providers and do not believe in the vaccine and advising him against this. Could you share a bit of chronologically from you told them, "Well, do I have it? "Do I have the devil's blood too?" To your tears, to how long it took to get him to acceptance.

- This is Melissa.

- Well.

- [Melissa] I think those are two different people.

- [Participant] Yes, yes. The first one was just a gentleman, a friend that I've known for years, and that was one individual that I had ran into at our local supermarket, and he was trying to decide whether to go back and get the vaccine. The other conversation was with my husband, who had been having ongoing conversations with his siblings, and who both are in the health-care field. One works in an emergency room at a hospital. He does OB work at a hospital, and, oh, he works in a facility for where they do colonoscopies and EGDs and that sort of stuff. He's a nurse anesthetist, actually, so it was he's telling his brother, my husband, not to get the vaccine, and then my sister-in-law, who's a nurse as well, and actually gives vaccines to people, telling her brother, "Oh, no, don't get 'em. "I wouldn't get it. "I don't recommend you get it," and I don't think they look at it from the same perspective as I do, of course, but we have different views on several different, in different areas, and I feel that some of those areas cross those lines that you don't discuss with family-

- Yes.

- Or anybody.

- [Participant] Or anybody. That's right, so I never had that conversation with them. I never went to them and said, "Why did you tell your brother this?" or anything. It was just a conversation that I had with him, and I told him, "That's your decision "on if you tell people that you've been vaccinated or not. "That's totally up to you," but he did get it. He got both of them. Now, I've not gotten him talked into getting a booster yet, but I figure that at least I got him to get the two vaccines.

- [Melissa] This is Melissa, and I just wanna say you mentioned using your tears, but what I heard you, when I listened to what you were saying, it wasn't so much, they weren't fake tears. You chose not to hold back your tears, and I think that's really different.

- Right.

- [Melissa] It wasn't like you were manipulating him saying, "I'm going to pretend cry." It wouldn't be a-

- Oh, no.

- [Melissa] And my mother passed away this year, and that happened with me a couple times when she didn't want medical treatment, and I wasn't making up the tears. They were just really there, and normally, I'd hide them from her, but I just didn't because she looked bad, and this is couple years ago, and she ended up getting treatment, and everything was fine for a while, so that was great, but I think being genuine with people, and sometimes we hold back our responses. We hold back our emotions, and maybe we don't hold them back as much if we're sad about something. Not to say we should throw the anger at them or anything like that, but if we're sad about it, and that's genuine, go for it.

- [Participant] Right.

- Yes. What I'm hearing is that you expressed your love and concern.

- Yes.

- Yes.

- And that that's what made the difference. Let's go to the next slide. It basically says, in this scenario, what's the legal status of the family member? And you all brought that up, and what repercussions may result? Somebody just goes to do it. These things have to be taken on a case-by-case basis. They're never easy. Depending on the person's ability to hide from their family, physically to hide their body, they may not be able to, and they may be able to, so it might be where you or someone else could pick them up for reasons unexplained or other reasons, and maybe you can't. You just have to really look at it case by case and do your very best, but once again, the emotional support and the relationship with the consumer is really important because they may not be able to do it today, but your relationship may help them do it later.

- This is Melissa.

- Next slide.

- [Melissa] I just wanna point out and getting ahead a little bit on the legal stuff, if someone says, "I can't have a vaccine. "I want a vaccine, and I can't have one," and you say, "Why?" They say, "I have a guardian who won't let or conservator." That's not a reason. That can be waived if it goes to probate court sometimes, so it's not, it doesn't make it impossible, but if they're family members, it makes more difficulty, but that's a big barrier, but it's a barrier rather than a total prohibition, just so you know.

- Yes.

- [LaDonna] This is LaDonna again, and we've never had this situation, to my knowledge, but I think that, based on what we do at CILs, wouldn't it be that one-on-one conversation that you would have with the consumer? And what do you want me to do to advocate for you? What can I do for you? Do you want me to help talk to them for you? Just advocating for them with those other people or providing them the educational information that they could pass on to the family members.

- Yes. Thank you, LaDonna. Yeah. Next slide, please. And some other responses include referring to protection and advocacy, discussing the level of family resistance, possible outcome, and the openness to education, and as LaDonna just said, if feasible here, you could provide education to family members. They may or may not be open to it, but in talking with a consumer, you can kind of know, and then, of course, asking how do they want you to advocate for them? Next slide. So we have another scenario, and in this case, a vaccination site has told a consumer they cannot accommodate her need for a quiet place to receive and to rest after the vaccination. How might you respond to that?

- [Rob] This is Rob again with MERIL. I mean, the vaccination site, and again, may be a barrier because of geography and transportation, but they could try to recommend another site that does have those kinds of quiet areas with which to recover. That's one idea, or perhaps even accommodating them by doing it before regular store hours or after store hours. That's another possibility, so those are two that just come to my head.

- Those are great. Anyone else? If not, let's go to the next slide and see what it says. And it says, "Inform the consumer "that the site may be required to provide a place to rest "but can't assure that it will be quiet." Now, you might wanna call the site to advocate for a quiet space, emphasizing that there may be a legal obligation to make a reasonable modification to a policy or procedure.

- [Melissa] This is Melissa. I just wanna jump in again. We'll be talking about this kinda situation, the legal training that's upcoming, but also another thing that occurs to me is maybe the person, if they had noise-canceling headphones, it might be easier, so let's say you're gonna be in a noisy environment. What can we do to make that less stimulating? Maybe we can get her to a part where there's different light. Maybe we can get you noise-canceling headphones. Would that help? And asking the person, obviously, "Would that help? "Have you tried this before? "Is this something you're open to trying? "Maybe we can practice going into the vaccination site "with noise-canceling headphones "and see what that's like for you," those kinds of things.

- Yes. Thank you. Next, please. Consumer tells you she refuses to get a vaccination because believes that the vaccine will alter her DNA. How might you respond to that? What would you respond? She's sitting right in front of you, in person or virtually. Well, let's see what the next slide says.

- [German] This is German. Before we move on, certainly, this goes to, for lack of a better word, conspiracy theories or alternate non-science-based beliefs, if you will. LaDonna, you gave a great example of devil's blood. Have there been any other outside-the-box hesitancy that any of you have heard of? Certainly, there are those that, and on the CDC's website, in its myths and facts sheets, they provide responses to myths such as microchips in the vaccine or it having any type of magnetism and magnetizing you, so just in case you have heard of any very outside-the-box hesitancy that we can troubleshoot together.

- [Melissa] Right, and some people... This is Melissa. And for some people, it's a matter of politics, but I just wanna stress that goes all across the political spectrum. I have a friend who's very much on the left of the political spectrum who believes all kinds of things, not about the devil's blood or altering his DNA, but he believes the vaccine will kill him, and he believes it's a conspiracy by the medical profession, and he's someone who... It doesn't have to do with one's political views, necessarily, so I just wanna make sure that everybody understands that, so what do you do? start calling on people, so what do you say, then, when somebody says, "It'll change my DNA"? Nope. Not doing it.

- Elissa has their hand up.

- [Elissa] This is Elissa with APRIL, and I have heard folks... There's a wide variety of reasons they give, but I've heard folks say to me, "Doctors get paid money to give the vaccine," that the books are being cooked. The numbers are fake. The deaths are being inflated. Anybody who has died since COVID became a thing, that is all being rolled into COVID deaths because somehow the hospitals are being awarded money to, one, push the vaccine and/or, two, attribute any death as being COVID-related. That's a big one that I've heard from folks, that the numbers aren't real, and that somehow they're payoffs-

- I've heard that too.

- Hospitals. Yeah.

- This is Sierra.

- Has anyone heard COVID, the vaccine, rather, referred to as the mark of the beast, that if you get the vaccine, you've got the mark of the beast. I've heard that.

- [Sierra] This is Sierra. I haven't heard that one, and this is kind of, it's kinda along the same lines, but I know a lot of people that won't get the vaccine because Jesus will heal them if they get COVID, if it's even real, so they're for Jesus' healing, that's all they need from the vaccination, or that's the vaccination they need is Jesus, so it's kind of along the same line, but a little out there.

- Yeah. Let's see what the next slide says how we might respond to this. Once again, can't argue, but you could provide factual information, listen and encourage the consumer to tell you more 'cause you wanna maintain and strengthen the relationship. Remember that the ongoing relationship with the consumer is the priority. You're gonna be dealing with this person on a lot more needs than, or a lot more issues than a COVID-19 vaccine, so you don't wanna risk that for anything and encourage other risk-reduction behaviors like masking, hand-washing, and distancing. If someone believes that the government is out to kill or harm them, you're not going to convince them otherwise. You're just not, so maintain the relationship.

- [Rob] This is Rob. I just have a quick question on bullet number one. Obviously, being calm and not arguing is very important, but when you let them know that we're gonna give you some factual information, they'll look at like, "Whose facts?" or, "Is that really true?" or whatever, and I'm gonna go back to a couple of slides you had before where give them a variety of sources, I think is the best way to do that 'cause sometimes, people don't believe anything from the medical profession or science or whatever, so that could be, potentially, a pitfall there, but just like I said, and like whoever said couple of slides back, is give them more than one piece of information to sort of betrust the argument that it is factual.

- Yes. They may not wanna hear what you have to say about factual information. They may not believe it, and you can tell from the way the conversation's going whether you wanna provide any information or not. I think the other three bullets are the... Don't argue is important, but the other three bullets in terms of what to do and what to consider are the most important here. All right, next slide, please. A consumer says that his personal assistants refuse to get vaccinated. He needs these assistants to live independently. What might you say to him? Any thoughts? If not, I'll have us go on to the next slide.

- [Sierra] This Sierra. I was just gonna suggest if his personal assistant is through an agency, that's one thing that they can call and ask a particular of, "I need a personal care assistant that has a vaccination," and unfortunately, if it's a private individual, that would be something that they could work. Maybe the center could assist them in finding a new person and how to interview that person or get somebody to apply for that position in the meantime, keeping that person that they have. That way, there's no lapse in services, but sometimes, the agency will put in particular requests like that if desired.

- [Elissa] Yeah, and this is Elissa with APRIL. I would just add that, personally, I would hope to empower that person, what Sierra just said. Your personal assistant works for you. It's not the other way around, and so offering them, reminding them that they have the right to say that, "You work for me, and I need you to do this, "and if you can't, I'll find somebody else." In a perfect world, there would be lots of options, but we all know that personal assistants are few and far between on a good day, and now, with COVID, it's incredibly difficult to find an attendant, but I would hope that we would empower folks and remind them that they have a right to be safe, to be taken care of by someone who has their safety as a priority. Yes. Thank you.

- [German] This is German. One last question around this. Missouri, having a managed care system, in other states that have managed care systems, organizations, we've been able to advocate for there to be incentives to personal assistant providers and direct support professionals, economic incentives, and other sorts to get the vaccine. Do you know if this is the practice in Missouri? I'll take this silence as a no. Maybe that's something that we can coordinate separately with you to best outreach to your managed care organizations and let them know how-

- [LaDonna] We don't... This is LaDonna, and we don't really do a lot with the managed care. We have both CILs. All of our CILs that are participating have the consumer-directed service program where the consumer, of course, is the employer, and then, some of us have in-home agencies as well where we are the responsible employer, but I know of people who have said, "No, I only want an individual who's been vaccinated," and then you have to put another one in there, but on the consumer-directed service, we just tell them it's between their personal caregiver and the employer themselves so.

- [German] Mm-hmm. This is German. Very good point, and, of course, different states manage it differently, but directly to consumer-directed where the MCO is not involved are educating the consumers how perhaps the state can supplement if the attendant does not want to get vaccinated, other personal protective equipment. In some waivers, they may be allotted for gloves, extra gloves, extra hand sanitizer, extra masks, so navigating these complexities, not only with MCO, but also with their state waiver provider, and we have examples of other state staff at the state level. They've been instituted currently, these additions to waiver provisions.

- Excellent. Thank you, German. The next slide will talk about some recommended responses, so one was, yeah, brainstorming alternate sources of assistance and talking about any preexisting conditions of the consumer to kinda weigh the risk. Next slide, please. And here we go, providing sources of protective personal equipment and requiring the assistants to wear masks, hands, wash their hands, use sanitizer and gloves, and, of course, encouraging the consumer to take similar precautions, which, if, in this case, he was wanting the assistant to be vaccinated, he's likely taking all those precautions.

- [Melissa] This is Melissa. Can I just jump in with an actual scenario that happened?

- Yes.

- [Melissa] I have a very dear friend, and she got vaccinated fully, and she's someone with spinal muscular atrophy, SMS, muscular dystrophy, and her physical ability is she can sit with support, and she can speak with amplification, so obviously, she's somebody with significant disability. She couldn't get people who were vaccinated to give her personal assistance, and actually, at one point, someone, I don't know their vaccination status or not, but she had to be put to bed by someone who had COVID symptoms, and the person felt terrible and didn't want to do it and didn't want to expose her and wasn't denying that it was COVID, wasn't denying that it wasn't real or anything, and like I said, she may or may not have been vaccinated or wasn't aware of her status, but somehow, they did, and my friend can't wear an N95 mask. She masked as best she could. Everyone wore, the personal assistant wore an N95 mask and face shields and double gloved and gowned and did everything while being sick with COVID and went in, and my friend did not get it, so it would've been easy to say, "Okay, someone has to do this. "I'm just gonna get COVID," but given she was gonna be exposed to somebody with active symptoms of COVID, they did all the precautions, and thank heaven it came out okay, so you should always do absolutely everything you positively can 'cause in her case, she didn't get it.

- Thank you, Melissa.

- [LaDonna] This is LaDonna, and we did take advantage there towards the first part of COVID when we were able to get masks and gloves and gowns and shields, and we still provide those to our consumers upon request or if we need them, and then, most recently, regarding the testing, if they need tests, COVID tests, we provide those. We were able to get on Amazon and actually get COVID tests for free, so we have a supply of those for a while that we can also distribute if the consumer's concerned that their attendant might have COVID or something, but we do provide that stuff for them if they request it right now.

- Thank you. Thank you. Okay-

- This is, we do as well just to echo what LaDonna said. We still have a lot of PPE, and we remind our participants if they want to use it with their attendants, they're more than welcome to have some, so particularly thanks, LaDonna, for mentioning that.

- That's great. I'm glad you're able to do that and that you're doing it. Respecting everyone's time and needing to close up, gonna ask that we just flip through the last scenario, which was scenario five, quickly, and this one was someone tells you that they can't get vaccinated because they're afraid of needles based on being forcibly medicated in a psychiatric facility. And next slide, please. This one is to ask the person, "What's helped in the past?" Some response might be a support person on the site, meditation or breathing techniques if they're open to that, and any faith-based practices that they might have, and, of course, always, if you're able to, offering to go with them on site if they don't have another support person. Next slide.

- [Elissa] This is Elissa. Just really quickly I would add to that. It might help to let them know that the needle is so tiny because the dose is so small, that you don't-

- Oh, thank you.

- [Elissa] You know what I mean? I didn't even feel it any of the two, four times.

- That's right. Yeah. Yeah, I didn't either. Yeah.

- But because that needle, the gauge needle is so tiny that you just, you don't even feel it.

- Thanks for that.

- Not to just, not to diminish their past experience, but that might help.

- Okay. Thank you. Next slide. So we don't really have time to talk about other scenarios, but you had brought up some, so I really thank you for that, that kind of we took care of that. Next slide. A big thank you, especially from me, and I'm gonna turn it back to German, who wants to give you some updates, and, of course, thank you again.

- [German] This is German. Thank you, Regina, for your wonderful presentation, and thank you all for attending, and, of course, for your commitment to with disabilities and getting vaccinated, as you have done ongoingly for decades, as someone mentioned, you're supporting people with disabilities in your state. Really quickly, before I pass it to Shaylin and try to schedule the next training, early on, we had mentioned a survey which you had early on seen. We are in the final stages to be able to initiate, in the next few days, if not by Monday, in the three states at the same time, and that survey will be mirrored in English and Spanish that will be parallel to each other. We are in the closing stages of that. Stay tuned.

- [Shaylin] And this is Shaylin. We'll also be sending materials from today, this PowerPoint along once we are having that in accessible format for everyone. That'll come later this week. Also wanted to check, and if we cannot schedule today, that's okay. We can turn to e-mail and try to coordinate there, but wanted to just gauge, temperature-wise, if this time or at one p.m. Eastern time, I apologize, which is two-

- Mm-hmm, two Central.

- which is two p.m. Central and three p.m. Mountain time on Wednesday the 18th. If folks have availability during that time for our second training, just trying to get all this in within, before the summit, but if we cannot, that's okay, and if we need to also coordinate offline, we can certainly do that, but wanted to see if folks have availability for the next training May 18th, Wednesday, at one p.m. Eastern time.

- [Rob] Are you talking three Eastern, two Central, and one-

- Yeah, it goes backwards where it gets earlier, not later. Yeah.

- My apologies. I'm all over the place with the-

- [Rob] You got Central right.

- [Shaylin] So one p.m. Eastern, which is 12 p.m. Central.

- [Rob] Oh, that'll work. Yeah.

- [Shaylin] Sorry about that.

- [Rob] That works for me. I don't know about LaDonna or Pat, but noon next week on the 18th does work for me at this point. They fill up fast, though.

- Yes.

- Yeah. I actually have a statewide organization board meeting that morning at 10:30. I'm not for sure if I'll quite be done by noon or not, here Central time. This time worked good for me. The 2:00 Central time worked. Would that work for you, Rob?

- [Rob] Yeah, I'm wide open. I have a 5:30 meeting, the CIL executive board at 5:30, but I'm open all day on Wednesday, the 18th.

- [Shaylin] Wednesday at three Eastern, which is two Central, does work for us as well, so we could do that if that works best for everyone, and we'll certainly check in with Pat as well offline and confirm with them.

- [Rob] Okay. That would be great.

- [Shaylin] Great. All right. Well, we will set that tentatively, and we will send an e-mail once we have checked in with Pat and have that confirmation and sending that out to everyone. Any last questions or any comments folks may have.

- [Elissa] This is Elissa with APRIL. I just want to thank everybody for being available and being on the call. I appreciate it.

- [Shaylin] We really appreciate it, all of the hard work that you all do, and thank you for your time today. Please don't hesitate to reach out with any questions. I do wanna also add that we'll be sending out a little small survey just asking for any feedback, anyway, so we can get better at these trainings and any comments that you may like to share with us, so more to come, and we will be in touch, but thank you all so much for your time today.

- Thank you. Thank you very much.

- [Rob] Thank you.

- Take care. See you soon for another training.

- [Participant] Thanks, everyone.

- [Participant] Have a good rest of the afternoon.

- [Participant] Take care.