Transcript: RCA Boot Camp Webinar

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**Speaker 100:00:00,000**Thank you, guys, so much for joining today's webinar on the Rapid Community Assessment (RCA). My name's Alia Hiller, and I'm a contractor supporting CDC's Vaccine Confidence and Demand Team.We're really looking forward to our time together today, and we have a number of great presenters and a success story speaker lined up, and I'm going to go ahead and kick it over to my, my colleague Lis Wilhelm who will get us started.

**Speaker 2**

**00:00:23,070**

I'm always happy to be your Lis Alia at any time.

Hi, everybody I'm Elisabeth Wilhelm. I am the co-lead for the Vaccine Confidence and Demand Team on the COVID-19 Vaccine Task Force at CDC. Really, really glad that you could join us today on a Friday to talk to you about all things rapid community assessments and what it is, how you can do it yourself, what you can learn from this experience. And we're really looking forward to your comments and your questions. Before we get started, just note that you have a little Q&A, a little tab on the bottom here and there's a little Q&A icon. You can click on that. You're welcome to drop in your questions any time and we'll answer them. And so we're really looking forward to hearing your questions and your comments throughout today's presentation. I'm here with several wonderful colleagues from Team Tanaq, which is the contractor supporting our bootcamp, as well as Daiva Yee, who is our State and Jurisdictional Support Lead, who has been really pioneering a lot of this RCA work for many, many months on the response.**00:01:21,470**

So we're really thrilled to be here. We also have a very special guest later on that you'll hear directly from about from the health department perspective about how the RCA might be implemented and lessons learned. And so really, looking forward to having this conversation. Let's go to the next slide. So we're going to kind of walk through our welcome agenda objectives, and we'll give you a bit of an overview of the RCA, talk about the three weeks in which you'll be doing an RCA, which is week one, which is planning a buy in, followed by implementation and analysis and then action planning and reporting. And then a word from health departments, including from Jackie Lawler from Orange County Health Department in New York.**00:02:03,860**

So we're really thrilled to kind of walk you through this and then have lots of space for Q&A at the end of today. Next slide. So we are hoping that by the end of our time together today, you'll be able to describe the RCA process, identify objectives and communities of focus, plan for an RCA, identify methods and tools for qualitative and quantitative data collection, and understand how you'll turn those findings into recommended strategies for increasing COVID-19 vaccine confidence and uptake.

Next Slide. So I'll kind of give you an overview of all things RCA and yes, to Chris, the slides and recording will be available for attendees after the presentation. So to start off, let's talk about what it means to be vaccine confident. Vaccine confidence is trust in three things: Trust in the vaccine, trust in the vaccinator, and trust in the system that it comes from and recognizing that we really need to be building confidence in all three of these levels if we want to have high uptake of COVID-19 vaccines. Next slide.

So high uptake of COVID-19 vaccines requires adequate supply meeting sufficient demand mediated by access equity and vaccine confidence. And so, as you can see here, remember early on this year when we had not enough vaccines and a lot of people wanted to get vaccinated? You really need to have both supply and demand meeting sufficient access, which is that physical proximity. Equity, how are we prioritizing specific populations, especially those that face barriers to vaccination? And then how do we build vaccine confidence, which is that trust? You really need to have all three of these ingredients in order to have high uptake of COVID-19 vaccines. Next slide. So why would you do a rapid community assessment and how can it help? So, you can use an RCA to better understand, and address community needs around COVID-19 vaccines, identify drivers of low vaccination rates in communities, and identify potential strategies for addressing low vaccination rates. And who can use the RCA? Pretty much anybody, but we really wanted to focus in on state and local immunization program managers, health departments, community-based organizations, hospital systems, you name it. Anybody who's really trying to identify why there might be lower than expected vaccine uptake in a specific community can use this tool.Next slide. So as I mentioned before, there's a three-week implementation timeline. The original version of the RCA, the grandma version of this RCA, is called "Tailoring Immunization Programs" and it is a monster diagnostic tool from WHO Europe, and that takes two years to get from initial assessment to final implementation, when we know we're in a pandemic, we don't have two years' time, we don't even have six months' time. **00:04:45,350**

Sometimes we need to go a little bit faster. What I will say when it comes to depths of the coverage and the depth of the conclusions that you reach from the RCA, remember the word "rapid" is in the title. This is not going to be an incredibly cohesive, very thoughtful soup to nuts, full census of all reasons and barriers and enablers to vaccination in a community, that would be impossible to do in three weeks. But it should be enough information for the health department to take action on. Next slide. So there are five steps in the RCA process. You first want to identify objectives and communities of focus, plan for the assessment, collect and analyze data, report findings, and identify solutions and evaluate your efforts. Generally speaking, each step of this process is going to take a little bit of time. But depending on how big your team is, how much time you have, how many resources you have available to you, if some of this legwork has already been done, this can speed up the process significantly.

Next slide.

So let's talk about Week One: Planning and Buy-in. Your first step is that you really want to identify objectives, what is it that you are trying to accomplish? So identify populations at risk for COVID-19 vaccine uptake might be one type of objective. Another might be to identify community leaders, trusted messengers, and important message channels. You can assess barriers to COVID-19 vaccine uptake and identify, implement, and evaluate those strategies to see what works and what does not work. The bottom line here is that we want to have health departments question the assumptions they're making about the populations they're serving, and an RCA can be a very valuable tool for doing that, and you can rewrite that as an objective. Why are people not getting vaccinated in this community? So I'll give you an example. One of the early RCAs I was part of, there was an assumption by the health department that it was misinformation and hesitancy, which is why people are not getting vaccinated. **00:06:44,720**

When it turned out that there were massive access issues that really limited the ability for folks who really wanted to get vaccinated to get vaccinated. So you really want to be thoughtful about setting your objectives because everything else will flow from there. Next slide. So you also want to identify your communities of focus, and there's many different kinds of communities; you might want to consider those that are at higher risk for COVID-19 infection. And just remember that some communities are not necessarily geographically clustered. There are communities online that aren't bound by geography. There's religious communities, there's racial and ethnic communities, there's communities of practice. So in terms of people who work at a certain workplace, for example, there's many different ways to slice and dice what we mean by community. But there are a few different things you can look at looking at data on COVID-19 vaccine uptake and intentions, as well as COVID-19 cases and impacts, as well as the Social Vulnerability Index. We like to try and focus on communities that have high social vulnerability because those are often the communities that are facing the biggest barriers to vaccine uptake. And if we figure out what's working well or what's not working well there, that will help other communities with similar types of barriers to be able to address them. You know, there is value in doing RCAs in places where things are working really well, but there's also value in trying out RCAs in places where things aren't working so well and identifying both of those features because both of those will help with future planning. Next slide. So obviously, before you collect any types of data, you really need to think about human subject considerations and that might be thinking about leveraging an IRB. So you will need to probably go through some sort of process in your home office to figure out how to collect data on humans. And they will help you ensure that there are no unintended consequences in data collection, and that risks to participants are minimized, and to ensure that the data are kept confidential. Again, contact the appropriate office of your agency or organization to figure out what type of human subject considerations or IRB review is needed. **00:08:58,320** Different jurisdictions and states have different requirements and also depending on population. So I'll give you an example. If you're collecting information on a prison population, it will be a very different type of set of review that you will have to go under and the kind of scrutiny that you might have to go under compared to doing something online with adults. So there's depending on the population you're focusing on, you'll have different types of particular needs to address when you're in the stage of the process. Next slide. So as you can see, we've done a lot of RCAs. So the first edition of the RCA Guide came out in February, and we have done many, many RCAs and supported health departments to conduct many RCAs. And there's a huge, huge cross-section of different kinds of communities, everything from Amish and plain church communities in northern Indiana to immigrant and refugee populations and essential workers in Albuquerque.

They were talking to folks who are experiencing homelessness and sex workers. So there's a lot of different humans who are vulnerable for different reasons, and we want to do more to better understand their needs so we can better address them. But also just to say that there's a lot here related to identifying populations of focus that are not just important for you, but important for the health department, where you're really saying we don't have enough information here to really know what's going on in this community.

A rapid community assessment can help us better understand what's happening in this community so we can create more tailored interventions. And so we have done a lot of these RCAs in the last six, seven, eight months.

But just to say that every community is different, every RCA is different. And I like to say that the RCA guide is like plain vanilla. You can make it Rocky Road or chunky monkey or mint chip, depending on what your community of focus is, how many people you have on the team, what kind of skill sets you need, the type of data you're collecting, and how you are going about it and how much time you have. It really is going to have to be tailored for every single community that you do this in and you should not take the RCA guide off the shelf and just use it for your community of focus; You really want to think deeply about, you know, what are other aspects that are particular to this community that we might need to consider when we're thinking about, for example, survey questions or interview questions or how we collect data? **00:11:20,380**

Next slide. Step Two: Identify key stakeholders. So, these are folks who are invested in the focus community and implementation and/or outcomes of the immunization program, and so that could be everything from minority health or immunization coalitions, different parts of the public sector, elected government officials or leaders. Professional associations are also really great for this. And of course, faith based, and religious leaders are also crucial stakeholders in this process, as well as leaders from local health systems, hospitals, and clinics, and organizations that serve people with lower incomes and employers and unions.

So pretty much everybody who has a stake in wanting to get people protected from COVID-19 is going to probably give you some sort of information or insight that will be useful to you in the RCA. Next slide. Three, you want to choose your assessment methods. And as you can see, there's a lot of different ways you might be collecting data. There's social listening, key informant interviews, listening sessions, surveys, observations. There's many different ways to collect data but depending on the skill sets in the time and the bandwidth that you have, you might choose a more basic assessment versus a more comprehensive assessment.

And again, everything is limited by budget, time, staff, what's very readily available to you, how long you've got, and what are your existing partnerships or links to the communities? Hint: If you don't understand the community very well and don't have very strong linkages to the community, it's going to be a lot harder to collect data or it's going to take a lot longer than you expect. Next slide. So here are some methods that we've used in other RCAs in New Mexico, Alabama, Georgia, Indiana, Puerto Rico, and Orange County. They used key informant interviews, listening sessions, observations, and intercept interviews to really get at the heart of what's happening in this community. In San Mateo County in California, we conducted key informant interviews, listening sessions, and observations, an adolescent parent survey, and online observations. And the reason for that is that a typical RCA was designed for adults in mind. And when you walk down the street, you can talk to people on the street, you can observe people you know and you know, at the mall or, you know, at a public vaccination site. I mean, there's all different ways you can observe adults. It's a lot harder to observe teens because they've been spending so much of their time online for the over the last year. So, we had to create a very special data collection methodology that's focused on online observations and working with teens as co-investigators to access those online spaces that their parents and we would not have access to or any insight into. **00:13:57,700**

So again, you want to customize based on your population and where you'd like to conduct this RCA.

Next slide.So Step Two: Form your assessment team, so this is your super squad, you really want to have an assessment team that includes individuals that are really committed to understanding and addressing community needs. And it's really helpful to have a varied background and skillset on the team. You can consider working with local community-based organizations, with coalition members, colleges, and universities. So, for example, we funded 26 prevention research centers across the United States that are academic institutions that are essentially trying out different behavioral interventions to increase vaccine uptake. And a lot of them are actually trying out RCAs as a way to collect initial data to understand a community before designing an intervention. So you also work with health facility staff and youth groups. So really think about who is uniquely placed with, not just the skills, but the connections and the insight into a specific community, and work with those folks. It generally all goes much better if you have team members that match the community that you're trying to reach. Next slide.

So here are some example teams from other RCAs. In New Mexico, it was highly convenient that the Deputy Health Commissioner for New Mexico happened to also run a Ph.D. student dissertation class with 15 bright-eyed, bushy-tailed people who are really focused on vaccine equity, who was everybody from social workers to doctors to lawyers who were in this class.**00:15:36,890**

And she essentially just dispatched them to do an RCA. And so that is like the ultimate Swiss Army knife of many different skill sets and backgrounds, collecting data from many different groups of people.

In Alabama, we worked with the health department and with the PHAP program.

In Indiana, we worked with our field epis from the Indiana Department of Health. In Orange County, which you'll hear about a little bit more, we also worked with the local health department and the New York Department of Health.

In San Mateo, we actually partnered with the Mid-Peninsula Boys and Girls Club, including several teenage co-investigators, which was really, really fun. And in Honolulu, working with an FQHC, the Waianae Coast Comprehensive Health Center. So again, no one size will fit all. You will really need to think about your team and how it's going to fit the community that you're trying to reach. Next slide. So Step Two: You want to be planning some initial meetings and listening sessions to get started. It can be helpful if there's a listening session with an existing group. You want to explain the assessment objectives and how the information they provide will be used. And early on, you really want to be proposing those potential dates and meeting mode. So this is usually helpful as a starting point. So I'll give you an example. In Alabama when we did this, we always would start with a meeting with the town mayors and the council members, and there might be the judge or the school superintendent. And it was a regular standing meeting and they basically invited us to that standing meeting because they were part of this COVID-19 task force locally. And so we would go there and basically say, "Hey, we're here from CDC and we're interested in doing this rapid community assessment here. These are our objectives, this is how we plan on doing it." And kind of walking folks through what they can expect. And then at the very end of that meeting, we asked, "Who should we talk to understand what's happening in this community?" And then everyone will whip out their phones and say, "You really need to talk to nurse so-and-so who is at the at the elementary school, she has some really great insights." Or "You should talk to this local business owner, or you need to talk to this pastor."

And that's how we really start snowballing out to kind of get those perspectives and start setting up the meetings to follow that initial meeting. Don't be scared that you're not fully booked up and have everything planned for that week of data collection that Daiva is going to talk about later on because it's going to snowball quite quickly. But you really do need to have that initial meeting where you're getting kind of the folks who are in positions of power in that community read into why you're there, what you're planning on doing, and then asking them for help. That is a really crucial starting point for having everything else go much smoother later on. Next slide. So here are some initial meetings that we've done. In Indiana, it was with the Department of Health and local health departments, as well as the Hispanic Health Coalition. In Orange County, they initially met with the Healthy Black/Latinx Coalition in Newburgh, as well as the Hudson Valley Health Coalition.

And in San Mateo, we really worked with a cross-section of local government, including the Office of Community Affairs, the Health Department, the Department of Ed and, of course, the Mid-Peninsula Boys and Girls Club. Next slide. **00:18:49,020**

Now I'm handing it over to Daiva, who's going to walk you through, I think, the most fun part of the entire RCA process: Week Two.

**Speaker 3**All right. Thanks, Lis. Yeah, this is where things get fun, where the rubber meets the road. We're going to talk about Week Two: Implementation and analysis.Next slide please. So there are a number of tools that we have available on our website in both English and Spanish for collecting and analyzing data. We have our vaccine rollout learning templates, our key informant interview and listening session guide, we have an observation form, a survey question bank, and social listening or social and traditional media monitoring tools. All of this is going to be updated very soon, and we're going to have a new version of all of them available very, very soon on the website, but you can now find all of them right there. We also are going to be having an intercept interview guide coming out soon as well. I'm going to go over each of these and a little bit more depth. Next slide, please. So starting with the Vaccine Rollout Learning Template, this is a table that was developed to really summarize what has worked during previous phases of the vaccine rollout and what and how to prepare for the next phases. So thinking a little bit about what worked well, what needs to be done differently for next phases and so on and so forth. So just kind of a table to kind of strategize and think through the process. Next slide, please. And the Key Informant Interview and Listening Session Guide is a really helpful guide that we have available as well. It's really to be used when planning and implementing key informant interviews and listening sessions, either with an individual like a key leader or with small groups in the community. And it has a really helpful script that can be used and tailored, obviously for your needs, as well as some helpful questions that will help guide you through the conversation. Eventually, we really want to get people's information on their perspectives on COVID vaccines and any barriers or enablers related to vaccine confidence and uptake in the community. So this guide will help you to do that.

Next slide, please.

And these are just some tips for conducting key informant interviews, or KIIs, and listening sessions. So just first, be mindful that it can be helpful to have more than one person when interviewing an informant. We like to play on team member's strengths. So, for example, maybe having someone who's more extroverted on the team, being the person who's asking questions and doing most of the talking, and maybe having others who were on the team be note-takers if they're not as comfortable being at the forefront of the conversation. Occasionally, it may be a little bit awkward when you're having a more informal conversation to be taking notes but having a designated note-taker sitting and taking notes the whole time can be really helpful. And if you are the designated note-taker, just noting that notes should be as detailed as possible. It's helpful to write down dates, times, and the amounts of interviews and then capturing key phrases. So if you're able to write down verbatim notes, verbatim quotes, it's really helpful to have those to refer to back when you're reporting out. **00:21:57,580** Next slide, please.And this is our Observation Form, so this can be used to record observations for meetings where the target audiences congregate or for listening sessions that might be facilitated by others. And you're just being invited to listen in. These questions can be tailored as needed, as with any of these tools, and we've used this a lot in some of our observations which we are going to go over on the next slide. So these are just some example observations that we've done in other RCAs. So, in Alabama, they went to a community food truck spot and observed folks there.

In Indiana, we visited an Amish grocery store and bakery and talked to some of the shop owners. We also visited many pharmacies that were offering vaccinations and talked to some of the pharmacists. We also visited bars and restaurants and just kind of talked to people there or just observed how people were interacting with each other. In Orange County, New York, we visited a farmer's market. We went to a community barbecue, vaccination sites, and a gun buyback event. So really, just thinking about, you know, where is your community going to be congregating or hanging out, and maybe visiting those areas.

In San Mateo County, California, they went to food distribution centers and libraries. **00:23:15,450**

Next slide, please. And these are just some tips for conducting observations. So, it can be helpful to do a windshield or walking tour. A windshield tour was really just in the car driving around the area, just kind of getting a lay of the land. Before doing this, it could be really helpful to study Google Maps and any local review websites like NextDoor, Yelp, or Eventbrite for any businesses and community activities.One of the things that we also do is check Facebook and see if there are any, you know, Facebook events that are going on or any events that are being publicized on Facebook that we can go to just to get an idea of where people are going to be.And then just a note about photos and videos. So taking photos and videos of the settings you're in can be really helpful just to have those documented and to share later, but always make sure that you have permission if you're going to be identifying individuals in those photos, and then also just noting that it can be really helpful to upload all photos to a central file repository and have a really good descriptive title for the photos to be able to reference them later. Next slide, please.

So one of the things that we do a lot during an RCA is intercept interviews, and these are really just unplanned conversations that we can strike up anywhere where people are gathering. So, it can be at a vaccination clinic, we do a lot of intercept interviews with folks who are getting vaccinated or just sitting there after getting vaccinated during that 15 minute window to talk a little bit about, you know what made you decide to come get vaccinated today? That can be really helpful, especially this late in the game when we're seeing these late adopters coming in to get vaccinated, just kind of asking, you know, "What made you change your mind?" It can also be done on the street or outside of people's homes. We've also done a lot of them in stores with shop owners where people shopping. So this is a really, really great tool.

We don't actually have a guide for it yet, but it is coming soon. We're going to have a little guide with a little script and some sample questions that can be asked when you're doing these intercept interviews. **00:25:13,280**

Next slide, please. And these are just some tips for conducting intercept interviews. So look for people who may offer a unique perspective on community life, and these might be people who might not be your normal suspects. So maybe a pawn shop owner or a gas station attendant, a local artist or a community garden manager, or someone who would have a good idea of what's going on in their community. Remembering that first impressions matter. So consider who might be best placed to strike up a chat in your group. And it may be appropriate for this person to be someone who's familiar with the community or with whom the community is familiar with, someone who's trusted like a community health worker, and then making sure that your entry conversation just making sure that it doesn't need to be vaccine related. So oftentimes, if you're in a store, in a store, maybe just starting by talking about how COVID has impacted them, how their shop has been impacted by the pandemic, and then kind of leading into vaccination from there. So just a note about how to strike up those conversations. And then also note here that a lot of these interactions will often be standing, will often be very brief and very informal. And so it can be a little awkward to have a notebook with you and write down notes as you're speaking. So maybe just carrying a small notebook to take notes immediately after the conversation, just in your car or on the side just writing down a few notes from the conversation. And then also noting here that especially with these intercept interviews, it can be a little awkward to have a lot of people around, it can be a little intimidating for people to be interviewed by several people. So just noting if it makes more sense to just have one or two people doing these interviews and then the rest of the people stepping back or maybe even splitting up the team. Yep, that's it. Next slide, please. So surveys, we get a lot of questions about surveys. You will notice that a lot of our methods here in our RCA are mostly qualitative in nature, but we do have a survey question bank that can be used if a survey is of interest. This is really just a compilation of a bunch of questions that might be useful for different audiences, and you can really pick or choose which ones are most relevant and which ones might be needed for your specific community of focus. **00:27:32,700** Next slide, please.And just a couple of considerations, if you're planning on doing a survey, thinking about whether you have access to a well-defined community that can be reached via a survey, whether there is an existing trusted network that can be leveraged for survey administration. For example, when we were out inSan Mateo County working with the Mid-Peninsula Boys and Girls Club, they had a listserv of parents for kids who were in the Boys and Girls Club. So we use that listserv to get the survey out. Also thinking about whether the community is best reached in-person with a paper survey or via a digital platform, and then always thinking about what languages the survey needs to be translated into to be able to reach that community of focus. Also thinking about human capacity for data analysis, and especially if you're planning on doing those surveys via paper, data analysis can be a very large job. So thinking about any human capacity that you might have to be able to do that.Next slide, please. And then some tips for developing and conducting surveys, so we know here that it's really nice to have input from communities of focus on your survey questions and response options. So if it's possible, maybe testing your questions on a couple of individuals or getting their feedback on some response options to include if you're doing multiple choice, also remembering that surveys are best done when they're short and sweet. We do recommend 10 minutes here, but I have also even heard anecdotally that is too many too long for some people. So really thinking about your specific community and what makes most sense in terms of time for them to take your survey. And then understanding here that, you know, with all of the RCA tools, but with surveys as well, that they're really meant to be pulse checks. **00:29:21,260**

These are not meant to be comprehensive or representative of the entire community. Convenience samples for these are fine, like using an existing listserv or a specific group of people. Again, just really noting that this is not meant to get all of the thoughts on COVID-19 vaccines across the entire population, but really just getting a sense of people are thinking and feeling.And then finally here making sure that survey participants understand that their responses are optional and anonymous. So maybe adding a little statement at the start of the survey to note that not all of the survey questions are, that they don't need to answer questions that they don't want to, and other answers will be anonymous. Next slide, please.And we also have a tool for social listening and monitoring. This can be used to collect data from social and traditional media platforms to track online discussions, trends, and sentiments about a topic. And I'll go into a little bit of tips for this in the next slide. And so when doing social media or media monitoring, always remember that you're really just getting the tip of the iceberg here, so you're not going to get again all of people's issues, concerns, or questions about COVID-19 vaccines, but really just remembering that this is just a small sample of what people are thinking and feeling. Focus media monitoring on local news sources versus national. So really trying to localize your results as much as you can by looking at some local news or surfing open social media groups that are local. Some additional sources that could be useful are local vaccine hotline call logs, online comments, emailed questions to health departments, or questions on livestream town hall sessions. Just some examples there of what has been done. And then also maybe focusing on identifying concerns that are appearing often or gaining in volume over time versus really trying to get an exhaustive catalog of all of the questions and rumors that are online.**00:31:22,670**

And really just looking at those common themes. Next slide, please. And then finally, we have our vaccination insights synthesis tool. So, this is a really helpful tool. Once you're done with all of your data collection, you compile all of your data that you've seen across all of your different methods, folding them into the synthesis tool and being able to see what people are saying across all of your different methods and across all of the different folks you've talked to.Next slide, please. So just a couple of tips for when you're synthesizing and analyzing data, we do recommend having a daily debrief. So across or throughout the week or whatever, however long you're doing your data collection, really checking in regularly with your team to cross-check any notes and add any additional information or recollections, remembering that some people might remember some things better than others. And this is also a good time to decide if you're reaching saturation with a specific group. If you're hearing the same things over and over again and maybe deciding if some new directions need to be taken, maybe there's a different group you haven't spoken with yet or a different perspective that hasn't been included yet. So just checking in regularly to decide on where to go with your assessment. Note key facilitators, barriers, and recommendations that are heard by informants regarding COVID-19 vaccine confidence and uptake. So throughout the week and when you're using this tool, just kind of noting what is being said across all of these different informants. What are the key themes that are being heard?

We also note here that using general descriptors rather than names can be useful or helpful. We try not to use people's names. We try to keep things anonymous. So maybe using "pediatrician private practice" or "elementary school parents" rather than writing names down. And then finally, once the findings have been compiled, maybe asking yourself some questions like, "What themes can you identify across all of your findings?" Maybe, "Which findings reinforce each other versus contradict each other? Are there any outliers or positive deviants that may illustrate that something is working?" So just some questions to ask yourself as you're compiling your findings.

Next slide, please. And now I'm going to turn it over to Kelly Clay, who will walk you through Week Three.

**Speaker 4**

**00:33:37,820**

Thanks, Daiva. So I'm going to go over week three. And by week three, you should be then entering steps four and five of the Rapid Community Assessment, and that's going to include identifying your solutions, reporting your findings, and evaluating your efforts. Next slide. Strategic thinking of the following questions can help you identify solutions. What are the main barriers affecting your community of focus's willingness and ability to get vaccinated? What, if anything, is already being done to address those barriers? What, if anything, can be done to improve those efforts? And which issues can be easily addressed more than others? We also know that effective solutions will include increasing trust in vaccines, establishing and solidifying getting vaccination as a social norm, motivating, and encouraging people to get vaccinated and will improve physical access to vaccination. Next slide. You'll want to report your findings to the stakeholders, as well as discuss any solutions and prioritize them. This is an important step in the community assessment as we want to engage and build trust and relationship with our stakeholders. You want to be sure to include that this report includes a user-friendly format, such as a PowerPoint presentation or a long narrative, and includes visualization of key data points. And also, it has considerations for literacy levels. Report sections should include your objectives, the data collection methods used, your findings, including the barriers and enablers to access to vaccination, and recommended strategies, as well as how your stakeholders identified can help support these efforts. **00:35:26,400**

Next slide.So here we have what we call the ladder for vaccine demand generation. We know that there are six critical areas that we must focus on in order to increase COVID-19 vaccine demand. We've displayed them here in rungs of a ladder, recognizing that the higher you go up on the ladder, the more difficult it will be to implement. Going from the bottom up, we do know that we want to make vaccines accessible. This includes making them easy to get. So this could be providing rideshare programs or providing on site mobile clinics. We also know that we want to make vaccines beneficial. This means communicating the benefits of vaccines. This could be sharing strategies, excuse me, sharing data that shows how COVID-19 cases have decreased as vaccination rates have increased. We also want to make sure vaccination is convenient, and so this includes reducing out-of-pocket costs. So this could be providing workplace events for people or paid time off. We also want to make sure vaccines are desirable, and this can include providing free tickets for those that are vaccinated and also employer incentives for those that are vaccinated. We also want to present vaccinations as normative, that means presenting them as a social norm. So strategies to support this can include peer-to-peer Facebook campaigns or providing those Facebook selfies. And lastly, we want to make vaccines necessary, necessary in order for us to return to the things that we love. And so this can include making vaccine mandates and providing them as requirements for sports participation. Next slide. So here we have some examples of strategies that have been proposed after other RCAs have been implemented. And this includes new partnerships with nontraditional partners and community leaders, improving cultural competency of outreach, educational materials, and messaging, supporting conversations about vaccines with trusted community leaders, offering mobile vaccination sites at the same time and every place, working with employers to provide vaccine education and paid time off for employees, engaging health care professionals to post credible information about vaccines on their popular social media accounts, and including teen voices and outreach messages for teen vaccination. **00:37:49,670**

Next slide. So here we've listed some resources to help you develop those strategies. The first one includes an accompanying document for the Rapid Community Assessment, which provides a list of solutions and interventions that can help address specific items that were identified in the RCA. We also have a number of tools that are available on the CDC website. This includes how to address COVID-19 misinformation, how to tailor COVID-19 misinformation, excuse me, how to tailor COVID-19 information for specific audiences, how to talk to family and friends, and how to talk to your patients. Also not included on the slide are two additional resources that we have now developed, and those are tips for health departments and other organizations to help increase vaccine demand. And also tips on how to increase trust in the health department.And then coming soon, we have the COVID-19 vaccination field guide. This was designed for health departments and other organizations to increase vaccine uptake in their community by providing practical examples of strategies that we have seen success. And parts of this document include common barriers that communities experience. It also provides tips to help assess and find potential solutions. And then lastly, we've included 12 interventions thathave demonstrated positive outcomes in the community. This guide is currently in clearance and should be available online in the next week or so. **00:39:13,000**

Next slide. After conducting your RCA, you'll want to revisit your objectives to determine if you have enough information about the community of focus. Some questions to help you evaluate your efforts include: Have you achieved your primary objective? Do you have enough data to understand the access and demand barriers? And do you feel you can address your community needs? Next up, we're going to hear from one of our partners in the community that has completed a rapid community assessment, and so I will now kick it over to Jackie Lawler, Director of Epidemiology and Public Health Planning at the Orange County Health Department. Jackie?**Speaker 5**

**00:39:54,120**

Thank you, Kelly. I just want to say thank you first to CDC for inviting us on the call today. We were very, very blessed with being able to get a rapid deployment to our county at the middle of July or so. So I think just a couple of take homes from the RCA and things that we learned and kind of next steps that we were going. I think one of the best things that it forced us to do was actually sit down and collect more data. I think what happens is we tend to make assumptions based on either our own interactions with individuals or what we might be seeing on our own personal Facebook page or the professionals that we run into or the cases that we might be calling. So it's really important, and of course, being an epidemiologist, wanting to collect that data is super important for us. However, we have hundreds of cases, unfortunately, of COVID a day. And so sometimes when you get wrapped up in the daily madness of trying to do all of your COVID responsibilities, in addition to all the other responsibilities, it doesn't always happen. So I think actively having a deployment to our, to our county really made us stop, plan, put together a multi-disciplinary team and get together. So I think what worked really well for us is that we did have a very large team and we were able to break it up into areas.

So like was mentioned earlier, we had four areas that we really focused on two cities that were either high minority areas. We had one town, which is very populous, which has an Orthodox Jewish community, and then we had basically our rural side of the county, which has very, very low vaccination rates, and that's how they were all chosen as well. We were really looking to look at our county data first before the arrival of CDC and seeing which areas we needed to focus on.

Because even though you're taking three weeks potentially for delving in and trying to make all this stuff work, it's still not enough time and you're not going to be able to reach every single area. So I would recommend trying to focus on one or two particular communities. We got a little ambitious with four. We probably did a little bit closer to three and we're going to be expanding upon the fourth as well. **42:12,850**

So from there, I think some of the really good take homes with us is again having different people at the table, both from the health department and anybody else you're going to bring in. So our RCA team consisted of epidemiologists, nurses, community health outreach workers so our boots on the ground, public health educators, we had a couple of interns, medical students, and people who were really knowledgeable about the communities that we were going to be going into. And I think that helped us a lot in being able to connect with people and using our existing connections to set up those initial meetings.We are super planners here in Orange County, but it was reiterated to us to just be a leaf in the wind and let things snowball, so we really allowed us to make a couple of key, whether that was interviews or focus groups or listening sessions, and then allowing the other days, to just kind of fill in as we talked to more and more people. And as we found out about different community events and just deciding we were going to hop on to do something else another day. I think that was really important for us. I do agree that the debriefs are super important as well. You get a lot of information and also being able to have one, maybe three people, talk to the community at the same time would be super important.

You don't want to, particularly in one of our areas where there is gang related activity, there are trust issues with the community and just the government in general. You didn't want to have a lot of people coming down the street and one group trying to approach people. It just wasn't something you were going to get very productive conversation from. So we were able to break up our team as well as New York State Department of Health had one of their staff also follow along with us.**00:44:11,720** So we broke up our team into areas and then we were able to debrief at the end of each day and at the end of the week, the end of the in-person week, we debriefed at the end and provided a presentation to all of the individuals that we talked with, as well as our leadership at the county level and our administrative level health commissioner level. Those things were really helpful and then being able to share those slides moving forward to other meetings that we had, so one of our main goals at the end of it was to form a very large vaccine confidence coalition. We actually held our first meeting just about two weeks ago now, and we had over 120 participants on the phone. We were able to share some of the slides from CDC.We decided to break up into subcommittees and each of the areas. And although we saw themes of different reasons why those with hesitancy with the vaccine, you know, stretched across areas, there are also issues in each area that we were dealing with that were very unique. And so we realized that we weren't going to be able to address all of the issues as a big 120-member coalition. So we have we are convening again in another two weeks. We have people who are signing up for each of the areas. And for next meetings, we're going to be streamlining messages, deciding which messages we want to pick based on some of the work we had already done in the first meeting in terms of identifying themes. And the RCA did a really great job narrowing down things like people being scared of fertility issues or pregnancy that we saw across the board, no matter where we went. Having to deal with transportation and then finding partners that are already doing some of the work, including providing free transportation and free Lyft rides that we can connect with and be able to connect our peers with. **00:46:09,009** I think one of the most beneficial things that we had from our first coalition was other community members and other organizations being able to talk to one another. And that was really helpful for them to know of the other resources that were going on in the community. So again, we're going to be meeting basically monthly. We're going to be evaluating by taking a look at our rates, which we are very lucky to be able to break down by zip code and have that information pretty readily available. And just seeing again trying to do many conversations and surveys afterwards about, you know, did we change anybody's minds? Did FDA full approval actually make any difference in some of those that were hesitant about some taking a vaccine that wasn't considered full FDA approval? So we still have a lot of work to do. But I would highly recommend the RCA process. The interview intercept tool and the key informant tool were super useful for us and really trying to get us focused and maybe some of the individuals that were on our team that knew the community really well but had never done that type of work before really had pressed to me that it was very helpful for them. And we also had rockstars in our community. So a big shout out to Liz Ryan and Dr. Santibanez for being so helpful the entire week that they were there. Thank you so much, Kelly.

**Speaker 3**

**00:47:34,440**

Thank you, Jackie, for sharing all of that. Orange County was really such an excellent example of using local community health workers and health care providers to really conduct the assessment where they live. So I really love that example. Really appreciate you sharing.

We'll turn it over to Q&A at this point. So we have a lot of really great questions already in the chat. If you have others, feel free to add them either for as we presented the materials or to Jackie, who just shared her experience with the RCA in Orange County. First just to say, I anticipate getting this question as we already got it a couple of times, slides will be available. We're going to be sharing a, we're going to be sending out an email after this presentation with some slides and some other resources that we put in the chat. So it will all be coming to you soon. So I'm just going through some of these questions, I might pull Lis Wilhelm, as well as Kelly and some others, to answer some of them with me. So we'll go to, we received a question about whether, or how to speak to effective, or can we speak to effective approaches, to working with much older or tech- and mobility-limited adults?

I think this question was asked before we started sharing some of the data collection methods, and I'm hoping that maybe some of those methods might have answered this question, but you will have noticed that a lot of the methods that we use are qualitative. And we kind of we talked to people where they are. And so I think when we work with younger kids, we obviously use a lot of digital methods. But I think with an older population that it might be more useful to talk to them and meet them where they are in person, rather than trying to work with them digitally.Lis, do you have anything to add to that?**Speaker 2**

**00:49:24,690**

Yeah, I think you covered it.

**Speaker 300:49:28,960** All right, let's move on to, "I'm wondering what would be an appropriate number of sample to interview."We get this question a lot. I reminded, I kind of said in my section of the chat that we're really, this is not meant to be exhaustive or comprehensive or representative. It's really a pulse check and it's, we can use a convenience sample. That being said, I think we like to say as many people as we need to reach saturation. So if you are just talking to a couple of people and they're already starting to say the same things over and over and over again, that's when you might start to pivot and go to another, another group or another individual. But I don't think that there's like a magic number. But I think it's kind of when you feel like you've gotten a sufficient amount of information. Anything else there?

**Speaker 200:50:19,150**

Just to say the word "rapid" is in the title, you will inevitably have a biased sample and it will not be a representative sample, it is a convenience sample. Most of the sampling you're doing is based on like a snowball approach or convenience and just chatting people up when you come across them in the street. It is not going to be representative. However, if you are open to people pointing you in the directions or towards people or organizations or communities that you didn't necessarily plan for, and following those threads, you might find insights that you might not otherwise find trying to do something and a little bit more randomized, robust manner. And that's okay. But it's you just have to sit with the feeling and the recognition that when you do an RCA, it is not going to be representative of the entire population that you're trying to understand. You're getting enough to get a temp check and a hint that there might be more that you need to uncover or give you some more clues about what are some potential promising ways of reaching this community. Or you might need to do some additional digging in the future because you might need to do an RCA again in the future with a different focus. So that's, that's the tricky part. There is no magic number.

I'm seeing on the bottom here, there's some questions, I think, for Jackie, if she has, if she has a few minutes, you got a few minutes, Jackie?

**Speaker 500:51:37,820**

Yep, I'm here.

**Speaker 200:51:40,120**

Okay, so from Melissa, she's asking, "What were some of the subgroups of the vaccine coalition in Orange County?"

**Speaker 5**

**00:51:45,710** So we basically, we broke it out by area. So it was four areas that we had decided. Two of them were cities, one was a town and the other one was what we called "Team West," it was our rural part of the county. So each of them were or all going to be dealing with things like messaging, outreach development, media planner engagement, and evaluation.

So all, we decided to break it out into areas and then kind of everybody having an expertise on that particular area. So they have some able to cover all of it. But the entire coalition is meeting to discuss which themes, cross-cutting themes, and which messages and which pre-print materials that other organizations have already developed to choose from. Hope that helps.

**Speaker 200:52:41,170**

Great, and there's another question that I think maybe we might have, all three of us might have different, slightly different experiences or answers to. So someone is saying, "Can you address how you negotiate or navigate carrying out RCAs where there's structural racism or great disinvestment influences the lack of confidence in our vaccine messaging? Have you encountered this in your work?" So I don't know, Jackie, if you had, I think I don't think this was specifically to you, but I figure you probably had some insights here that might be worth highlighting.

**Speaker 500:53:10,580**

Yeah, so it's, it's a challenge, I'm not going to sugarcoat it at all, it's a huge challenge. And so I think the benefit of what we had was that we have community health workers who are engaged with the community who look like our community, who are known by our community, and that really took the lead on a lot of these conversations. So we were able to kind of have candid conversations with people without them feeling intimidated or that they couldn't tell us how they really felt or couldn't tell us the truth. So I think that was really a product of our, our deep rooted, you know, seeds in the community.

So I think that's what helped us in order to kind of break down some of those barriers, but not always, you know, we're plain clothed. We're, you know, we're in suits with our badges coming down. It was, you know, if we're at the farmer's market, it's talking to somebody, you know, first casually a little bit, not always like, "Hey, what do you think about the COVID-19 vaccine?" It's generally not the first thing that you rolled off your tongue. Sometimes it was a conversation. And if we knew the person ahead of time, particularly if they're a community member, you know, our community health worker might say, "Hey, how is your daughter?How is this job going? How is this whatever going? Oh, we're here, you know, we're here to have this conversation. What do you think about this?" **00:54:39,030**

And so it kind of helped break the ice. So if you have anyone in your health department that has that connection with the community, or if you have connections at least with community organizations like our health care facilities, which is a federally qualified health center, is really rooted in the community and a trusted partner of the community. We're able to kind of break down some of those barriers, you know, get some people that you're willing to talk to them because they trust them. So it's really about forming relationships with the trusted community leaders or providers if you're not one already.

**Speaker 200:55:12,730**

And just to add to what Jackie is saying, so I was part of the RCA to the Black Belt in Alabama, and we visited Macon and Sumter Counties, Macon County is home to Tuskegee. And so of course, there's a lot of trauma, a lot of mistrust and distrust, and particularly as it relates to CDC and I, and I think there's a clear recognition.

We had a, we had a very, we try to be thoughtful about who was on the team and recognizing that I, for example, am not always the best human being to be starting a conversation. And then we really wanted to make people feel comfortable and feel like they could speak with us.But I also think that you really needed to sometimes triangulate between different groups of people and how they perceived other groups of people. So, for example, the health system might see themselves as trusted and that people will speak to them frankly, and that will give them feedback. But when you speak to a specific community that's supposedly trusted said health system, you might hear something different. And so just recognizing not to carry assumptions about what you might hear coming out of somebody's mouth just based on background, what you already know, I think is really important.

And also recognizing that people also appreciate even engaging in the RCA process. I think one of the most powerful things I heard was, "We appreciate and respect the fact that you came here to talk to us. You came all the way from Atlanta to come here to talk to us and hear us out." And I think there's something to be said for coming and meeting where people, where they're at, as opposed to expecting them to show up to a meeting in some government building somewhere. And I think that certainly helps.**00:56:51,160**

But just to say that you have to be very thoughtful about who is on the team and how you're approaching folks. And the first thing you should be doing is making sure that you're putting people at ease, like your job is not to make other people's lives harder, and you're probably not going to geta whole lot of insight making people's lives harder. And so just being really transparent and thoughtful and empathetic. And like even thinking about your body language, like I remember, you know, when we were there it was four of us, like all four of us don't need to be busting into the gas station at the same time to talk to the gas station owner behind the counter, right? So just thinking about space and time and how you're coming off, especially if you roll into a town, which we were, in hybrid vehicles with government plates, you know, it's just thinking about how you're coming off as a group or how you're engaging with the community is also really, really important. Daiva, I don't know if there's anything you wanted to reflect on from your experiences as well on that.

**Speaker 300:57:41,740**

I think you covered a lot of it, Lis, and Jackie, both. I was also part of it. I was kind of training some folks in Hawaii, where I'm from, at the Waianae Coast Comprehensive Health Center, on conducting an RCA. And part of the reason why I decided to be kind of in a training role for them, and for them to be conducting the RCA, even though I'm from Hawaii, was because it was a community focus on native Pacific Islanders and again, you know, having people who they really trust and know, like their health care providers or people who are better serving them, will go a long way when talking to them and trying to kind of get some of this information. So, totally just ditto everything that Lis and Jackie said. There was a question in here about, about our... Sorry, I'm getting distracted by the chat at the same time. About our deployment to San Mateo County working with adolescents. And I think I wanted to suggest that really quickly because that was a really unique opportunity, and I think that some of the findings are really useful.

So the question was, "Can you speak more to youth engagement and provide any insights from that deployment?"

So for this particular RCA, we partnered with Mid-Peninsula Boys and Girls Club, and they had some summer youth interns who were rising juniors and seniors in high school who were interested in public health. And we had a really excellent subject matter expert on youth coming to us from Australia, who actually trained them for a week prior to data collection on techniques for data collection and how to do some of these online observations and how to conduct an interview. And then they joined us as co-investigators throughout the week that we were there talking to their peers and family members while we were talking to some of the community-based organizations and health care providers that serve them. So it was really unique in that we actually worked with youth themselves to get some information from youth. So it was with youth, by youth, for youth, which I think was just super unique and really excellent. **00:59:42,710**

I will say I will put in the chat, a video that they developed because it's awesome and really fun to watch. And they, this is on their findings and recommendations that came out of the RCA. If you want to be, if you want to take a look. And just to say really quickly that one of their major findings was just to really integrate youth voices into vaccine messaging and the importance of having youth involved in vaccine messaging, which I thought was really insightful. Lis Wilhelm, do you want to add anything to that?

**Speaker 2**

**01:00:15,230** No, I think know, valuing people further insights, and I think some of the most powerful things for these teenagers to know, like we're not just having you as a nice to have addition to this, like we literally could not get insights from other teenagers and online spaces without involving you in the process and learning from you. And so putting them in the driver's seat and really giving them a part of the larger RCA because the adults really focus on everything else: Health system, education system, the community-based organizations. But we really wanted the chance to focus on other teens, and I think that they found that really very empowering.

And it's the kind of insights that the California Department of Public Health has been able to use as well. Of course, the county and reporting out to other stakeholders in the community about what is it the teenagers want. And I think one of the outcomes from that is they're going to be doing a teen summit, which is great. They really like, they really screwed the screws tight, because they had during the presentation to the health department, the county health department, they're like, you know, "Have you now understood how you've not centered teen voices in the COVID-19 pandemic, and how do you plan on fixing it now?" And basically really said, you know, "We're here because you didn't involve us from the get-go. How do you plan on fixing it?" So that is, I think, speaking truth to power that I think we should be seeing more of with young people, especially because this affects young people and it's affected young people in ways that it hasn't affected adults.

So definitely check out the Loom link that I posted in the chat. If you'd like to see them straight from the mouths of the youth about what they learned and what they saw and the conclusions they've drawn, but some of the best ideas will come from the people that you involved in the process and who and who you're talking to.

And I just want to highlight that that the strategies that you developed in the RCA are not like from your head. They should be coming from the people you're speaking to and pulling those up and adding to those.

**Speaker 301:02:01,630**

Jackie, if you don't mind, I have a couple more questions for you. So there was one about understanding that getting people vaccinated is the ultimate goal, what unexpected barriers or issues were captured or identified in Orange County or other locations that once addressed, increased vaccine uptake or reduced hesitancy?

**Speaker 5**

**01:02:24,700**

So one of the things that we didn't know that was happening was that we have a undocumented population in two of our areas and one of which had basically had let us know after talking to several families and one community activist that undocumented residents were having difficulty accessing vaccines in pharmacies because they didn't have a state issued ID. And we upon further investigation, we found that neither the federal program that supplies part of the vaccines nor the state program actually requires a state issued ID in order to get a vaccine, they actually can't ask for one, particularly some people were even saying that, "I had a passport and it wasn't good enough and I was turned away." So that was something that was we didn't know, and we needed to address right away. So it kind of allowed us to say, hey, we really need to engage and engage with pharmacists, which is something that we did right away. We have somebody who sits on the Pharmacy Board for our county, and we tried to get out as much information as possible.

We'll probably be doing some more, like public health detailing. We're actually going to piggyback probably when we do the detailing with our, another program, opioid overdose issue that of course, I'm sure many on this call are also experiencing as well. And so I think piggybacking some of the information that we have to also educate pharmacists about not needing that information is going to be really important because this was a barrier that even though it seems daunting, it's low hanging fruit when you talk about trying to change people's minds and actually increase uptake. So I think that's one of the better examples in terms of something that we could change right away, that we could, we could make that. **01:04:15,560**

Some of the other things, like transportation and access, we could address a little bit better with doing some mobile clinics and offering them places. We were able to, you know, find out that just there are lower income residents that didn't have the internet at home, which we kind of knew. But when we had a better idea of where to target some of those, that outreach so that we can send our community outreach workers there, it also helps that, you know, we just got a grant as well, funded through HHS, to do some health literacy around COVID-19, and that includes increasing vaccination uptake and two of the areas that the RCA targeted. So we will be doing some really focused attention in those areas. So I think those are some low hanging fruits that we learned during the RCA that we were able to address right away.

**Speaker 301:05:07,610**

Thank you for sharing that, Jackie, we had some really similar findings in northern Indiana as well, so thanks for sharing. And then Jackie, if you can just answer this other question as well. It's, "Have you noticed any glaring differences in your findings from an RCA conducted in an urban setting versus in a rural setting?" And I know in Orange County you talk about both, so I'm wondering if you can share a little bit about that? **Speaker 5**

**01:05:28,120**

Sure. Yes. Well, I think both. I would say we would say we saw some consistency across the board in terms of individuals who were hesitant or worried it would impact their fertility and worried that if they were pregnant, that that was going to be a problem for them as well. For our rural areas, we did find, I would say, also some similarities to is the faith-based community. So just it might be a little bit different depending on the church or the place of worship, depending on the urban or rural areas. But we did find that connecting with the faith-based community was probably our best way in, both with our Hispanic community in two of our cities, and also with our rural community, which tends to be more Caucasian, a little bit older, demographics kind of lean towards one political leaning versus the other.

**01:06:31,200**

I would say that our, our rural area tends to be a little bit more focused on their faith and their freedom. You know, Dr. Santibanez came up with "the three Fs" while they were there, which was Family, Freedom and Faith, and that seemed to be three of the key themes that we saw from our rural areas. And although family and faith were, you know, maybe brought into the equation in some of our urban areas, some of the urban areas were more of I don't have access to the computer, I don't have time. There's multiple jobs. I'm a, you know, a worker that works factory hours and it's just not convenient for me. And I don't, you know, it's just not something that I can do right now. But I would say trust, probably, for different reasons. But that theme of not really trusting the vaccine, perhaps because of what they heard from J & J, and more of in the urban setting, a fear of needles actually was something that came up a lot in our urban setting. And the rural area was more I, I am going to make the decisions for myself, and I don't trust the government to make the decision for me. So a lot of similar themes, but maybe the reasons behind them were a little bit different.

**Speaker 301:07:47,550**

Thank you. So there is a question about, "Have you come across large swaths of folks subscribing to misinformation and how would you tackle that?" So, the short answer is yes. This information prevails all over the place and is one of the one of the main reasons why many people are not vaccinated right now. We find that a lot during RCAs. I will say here that, you know, our job when we're doing an RCA is not to necessarily provide information and to correct people when they're saying the reasons, they're not wanting to get vaccinated, it's really to listen and take in their reasons. You know we sometimes, what can be helpful is maybe ask, "Do you mind if I share some, some information with you?" Or, "Would you like to hear?" and kind of gauging whether they would be interested in getting some information, and then maybe sharing it. But I think we find that if you come in and just start telling people what you know as a public health professional, that that quickly will turn off the conversation. So that would be my two cents there.Anything you want to add, Lis, to that?**Speaker 201:08:56,819**

Yeah, just remember the truth sandwich. If you're trying to address misinformation directly, start with the facts. Then talk about why the misinformation and disinformation. And then end with the fact and a call to action. So, you can say the vaccines will not make you magnetic, there are no microchips in the in the vaccines. Here's the list from the FDA website of all the ingredients to all the vaccines that are currently available here. Here's the link you can check it out. No microchips in there. And then finally, vaccination is the best way to prevent you and your family from getting COVID-19 and to keeping you healthy. So just remember the truth sandwich when you want to start with, with the truth, address the misinformation, and then follow up with the truth again, and then have a call to action. And one of the resources that we'll share with you is how to address misinformation and how to track it for health departments. So more information on that soon.

**Speaker 3**

**01:09:53,069**

I did address this question, I was just typing an answer, but I want to just say it out loud that we are going to be sending along with our slides some of the common themes that have come out of some of these RCAs that we've conducted, particularly in rural communities, including Orange County and Indiana and Alabama and Georgia. So that will be coming to you after the slide show as well.See, there's a question here about IHS or tribal vaccination totals and what data is available. I'll drop into the chat the COVID-19 Vaccination Tracker, as well as several new tabs focused on health equity that you might find particularly interesting in there if you haven't yet seen it. And I've seen a few other questions here. Daiva, here's a question for you. How are you able to find partners that are willing to join this RCA process?

Our partner organizations are all really busy and have said they don't have time for even just one hour of virtual roundtable.

**Speaker 3**

**01:10:52,820**

Yeah, this is something that we hear a lot, and we understand that many, many people are very busy and this this takes a lot of effort. You know we've, we've had some really creative opportunities in the past, and I see Jackie has her hand up, were you going to answer this question, Jackie?

**Speaker 501:11:11,920**

Yeah, I was just going to throw a couple of suggestions out.

**Speaker 301:11:14,880**

That'd be great.

**Speaker 501:11:16,160**

Sure. So in terms of providers, we try to, and we do this with a lot of other topics too, we try to get a little bit lucky and tag along to a meeting that they already have where they're already convening people. So a lot of providers have morning meetings, or they have lunchtime meetings, whatever that is. We try to get in there even if it's only 10 or 15 minutes. If you are really succinct with the information that you're either looking to get across to them or the questions you're looking to answer. They're already gathered there, and most of the time they'll be willing to let you speak. And that goes too for like listening sessions and provider sessions where you can say, "Hey, can we devote part of the meeting?" You know, something that you're already part of, one of those coalitions you're already part of say, "Hey, can we debate, you know, can I get on the agenda this week to talk a little bit about this so you can be flexible in not trying to convene a separate meeting for people?"I know everybody, you're completely meeting out. So I completely get that. So we try to find them where they already are, particularly with our providers who are who are super, super busy and a lot of coalitions who are, you know, doing some of the same things.

**Speaker 301:12:26,290**

Thanks Jackie, I had understood the question as partners that were going to conduct the RCA themselves, but that was great.

That's a great answer. Thanks. I think I misunderstood it.

**Speaker 2**

**01:12:39,980**

All right, so let's see what else we got here. We have a question about, "Understanding that getting people vaccinated is the ultimate goal, what unexpected barriers or issues were captured or identified in Orange County or other locations that, once addressed, increased vaccine uptake or reduced hesitancy?" Interesting question. What's worked?**Speaker 5**

**01:13:02,170**

Yeah, that was the little thing I had mentioned about the pharmacists.

I'm hoping that that will work, but we are very, very early on to seeing an uptick. We have seen a slight uptick, but that's in the county altogether. And that might have to do with Delta more than it does with our vaccine efforts. So it's a little bit hard to tease that out in terms of causality, but we're hopeful.

**Speaker 2**

**01:13:28,600**

Yeah, so maybe I can give an example from, from Alabama. So one of the things that we identified in, in Sumter and Macon Counties was, this was in March, so this was just a different time in the pandemic where there very limited vaccines. People were crossing state lines to stand in, for hours in line to get vaccinated. But the problems that folks locally. It's a, you know, lower SES area of Alabama. You had a lot of older people who were eligible for the vaccine at the time who did not have transportation, who did not have internet access. And so even if they wanted to get vaccinated, they couldn’t get themselves to the vaccination site. And so, you know, so there's a lot of discussions around having mobile teams that could visit people who are homebound.

There were discussions about making it easier because you had drive up, drive through vaccinations at the county health department several times a week. But that also was a bit of a turn off that if you didn't have a vehicle like could you just kind of walk up to get vaccinated? That there was no process for that. So they added that.

So there's a lot of different small tweaks to existing processes that were done that helped. **01:14:37,660**

Something else that we also learned was, for example, you know, they don't have a huge fire department in Sumter County, but what they do have is lots of volunteer firefighters, which are scattered all throughout the county, which is very rural. And these are folks that are trusted. These are also the folks that people call when they need help getting somebody to the hospital. And so, you know, could we leverage the fact that people trust their firefighters and they trust the EMS and they trust that the public safety officers and essentially make sure not just that they got vaccinated, but also that they talked to their communities and offer opportunities for communities to host meetings to get their questions answered. And Carla has a question, "How do you respond to people for whom freedom is the biggest concern?" I'm actually going to put our rural SME on the spot, who's actually on the line right now. I don't know if, Diane, if you're able to get off of mute, but I hope you're able to get off of mute. But I think you might have some thoughtful advice for this person. How do you address freedom concerns?**Speaker 6**

**01:15:46,240**

Am I unmuted?**Speaker 2**

**01:15:51,790**

You are unmuted, we can hear you.**Speaker 6**

**01:15:53,700**

Excellent. This is what I get for letting you know that I was on the line. That's a really, really challenging one. I think what all of the presenters have shared so far is really critical that we want to make sure that we're having a conversation and really listening to people.

And there are a lot of different aspects to freedom, so there's freedom to make your own decision. But there's also freedom to travel, and freedom to visit people, and freedom to, you know, attend certain events. Part of what we've heard from some of our rural partners is that what's been really compelling is this idea of protecting other people in the family. And so if they know of somebody who can't get the vaccine because of some sort of health condition or they are immunocompromised in some sort of way, this is something that you can do for somebody else. But you kind of have to hang in there because a lot of times this idea about freedom. So I think part of what we need to recognize is that people are scared and they're angry, and it can be hard sometimes to sit with that in a conversation. But I think that if you do, you can really get to what the root of this is. It might be about freedom, or it might be that they're just angry about something else. **01:17:20,560**

One of the, our colleagues here at CDC made a great point on a call a couple of weeks ago that in a lot of our rural communities, the impact of the virus has not been as visible. What has been visible is things being shut down, signs all over the place about vaccines, arguments about mask mandate. And so people are seeing the effects of the mitigation strategies without really having seen the effects of the virus itself. So there's no easy one answer, but I think you have to find a way to actually have that conversation and, and hear what's behind that.When people say, "It's about my freedom" a lot of times they're angry about something, and listening is going to be the way in.

Lis, I hope I did okay there.

**Speaker 2**

**01:18:12,560** You did, you did a beautiful job.I also like to think about message framing. So here's the thing when you're talking about freedom, you're talking about "my body, my choice, my family. I want to make health care decisions for my family" which are completely reasonable things to feel and to say. And I think sometimes that gets lost when we talk about "protect the community," you know, "get vaccinated for your, you know, for everybody around you." And that's kind of the opposite of the I'm doing this, I want to protect. You know, "I don't want to have other people's freedoms and infringe on my freedoms." So I think there's also value in thinking about the message frame of like you, you can't, you can't be sure what other people doing around you in terms of what are they doing to protect themselves, their families and being healthy. What you can do to protect your, your own freedom and your own liberty to be like free of COVID is to get vaccinated. That is within your power to protect your own ability to do what you can that is available to you right now to protect yourself from COVID-19 transmission because you can't be sure about anybody else around you and what they're doing to, to prevent transmission to you. **01:19:10,500**So that's also another thing, but absolutely to Diane's point, it's all about listening. It really helps that she's a professional psychologist, so that really plays well into, you know, sitting with people's fear and concern, and that when people feel like they're backed into a corner and they're saying things related to freedom, it's probably because there's something else that's going on and listening is really should be the first thing you should be doing.

**Speaker 6**

**01:19:33,600** Can I have one more thing?

**Speaker 2**

**01:19:35,200** Please do.

**Speaker 601:19:36,310**

So. For public health professionals, this is pretty much everything we've been thinking about 24/7 for months and months. And because this has not been as visible in some communities there, people are concerned about other kinds of things. Just look at the news. People are really concerned about their livelihoods for one reason or another. So if they're being impacted by drought, for example, or the wildfires or the smoke from the wildfires, that often isn't in. People are concerned about something. And what is so interesting about public health is that pretty much everything is related to public health. And a lot of times if you meet people where they are and listen to the things that are uppermost on their mind, that their biggest concerns are, the things that are keeping them up at night. And particularly if you have a way to provide some sort of assistance or connection for them or resources, that's then an in to have that conversation. "Would it be okay if I talked to you about COVID?" and if they say no, no. The other thing we know is it's not going to be one conversation. It's going to be several conversations probably. Now I'll go back on mute.

**Speaker 201:20:46,850**

Thank you, Diane. That's perfect. So I don't know, Daiva, we only have one more question that's left in here about creative efforts in communities around communication, about vaccines. There's all sorts of stuff. One of my favorite examples is in New Orleans. They essentially did a huge marketing push around people wanting to get back to Mardi Gras and making vaccination enjoyable by offering free live jazz while you're getting vaccinated. So there's like many ways of thinking about engaging the arts and communities to increase vaccine uptake. And Daiva just threw into the chat a really great resource from the University of Florida Arts Medicine program, and we partnered with them to develop two field guides on how you might work with artists and cultural barriers. You know, museums, arts, libraries. These are all institutions that really are important parts of the social fabric of our day to day lives. And those are not just trusted messengers, but also trusted spaces. And so how might we better leverage those places and spaces and people that are from those institutions to reach people that are not maybe necessarily interested from hearing from CDC or from their local health department? And so just recognizing that we really need to be thoughtful about not just the message, but the messenger and where that message is going. And so check out that link. It's definitely worth chilling around. There's tons of resources there for you. All right. So I think we're getting close to the end of our time; I see one more question in the chat. How do we engage people who don't want the vaccine because God decides who lives or dies? Religious fatalism is a challenge, no matter what the health issue is. And I don't know if, Diane, do you have any, any wisdom here? I'm so glad you're on this call, but maybe you have some wisdom here.

**Speaker 6**

**01:22:34,880**

So I've actually seen some reports of some faith leaders in communities talking about the idea that God is also behind the science and the fact that we have these vaccines, which is kind of miraculous, and that God probably had a role to play there and that faith will get you so far. But sometimes you also have to do something for yourself. And I've seen that there have been reports in the media, across different denominations, across different religions where there are faith leaders who are starting to say that. So, yeah, you know, God decides who lives or dies. But if God also had a role to play in the vaccine, that might be something also to be thinking about. And I don't know how that's playing out because I haven't seen any data on it, but it seems like that would be a message that might resonate.

**Speaker 501:23:27,920**

And I'm going to jump in here, Elisabeth, if you don't mind really quick to, I think, I think that's a really, really helpful thought that was just given as well. But engaging the faith based leaders who are really trusted in that community, it might be more of you may not be the messenger to get that message across. And so I think actually working with clergy or the parishioners or whomever it is that they may, they obviously attend church somewhere or some sort of place of worship somewhere where you can have that conversation. We've actually found throughout our RCA that many, many, many of the faith-based leaders that we talked to were supportive of vaccination and wanted to do more to help and be more involved. I think it helps if this person tends to be of the Catholic faith that the pope came out the other day in support of the of the vaccine. So I think if you can kind of point to places where they might get their faith fulfilled, you might not be the right messenger on it and trying to attack it from another way.

**Speaker 2**

**01:24:38,710**

Great, thank you. So, Daiva, I think we're getting close to the end of our time together. Over to you.

**Speaker 3**

**01:24:51,470** Yeah. No, I think we are, Lis, thank you so much. I just want to say a huge thank you to Jackie for joining us today and Diane, for impromptu joining us today of an obviously for Lis and Kelly for presenting, and all of you for joining. Like I said, we're going to be sending a follow up email with our slides and any of these resources that we talked about today. Please feel free to reach out to us with any further questions, and I'm going to put one more thing in the chat. I can't type and speak at the same time. This is our functional box confidenceconsults@cdc.gov, if you have any other questions, feel free to reach us there and we'll get those answers to you. So thanks again and have a great weekend.