

WEBVTT

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00:00:14.429 --> 00:00:28.920

Liz Aparicio (she/her): Alright, welcome everyone I am so happy to see you all here today, my name is Liz Aparicio and I have the delightful task of welcoming everyone and introducing our speakers today next slide please.

2

00:00:31.530 --> 00:00:35.340

Liz Aparicio (she/her): So big things to the reshaping network for hosting us today.

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00:00:36.540 --> 00:00:45.450

Liz Aparicio (she/her): Some folks who are here may be familiar with reshaping and others may not so just to give you a brief intro reshaping stands for research on sexual health.

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00:00:45.840 --> 00:00:48.720

Liz Aparicio (she/her): And adolescent parenting and out of home environments group.

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00:00:49.440 --> 00:00:55.260

Liz Aparicio (she/her): And we're an international network of scholars in social work, public health, public policy and psychology.

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00:00:55.590 --> 00:01:08.940

Liz Aparicio (she/her): dedicated to collaborative research on understanding needs and improving outcomes related to sexual health and parenting for youth, who are homeless trafficked or an out of home environments, whether in child welfare juvenile justice or other systems.

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00:01:10.020 --> 00:01:26.940

Liz Aparicio (she/her): And you can follow us on social media there, or we also have a great website and huge thanks to our funders any Casey foundation and healthy team network for making reshaping really possible and to happen next slide please.

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00:01:29.460 --> 00:01:37.980

Liz Aparicio (she/her): So i'd like to just briefly tell you a little bit about our research team so funding for the research that you're about to hear about comes from the any Casey foundation and, of

course.

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00:01:38.280 --> 00:01:49.380

Liz Aparicio (she/her): US are those of the authors and not attributable to the Foundation itself co pays for the project or myself and my wonderful colleague Svetlana Spiegel who you'll hear from him just a little bit.

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00:01:50.130 --> 00:02:00.420

Liz Aparicio (she/her): We have two amazing youth advisors who are part of our research team Alexander Sanchez and she live in word you'll be hearing from Mr Sanchez a little bit later today as well.

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00:02:01.200 --> 00:02:08.700

Liz Aparicio (she/her): want to give a big shout out to an amazing data collector and collaborator Dr Genevieve Martinez Garcia from healthy team network, who is here with us today.

12

00:02:09.240 --> 00:02:22.620

Liz Aparicio (she/her): And we have several data analysts who've been part of the project mar seven tola Michelle justin ski in America channel dying, so thank you all for being here today as well, and our wonderful collaborator Dr Smith from Springfield college.

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00:02:23.880 --> 00:02:28.800

Liz Aparicio (she/her): So thank you all for being here, so that our research team next slide please.

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00:02:30.120 --> 00:02:38.220

Liz Aparicio (she/her): So today you'll be hearing from several of us here that i've already mentioned myself Dr Svetlana Spiegel Mr Alexander Sanchez.

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00:02:38.610 --> 00:02:50.670

Liz Aparicio (she/her): And we also have an expert in digital health communication with us here today, Dr Devlin Jackson from university of Maryland Center for health literacy and Center for health equity so big thanks to Dr Jackson for joining us today.

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00:02:52.290 --> 00:02:52.770

Liz Aparicio (she/her): Next slide.

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00:02:54.810 --> 00:03:09.390

Liz Aparicio (she/her): So, to give you a little bit of an introduction to this study, this is a multi method qualitative study, so it included focus groups and interviews, as well as a photo voice project we are talking today about a specific subset.

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00:03:10.410 --> 00:03:22.980

Liz Aparicio (she/her): of that population that we worked with 23 young parents who are foster care system alumni or who are currently in care, who gave information about vaccination attitudes regarding covert 19.

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00:03:23.700 --> 00:03:38.040

Liz Aparicio (she/her): Vaccination but the larger study is about people's experience within or their experience of the pandemic, who are currently in or have recently aged out of foster care and currently parenting young children next slide please.

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00:03:41.670 --> 00:03:51.930

Liz Aparicio (she/her): You can click through to that contact Thank you so we conducted focus groups and individual interviews on on several different topics, the impact on up.

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00:03:52.470 --> 00:04:02.190

Liz Aparicio (she/her): Of the pandemic on housing, employment, education, children and parenting physical and mental health, as well as the effects of racism and discrimination during the pandemic.

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00:04:02.700 --> 00:04:13.050

Liz Aparicio (she/her): and strengthen supports and services that people experienced as well, so we wanted to have a view of both the challenges and what they found helpful and any barriers as well to those services that had been set up.

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00:04:14.040 --> 00:04:19.350

Liz Aparicio (she/her): We also asked questions about vaccination attitudes, which is what will be focusing on today.

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00:04:19.890 --> 00:04:35.310

Liz Aparicio (she/her): In our focus groups and individual interviews, we also same questions regarding vaccination attitudes and during our photo voice project will be presenting those results separately but we

had some additional folks who provided data on on their vaccination attitude.

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00:04:36.330 --> 00:04:50.370

Liz Aparicio (she/her): Data were all transcribed verbatim and automatically analyzed using a structured thematic analysis approach and i'm going to turn it over to my wonderful colleague Dr to people who will tell you about the demographics of our sample.

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00:04:51.810 --> 00:04:52.860

Svetlana Shpiegel: hi everybody.

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00:04:54.090 --> 00:05:04.590

Svetlana Shpiegel: Welcome here and we're very happy to have you so i'm going to talk a little bit about the sample and the results of our study and more African click through.

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00:05:06.270 --> 00:05:19.770

Svetlana Shpiegel: awesome so as you can see, this subset of the study included 23 young people, the majority of them 19 were young mothers and we had also for young fathers.

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00:05:20.910 --> 00:05:25.140

Svetlana Shpiegel: In terms of race and ethnicity it's a very diverse sample.

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00:05:26.310 --> 00:05:40.050

Svetlana Shpiegel: And the majority of our youth are identified as young people of color So you can see, the ratio, distribution and ethnic distribution here and I just want to mention the youth could choose more than one category.

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00:05:40.560 --> 00:05:48.270

Svetlana Shpiegel: to represent the racial and ethnic identity so we've had some African Americans some Hispanic or like next.

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00:05:49.290 --> 00:05:59.340

Svetlana Shpiegel: A couple of native Americans and some who identified as multiple race or only non lead next what i'm referring to have the next slide.

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00:06:01.020 --> 00:06:12.090

Svetlana Shpiegel: Thank you, in terms of ages, so this study included young people ages 18 to 26 and the mean age here was about 22.

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00:06:13.470 --> 00:06:33.540

Svetlana Shpiegel: And all of our young people were either currently in care or aged out of care recently right so so that was the sample that we targeted all of these young people were in care on the 17th birthday, and some have aged out before and others a little bit later.

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00:06:35.190 --> 00:06:47.160

Svetlana Shpiegel: In terms of kind of they're all parenting as my Doc my colleague Dr appreciate mentioned, and some of them parented biological children, only some parented.

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00:06:47.580 --> 00:06:59.790

Svetlana Shpiegel: Non biological children and some parents both so, on average, they had or arrange was one to five biological children and wanted to non biological children for our participants.

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00:07:01.680 --> 00:07:04.020

Svetlana Shpiegel: In terms of the children's ages.

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00:07:05.670 --> 00:07:16.530

Svetlana Shpiegel: The ages of the biological children ranged from one month to about 10 and the age of non biological children range from one to 17 so you could see that there was a big.

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00:07:17.550 --> 00:07:23.370

Svetlana Shpiegel: variety in terms of the children's ages in number of kids also.

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00:07:26.490 --> 00:07:42.030

Svetlana Shpiegel: Thinking right, and so, in terms of living situation, the majority of the Youth lived in their own apartment but you could see that pie chart some also lived in other living situations such as share housing, with a friend.

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00:07:43.170 --> 00:07:49.830

Svetlana Shpiegel: or a family of the child's Father in an independent living program so we had a.

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00:07:50.910 --> 00:08:00.090

Svetlana Shpiegel: Pretty wide representation of living arrangements most, though not surprisingly lived in their own apartment and if we could have the next slide.

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00:08:01.440 --> 00:08:04.860

Svetlana Shpiegel: In terms of geographic distribution see we'll see that those Gray.

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00:08:05.970 --> 00:08:24.480

Svetlana Shpiegel: The grayed out states are the states that we had youth represented in so we had quite a bit on the west coast, we had a little bit in the middle of the country and a little bit on the east coast, but overall we had a good representation from various regions around the country.

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00:08:26.040 --> 00:08:37.050

Svetlana Shpiegel: So, in terms of kind of what the youth reported, as I mentioned we've asked our young people, whether or not they had intention to be vaccinated.

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00:08:38.100 --> 00:08:44.580

Svetlana Shpiegel: In if they did or did not we also ask them to talk about why or why not so you could see that.

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00:08:45.300 --> 00:08:57.810

Svetlana Shpiegel: At the point of the interviews, which we should mention that this data collection happened from January, and until around April so some of these young people also represent kind of the earlier wave.

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00:08:58.620 --> 00:09:09.870

Svetlana Shpiegel: Right, where vaccines are very, very new but nonetheless at this point, the majority about 65% of our young people said that they are not vaccinated.

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00:09:10.320 --> 00:09:19.380

Svetlana Shpiegel: And do not have any intention to get vaccinated in the near future, we had about a fifth of our sample who said.

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00:09:19.890 --> 00:09:35.280

Svetlana Shpiegel: we're not vaccinated, but we are considering this we're thinking potentially to get vaccinated where you know debating whether or not we should do that in only 13% which again out of 23 years is not a lot.

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00:09:36.360 --> 00:09:46.020

Svetlana Shpiegel: Those were the young people that were already vaccinated at the time of the data collection, so in right if you could click through in terms of.

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00:09:47.520 --> 00:10:01.350

Svetlana Shpiegel: Why young people did or did not want to get vaccinated we got a variety of questions and explanations about the vaccine and their attitudes towards the vaccine So what are some of the major concerns.

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00:10:03.000 --> 00:10:12.600

Svetlana Shpiegel: A lot of young people, both those That said, we have no intention to get vaccinated and those who told us that maybe we're considering but we're not sure.

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00:10:13.080 --> 00:10:25.710

Svetlana Shpiegel: They were concerned that the vaccines were developed too fast, that there is not enough kind of data that procedures were hushed because of this, because the pandemic.

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00:10:26.850 --> 00:10:38.400

Svetlana Shpiegel: that everything was rushed through so they just felt this is too fast i'm not sure that I am ready to jump on that one, because this is just been done very, very quickly.

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00:10:39.060 --> 00:10:50.790

Svetlana Shpiegel: And it's part of that concern young people elaborated that they were particularly worried about the short term and the long term effects of the vaccination.

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00:10:51.270 --> 00:11:01.680

Svetlana Shpiegel: And they told us that you know they're not sure what the effects are going to be some of them used words such as wide I don't want to be the guinea pig in this experiment experiment right we're not sure.

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00:11:02.070 --> 00:11:23.760

Svetlana Shpiegel: How this is going to pan out and we're not wanting to participate in this until there is a little bit more data and there is also a subset of young people who had other concerns and I think it's fair to represent some of the concerns as concerns related to trust right so.

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00:11:25.230 --> 00:11:31.080

Svetlana Shpiegel: Again this, this is a young people, this is simple of young people who have been in the foster care system.

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00:11:31.500 --> 00:11:43.680

Svetlana Shpiegel: And we know from research that some of these young people, you know they don't trust the system and, by extension, sometimes do not trust the other systems also right and and some of them for very good reason they've been hurt by the system.

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00:11:44.370 --> 00:11:49.200

Svetlana Shpiegel: they've experienced prejudice and discrimination in healthcare system also.

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00:11:50.250 --> 00:12:02.880

Svetlana Shpiegel: And they just don't have that level of trust some young people talked about that the vaccine was developed under a presidential administration that they consider to be untrustworthy.

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00:12:03.330 --> 00:12:12.630

Svetlana Shpiegel: We had a young person That said, oh i'm not taking the trump vaccine that's not i'm not doing that so but I think the kind of dig deeper.

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00:12:13.740 --> 00:12:25.560

Svetlana Shpiegel: undercurrent there is that I am not sure that I trust the system in general enough to put this in my body i'm some young people talked about.

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00:12:26.460 --> 00:12:34.560

Svetlana Shpiegel: Does this really work, is this really going to be effective, or not sure again this kind of coincided with concerns about this being developed too fast.

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00:12:35.820 --> 00:12:45.930

Svetlana Shpiegel: And they said I just don't know if it's safe and I also don't know if it's actually going to be effective, we need more data about this clinical trials great, but this is not enough for us to feel safe with this.

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00:12:47.640 --> 00:12:55.800

Svetlana Shpiegel: And then there were some young people, especially in that group that said, maybe I want to get vaccinated they talked about.

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00:12:56.370 --> 00:13:00.990

Svetlana Shpiegel: access and availability as potential barriers some young people told us.

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00:13:01.410 --> 00:13:09.720

Svetlana Shpiegel: Well, even if I want to get it, I might not be able to get it, because they don't offer it where I am or there is not i'm going to have difficulty accessing it.

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00:13:10.200 --> 00:13:22.530

Svetlana Shpiegel: or there's not going to be enough vaccines for me to potentially get vaccinated and again, some of these concerns represent the month of February in March we're really there was a lot of.

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00:13:23.760 --> 00:13:33.240

Svetlana Shpiegel: difficulty to get vaccines and to get appointments scheduled, so we have to keep that in mind it's possible that some of those concerns would have been less pronounced now.

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00:13:33.960 --> 00:13:50.550

Svetlana Shpiegel: Where vaccines appointments are more readily available, but nonetheless again these young people sometimes worried about things like transportation and how they could access the vaccine, in a way that really hot really is kind of appropriate for them and works with their life.

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00:13:52.470 --> 00:14:05.340

Svetlana Shpiegel: And then the last thing I want to mention here is the youth talked a lot about misinformation and they worried about the kind of information about the vaccine that they're getting.

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00:14:06.660 --> 00:14:19.470

Svetlana Shpiegel: So they talked about the fact that in the social media and the networks there's so much talk about the vaccines and the potential side effects of the vaccines and whether or not they're safe.

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00:14:19.950 --> 00:14:32.430

Svetlana Shpiegel: And they're just not sure what information they can trust and again, some of the official sources that you know a lot of us in the research world and academia, we tend to implicitly trust.

76

00:14:32.940 --> 00:14:45.090

Svetlana Shpiegel: Those are not necessarily the kinds of sources that these young people go to right and this young people implicitly trust, so they talked about a lot of different types of misinformation that they've been.

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00:14:46.140 --> 00:14:54.420

Svetlana Shpiegel: subjected to, and all of that really contributed their reluctance to be vaccinated at this point.

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00:14:55.200 --> 00:15:05.700

Svetlana Shpiegel: On the plus side and many youth said that they were open to changing their minds, so they said yes, right now, not planning to get vaccinated.

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00:15:06.330 --> 00:15:17.640

Svetlana Shpiegel: But if more information becomes available if some of this misinformation emptying is going to get clarified if I could trust the sources.

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00:15:18.210 --> 00:15:29.280

Svetlana Shpiegel: That are giving me the information right if I see my friends and family get vaccinated and they don't have side effects, then potentially i'm going to be open to doing that also.

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00:15:30.300 --> 00:15:43.800

Svetlana Shpiegel: So there is an opening for these young people to be vaccinated there but they just have a lot of concerns and they think waiting for this concerns to be clarified, and for them to feel comfortable.

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00:15:45.300 --> 00:15:50.910

Svetlana Shpiegel: If we can next slide and i'm going to give this to Alexander.

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00:15:51.330 --> 00:15:52.680

Alexander Sanchez (He/Him): Absolutely, thank you for Atlanta.

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00:15:53.970 --> 00:15:58.980

Alexander Sanchez (He/Him): Alright, so this is a next steps call to action, I think the next steps to.

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00:16:00.930 --> 00:16:10.530

Alexander Sanchez (He/Him): Broadcasting this vaccine would be openly addressing the concerns without judgment, I know a lot of people from my work, who are.

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00:16:11.820 --> 00:16:18.960

Alexander Sanchez (He/Him): More scared of getting the vaccine, because their concerns are being addressed what's going on with the vaccine they don't care too much about it.

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00:16:21.270 --> 00:16:22.350

Alexander Sanchez (He/Him): One thing is that.

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00:16:23.580 --> 00:16:31.170

Alexander Sanchez (He/Him): One of my friends from work actually got the vaccine and he had to miss a couple days of work because.

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00:16:31.950 --> 00:16:43.710

Alexander Sanchez (He/Him): He was feeling Well he didn't have any the normal side effects they were a lot worse whole body just out he can couldn't move, for I think it was two days, he was out, so I think then you'd be.

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00:16:45.270 --> 00:16:52.170

Alexander Sanchez (He/Him): Addressing concerns and being more open about their side effects because a lot of people work for thinking.

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00:16:53.220 --> 00:16:57.570

Alexander Sanchez (He/Him): Well, I don't want to get this vaccine, because this one guy.

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00:16:58.920 --> 00:17:01.380

Alexander Sanchez (He/Him): Had a really bad symptoms.

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00:17:02.970 --> 00:17:10.020

Alexander Sanchez (He/Him): Another thing that would have helped on my friend is having paid time off to get a vaccine the get the vaccine and paid time off.

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00:17:11.070 --> 00:17:13.200

Alexander Sanchez (He/Him): For recovery if recoveries needed.

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00:17:15.390 --> 00:17:21.360

Alexander Sanchez (He/Him): I think that would persuade some of our interviewees to get the vaccine as well.

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00:17:26.520 --> 00:17:35.160

Alexander Sanchez (He/Him): Another thing that would help is the mobile vaccination sites, I know we don't have any mobile vaccination sites that are work or anything or anywhere around.

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00:17:36.810 --> 00:17:40.290

Alexander Sanchez (He/Him): Where I live, but I think it is more readily available.

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00:17:41.550 --> 00:17:43.980

Alexander Sanchez (He/Him): Especially with the same day appointments.

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00:17:45.090 --> 00:17:49.260

Alexander Sanchez (He/Him): It would the vaccine rates would astronomically go up.

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00:17:51.570 --> 00:18:03.690

Alexander Sanchez (He/Him): I know it's really hard for some people to find the a place to get a vaccine, you could maybe go an hour or two out of your city, just to find one and it could be the same thing for the second vaccine.

101

00:18:05.340 --> 00:18:17.400

Alexander Sanchez (He/Him): Some of my family members have had that

where they just almost didn't get the vaccine, because it was so it was too far, they didn't have time off they want to go on their day off because they'd be out for the next couple days.

102

00:18:19.290 --> 00:18:21.360

Alexander Sanchez (He/Him): They just didn't think it was worth it at the time.

103

00:18:23.280 --> 00:18:25.440

Alexander Sanchez (He/Him): But I think that would help out a lot.

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00:18:26.760 --> 00:18:28.320

Alexander Sanchez (He/Him): You go to the next slide.

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00:18:30.300 --> 00:18:44.580

Alexander Sanchez (He/Him): awesome Community benefits would help out a lot, one thing I think would help out is giving more pamphlets out about the vaccine around the Community, I saw some places like walmart handing out little pamphlets.

106

00:18:46.230 --> 00:18:49.770

Alexander Sanchez (He/Him): about the vaccine and and how it helps.

107

00:18:51.180 --> 00:18:57.030

Alexander Sanchez (He/Him): If more people in their Community got's vaccine, it would.

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00:18:58.680 --> 00:18:59.070

Alexander Sanchez (He/Him): kind of.

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00:19:01.710 --> 00:19:13.740

Alexander Sanchez (He/Him): Fast Track to getting back to where we were before coven lot less people will be getting sick and hopefully if enough people got this vaccine code would completely just diminish.

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00:19:17.100 --> 00:19:23.130

Alexander Sanchez (He/Him): I think that's a good way in the Community leveraging social media and social networks.

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00:19:24.540 --> 00:19:28.050

Alexander Sanchez (He/Him): I think social networks would go along with the pamphlets like at work.

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00:19:29.310 --> 00:19:36.780

Alexander Sanchez (He/Him): They don't ever talk about anything about the vaccine we don't have any on site places to get the vaccine.

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00:19:39.450 --> 00:19:43.650

Alexander Sanchez (He/Him): And a lot of in my social network, a lot of people.

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00:19:45.360 --> 00:19:55.170

Alexander Sanchez (He/Him): are saying negative things about the vaccine which kind of runs rampant in my social network, so a lot of people aren't getting the vaccine.

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00:19:57.900 --> 00:20:06.720

Alexander Sanchez (He/Him): One good way of helping with that with social media would be having specific places like maybe pages.

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00:20:07.710 --> 00:20:17.550

Alexander Sanchez (He/Him): on social media that you can go to and there be all this information, hopefully, that information would counteract all the misinformation out there on the Internet, because there is a lot.

117

00:20:21.060 --> 00:20:30.150

Alexander Sanchez (He/Him): Also, this was a big one, with our interviewees addressing misinformation admits trust, I know I personally don't trust the government.

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00:20:32.340 --> 00:20:34.200

Alexander Sanchez (He/Him): Mainly, I feel like our concerns haven't been.

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00:20:35.430 --> 00:20:41.100

Alexander Sanchez (He/Him): addressed properly and there have been a lot of stuff in my life, where I.

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00:20:42.510 --> 00:20:44.850

Alexander Sanchez (He/Him): Just weren't able to trust the Government

fully.

121

00:20:45.960 --> 00:21:01.770

Alexander Sanchez (He/Him): And a lot of the information on I guess social media is where I see it in my social network isn't being addressed either so i'm hearing all this and i'm not hearing anything counteracting anything that i'm hearing.

122

00:21:04.350 --> 00:21:06.270

Alexander Sanchez (He/Him): it's just very bad i'm not hearing anything.

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00:21:07.920 --> 00:21:09.360

Alexander Sanchez (He/Him): Like super truthful I feel like.

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00:21:10.560 --> 00:21:19.710

Alexander Sanchez (He/Him): The government is more or less kind of hiding under the rug and just saying get gets vaccine without any foolproof.

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00:21:21.060 --> 00:21:23.940

Alexander Sanchez (He/Him): At least in my own personal beliefs and.

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00:21:25.740 --> 00:21:26.520

Alexander Sanchez (He/Him): But one way.

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00:21:28.080 --> 00:21:40.620

Alexander Sanchez (He/Him): To counteract all this is the use of trusted health communication sources, whether that be the CDC or I remember when this first all happened, I went to the doctors and I had to have a.

128

00:21:41.880 --> 00:21:51.570

Alexander Sanchez (He/Him): conversation with a couple of the doctors and nurses about this coven because I had no idea what it was super scared I.

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00:21:53.130 --> 00:21:58.050

Alexander Sanchez (He/Him): didn't have any health insurance, so if I did get it, I kind of be i'd be done i'd be out.

130

00:21:59.460 --> 00:22:00.630

Alexander Sanchez (He/Him): I mean I be.

131

00:22:02.220 --> 00:22:05.490

Alexander Sanchez (He/Him): In so much debt from the hospital that I wouldn't be able to pay it back.

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00:22:08.250 --> 00:22:12.600

Alexander Sanchez (He/Him): he's very bad, but I talked to some of the doctors and nurses and they helped.

133

00:22:14.070 --> 00:22:16.350

Alexander Sanchez (He/Him): relieve some of my stress.

134

00:22:21.150 --> 00:22:21.690

Alexander Sanchez (He/Him): And that's it.

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00:22:27.600 --> 00:22:34.140

Liz Aparicio (she/her): hey Dr Jackson thanks so much, Mr Sanchez for that Dr Jackson we'd love to hear your perspective now.

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00:22:35.310 --> 00:22:50.970

Devlon Nicole Jackson (she/her): All right, thank you, so I am really excited to be a part of this discussion, although my expertise is not included 19 or specifically youth and young adult what I have learned about this Community.

137

00:22:51.990 --> 00:22:55.110

Devlon Nicole Jackson (she/her): And, and what the team has shared with me.

138

00:22:56.130 --> 00:23:05.880

Devlon Nicole Jackson (she/her): Are some really interesting things as it relates to how this population in this community is responding to the information that's being delivered to.

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00:23:06.960 --> 00:23:14.880

Devlon Nicole Jackson (she/her): Our community of young adults and youth, and so the first thing I want to point out, is what we know about gen Z.

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00:23:16.200 --> 00:23:29.550

Devlon Nicole Jackson (she/her): 18 to 26 year olds and and how they are responding to 19 vaccine information So the first thing is one thing that they said, and that has been reported an article.

141

00:23:30.180 --> 00:23:47.340

Devlon Nicole Jackson (she/her): Recently in 2021 and it was titled, no one is speaking jen's ease language, and so what that is saying is that the current messages do not speak to their concerns, I want to share a quote from that article by.

142

00:23:48.090 --> 00:24:00.030

Devlon Nicole Jackson (she/her): Mr Nicholas that it was there isn't anything that is consumable and our targeted at our demographic said gabrielle at 22 years old, who lives in Washington DC.

143

00:24:00.360 --> 00:24:14.070

Devlon Nicole Jackson (she/her): And it has been vaccinated all the messaging online isn't targeted toward our age group it doesn't explain why, if you're a healthy 19 year old why you should get this vaccine so that had me thinking.

144

00:24:14.790 --> 00:24:34.410

Devlon Nicole Jackson (she/her): Okay, so, although we are creating all of these mass messages and some of them have been tailored to certain communities, we are not doing the best job in creating tailored information to the young adults, and you know you can go to the next bullet.

145

00:24:36.120 --> 00:24:49.380

Devlon Nicole Jackson (she/her): And so we have to think about well, what are the trusted sources that they're they're connecting with what what do they respond to well, a study in by Sanchez and 2020.

146

00:24:50.310 --> 00:25:00.150

Devlon Nicole Jackson (she/her): And Jay and I are, I believe they recorded that government is still a trusted source for some individuals for some for some young adults.

147

00:25:00.510 --> 00:25:11.970

Devlon Nicole Jackson (she/her): And I know that might seem

surprising, however, what it's the reason why it seems it makes some sense, but then it's like wait a minute, you know this study.

148

00:25:12.360 --> 00:25:25.710

Devlon Nicole Jackson (she/her): here on the team just reported that there's some hesitation, with the current admitted the previous administration that the vaccine was created under well what we know is that previously as even some of our panelists have set stated.

149

00:25:26.730 --> 00:25:36.120

Devlon Nicole Jackson (she/her): federal agencies or sources like CDC is still a source that young adults, trust and and believe in.

150

00:25:36.390 --> 00:25:48.810

Devlon Nicole Jackson (she/her): However, the reason why there's hesitancy is because of other administration that has question made them questions if the information that is being delivered to them is accurate or not.

151

00:25:49.200 --> 00:25:56.040

Devlon Nicole Jackson (she/her): And the other thing that we've learned that, in addition to them still trusting government to a certain extent.

152

00:25:56.490 --> 00:26:16.320

Devlon Nicole Jackson (she/her): Is they also trust the sources of social media influencers and celebrities so that was reported recently in a study or report article by Welsh this year, and so I said oh Okay, this is really good information when we think about recommendations be good to go to the next bullet.

153

00:26:17.730 --> 00:26:28.890

Devlon Nicole Jackson (she/her): So in addition to sources, we have to think about channels So what do we know about this Community, as it relates to the channels in which they like their information delivered to them.

154

00:26:29.430 --> 00:26:41.010

Devlon Nicole Jackson (she/her): Well, social media, it was overwhelmingly through my review of the literature social media was very popular for them and we've heard that even from our researchers today right.

155

00:26:41.280 --> 00:26:53.370

Devlon Nicole Jackson (she/her): And so I always tell individuals, when you talk about social media I need to know which platform, are you referring to, because not every platform is the preferred platform for each group.

156

00:26:53.910 --> 00:27:08.460

Devlon Nicole Jackson (she/her): Because we have tick tock we've got instagram got Facebook we've got Twitter well was popular long among our young adult community is tick tock was the most preferred then instagram than Facebook.

157

00:27:08.880 --> 00:27:19.560

Devlon Nicole Jackson (she/her): But what they were reporting was yeah tick tock and instagram and Facebook it's cool, however, when you all are reporting to us about coded.

158

00:27:20.220 --> 00:27:29.670

Devlon Nicole Jackson (she/her): And anything is discussed about coded you put that little link there we've all seen that link right, where it says, you know to learn more about covert information click here.

159

00:27:29.970 --> 00:27:44.490

Devlon Nicole Jackson (she/her): Well, when we click on it, what does it take us, it takes us to general broad information for the entire US population not specifically to our young adult Community who's going to this platform.

160

00:27:44.940 --> 00:27:58.050

Devlon Nicole Jackson (she/her): And so it had anything ha, so we know about the sources, we know about the channels, we know what their concerns are, but now, what do we do with all of that you can go to the next slide.

161

00:27:59.610 --> 00:28:05.760

Devlon Nicole Jackson (she/her): So we need to tailor so what i'm finding in the literature is tailored now we've heard this.

162

00:28:06.690 --> 00:28:17.310

Devlon Nicole Jackson (she/her): Over and over again, as public health professionals, as health educators as health promoters as Community advocates Community engaged workers.

163

00:28:17.850 --> 00:28:25.890

Devlon Nicole Jackson (she/her): Practitioners or researchers, we know it, but now let's put on our health communication lens and and see what that means, when we say Taylor.

164

00:28:26.160 --> 00:28:33.960

Devlon Nicole Jackson (she/her): So what that means, when we say Taylor's let's first talk about content, so our research team today has given a lot of content.

165

00:28:34.260 --> 00:28:43.140

Devlon Nicole Jackson (she/her): And what our young adult population wants to hear about they want to hear specific content that speaks to okay and and a report.

166

00:28:43.500 --> 00:28:57.780

Devlon Nicole Jackson (she/her): That study by the University of Michigan talked about some of these concerns as well that was recently published, they said they want to know um you know what are the long term effects and, and it was reported that some of our.

167

00:28:58.200 --> 00:29:07.710

Devlon Nicole Jackson (she/her): Some of the participants in the study our parents, well, we already know that there's always been hesitation, for a lot of parents when it comes to vaccinations in general.

168

00:29:07.980 --> 00:29:13.350

Devlon Nicole Jackson (she/her): So when you couple that with being a young adult already has hesitations about.

169

00:29:13.950 --> 00:29:25.050

Devlon Nicole Jackson (she/her): You know, concerns about long term like fertility family planning right or if maybe family planning is not my long term or short term issue right now.

170

00:29:25.440 --> 00:29:31.410

Devlon Nicole Jackson (she/her): My other young adult issues might be what How does this impact my health insurance, you know, maybe I.

171

00:29:32.040 --> 00:29:46.350

Devlon Nicole Jackson (she/her): wouldn't So yes, I can get the vaccine for free, right now, but what if there's a side effect that comes up what do I do do you have something for me and someone like myself, what do I do if I have a bunch of homework.

172

00:29:47.190 --> 00:29:57.450

Devlon Nicole Jackson (she/her): or work responsibilities and this vaccine causes me to maybe have some delays for a few days and I still need to pay my bills or other resources.

173

00:29:57.840 --> 00:30:03.750

Devlon Nicole Jackson (she/her): What type of content information do we need to put in there that still says yes get vaccinated.

174

00:30:04.050 --> 00:30:14.190

Devlon Nicole Jackson (she/her): But I hear your concerns, I hear your needs so here's some resources that I can connect you to while we're also trying to ensure that you're safe right from coven.

175

00:30:15.120 --> 00:30:19.500

Devlon Nicole Jackson (she/her): and your family member of social network Members are safe as well right.

176

00:30:20.160 --> 00:30:29.910

Devlon Nicole Jackson (she/her): Think about the Channel so let's use the social media but be specific and strategic with social media let's not just simply put in that little link.

177

00:30:30.420 --> 00:30:41.490

Devlon Nicole Jackson (she/her): click here and go to the CDC so CDC is a trusted source right which we've heard other federal agents organizations are trusted source sources.

178

00:30:41.790 --> 00:30:46.950

Devlon Nicole Jackson (she/her): But let's couple that with our channels that's being strategically so we're going to put those links to the channels.

179

00:30:47.520 --> 00:30:55.650

Devlon Nicole Jackson (she/her): let's be more tailored in our content when we're connecting it to us course now let's go step further with

our sources and get creative.

180

00:30:55.980 --> 00:31:05.880

Devlon Nicole Jackson (she/her): and bring on celebrities we've all seen this tactic work right and we've seen it be effective we've seen it in HIV, AIDS work we've seen it in.

181

00:31:06.780 --> 00:31:15.210

Devlon Nicole Jackson (she/her): Other forms of testing and prevention let's now bring in our celebrities that connect with our young adult community.

182

00:31:15.600 --> 00:31:23.310

Devlon Nicole Jackson (she/her): let's advocate to our policymakers to start considering that type of strategy we know influencers work.

183

00:31:23.910 --> 00:31:31.680

Devlon Nicole Jackson (she/her): we've seen them get us to purchase certain products well let's see how they can help help us engage our young adults with.

184

00:31:32.550 --> 00:31:42.450

Devlon Nicole Jackson (she/her): The coven vaccination but also addressing their concerns let's have some of these influencers talk about their concerns and how they can relate as well.

185

00:31:42.960 --> 00:31:54.390

Devlon Nicole Jackson (she/her): Then the other thing that I encourage us to think about is this, including multiple approaches dissemination of information so i've talked a lot about social media, but one thing that we need to move towards.

186

00:31:55.020 --> 00:32:03.030

Devlon Nicole Jackson (she/her): And an article that was recently published this weekend in New York Times i'm sorry and buzzfeed was talking about how.

187

00:32:04.020 --> 00:32:25.290

Devlon Nicole Jackson (she/her): You know in this last wave of getting individuals to vaccinate, we need to tailor information not just simply to that group only but by but to the individuals who influenced them, so what I mean by that, so what we've learned is that some

individuals are starting to say okay.

188

00:32:26.850 --> 00:32:37.590

Devlon Nicole Jackson (she/her): You can only hang out with me or come to grandma's house or come to my house and do play dates if you're also vaccinated and your kids are vaccinated so.

189

00:32:38.160 --> 00:32:49.440

Devlon Nicole Jackson (she/her): What i'm proposing is maybe we we create messages to the secondary audience the audience's that influence the primary audience.

190

00:32:49.980 --> 00:33:00.060

Devlon Nicole Jackson (she/her): You know, make some messages that say something along the lines like hey do you want to be able to see your daughter your sister your cousin your friend more.

191

00:33:00.900 --> 00:33:11.520

Devlon Nicole Jackson (she/her): But you know they're a little hesitant about vaccinations let's let's let's communicate with them about your experiences and how it might help them as well.

192

00:33:11.850 --> 00:33:20.670

Devlon Nicole Jackson (she/her): Maybe include other gen Z or young adult individuals who have seen the benefit of it and how maybe their concerns have been addressed in it.

193

00:33:21.150 --> 00:33:32.160

Devlon Nicole Jackson (she/her): Just a thought, but what I what the point of me saying all that is we can't just only depend on social media we've got to go back to our health literacy and health information principles we're remembering that.

194

00:33:32.880 --> 00:33:34.350

Devlon Nicole Jackson (she/her): Individuals don't live in a bubble.

195

00:33:34.860 --> 00:33:38.760

Devlon Nicole Jackson (she/her): We all get information from multiple channels and multiple sources.

196

00:33:38.940 --> 00:33:52.620

Devlon Nicole Jackson (she/her): And yes, we know that young adults definitely get it from social media and the government, but they are listening to their friends, they are listening to their family members they're listening to their co workers colleagues and so let's see how we can.

197

00:33:53.040 --> 00:34:02.160

Devlon Nicole Jackson (she/her): Strategically engage them in these health communication strategies and then continue to include strategies to address this information.

198

00:34:02.790 --> 00:34:12.930

Devlon Nicole Jackson (she/her): So in those links figure out ways to address these concerns that maybe are not clear, because oftentimes misinformation comes from.

199

00:34:13.380 --> 00:34:22.470

Devlon Nicole Jackson (she/her): Information that's that hasn't been maybe articulated in the clearest way right it hasn't really address the concerns so that's how misinformation.

200

00:34:23.190 --> 00:34:32.940

Devlon Nicole Jackson (she/her): Get you know get spread, and so we need to address that continue to think of strategic strategies and then the last one consider additional related factors like parental status.

201

00:34:33.510 --> 00:34:41.820

Devlon Nicole Jackson (she/her): Having a child or not having children wanting to have children in the future, not focusing on that, but that might be a consideration.

202

00:34:42.540 --> 00:34:57.930

Devlon Nicole Jackson (she/her): We know that not just encoded, as I mentioned before, vaccines are concerned, for all parents, so we need to be able to address that for our young adults who are parents or are considering having children in the future.

203

00:34:58.530 --> 00:35:08.190

Devlon Nicole Jackson (she/her): Consider race and ethnicity, it has been widely reported in the general population that hesitancy that black and Hispanic Community members have.

204

00:35:08.490 --> 00:35:15.840

Devlon Nicole Jackson (she/her): been even more research has reported that our young adult black and Hispanic individuals and latinx Community members.

205

00:35:16.110 --> 00:35:27.180

Devlon Nicole Jackson (she/her): are still having concerns about vaccinations, so we need to tailor information to those concerns as well, acknowledge the distress a knowledge, the concerns and.

206

00:35:27.540 --> 00:35:35.730

Devlon Nicole Jackson (she/her): figure out ways to address that, while also giving them comfort that vaccinations are are good way to go, at this time.

207

00:35:36.060 --> 00:35:47.400

Devlon Nicole Jackson (she/her): And then consider fcs we talked about concerns of health care health care coverage concerns about employment and being able to take care of certain things if the vaccine causes.

208

00:35:47.760 --> 00:35:55.410

Devlon Nicole Jackson (she/her): Certain side effects, how do we address these concerns, so I know that these are not necessarily the easiest solutions.

209

00:35:55.950 --> 00:36:06.240

Devlon Nicole Jackson (she/her): And they don't necessarily get to the crux of the overall problem, but I think this is a good start, and I think it's something for us to consider about how do we tailor.

210

00:36:06.690 --> 00:36:22.110

Devlon Nicole Jackson (she/her): tailor to this audience, they are speaking loud and clear that we are not tailoring to them, we they don't hear themselves in our messages So how do we create messages to ensure that they are being heard, thank you.

211

00:36:28.830 --> 00:36:43.200

Liz Aparicio (she/her): Wonderful thanks so much Dr Jackson that was really helpful so we're going to open it up now to questions and discussion among folks who are here today, so i've seen a lump question that came through in the chat.

212

00:36:44.520 --> 00:36:52.680

Liz Aparicio (she/her): From bb talk thanks so much for that question, so we had said earlier that 13% of our sample.

213

00:36:54.150 --> 00:37:02.010

Liz Aparicio (she/her): Had the intention to get vaccinated so that includes both people who have had at the time of the interview already been vaccinated and those.

214

00:37:02.250 --> 00:37:10.410

Liz Aparicio (she/her): Who were sure that that was the right choice for them so, even if they hadn't yet gotten to the vaccinations they they intended to do so in the very near future.

215

00:37:11.520 --> 00:37:15.450

Liz Aparicio (she/her): thanks for that question, so a lot of did you want to say anything else about that.

216

00:37:15.960 --> 00:37:23.820

Svetlana Shpiegel: yeah, I just wanted to add one thing and Dr Jackson, thank you for your presentation this was really helpful to hear that broad perspective.

217

00:37:24.780 --> 00:37:40.410

Svetlana Shpiegel: I just also want to mention kind of keeping our specific population in mind some of the strategies that Dr Jackson described could be even further tailored to use her agent out of care right so, for instance, there are.

218

00:37:41.730 --> 00:37:51.660

Svetlana Shpiegel: organizations that are comprised of foster care alumni they're very active, sometimes in the halen Congress and other times and social media and other places.

219

00:37:52.080 --> 00:38:05.100

Svetlana Shpiegel: So we could use these organizations, this could be folks that that these young people, trust and they might be more willing to hear a message from those sources right So in addition to kind of some of the obvious.

220

00:38:06.090 --> 00:38:18.510

Svetlana Shpiegel: influencers like celebrities and things like that we could also think about these young people and who are the sources that they trust right who are the people that they really go to.

221

00:38:19.230 --> 00:38:31.500

Svetlana Shpiegel: When they want to receive information about a sensitive topic right so so that was one comment that I had, and then the other comment that I had in terms of what Alexander was talking about.

222

00:38:32.700 --> 00:38:39.810

Svetlana Shpiegel: And this is not necessarily something that our participants talked about in depth, but something that we know from kind of why the research.

223

00:38:40.260 --> 00:38:46.620

Svetlana Shpiegel: There are also some specific barriers that relate to foster youth in particular right when they access vaccines, for instance.

224

00:38:47.100 --> 00:38:56.850

Svetlana Shpiegel: Some states if we use is between ages 16 and 18 or but under 18 years old right, and they want to get vaccinated.

225

00:38:57.270 --> 00:39:05.610

Svetlana Shpiegel: Their foster parents can just bring them and they would get the vaccine, they have to receive permission from the state child welfare agency to do that.

226

00:39:06.090 --> 00:39:18.570

Svetlana Shpiegel: So that could be a barrier in terms of access, but also, it could instill further mistrust right in the young person said well why don't have to go to the sex or step, what does that mean it's more dangerous, what does that mean.

227

00:39:19.890 --> 00:39:29.730

Svetlana Shpiegel: Another thing that we could think about is even something like photo ID, that is, you know we all think okay well everybody has photo ID right.

228

00:39:30.060 --> 00:39:37.020

Svetlana Shpiegel: Well, you wouldn't care sometimes that could be

barrier right that could be something that the status quo for agencies should think about.

229

00:39:37.380 --> 00:39:46.680

Svetlana Shpiegel: helping these young people get their photo ids so they can go and get vaccinated even if they're after the age of 18 right and they don't need permission, but some of them have some of those barriers.

230

00:39:47.970 --> 00:39:52.650

Svetlana Shpiegel: So just again thinking about this specific population.

231

00:39:53.910 --> 00:40:05.190

Svetlana Shpiegel: The intersection ality of the various things that we talked about their predominantly young people of color a lot of them struggle financially right.

232

00:40:05.850 --> 00:40:18.630

Svetlana Shpiegel: They have been hurt by the system, some of them, many of them, so all of these come together to create a lot of hesitancy that we really have to think about them, specifically in that respect.

233

00:40:23.820 --> 00:40:32.640

Devlon Nicole Jackson (she/her): Thank you for saying, if you don't mind if I just wanted to respond to it, thank you for saying that um and thank you for bringing up the point about other trusted sources like.

234

00:40:33.330 --> 00:40:42.150

Devlon Nicole Jackson (she/her): individuals within their Community because we learned, especially talk about certain racial ethnic groups and some sources like religious.

235

00:40:42.480 --> 00:40:53.370

Devlon Nicole Jackson (she/her): Organizations Community organizations have been trusted sources for them, so if there's a particular organization for the young adult population.

236

00:40:54.090 --> 00:41:05.880

Devlon Nicole Jackson (she/her): Especially within the Foster system

or partner or a former formerly a part of the Foster system like we should tap into those so I love that you said that, and then I also would like to point out.

237

00:41:06.630 --> 00:41:21.480

Devlon Nicole Jackson (she/her): When we think about tailoring one thing that I encourage us also to consider is that we not only just simply use individuals that maybe look like the Community but make sure that we're actually using information.

238

00:41:22.260 --> 00:41:32.520

Devlon Nicole Jackson (she/her): That they can communicate and speak to these concerns, because I think sometimes some messages miss that mark they're like Oh well, we put someone in there that looks like them oh it'll happen.

239

00:41:32.850 --> 00:41:42.990

Devlon Nicole Jackson (she/her): But we're seeing in the data know we've got a here we've got to see the information as well, while we're also looking at someone who relates to my experiences also.

240

00:41:44.400 --> 00:41:45.120

Svetlana Shpiegel: Absolutely.

241

00:41:49.350 --> 00:41:50.610

Svetlana Shpiegel: Any questions.

242

00:41:53.100 --> 00:41:58.980

Svetlana Shpiegel: Responses maybe some reflections and what you see in your community with the young people that you work with.

243

00:41:59.850 --> 00:42:02.790

Liz Aparicio (she/her): Go ahead, Dr Scott, I saw your hand up have been in there.

244

00:42:04.410 --> 00:42:12.930

Rhoda Smith (she/her): So I wanted to thank you all for great webinar this was a lot of good information, and I know how hard the team has worked to really try to.

245

00:42:13.740 --> 00:42:28.740

Rhoda Smith (she/her): recruit and to get the voices of these young people out there, one of the things that i'm not sure if they're using nationwide, which is one of the issues with the child welfare system is that there's something called peer.

246

00:42:30.300 --> 00:42:41.490

Rhoda Smith (she/her): To peer family workers, which really they are youth, who are in the child welfare system, who have been hired by the child welfare agencies to talk to.

247

00:42:41.490 --> 00:42:42.630

Svetlana Shpiegel: kids at.

248

00:42:42.660 --> 00:42:45.870

Rhoda Smith (she/her): All things like going to counseling.

249

00:42:47.070 --> 00:42:58.290

Rhoda Smith (she/her): established now trying to have a better relationship with the worker trying to communicate better with the worker so i'm using peer to peer kind of.

250

00:42:59.910 --> 00:43:06.090

Rhoda Smith (she/her): voice I guess might also help to influence this, which is why i'm really glad that.

251

00:43:07.350 --> 00:43:18.660

Rhoda Smith (she/her): We have folks like Alexander on the research team, as well as tammy Fleming, and the anti Casey foundation, this is their model is to use young people.

252

00:43:19.170 --> 00:43:32.340

Rhoda Smith (she/her): Who can speak for young people and also speak to young people, so I think that that was being related in terms of using social media because I don't know instagram from.

253

00:43:32.730 --> 00:43:44.430

Rhoda Smith (she/her): You know I can't I can't add another social media thing, but the young people are able to navigate all of those things, so I think that sometimes as Dr Jackson had even pointed out.

254

00:43:45.150 --> 00:44:00.810

Rhoda Smith (she/her): In the study that we are not speaking to them when they are able to access TV and heroes say one thing today and something different tomorrow or the heroes say that this is what we stand for, but our actions are different so My last point is.

255

00:44:01.230 --> 00:44:15.960

Rhoda Smith (she/her): To just hopefully get the message out that we don't demonize people who are reluctant to become vaccinated because essentially in the case of these young people, they have a reason to be mistrustful and reluctant.

256

00:44:19.290 --> 00:44:29.850

Devlon Nicole Jackson (she/her): Thanks so much for pointing that out never want anyone to feel demonized about their health decisions and we talk about that, on every level right we think about.

257

00:44:30.450 --> 00:44:45.840

Devlon Nicole Jackson (she/her): Eating choices physical activity preventative choices, whatever that is so, we definitely don't want to demonize we just want to be mindful that we are being very we're giving them all the information that they're that they're requesting.

258

00:44:52.830 --> 00:44:56.130

Liz Aparicio (she/her): Thank you for that really important points really appreciate that.

259

00:44:58.530 --> 00:45:02.580

Liz Aparicio (she/her): Other questions or comments things that are striking folks that are listening.

260

00:45:04.050 --> 00:45:05.490

Svetlana Shpiegel: Think tammy has her hand up.

261

00:45:05.970 --> 00:45:10.650

Liz Aparicio (she/her): Yes, go ahead, welcome to our wonderful program officer tammy Fleming.

262

00:45:11.520 --> 00:45:15.270

Tammi Fleming: i'm so sorry, obviously we got caught up in another meeting and.

263

00:45:15.840 --> 00:45:25.110

Tammi Fleming: Anyway, oh, my question was, I know I forwarded an article to you guys but um and I don't know if that was mentioned.

264

00:45:25.500 --> 00:45:33.510

Tammi Fleming: On those sada categories, because everybody who's hesitant isn't hesitant, for the same reason.

265

00:45:34.110 --> 00:45:48.450

Tammi Fleming: And i'm wondering, and you may have already trust this, but I do think it's worth the conversation only because I think there's some things that I cast them in some.

266

00:45:49.350 --> 00:46:02.820

Tammi Fleming: populations who have less resources or disadvantage in terms of like this population but there's some things that is really current because of our political environment.

267

00:46:03.450 --> 00:46:13.620

Tammi Fleming: that's causing some of the hesitant and I wondered own like, how do we because they're different I think there will be different strategies.

268

00:46:14.400 --> 00:46:35.610

Tammi Fleming: On for answering our for on tackling on the cause of the hesitancy on with these young people so had you mention any of that because I know that some new information that just came out around these different categories of why people are hesitant.

269

00:46:37.200 --> 00:46:41.070

Liz Aparicio (she/her): We have not yet talked about that, but I just put the link in the chat.

270

00:46:42.120 --> 00:46:51.330

Liz Aparicio (she/her): So that folks can take a look and i'm happy to share sometimes the New York Times articles are hard to access without a subscription so i'm happy to share my screen.

271

00:46:52.140 --> 00:47:07.140

Liz Aparicio (she/her): If i'm if folks can't access it, but essentially it breaks folks down, who are have not yet gotten the vaccination into folks who are actually mariah do you mind just giving

me privileges, so I can show, I think I already have all right let's see here.

272

00:47:08.370 --> 00:47:11.070

Liz Aparicio (she/her): i'll switch over so that I can share this with you.

273

00:47:16.260 --> 00:47:17.280

Liz Aparicio (she/her): Can you all see that.

274

00:47:19.260 --> 00:47:27.990

Liz Aparicio (she/her): So, in the United States that says this is among folks who have not yet been vaccinated who are adults 8% are watchful they're waiting to see what happens next.

275

00:47:28.590 --> 00:47:42.060

Liz Aparicio (she/her): And a lot of the Youth were in that category, they really wanted to see what happened as more folks got vaccinated in the population and Alexander feel free to jump in at any point if any of these you want to comment on them.

276

00:47:42.390 --> 00:47:53.100

Alexander Sanchez (He/Him): You know I like to see something you I felt the exact same way news I wanted to wait, because there were a lot of stuff on on tick tock like conspiracy.

277

00:47:53.940 --> 00:48:01.650

Alexander Sanchez (He/Him): weird conspiracy theories that were saying, like the first round of the vaccines given out to everybody is just.

278

00:48:02.490 --> 00:48:16.830

Alexander Sanchez (He/Him): a trial period and it's not going to go well for everybody, so I was like well so i'll just a wheat and I think a lot of people who saw that tick tock in the comments felt the same way.

279

00:48:19.110 --> 00:48:33.510

Tammi Fleming: Which is really interesting because who's more likely to be on tick tock not me I didn't see it, and I want, if I would have thought I probably would have waited till they progress and let's see what happened to those old people before we.

280

00:48:34.050 --> 00:48:34.560

yeah.

281

00:48:37.530 --> 00:48:50.190

Tammi Fleming: It is, it is worth us thinking about the strategies, because I think we're not enough of us are really aware of the technology and how messages get out and obviously by the younger people.

282

00:48:51.030 --> 00:49:02.160

Svetlana Shpiegel: And I, I think that one of the things that we could really this categorization is helpful and I as i'm looking at this, I, I think we had all of these represented, with the exception of.

283

00:49:03.270 --> 00:49:11.760

Svetlana Shpiegel: covered skeptics which I haven't seen as much in my, at least in the interviews and focus groups that I myself participated in, but I think that.

284

00:49:12.510 --> 00:49:20.280

Svetlana Shpiegel: When we think about strategies right, so it seems to me that the folks who are watchful right there waiting to see what happens next.

285

00:49:20.760 --> 00:49:27.840

Svetlana Shpiegel: Those are probably the people that might get vaccinated eventually even without a lot of intervention, our parents right.

286

00:49:28.200 --> 00:49:31.830

Svetlana Shpiegel: Because they're going to see the different are vaccinated their colleagues are vaccinated.

287

00:49:32.190 --> 00:49:39.840

Svetlana Shpiegel: And they don't have very significant side effects and there is a lot of benefit to socialization and other things and they're going to say okay.

288

00:49:40.320 --> 00:49:48.090

Svetlana Shpiegel: Maybe i'm going to do this, too, I think what we

really should think about, especially in this particular population.

289

00:49:48.600 --> 00:49:54.420

Svetlana Shpiegel: Is the cost anxious folks right the ones that can't afford the time or the cost, because this is something.

290

00:49:54.900 --> 00:50:01.260

Svetlana Shpiegel: that the child welfare system and other systems, including employers could directly intervene in right.

291

00:50:01.680 --> 00:50:10.200

Svetlana Shpiegel: If you're going to give this folks time off to get the vaccine if you're going to make the vaccination sites close to where those young people live.

292

00:50:10.530 --> 00:50:17.970

Svetlana Shpiegel: If you're going to give young people in care time to recover from vaccination right if you're going to provide childcare when they.

293

00:50:18.240 --> 00:50:25.770

Svetlana Shpiegel: Take the vaccine right there was some vaccinations, I say, well, you can bring anybody else, and there are no child care provided to so then young people.

294

00:50:26.070 --> 00:50:33.900

Svetlana Shpiegel: In this population who might not have supports to watch their children they're going to say, well, I can do it that right, because I have to bring my kids are not going to come.

295

00:50:34.470 --> 00:50:42.720

Svetlana Shpiegel: So those that's one group that I think we really can intervene and and really make sure that those young people are vaccinated.

296

00:50:43.170 --> 00:50:48.240

Svetlana Shpiegel: And then I think the system distributors right that's also a big.

297

00:50:48.690 --> 00:50:55.950

Svetlana Shpiegel: I think that that was a big chunk of our young

people and, again, given the fact that they've been in the system, and then a lot of them are young people of color.

298

00:50:56.280 --> 00:51:07.710

Svetlana Shpiegel: it's understandable why they feel this way right, so I think that is also a group that we can intervene in, and I think that's a group, where the strategies that Dr Jackson.

299

00:51:08.130 --> 00:51:17.700

Svetlana Shpiegel: talked about would be particularly helpful right let's deliver the messages to these young people in a way that potentially can increase trust.

300

00:51:18.180 --> 00:51:31.890

Svetlana Shpiegel: Right and make them more willing to listen, so I think we should really think about where can we intervene as advocates for this young people and work, the system intervene and help.

301

00:51:32.460 --> 00:51:46.590

Svetlana Shpiegel: Get the vaccine rates up so so thank you, Dr appreciate for bringing their successes and Dr Fleming for suggesting it, because this is a really helpful way, I think, to think about well, what does this mean right, what can we do with this.

302

00:51:50.520 --> 00:51:52.800

Liz Aparicio (she/her): So much go ahead out there.

303

00:51:53.190 --> 00:51:56.550

Alexander Sanchez (He/Him): I would say my experiences with the DHS.

304

00:51:57.990 --> 00:52:00.690

Alexander Sanchez (He/Him): system here in Oklahoma has been.

305

00:52:02.970 --> 00:52:13.050

Alexander Sanchez (He/Him): very bad I think after that I started thinking I don't trust the government, because I thought of it as because I was so young, I didn't know anything about DHS I thought about it as like a government.

306

00:52:14.010 --> 00:52:25.230

Alexander Sanchez (He/Him): A government thing, so I was I just didn't

trust any organization any government after I aged out and moved out I did my own thing as soon as I turned 18.

307

00:52:27.840 --> 00:52:34.620

Alexander Sanchez (He/Him): But I was very, very, very distrustful of any government help or organization.

308

00:52:36.300 --> 00:52:38.850

Alexander Sanchez (He/Him): you've had also that that might have helped with or.

309

00:52:40.080 --> 00:52:44.730

Alexander Sanchez (He/Him): That might have contributed to my distrust for this vaccine.

310

00:52:50.940 --> 00:52:52.800

Svetlana Shpiegel: We have some questions in the chat.

311

00:52:54.240 --> 00:52:57.060

Svetlana Shpiegel: I think i've seen to some mariah was asking.

312

00:52:58.440 --> 00:53:12.210

Svetlana Shpiegel: How we see public spaces like libraries Community centers and parks playing a role in helping to vaccinate because some young people are less plugged in online, and I think that's a very good question.

313

00:53:14.520 --> 00:53:20.220

Svetlana Shpiegel: You know, so I was wondering if maybe Dr Jackson Dr pre CEO if you have reflections and that.

314

00:53:21.870 --> 00:53:23.610

Svetlana Shpiegel: from public health standpoint to.

315

00:53:25.980 --> 00:53:28.560

Devlon Nicole Jackson (she/her): Would I would definitely encourage that being.

316

00:53:30.270 --> 00:53:42.270

Devlon Nicole Jackson (she/her): A channel and a space that is

utilized in this in the strategies, because we have seen, especially those during coven 19.

317

00:53:43.110 --> 00:54:01.230

Devlon Nicole Jackson (she/her): Not having access to Internet or broadband or wi fi or what have you the library has been a great resource, it was a great resource, even before 19 and that has been a space that has helped to fill that gap of.

318

00:54:02.760 --> 00:54:15.660

Devlon Nicole Jackson (she/her): Individuals that are not as plugged in or connected to online spaces, so the libraries, I would I would definitely encourage I would still say in those spaces, we need to think about how do we tailor.

319

00:54:15.930 --> 00:54:21.360

Devlon Nicole Jackson (she/her): Because a library can be a little overwhelming right, so we would need to think critically.

320

00:54:21.630 --> 00:54:33.570

Devlon Nicole Jackson (she/her): about how we work with these library systems to ensure that when a young adult comes in, they are not just given the same general information or pointed to the same general information.

321

00:54:33.930 --> 00:54:52.950

Devlon Nicole Jackson (she/her): And the same for any of these public spaces, or any of these Community spaces, and I think a great way to approach that is some of the strategies that we've seen used when working with churches when working with Community organizations and how we have created.

322

00:54:54.600 --> 00:54:57.480

Devlon Nicole Jackson (she/her): Strategies specifically around a particular topic.

323

00:54:58.560 --> 00:55:13.050

Devlon Nicole Jackson (she/her): With particular communities, so that when members of those communities come into those spaces, they are given information, specifically for them to, as you said, increase trust hopefully and reduce misinformation.

324

00:55:14.580 --> 00:55:21.090

Svetlana Shpiegel: Absolutely, and I would also add that you know for these young people who are in care or recently a shot of care.

325

00:55:21.480 --> 00:55:27.210

Svetlana Shpiegel: could be other kind of specific spaces, for instance, you know, some of them connected to independent living programs.

326

00:55:27.510 --> 00:55:34.290

Svetlana Shpiegel: Right, can we utilize those programs, some of them have staff that they trust their that they've been in contact with for a long time.

327

00:55:34.800 --> 00:55:52.980

Svetlana Shpiegel: How could we potentially tap into that and then and maybe help deliver good information, Dr Fleming there suggested, you know they're there might be connected to preschool for their children right and and other places that they could be conversations to be had.

328

00:55:54.150 --> 00:56:05.730

Svetlana Shpiegel: With these young people who might be really more willing to listen right rather than this generic information that Dr Jackson rightfully said, you know it just might not work, they don't see that as applied to them.

329

00:56:07.290 --> 00:56:13.950

Svetlana Shpiegel: So, so I think that those are really, really good points, and I appreciate your perspective there, Dr Jackson.

330

00:56:15.210 --> 00:56:28.080

Liz Aparicio (she/her): And thank you so much, everybody we're at time so i'm going to move us on to the last slide and wrap this up i'll answer your question briefly by which is about follow up do we plan to follow up with folks That would be an amazing.

331

00:56:29.250 --> 00:56:37.920

Liz Aparicio (she/her): Additional study that I think we could do, and we don't have plans at present to do that, but I think it's a really great idea and something that we should be considering.

332

00:56:38.970 --> 00:56:45.330

Liz Aparicio (she/her): So please keep in touch, these are our email addresses we'd love to hear from you, we will have a research brief.

333

00:56:45.720 --> 00:56:57.810

Liz Aparicio (she/her): We do have a research brief that is available by request you can reach out to me if you would like that we will have a summer webinar from our team hosted by the Casey foundation, so if you are interested in attending that, please let me.

334

00:56:58.470 --> 00:57:02.610

Liz Aparicio (she/her): know and we can get you on that distribution list to let you know when that will be.

335

00:57:03.330 --> 00:57:12.960

Liz Aparicio (she/her): In terms of reshaping there will be another webinar in future months i'm not sure the exact timing of that will be summer fall, but we welcome you warmly to join us for that too.

336

00:57:13.470 --> 00:57:24.060

Liz Aparicio (she/her): And thank you so much for being here, I wish you a wonderful rest of your week, and thanks, so much the recording will be available shortly, and we will share that with you all have a great rest of your week bye bye.

337

00:57:26.100 --> 00:57:27.060

Svetlana Shpiegel: Thank you, everybody.