

Live Captioning by Ai-Media

SPEAKER:

Recording in progress.

ANNA COSTALAS:

Hello, and welcome to Promoting Vaccine Confidence in Neurodivergent Communities: Lessons Learned from Stakeholder Engagement and Social Media Outreach. We would like to thank you all for joining us today. Before we begin, I would like to address a few logistical details.

Because of the number of participants, your audio lines will be muted. But you can ask questions at any time, in the Zoom console. Once there questions at the end, we will read them out loud to accommodate all attendees. We also have CART captioned, you can click the CC buttons and go to your settings and change the font size, whatever you need.

We also have an ASL interpreter. You can pin the video, but we will be spotlighting them. So, you should not have that problem. But you can also change the viewing preference in the right side of your console, the three little dots.

This meeting is being recorded, and will be available a few days after the event at AUCD's webinar library. Along with the written transcript and presentation slides. It will be also a short five question survey at the end of the webinar, just providing your feedback and future topics.

Again, thank you all for joining us. I will pass the microphone over to Doctor Emily Hotez, who will be starting at all.

DR EMILY HOTEZ:

Hi, everyone! Welcome and thank you so much for joining our webinar. Promoting Vaccine Confidence in Neurodivergent Communities: Lessons Learned from Stakeholder Engagement and Social Media Outreach.

My name is Emily Hotez, and I am an assistant professor in the David (unknown name) school of medicine at UCLA, the ventral mental psychologist researcher and a sister of an autistic adults.

I am thrilled that my team will have the opportunity to share with you our lessons learned from our project, supported by an AUCD CDC dissemination innovation many grants. That sought to understand and promote faxing confidence in the disability community, from May to July 2021.

This project is a student driven project, as you will see from my co-presenters today. Although I oversaw the project, it was completely led by the ideas and efforts of UCLA students. Having students run the show encourages creativity, innovation and exploration, which is really conducive to a project like this, where new findings and information are emerging every day.

Next slide, please.

On today's webinar, I will kick us off with an overview of who we are, our work and our accomplishments to date. My collaborators will present on lessons learned from diverse stakeholders, including Sabbath advocates and family members, public health professionals, and direct service professionals.

We will always -- also progressed present on Latinx social outreach, and using social media to disseminate public health messages.

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So this is a rapidly moving project. In order to hit the ground running, we dove headfirst into learning as much as we could about the issue.

After scouring the available research and statistics at the beginning of the project, a few things became clear. First, vaccine hesitancy is prevalent in the disability community. The American Association on Health and Disability reported in April 2021 that 27% of individuals with disabilities are either not sure or reported that they would not be vaccinated.

At that time, the CDC estimated that the COVID-19 hesitancy rate across all populations ranged from 3.8 to 25.6. Suggesting that individuals with disabilities may have a higher vaccine hesitancy rate.

Second, vaccine hesitancy is a particularly critical issue for this population. They have a heightened risk of contracting and dying from COVID-19. During the pandemic, individuals with disabilities demonstrated more severe illness, greater risk of hospitalization, and almost twice the case of fatalities.

Third, there are a range of barriers to vaccine uptake and confidence that existed well before the pandemic. These include a long-standing history of stigma and marginalization across the life course. Including, but not limited to, healthcare settings. Often times, due to a lack of sufficient healthcare provider training and education around working with individuals with disabilities. And a lack of conclusive research.

Subsequently, they often mistrust the healthcare system and struggle to access reliable health information. Given all of this, we knew that in order to promote vaccine competency in the disability community, we would have to continue to learn from diverse stakeholders. We immediately recognize the importance of engaging both credible medical authorities, who can assuage health concerns about the vaccine, as well as individuals with disabilities themselves. Including self-advocates, who can be trusted to deliver messages to reflect the experiences and priorities of individuals with disabilities themselves.

It also became clear to us that we needed to be effective public health messengers. We needed to translate what we learned from stakeholder engagement to the public. It is also critical to mention that over the course of this project, we have true interdisciplinary collaborations. Spanning University faculty and student partnerships, as well as collaborations with local and national organizations.

Often times formed during the pandemic.

All of these factors supported our broader mission as a team. To promote the health and well-being of Neuro divergent communities. During and post pandemic. I would present a brief overview of our accomplishments, then we will divergent to share everything that we learn to do this summer.

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We successfully engaged a range of stakeholders this summer. We interviewed individuals and their families, direct service providers, public health experts.

We conducted interviews in both English and Spanish, to promote access to our information within Spanish-speaking communities. The interviews are widely available as videos on our website, which we will link to at the end.

This engagement also collects into a blog and (unknown term) series all available on our website. We also wrote a report that synthesized findings from interviews, which will be seminars and on a webinar today. -- Summarizing on a webinar today.

We also have a social media to continue to engage the public. This is a project made up of experts, and other self identified kids that wanted help the communities. They understand the critical importance of supporting those with multiple and intersectional marginalized identities. Including disabilities, and generally supported the development and execution of a social media strategy.

Finally, we created an interesting -- infrastructure, your diversity health checks, to allow us to continue to conduct stakeholder engagement and further promote health and disability communities beyond this project.

You write diversity health checks will be operating under the umbrella of UC land, an interdisciplinary program comprised of health professionals and fellows with the focus on understanding the impact of neurodevelopmental disabilities on individuals and families, to improve the care and outcomes for these individuals over the lifespan.

Without further due, I would like to turn it over to our first student presenter, to share with you some lessons learned.

LAILA KHORSANI:

Hello. Can you go to the next slide, please?

Hi, everyone. My name is Layla. I am a recent graduate from UCLA and a team member for NBC H. I am really excited today to summarize some little lessons learned from our self advocates and family members in our community.

So, before we directly introduce our interviewees, for us it was really important to hear directly from self advocates and family members of individuals with disabilities. We really wanted to hear directly from the voices that are most impacted within the disability community.

Having these one-on-one conversations allowed us to hear a wide range of perspectives and voices, and hear directly what individuals within the community are asking for, when it comes to the COVID-19 vaccine.

Additionally, this also allows us to more effectively reach out to the community when we are disseminating the information on our social media channels.

So, in order to do this we interviewed four individuals from a wide range of perspectives, coming from a wide range of backgrounds as well. You can see on the bottom right of the slide some of the institutions that these individuals represent. UCLA Health, Vanderbilt Health Antigone help. -- Dignity health.

So far first South Africa we have Zina Jawadi, was at UCLA medical student and a hearing loss advocate. -- So our first interviewee we have Zina Jawadi, who is a UCLA medical student and hearing loss advocate. If you can just play the first video that we have, you can hear directly from Zina about some of the important accommodations for individuals during the COVID-19 pandemic.

ANNA COSTALAS:

Please give me a second, I am working on this.

(Video plays)

SPEAKER:

Are there any other specifics that should be offered to this community to assist with the COVID-19 vaccine?

SPEAKER:

I think that vaccinations should have a contact person for accommodation request. For instance when making a payment, there should be a question where you should receive accommodations. Maybe a question about accommodations to consider. At the vaccination side, it will find ways to incorporate accommodation including information.

Information, instead of saying (Indiscernible). You can have material appointed that direction. I recognize it is different, but you decide. That is just one example.

LAILA KHORSANI:

Thank you for sharing the video. So, for this interview, that was a really common theme that we saw kind of throughout conversations with her. The importance of helping promote ease of access to accessibility concerns for individuals within the disability community. And that has been heightened within the COVID-19 pandemic.

Next you will go to our next interviewee Zach Williams, who was a MD PhD student at Vanderbilt University school of medicine. He is an advocate for individuals with autism and sensory disorders. In this next video, he is directly responding to a question we asked him regarding how healthcare professionals, nurses, doctors etc. can help individuals in applying accommodations or helping to explain the COVID-19 vaccine or vaccines in general.

(Video plays)

SPEAKER:

(Speaks foreign language)

LAILA KHORSANI:

Anna, I think this is the wrong video. If you can go to Zack's? Apologies, everyone.

(Video plays)

SPEAKER:

Different groups of people, some people really enjoy details. And they think that the best way to get healthcare, including the vaccines, is to have the person load them up with as much information as possible. Use all of the medical terminology and jargon, and give a really detailed response about what is going to happen, but it is doing in your body etc.

On the other hand there are other people get very overwhelmed with that degree of information, and it makes them more anxious. So, some people really like short, simple in and out, do not talk to me too much, just the thing. I think it is on both the patient provider to talk about how best they can be served.

The patient who believe not have the ability to communicate verbally, I think it is on the support person to understand their needs or what makes them more likely to have a successful healthcare visit and talk with their providers about how that can be facilitated.

LAILA KHORSANI:

So, when talking to Zach, one of the things that he really emphasized was this concept that everybody has different needs and different accommodations that they require. Even if two people have a sensory disorder, they may prefer kind of different things were going to the doctor.

Just little things like that, even discussing the processes of getting a vaccine based off of the preferences of a patient, can be very impactful and help promote fixing confidence in that way. --

Vaccine confidence in that way.

If we can go to our next slide, I will go and introduce some of the family members to we interviewed as well.

Alright. So our first family member is Doctor Jody (unknown name), she is a critical care surgeon at Mercy San Juan Medical Center in Northern California. She is the mother to a daughter with Rett syndrome, and she is a big advocate of her daughter and is very involved in the Rex community.

She says, to me, referring to the COVID-19, it was very reassuring that at some point she, referring to a daughter, would also be protected from something that would be significantly more dangerous for her and her siblings.

So this concept of the vaccine, as a preventative measure to prevent her family members from COVID-19, added the sense of urgency in getting the vaccine early on. This was something that contributed to early daughter getting the vaccine as soon as she turned old enough, which is something that helped protect the rest of her family members, her younger son and her daughter from potentially getting COVID, which is a very serious and risky disease.

This was a concept that came up quite often in our interview, and a very powerful sentiment that we thought was important to share with our community as well. This idea that you were doing this as a way to protect your family members under community members, especially people who may be more vulnerable to getting serious disease from COVID-19.

Our next interviewee, but certainly not least, Lynn, who was a mother and advocate for her three children. She says that they, in reference to the media and institutions in general, should keep it positive. Like this is why you should get it. You know, do not come about the negative stuff because that makes us more scared.

She was trying to share that this idea of talking about reasons to get the vaccine or reasons to get the COVID-19 vaccine. It is really important to help people feel empowered when making the decision to get the vaccine or not. Because then I can make people more confident in the vaccine and therefore more likely to get it.

This kind of negative imagery and really scary imagery around it can make people feel like there is less that they can do about the COVID-19 pandemic in general, and ultimately add more hesitancy or more fear into people's lives. Getting this positive message out there and saying it is something tangible that you can do, and that you can protect your community, your family members this way, this is something that is really important. What helped her and her family get vaccinated.

So, just briefly summarize the lessons that we learned overall from all of these interviews. The first one that was really big is this idea of social networks and community. It is really important not to shy away from talking to your friends and family, especially if they are vaccine hesitant, but also if they are not, just open up the conversation.

You do not know, you may be convinced somebody who was hesitant to get the vaccine, or maybe somebody wanted to wait to get the vaccine, by having these conversations with them. And actually learn herself, our most recent interviewee, was hesitant herself in the beginning once the vaccine started to be administered. But it was her daughter who helped convince her to get the vaccine, and really talked about the reasons why she and the rest of her family should get the vaccine.

Because of that they are all now fully vaccinated, all of them were eligible to be. This is something that is really important, especially if you do have family members who are vaccine hesitant. This is something that we have been approaching to our messaging with individuals, really how to navigate these conversations was one of our topics for instance.

Kind of the next big thing is doing research. This is a message that kind of goes to everyone in the community out there, healthcare professionals are people outside of the medical community, really that we should be supporting each other in our research on vaccine related topics, and we should always be encouraging individuals to find information about the vaccine.

But we should also do this in a really positive way, focusing on making sure that people have accurate sources and that they are looking at information that is accurate about the vaccine. So this can also help people feel more confident for information that they found on their own, and how people get the vaccine as well.

The next big concern that we brought up was something called community-based participatory research. This is a big lesson that we learned, particularly relevant for individuals who are scientists or medical professionals or doing research on a particular community out there. The message that we got here was that it is really important to partner with the people that you are research is going to directly impact, because he will head directly from their perspectives. Especially when it comes to a point of developing research questions, because you want to hear directly from those people what they need the most.

Then you can help tailor the research to help best benefit the community. So this was something that was new to us, and that we learned to our interviews, and something very important that we wanted to share with our communities - especially those who are conducting this type of research.

Lastly, regarding training. So, some of our interviewees, as you saw, were actually medical students and physicians and healthcare professionals and training. Something that came up as a theme throughout both of those conversations with that there were not direct neuro diversity training for all of them in their physician training, as a front-line training aspect. It was something that they had to seek out on their own, in order to get that specific type of training in talking to patients with neuro-diverse, who one neuro divergent within your diverse community. So advocating for the training for all healthcare workers is something that we think is really important moving forward.

So, for us, after we conducted these interviews, we wanted to share the lessons that we learned to the community through social media. I will not go into depth here, because we will be talking about this

later. But you can see the example in the two middle slides, that we had a quote from our interview with Zach, from the clip that we just recently saw.

We incorporated clothes! Quotes and clips from the interviews that we had into social media, and quick and easily adjustable ways, in order to share the messages with the community. We also took the lessons that we learned building community and sharing positive reasons and benefits of the vaccine, when we were building other social media contents as well.

So, just to briefly summarize the steps and the lessons that we learn from all of our interviewees, we kind of split these up into a community level learning, individual level, and tips for healthcare professionals within the medical field.

The talk -- to start with the individuals, people within the community, it is especially important for individuals with children or young kids were not eligible to get the vaccine yet. Who may not understand the intricacies behind the pandemic. So, when you were trying to explain the pandemic to your kid, usually simple language and analogies to help them really understand what is going on, in a way that is truthful but may simplify the situation a little bit, to help them understand what is going on and help them contextualize.

So Berlin was sharing information about the pandemic with her youngest son, she used analogies like cooties, like the COVID viruses like cooties. You do not want to share that with people, it is not appropriate to go hug people anymore or things like that. When it came to having her son wear a mask, she also had a Spider-Man mask to help them wear his mask whenever he was out.

For him that was something that was important because he did not want to wear a regular mask, but when it had Spider-Man or something he liked on it it helps in word. Those kind of things can help with explaining to kids, help them navigate the situation.

The second thing is to use reputable research, make sure you are using appropriate sources. Be critical if they are not siding reliable sources, but do it in an apathetic way -- empathetic way, and help them find those more reliable sources to find information about the virus or vaccine itself.

Next, going on to healthcare professionals. It is really important for doctors and other health professionals out there, to help individuals in advocating for themselves and have accommodations readily available when your patients bring up a particular need that they have, when it comes to either getting the vaccine for instance if somebody has little needle anxiety and that is making them a little bit hesitant awaiting on getting the vaccine for COVID-19.

Find a way to accommodate them, therefore variety of ways that we heard from the needle anxiety program here at UCLA. He will talk about that in a little bit. It had those accommodations readily available, make it easy to access those as well.

The next is to highlight ways to get the vaccines were patients. So empowering the patients the best get the vaccine. On the other side, still explain any side effects that may occur in the days following the

vaccine, and usually accessible language so people know exactly what they should expect and exactly why that is happening. If it does.

Lastly make sure you are building an environment where stations can share their needs and questions. This is a quote from Lynn, be like an open book. Do not hold any secrets or anything that will make people feel suspicious. How people feel most confident in getting the vaccine itself, and hopefully we can all help distribute the vaccine throughout the community and help in the pandemic.

With that being said, this is all I have to share with you, and we will go on to our next team member. If you have any questions about the interviews we had with family members and/or self advocates, I will be helpful -- happy to answer them in the question and answer section. Thank you.

JULIE GRASSIEN:

Thank you, Layla. I am Julie, and I will be discussing interviews we had with our public health professionals. As you know, the COVID-19 pandemic has highlighted the importance of public health and knowing how to help facing confidence in the neuro diverse community is extremely important.

This will help... It is also important to dispel myths with accurate information that is accessible to all populations.

I will go over some of the barriers that we learned about in our interviews with public health professionals. So the first is really disparities that already exist prior to the pandemic.

COVID-19 really and provide these disparities amid the more apparent, but they were not new. They were heavy for the pandemic. There were ready countless healthcare disparities that existed, including access to health and social services. Access to affordable healthcare, unequal distribution of resources, comorbidities among many others.

For example, if an individual who does not have access to healthcare, there's concern around getting the vaccine and knowing there's a chance, even if it is slight, of having adverse side effects. If someone does not have health insurance, it can be very scary knowing that if they get the side effects they do not know what to do if they cannot see a doctor.

There is distrust among these communities due to social and medical trauma. It is hard to see that they are included in the vaccine efforts, and they have the research to support them when they get the vaccine.

The next barrier is myths and misconceptions about the COVID-19 vaccine, and display into why people have -- hesitancy around getting vaccinated. Some of these concerns, and these are a few that we touched on. The first is the newness of the vaccine. Many people thought the distraction was completely new and rushed.

We know that the coronavirus is not a new virus, and scientist have been studying this for over a decade. It is really important that you will know that no steps were skipped in making this facing, and it

is also added benefit that was recently approved by the FDA.

The second is the impacts to reproductive health. Many people feel like adding a vaccine will impact their ability to get pregnant or impact their reproductive health in general. This is also a myth, many studies have been put -- conducted and there is no evidence in causing damage to reproductive health.

Thirdly that the vaccine would alter genetic makeup. COVID-19 vaccine is an RNA vaccine, so it is not alter your genetic makeup. The last misconception is that the vaccine contains the coronavirus. As I just mentioned, being a RNA vaccine, it does not inject the person with the coronavirus. It prevents the person from getting the virus or having adverse side effects from the virus.

We then covered access to vaccination sites. It is good that free vaccines and access the testing is available. It is that it is in the zero diverse communities. It must be in these communities, and having providers to know how to work with the neuro divergent populations. The road diversion individuals need to be prioritized in the testing and vaccination process so that they feel welcomed and getting the vaccine.

Now that I covered the barriers, I want to cover some of the recommendations and how we can moving forward improve vaccination efforts among this population.

The first one is having availability of accessible information, and to be able to understand scientific information from verified sources. It is really important to rely on verified and trusted information when looking to get the vaccine. This information really does need to be available and accessible in a way that is understandable to each community.

Not everyone knows how to read research, and it needs to be translated in a way that is culturally receptive to each community, including the neuro- divergent populations.

Whether it be sciences meeting with public health professionals first, then public health professionals translating this into the community in a way that is issued to understand. Without the background information on the size backer, it can be really hard to integrate all of the information into learning from various sources*many sources. It can create feelings of anxiety and fear. So it is important to make sure that this information is easily understandable in a way that is culturally receptive and neuro diverse friendly.

Our second way is around public health messaging. This is making public health messaging inclusive of all communities, including those neuro- divergent communities. Messaging about COVID-19 vaccinations data be tailored for these communities and populations. So for this community for example, it is really important that messaging is friendly to them and it is in a way that they can understand.

It also needs to be broadcasted widely, as opposed to just a general message that would not be applicable to these populations.

As Layla mentioned earlier, it is really important to have simple language, not just assuming that everybody has the ability to understand the same information. One good example that we learned is including pictures and messaging about getting the vaccine. For example, competence into a picture format explaining what COVID is, the benefits of getting the vaccine, and why we want to present -- prevent ourselves from getting it.

Making it into a format that is available is helpful, helping them understand why they need to get it and what it is. Also give getting information to parents about what a person schooling will look like, especially for your divergent children. You need to make sure that your divergent children are in the planning of returning to school, and what his -- safe environment looks like for these children.

Lastly, to improve taxing confidence, it really just needs to be neuro diverse family and include neuro-diverse voices. This population cannot be left out in the conversation, it needs to be prioritized in the pandemic and beyond.

Going back to what we are talking about about self advocates and family members, these are the voices that need to be amplified and included in the conversation. This also means to to educate the general population about the specific needs of this population.

These are couple quotes a report from the interviews. This one on the left is that individuals one euro diverse have disabilities or have other risk factors, collect organizations that they closely work with in order to be better informed on how the vaccine may affect them specifically. There's a variety of associations for specific conditions, and they are there to support, especially because there people who may be impacted by the vaccine in various ways.

These organizations can really help address concerns, provide important information, and ensure that the information received is valid and verified. Knowing that you have the information from of valid resource that you can understand, can help support individuals in speaking to others about the importance of getting the vaccine as well.

The second quote on the right says that we have to consult with the disability community and related disability community guide the messaging for families and children to get the vaccine.

That is it for me on the public-health lessons learned. I will pass it over to my colleague now. Thank you.

NILPA SHAH:

Thank you, Julie. Now Michelle and I are going to talk about the lessons that we learned from direct service providers.

So, we talked to six providers at Hood Medicine, we had the privilege of speaking with a child and adolescent iCarly -- psychiatrist and a retired psychologist. Both had experience working with the BIPOC communities. We were able to understand the unique experiences of marginalized

communities, and how healthcare has impacted different communities what the country, especially the pandemic and vaccination efforts.

We also talked to the needle outside the program, that was made that people with communities from intellectual disability communities, did you not receive medical services such as annual checkups or immunizations due to the fear of needles. He spoke to a registered nurse and two physicians worked with this program.

We learn strategies on how to decrease trust affair related to needles, by implementing alternative message-- methods and accommodations.

We also spoke about faxing hesitancy with a licensed clinical social worker. This interviewee provide a social ecological framework and understanding vaccine hesitancy.

Overall, all of these voices are important to understand the most effective ways to communicate with patients regarding vaccine confidence and hesitancy.

We found three main barriers to COVID-19 vaccine efforts to our healthcare service providers. The first barrier that was discussed was sensory sensitivities, needle phobias or other anxieties.

Healthcare providers mentioned that needle phobia is one of the most common reasons that contributes to lower rates of vaccination in children or adults with disabilities, then the general population.

Some people have deep-seated phobias of needles, which can cut across all populations. It can because from previous childhood experiences.

Some may have personal experience a traumatic experience as a doctor's office, such as a painting episode, that may lead to anxiety and develop phobias that stay with them for a lifetime. Moreover, people with neurodevelopmental disabilities may have sensory concerns that prevent them from getting vaccinated. Such is the feeling of the injection or the needle, the feeling of the latex gloves on their skin, and the lightning and the doctors noises in office.

Participants also mentioned that there may be a general mistrust in the medical system and healthcare system, within certain communities where medical miss practice me for them in the past. The COVID-19 vaccination efforts are faced with the cannot -- conundrum to facing...

The relationship is difficult to resolve in a short period of time.

Lastly, socioeconomic barriers and vaccination efforts were heavily discussed by a panelist. For example, when vaccine was first made available to the public, it was difficult to get an appointment, especially in communities that had no pharmacies. Individuals without any internet or computers, they also had no access to booking appointments.

Some people have difficulty taking time off of work, or may not have had transportation to go to the vaccination sites. These barriers continue to make the vaccine difficult to receive.

On this slide, you can see the quotes from medical providers that highlight the barriers and receiving a vaccine. As mentioned, these barriers are factors that may cause vaccine hesitance include mistrusting the medical system, anxiety, and neuro sensory issues related to vaccines. I would like to highlight one quote on the slide by a licensed clinical social worker.

Mental health, like depression, will play a major role in how you interact with the medical system. Vaccines fall underneath this. Anxiety about losing a whole day of work or target could be time that they cannot lose. Vaccines may not be at the highest levels of needs. Stress related to survival may get in the way to adhere to public health recommendations.

This quote shows that a mental health of a person, can also impact vaccine hesitancy and that can be an underlying mental condition that can further impede a person's ability to receive a vaccine, such as stress, general anxiety or being overwhelmed with life stressors. Lastly, socioeconomic issues, as discussed, such as the lack of transportation, time of work, or appropriate childcare, also leads to vaccine hesitancy and can also can put the need to get vaccinated at the bottom of people to do list.

MICHELLE HEYMAN:

Thank you, Nilpa. He will now discuss facilitator uptake.

It was stressed that each patient must take the time to discuss this decision with individuals. Today's conversation, healthcare provider should provide reassurance and point patients in the right place for information. This can alleviate fears and help patients make informed decisions, by empowering them with knowledge about the vaccines.

They should provide actual information to the patient, for reliable sources of information. This information should include the benefits and risk of the vaccine, or to best educate the client on the COVID-19 vaccine. It was also stress that the healthcare providers disseminate information from providers that help them information.

In providing this information to patient, it is important to provide time for the patients to read over it, ask questions, and ask for additional concerns. Be patient, help the client understand the vaccine, and open up those conversations.

Healthcare providers need to meet the people at their level of understanding. It is important to understand the importance of education needs of their patients to understand they have a successful healthcare visits. Some people may enjoy details, some to be overwhelmed by medical jargon, I may need a low level overview. It's important to not tell people that they are silly or foolish, but make them feel understood.

So, here are a few quotes that emphasize the lessons! Lessons to be learned. For example the needle anxiety programs, we see how we help the people received the vaccine, leave with a smile on the

face. Given the patient's question, making sure that they are heard, and allowing them to make an informed decision.

We have an interview from a registered nurse. You do not want ever want somebody to file they must have the vaccine. It is always their choice. We want to empower them to understand to the best of the knowledge to make a really good informed decision.

Based on our conversations that we have had, there are three common recommendations that were discussed. The first was to develop communication strategies that help providers discuss faxing residencies with their patients and clients. Overall, the lessons that we learned were to be open and honest with patients, and individuals, to be sure to answer the questions and concerns with credible and reliable information.

This requires healthcare professionals to validate the patient's concerns, to meet them at their level of understanding and the level of feelings to make the best informed decision about the vaccine.

Secondly, there is a need to make the vaccine more accessible to all communities. This includes easy online center, or assistance of vaccine signed, public health announcements about vaccine size, easy-to-read fractions about the vaccine, and to make it easy for all communities to reach the vaccine, by mobile vaccine centers are increased places.

We have an increased awareness of needle anxiety accommodations. The needle anxiety program helps people with these anxieties, but these programs be more successful if more people were aware and utilized. They can help support people with a without his abilities and neuro divergent individuals.

LUCIA JUAREZ:

Thank you, Michelle. I am Lucille, and as part of our project we also wanted to understand vaccine confidence in the Latinx community. In California, specifically, they are 39% of the population.

In Los Angeles, there about 4.9 million Latinx people of predominantly Mexican, Salvadoran Guatemalan descent. The COVID-19 pandemic had adverse impact on medical supper Latinx community in particular was 1.7 times more likely to contract COVID-19 than non-Latinx white communities.

The Latinx community also experience large loss of employment, and accounted for 22% of initial jobless. The CDC reported that although (Indiscernible) they only accounted for those who received one dose of the vaccine. So Los Angeles is representing about 45% of folks in LA speak Spanish at home.

Given that the landscape is critical that it is a targeted outreach to the Latinx community to increase vaccination rates and reduce the disparity.

To further understand the nuances of faxing confidence in the Latinx community, we interviewed experts including Doctor (unknown name), was an associate dean at the national school of tropical

medicine, Professor of pediatrics at Baylor College of medicine in Houston Texas. And codirector of the Texas Children's Hospital center for vaccine development.

We also interviewed Bobby (unknown name), licensed clinical social worker. He is a mental health specialist, visualizing treatment of anxiety and depressive disorders, using cognitive behavioral therapy for adult and pediatric populations at UCLA Health. As part of our future outreach efforts, we plan to speak with Department of Public Health, however Latinx initiatives or a Spanish-speaking focus.

During our interviews with Doctor (unknown name) and (unknown name), we discussed the barriers that the Latinx community may encounter. Among them were language, specifically limited English manga specifically, legal status, specific to immigration. This trust in government and augmentation. Access to a computer and difficulty navigating the online platform for vaccine appointments.

Some people may not be able to take time off to get the vaccine, or take time off as a result of the vaccine side effects.

Additionally, other aspects of vaccine confidence within the Latinx community included debunking vaccine misconceptions. What we observed is that many of these misconceptions were also held by other communities, specific to the Latinx community are interviewees discuss how there was misinformation about Latinx communities concerns over long-term impact of the vaccine, worries over legal status and government surveillance, and lack of documentation and healthcare insurance specific to cause or type of identification needed to get the vaccine.

So, given this landscape, how can we support the Spanish-speaking community? Here are a few clips my interviewees that capture how, as self advocates, family members, public health professionals and direct service providers we can do our part.

Can you please play the clip for Bobby's interview?

(Video plays)

SPEAKER:

(Speaks foreign language)

LUCIA JUAREZ:

Briefly translate, he described how we have to respect the individual, respect the family and how you have to give them time to form their opinion and decide whether or not they want to get the vaccine. Our role is to provide information, not judge them or mistreat them because they do not want to get the vaccine. We have to have a relationship with them, work with the community that is working with individuals.

Can we please play Doctor (unknown name)'s clip? Thank you.

(Video plays)

SPEAKER:

(Speaks foreign language)

LUCIA JUAREZ:

She was describing how we have to continue taking precautions, which communicate with others, ask questions, and make sure to utilize validated sites and information that is up-to-date.

These are just some strategies as we discussed, but there are many other ways to support, such as providing the information in their primary language, making vaccine sites more accessible, and having community targeted outreach and more.

I will now present my colleague Asal.

ASAL BASTANI:

Hi, everyone! You can go ahead and go to the next slide.

Hi, everyone! My name is Asal. I will be talking about how the dissemination information beyond our social media posts.

Our articles, I really try to stick to three pillars of online writing. The first am being creating digestible content. So boiling down ideas, so that the average reader can understand complex topics.

Drawing empathy, talking about real stories and trying to understand the same problem from multiple perspectives.

Lastly, the most important, taking a stance making sure your reader can take away something from your content.

So, the first pillar, creating digestible content. I tried you simple vocabulary. If we have to use complex vocabulary, making sure to define. Using short sentences when possible, and linking to different sources in articles, so that readers can further educate themselves on the topic.

Secondly, drawing empathy. Talking about real stories, making your content relatable. Basically this is the why should they care? part. Giving a voice to those who really need it. So a lot of our content was giving issues to faxing hesitancy, who IR maybe the person writing it was not a part of. -- Vaccine. So we interviewed people, and did our research to get the people we were talking about a real voice in our content.

Most important, the last one is taking a stance. What is the key take away? And why should people care? You want your piece to be memorable. Say something that may not be heard every day.

So the way we would do this is research, and make an educated opinion. And a good way to do that is

to get help from experts or stakeholders, and you will see some examples in the next slide.

So, the piece that you see on the left ear, is a piece that I did with Hood Medicine's Doctor (unknown name), on how police violence has contributed to vaccine hesitancy in the black community.

This post was published by the daily Bruin. On the right, is your blog, where a lot of our team members and colleagues have contributed to blog post on a variety of different topics. Most recently, we are published with AUCD on various -- barriers in the deaf and hard of hearing community. An information was very much based on the interview that we did with Zina Jawadi, where you saw earlier.

She's a medical student who advocates for the deaf and hard of hearing community. So is very nice getting all of these different perspectives in, and getting a voice to the people who needed it.

I will pass it off to my colleagues.

SPEAKER:

Now we will be transitioning to social media. My name is Sydney, one of the volunteers from the social media team.

SYDNEY HUYNH:

The water some of our social media team has incorporated the information gathered from our stakeholder leaders and interviews, to develop media practice impulse. In addition to these post, a social media team has also been creating content post and graphic blog posts. The current platforms with ensuring include Instagram, twitter, Facebook and YouTube.

As of now, are Instagram accounts has 87 followers and 170 followings, with a total of 30 posts. Our highest engagement process 27 lives, with the highest engagement video has 110 views. Our twitter account has 78 followers, and 78 following, with a total of 55 tweets.

Our highest engagement tree has 62 likes and 29 re-shares.

Every interview is parent repose. The post outlines the main focus of the interview, with quotes and short quickset highlight the interview. The second post is usually longer clips of the interview, with the clip fully quoted in the post caption.

Like the third, it includes clips from the interview. We include a graphic referencing that website at the end, in addition to the captions, social media team also as English descriptions and all text for individuals use screen readers.

Our constant -- content post in the COVID-19 and disability community. Disability pride month, and IDD. Specifically on the autism community, the (Indiscernible) community and individuals with disabilities. Like the other post, our content always written with English discussions and all text. One of the biggest challenges with signing content is how best to display the information, in a concise and visually giving way.

The social media solution for the challenge is to choose an easy way to do the information. Always asking the question, what is the audience want to see and read? If I was a reader what I want to engage with this post?

So we have some challenges and solutions. Our focus was focusing on topics relevant to our community. Researching current topics, and finding out what would be most interesting to the audience. The next challenge is trying to digest statistic information into a condensed format.

We would have each social media representative redo the research, and (Indiscernible). We then decided what information was best to include in the graphics. Every time he created a graphic, we also had separate documents, captions, English descriptions and all to return to the text. The major the workout wasn't within limits

Next we had to familiarize ourselves with English descriptions and all text. So we tried understanding the basics of basic English description, and alternative text, making it simple, concise and to the point. The next was consistency. Making sure that each post the following are chosen, always included citation graphics at the end.

The next challenge was visual appeal. So acting gathering information and statistics, we created our graphics and design on canva, chose the colors and themes that were most fun and interesting. To see while making sure the text size is readable.

The last challenge of trying to grow the audience, and we are still trying to grow our audience. A solution for this challenge started with us following other social media accounts, related to our content, such as public health and neuro diverse accounts. We postponed today, and post our postwar stories, so far follows can take notice.

During COVID-19 we maximize the online format, and post COVID-19 we are continuing to grow our audience.

SHEVANTI KUMAR:

Thank you. I'm Shevanti, and I will be talking about the website development for this project. Social media was really great in disseminating the audience, and the key takeaways. We still needed a centralized place that people can come to to get informatics assessment information in full detail. So we utilize a website to provide more detailed information.

We have full-length interviews on the website, with the transcripts as well as our blog posts. An FAQ page, an important page with important COVID statistics.

I will be first going into some challenges we face. One thing we had was increasing our site traffic. He used a website that consolidates all the violence, and link all of our website information on a social media pages, which allowed our users to go from social media onto website to gather more information.

The next challenge was providing updated and reliable information and statistics on COVID-19. How we tackle this issue was thoroughly researching commonly asked questions, and also using credible research purpose wants them. And they made sure to drink all of the sources that we use, to ensure that the user can go to the source to learn more information about the question.

The next challenge we faced was providing unique and valuable information to the user. So, how we tackled this was we created a perspectives page, where we compiled interviews from the stakeholders, self advocates, public health experts, and direct service providers. The last one we faced was using interaction. He uses -- notice that on the website that we were able to display a lot of information, but we were not able to interact with the audience.

So we created form and comment box that allowed people to interact with the blog post, and comment on it, and give us feedback on a blog post.

Lastly, I will be going over some key takeaways that we realized after, through this project, while we were developing the website.

Since this is a really fast-paced project, we found it very useful to utilize an already established website. So what we did for this project was we utilized the UC land website, which are ready had credibility and active users. So, this allowed us to establish credibility quickly, and also disseminate the information to more individuals, rather than starting off with a new website.

The second take away is outlining your goals. So it's important to emphasize the uniqueness of the project, and to explain the details of the mission. There's a lot of projects going on related to the COVID vaccine, and spreading information regarding it. So it was important to emphasize what we, what are project uniquely brought to our audience, which was linking all of the COVID 19 vaccine information into the disability community.

So, that is something that we emphasized throughout the website. The third take away is connecting all of our social media platforms. So, it is important, we found it very important to link our website to other social media platforms. So user can go from one platform to the next to gather more information and learn more about all of the information we are trying to spread.

Lastly, we found that engagement was really important. So, it is important to have all of the content on the website targeted to the audience that we are trying to convey a message to. It is important to make the website interactive. So, we integrated a form and a comment box in our website so that users can interact.

DR EMILY HOTEZ:

Thank you so much, everybody for joining us. Please do get in touch, read our blogs and our posts. And watch our videos. Keep up with the content, to learn more about promoting health among neuro-divergent and disability communities.

Thank you again to all of our presenters, and thank you to AUCD, and thank you so much everybody who joined!

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