Live captioning by Ai-Media   
MARY-KATE WELLS:   
Welcome, everyone. Give it a moment for people to log on. Hello.   
  
Give it one more 30 seconds. OK.   
  
Hi, everyone. Thank you so much for joining us today. For our IL Aging and Disability Vaccination Collaborative update. My name is Mary-Kate Wells. I am the program director at NCIL, the National Council on Independent Living. And today's webinar is a collaboration with the Aging and Disability Vaccination Collaborative or ADVC. Powered by USAging and funded by ACL.   
  
NCIL is a national partner for the ADVC supporting CIL community grantees and connecting the overall collaborative with the IL network. Just a little context before we jump in. The ADVC has to distribute in funding organizations across the disability and aging networks. To support an array of vaccination education and promotion activities, including community vaccine clinics in-home vaccinations, transportation to vaccination sites, and outreach and education to people with disabilities and older adults.   
  
Today, we are going to get an update from Jennifer Hammer, the assistant director of the ADVC project at USAging, and followed by Jennifer, we are going to be able to hear from two amazing CIL ADVC grantees. Jackie Reyes and Jodie Baney. And I apologize, I should have asked how to pronounce her names. Before we started. -- Your names.   
  
Then we are going to have reserved about 20 minutes or maybe a little more of time to turn it over to you all to hear about what are your ongoing challenges or struggles that your community might be still facing, or what are some successes you might have had with your vaccination efforts. Before we jump in, just a few housekeeping and accessibility notes. We do have ASL and CART today. If you want captions, go down to the bottom of your zoom bar and click 'show captions'. We also have captions running on an Ai-Media link. The URL is a little too long to read, but we will put it in the zoom chat box.   
  
ASL interpreters are present today and should always be visible as we are presenting in gallery view. Please let us know in the chat if you cannot see the interpreters. We do have public chat on. We ask that you please remain polite and aware of what you are running. Or, what you are entering into the chat as we have a zero-tolerance policy for any discriminatory or offensive chat posts. And then we will be answering questions and comments at the end. There are a few ways you can participate. If you would like to verbally speak a comment or question, please use the raise a hand feature, and we will unmute you in the order that appears on our screens.   
  
If you are asking a question, we ask that it be no more than 30 seconds. And if you have a comment, that it be around 2 to 3 minutes. You can also type any questions or comments into the Q and a feature or the chat feature. One last note before I handed over to Jennifer, is that today we might not be answering all of your individual questions, but really we want this to be an opportunity to hear from you about concerns and challenges about vaccination efforts or COVID, etc. So that we can identify what is still needed for our communities.   
  
So, with that, I am going to pass it over to Jennifer Hammer to give a little bit of an update and overview of the elaborative project. Go ahead, Jennifer.   
  
JENNIFER HAMMER:   
Hi, good morning, or afternoon. I'm sorry, good afternoon. Thank you so much, Mary Kate. Appreciate being able to be here and represent the ADVC and USAging, and also for the National Council on Independent Living partnership in this project. You have been an amazing partner, as have our other partners. We could not have done this without you.   
  
For those of you who might not be familiar with this project â€“ although I think most of you probably are. The goal of this project is to get shots in arms. Specifically COVID and flu shots. And how we do that is a really fun, creative endeavor. Sometimes with its challenges, as Mary Kate mentioned, but we are so proud of the collaborative that we have built.   
  
We started with applications a year ago past January 2023, on boarded our grantees, who are a great mix of AAA, independent living, folks from the disability community, community organizations, and what we ended up with was 160 primary sub awardees, and then those sub awardees have partnered with other organizations in their community to do this work and now this collaborative is around 1600 organizations across the country in 41 states and we also have a territory, too. The Mariana Islands.   
  
Pretty proud of how widespread and diverse this collaborative is. As Mary Kate mentioned, we have kind of three buckets that we really look at, and that is education and outreach, so how are we reaching the populations that we want to reach. And those populations are older adults, people with disabilities, they are in urban areas, rural areas, folks who are low income, limited English speaking, people of color, LGBTQ+ plus community, homeless and houseless people which I think we will have a presenter talking about that. Migrant workers, refugees, illiteracy. So many people -- low literacy. So many people who were unserved or underserved in the first round of COVID vaccination. The good work people are doing on the ground and in their communities really reaching people where they are at is something our team is always excited to see and hear about.   
  
And our team. I tell you a little bit about our team in case you do not know. Dap capstone Walls is the chief of the program. She is the head of our program. We have an assistant director, that is me. And for grant managers. Each awardee is assigned a grant manager. We try to provide through multiple channels as much support as we can. We have built out a resource hub that has marketing materials, public service announcements, social media posts, flyers, picture frames to use at events, all sorts of things like that. And if you have not looked at it, I highly recommend you do. It is open on our website, no password necessary.   
  
We have office hours once a week that, although they are not required, we typically have over 75 people show up for our office hours on Friday. We have guests centers that are subject matter experts, such as NCIL has presented before as have our other international partners.   
  
We really try to bring in anyone, when there is a challenge, we try to bring in someone to address those challenges. We also elevate challenges to our project manager at ACL and we really have their ear. They are very responsive. They care. They try to address those challenges and give us solutions. There is not always solutions to every problem, but often there are.   
  
What else can I tell you? Oh, thank you. Mary Kate dropped the resource hub into the chat. Our clinics.   
  
Our clinics that our grantees are putting on are just so creative. They are very nonclinical, typically. They are fun. They are creative. And they are really designed to just lower that anxiety about getting a shot. For example, we have worked with the autism Society of America to help make clinics really accessible to people who might have autism, but also be on it if there are sound sensitivities or any kind of sensitivities. When you make something accessible for people with autism, you often make it accessible for many anymore people. NCIL has helped us with accessibility and presenting.   
  
We and our grantees try to make every clinic, every bit of outreach, every supportive service a fluoride -- they provide, accessible and focused on the people they are serving, whether it is rural or a certain cultural population. We have translations, we have translated materials into Spanish, Korean, Mandarin, Chinese, Thai, so many languages I could not list them all. It is really important to us to be able to reach people.   
  
So, some of the fun things. I made a little list here. I am going to pull up so I do not forget. Some of the really creative clinics we have had had been at cultural events and festivals, using festivals, football tailgates. We have got a faith-based ownership in churches and -- partnership and places of worship. We have housing partnerships where we will go into group homes where grantees will go into group homes, working with veterans, pet friendly partnerships where not only are our in-home vaccination supported for people, COVID vaccinations and flu vaccinations, but in partnership with pet smart charities. They vaccinated the seniors pets. That was a great way of getting vaccinations out there.   
  
Just lots of celebratory annual events, pride month celebrations, emergency preparedness month. Our grantees are really trying to take advantage of whatever they can in their community that will bring the community out, and it is not just a shot. So I will stop there. And I think I am probably about at a time. I will I guess wait for questions later and make sure there is nothing in the chat.   
  
MARY-KATE WELLS:   
Yeah, if you want to hang around you will have plenty of time to do questions. Next we are going to hear from Jackie Reyes, endemic health navigator at independent resources in Delaware. She is going to share a little bit about their ADVC program and some really creative events and strategies they have used two outreach the homeless community and also some challenges.   
  
Jackie, you can take it away.   
  
JACKIE REYES:   
Thank you. Good afternoon everyone. I am Jackie Reyes, health navigator at independent resources, one of the sources for independent living in Delaware. I have short black hair, I am wearing corrective lenses, and I am wearing a green shirt right now.   
  
We are very thankful for this opportunity to share our experiences with the USAging grant. We started the grant January 2023, and we were able to form partnerships with several organizations. These partnerships are very crucial for us to have achieve what we have achieved right now. We have partnered with County health coalition, local pharmacies such as First Pharmacy and Delaware public health immunization department.   
  
During vaccination and outreach events, we provide COVID health kits, we provide information about the services prodded by independent resources, and details about COVID vaccinations and the COVID disease itself. We often get questions about the signs and symptoms of COVID, mode of transmission, ways to prevent. And what to expect after vaccination.   
  
We are also getting a lot of questions about other vaccines and diseases such as RSV, singles and flu. -- Shingles and flu. We provide incentives, I usually get a $10 gift card to McDonald's, Burger King or Dunkin' Donuts. This we give in addition to COVID test kits.   
  
I was informed later on that recipients of these tests and the gift cards are very, very appreciative, because especially for the homeless, that will give them opportunity to go inside McDonald's and enjoy the warm meal.   
  
I would like to share with you some of the highlights of the organizations event. As Jennifer has mentioned, we tried to be creative. For our vaccination events, we usually partner it with another event such as carwash. We have had spaghetti dinner, lime dancing event, -- line dancing event, lots of events for the aging population. We go to senior centers, 55 and up unities, we have partnered with a local pharmacy to provide immunizations to veterans last September.   
  
I was able to collaborate with Republic health and we provided vaccinations in the county. This organization provides services to the homeless population in Sussex County. In Sussex County there are a lot of Hispanics. So one of the challenges that we have encountered is actually language barriers. A lot of them speak Spanish, and although we have provided them with flyers, Spanish version of the flyers, it is still beneficial if you can speak the language.   
  
In addition, I had an opportunity to collaborate with Kent County health coalition and we served homeless people all over Delaware. We have hosted several activities and one significant event was the spaghetti dinner which was held last January 2 I believe. The spaghetti dinner this kind of special, because this is for the homeless people. We provided spaghetti dinner, there was Huber driver --Uber driver to support driving people from the tent city to the vaccination site. We were able to give the COVID vaccine to underserved people using the bridge access program.   
  
Through the collaboration with another pharmacy, we were able to provide vaccination during the live conference last January 24, 2024. The conference is a premier event in Delaware and geared towards people with disability. Attendance at the conference were thankful for the opportunity that we gave them. They said they do not have to go to the pharmacy, they did not have to make any appointments. Vaccinations were available at that time. We have also that several organizations who are providing services to people with disabilities who want to collaborate sometime in the fall. So we can go and provide vaccination to their clients.   
  
Any other program, we have experienced a lot of challenges. Have tried so hard to overcome these challenges. Number one is vaccine hesitancy. I have experienced vaccine hesitancy from day one. I have reached out to several organizations through email, phone calls, there were several organizations that said no, we are not interested. We do not want to have anything to do with vaccinations. Some just ignored my calls. There were also some people who said they did not want to get any vaccines because vaccines are detrimental to their health and may cause death.   
  
Another challenge is of course the lack of health insurance. We know the bridge access program provides COVID vaccines to the uninsured, however it does not provide flu vaccines, free flu vaccine, free RSV, shingles, pneumonia shots to those who do not have insurance.   
  
Just last Friday, I was at the vaccination event and we have had for potential clients who are interested in getting flu vaccine. Unfortunately, they do not have insurance and they could not afford to pay the $25 per person being charged by the pharmacist. So I had to call public health, and they were able to accommodate these clients. There were also some people who were interested in getting RSV. But for the pharmacist, RSV is quite inexpensive vaccine, it will cost about $300 for those who are uninsured. I do not know if there are programs out there who will provide free RSV vaccines to those who do not have insurance. Another challenge we have encountered, and this one we do not expect, was fear of deportation.   
  
When we were in Sussex County, we met several Hispanic people. They said they were interested in getting the vaccine but they did not want to share their information with us. We realize later on that they are concerned that any information that they share with public health will be shared with homeland security, and it will lead to their deportation. Apparently a lot of them were undocumented migrant workers.   
  
In spite of the challenges, I am very fortunate to collaborate with so many wonderful organizations. We were able to achieve what was expected of us, and we are looking forward to more vaccination events, more opportunities to educate the community about the importance of adult vaccination. Thank you.   
  
MARY-KATE WELLS:   
Thank you so much, Jackie. When we initially met, it was really cool to hear how you utilized your community and people came together specifically with the spaghetti dinner. Really meeting people where they are at in terms of needing transportation from certain areas in the community. That stuck with me. I know transportation is a big barrier for people to access services and such.   
  
JACKIE REYES:   
It was a special event, and still my most, most special event.   
  
MARY-KATE WELLS:   
. Awesome. That is good. I feel like we need that sometimes as a community, to have those events that really pick us up and make us keep going because like you said, Jackie, there are different challenges. Alright.   
  
I am now going to hand it over to Jodie. From Roads to Freedom. She is going to share a little bit about their ADVC and some advocacy efforts that they have also done. Enter Jodie, just before I jump off and to give context to everyone, this grant program ends in May, right? That is why I am excited to -- for Jody to share about how we can share some of these efforts as well.   
  
JODIE BANEY:   
My name is Jodie Baney, I am with the Roads to Freedom Center for Independent Living. In penciling you. I have red hair pulled back into a ponytail, over glasses and a pink sweater. Roads to Freedom Center for Independent Living became involved early on in the pandemic. Ensuring the people who were unable to leave their homes had access to vaccines. Since then we have really focused on vaccines. One of our greatest up -- a compliment so far is a coalition of committee members to educate and vaccinate numbers of the community. We started focusing on this coalition as a way to continue our efforts after the ADVC USAging grant.   
  
The coalition is built of all members of our community, first and foremost be with disabilities. Through the coalition we meet weekly or monthly depending on the needs of the community and kind of what is happening with COVID at the time. The things that we kind of tackle our public education, outreach, and mitigation. So we are focusing on getting shots in arms, but also the education to back it up.   
  
Our coalition is made up of not only people with disabilities, we have retired doctors, pharmacists, I am trying to think of who else. Members from education, local colleges. We have business professionals, we have people represented from public policy. And so again, we meet based upon the needs of what is happening within our own community. But then we take the information and we have spread it across Pennsylvania.   
  
Things that we have done and put together for the coalition has been what kind of education material needs to go out? What kinds of things are capturing the most people? So we have done things some -- such as bus campaigns, billboards, we have done stickers, yard signs, radio ads, television ads. As well as host barrier free vaccination clinics.   
  
Some of our biggest barriers, as Jackie said, has really been vaccine hesitancy. Transportation in our rural areas and then cultural resistance to vaccines and religious or political reasons for refusing a vaccine. They are some of our biggest barriers we have seen throughout this grant.   
  
Our effective strategies really has been building this coalition and having representation from every member or every agency throughout our community, and bringing them to the table. Everyone has different perspectives. We have a wide variety of perspectives. But we all share the same goals. That is really implementing solutions to this public health crisis that really has devastated so many families across the nation.   
  
What with our strategies outside of that, education is really the most effective strategy to improve the vaccination uptake. Education has been provided through peer to peer support, literature, again, the radio ads. Billboards. Social media.   
  
One thing that we found effective is when people are calling in and requesting to be vaccinated or trying to figure out where they go is giving them immediately. Going back to our coalition, one thing that really has been instrumental for us is also having individuals as part of the coalition who are COVID survivors. We have a gentleman on our coalition who was the recipient of a double lung transplant and he was able to share his story throughout the media. That was helpful. In getting people to see that COVID does exist, and what can happen from COVID. Having him on our coalition has really been beneficial full -- beneficial for the community. Thank you, everyone.   
  
MARY-KATE WELLS:   
Thank you so much, Jodie. I think the reason why I really appreciate you sharing is because with these programs we have to think of how are they going to be funded in the future? It will not just be a one off but it will be good for our communities. I think that is the strong suit of centers for independent living, the systemic advocacy. I appreciate your thoughtfulness on that.   
  
JODIE BANEY:   
Thank you.   
  
MARY-KATE WELLS:   
Alright, so we saved a lot of time towards the end of this call. Really to hear from you. There is kind of two parts to this. One is, if you have specific questions for any of our presenters about the collaborative or about an activity they did, but also we want to hear about â€“ hear how things are going in your community and challenges and concerns that we might not be answering today, but that we want to rise up because we know it is still needed in our communities.   
  
I am going to open it up to everyone and say if you have questions for the presenters, or if you would like to share how things are going in your community for vaccinations. And you can use the raise hand feature. And we will unmute you, or you can use the chat.   
  
I will put the question in the chat.   
  
Any brave souls? How are things going?   
  
I will ask a more specific question. What barriers have you been encountering? I know Jodie and Jackie shared some specific barriers. What barriers to supporting your community and getting vaccines and education and such?   
  
Alright, looking at our participant list, I see a few familiar faces, names.   
  
Kelsey, thank you. And Jenny, could youâ€¦ OK. Kelsey, go ahead.   
  
SPEAKER:   
Hi there. Speaking of barriers, I am in Michigan. We serve the mid-Michigan area. A lot of our area is very rural. We have had probably five or six different vaccination clinics at this point. The last two were not very well attended. We had one or two people attend both of those. I do let my team know, that is a win. We are getting those people vaccinated. But it has been a little bit harder to get those folks in in these rural areas. There is hesitancy, and people just do not want to do it. They do not want to hear about COVID. We really are focusing on the importance of letting people know. Not only are one in four people are a person with a disability but one in three families are affected by disability. That messaging and talking about community health has really helped us.   
  
MARY-KATE WELLS:   
Awesome. Thank you for sharing. It sounds like a combination of presidency and also just burnout on information. Has anyone experienced similar challenges? Or solutions to that? Jodie, go ahead.   
  
JODIE BANEY:   
Hi, I wanted to add to that. One of the things we got some backlash on was our social media. We post a lot of things on social media about COVID, whether it is vaccine information, PPE, test distributing, or just general information. We have found that we get targeted a lot because of it. We get a lot of negative feedback, primarily from Facebook. Instagram, twitter, or now X and other platforms, we have found that more people scroll on by. Do not feel the need to leave the negative feedback, but Facebook really tends to be the main area where people interject and put their comments in whether it is positive or negative.   
  
But we have found that we can reach a lot of people through targeting with Facebook. You can select your area, your county, you can put in ZIP Codes that you want your information to be targeted to. I find it helpful, but it is also a barrier. There is a negative aspect to it. If we can reach one more person that we could not before, we are grateful for it. So that has been our win with social media and the negative aspect.   
  
MARY-KATE WELLS:   
Yeah. I think similar to what Kelsey was saying, even if you have one or two people scroll by and take the information, that is a win, right? In the chat I'm going to read a comment. Mitah --Miyah Rogers public health specialist Walton options for independent living in Augusta, Georgia. "We are nonmedical but during outreach efforts we like to provide general information on vaccines. I would have to say a barrier is vaccine hesitancy."   
  
OK, I could have a follow-up question. I know there is vaccine hesitancy, but do you all feel that there is still a need â€“ wellâ€¦ That there is still demand for vaccines around? Even though people are hesitant to get the vaccination, do you feel like there is still a demand for it?   
  
SPEAKER:   
Can I jump in? I just have a question. I came in late, but I am wondering, if we thought focusing on RSV and ammonia -- pneumonia and other things occurring other than COVID, would that help? I am posing that question.   
  
MARY-KATE WELLS:   
Really opening up messaging. Jennifer?   
  
JENNIFER HAMMER:   
Hi, Theo. You can absolutely if there is a vaccine you want to focus on, as long as the focus for this particular grant, as long as the focus is on COVID or flu, the other vaccines can be offered. RSV or shingles only clinic is not going to work, but you can certainly do a flu clinic and offer shingles, RSV and things like that. Conversely, COVID without flu. We find the feedback is COVID is a little bit more of the difficult vaccine in some places. You can certainly do flu.   
  
SPEAKER:   
I ask that because my doctor, when I visit, she was talking about how bad RSC was -- RSV was an ammonia that are affecting people. -- Pneumonia. I don't know if that would be an attention getter for example, but also add COVID in there as well.   
  
JENNIFER HAMMER:   
On the resource hub that Mary Kate put in there, some of our flyers are just for flu. I think it is a great strategy. The way our team positions it is, we count COVID and flu vaccines for this grant but we do capture all other vaccines that you offer. Even if there is something, I think we had a grantee that offered tetanus shot at the clinic in conjunction with flu. If you find a need for another vaccine that is going to help bring people in and they can also possibly get a COVID or flu vaccine, I think that is a great strategy. If I remember correctly, the -- the tetanus shot was after a storm or tornado, so there was a big risk of tennis with all the buildings that had fallen. People need those shots but they need to do flu as well. Great idea, Theo.   
  
SPEAKER:   
Thank you.   
  
MARY-KATE WELLS:   
I think that talks to that community health education be somebody mentioned. Being responsive to your community. It is a PR program and we are figuring out different solutions.   
  
OK, there is a message in the chat I will read out loud. From Emily Bridges. This is both a status update and a question. "I work as a public health specialist in Southern California. This role extends beyond vaccination, but we often partner with our local area agencies, health department and other stakeholders to promote vaccines and other resources. I also have a tagline in my signature advising people to contact me about vaccine resources, COVID education, and health resource access. Barriers are hesitancy, lack of resources after the emergency ended. An example of public clinics in public health and if it -- disability issues funding. Definitely a need for education on public health issues including vaccination awareness."   
  
Thank you for raising that. I know the ending of the public health emergency has really impacted our community's ability to provide this crucial services.   
  
And then the question, there we go. Emily followed up, I guess my question is how can we go from here â€“ sorry, I'm going to restart. How we could go from here for the future? Thank you for your response, Emily.   
  
Yeah, where do we go from here? What do you all need to continue these efforts? Whether it is after this grant ends where the overall issue of supporting our community on this?   
  
The question is, what do you all need to keep these activities going or to support your community? Jodie shared about coalition building and setting up a coalition in the community to keep all the people involved that have a vested interest to keep that going. What do you all need to keep this going? These activities. Jodie, go ahead. And Jennifer. We will start with Jodie and then Jennifer.   
  
JODIE BANEY:   
I was going to add, potentially more funding for these positions that did not exist prior to COVID. I know here at CIL we have designed different positions that did not exist prior to the pandemic. So being able to sustain those positions.   
  
MARY-KATE WELLS:   
Yeah. Jennifer, did you haveâ€¦   
  
SPEAKER:   
I have a question.   
  
MARY-KATE WELLS:   
Go ahead, Theo.   
  
SPEAKER:   
It was a question to you, Jennifer. I am not sure about this but I think one of the most important things was to get people in the system, the federal system so that if we ever experience another emergency or another kind of pandemic, you all will already be in the system it will be a lot easier for you all to access those kinds of emergency product. Is that something â€“ am I right about that, Jennifer?   
  
JENNIFER HAMMER:   
Theo, I am not sure I understand exactly the question to get into the federal system. Could you help me understand?   
  
SPEAKER:   
If you are an established vaccination center and outreach and information, you are listed as such when it comes to experiencing other kind of emergency situations, you can easily be accessed.   
  
JENNIFER HAMMER:   
OK, I see. You know, that is an interesting idea. I am not an expert in federal listings for organizations doing this type of work. I will say, our national ad campaign is a place folks can go to plug in their ZIP Code or city and find a grantee near them who is part of this grant if they are interested in getting a vaccine or those supportive services or learning more. This is leveraging your trusted network. To your earlier question of how do we continue to do this, this grant is proving that trusted messengers are so vitally important.   
  
A trusted messenger is not always your doctor, it can be so many other people. Hearing from someone that you trust and multiple times with good, updated information and honesty that is the best way to make your own health decisions with your trusted messenger and with your trusted health provider or whoever you go to for these types of decisions.   
  
I will say, to go back to how do we make this something that still sustainable is beyondâ€¦ I think the national call center that we have it USAging we have combined the ADVC grant and that webpage, every thing gets driven to our call centers and the disability information access line. People can talk to real people at a call center. And find out a grantee in their area, or just find out more information. Be that as little start. But I do not know how to get in with the feds (Laughs). Maybe one day I will crack the code.   
  
SPEAKER:   
I thought it was something I heard from ACL. I might be wrong. I think that something I definitely heard.   
  
JENNIFER HAMMER:   
There very well could be. I am just not exact sure what it is yet. Stay tuned. I think we are creating a lot of buzz and I think the trusted messengers, the national partner involvement, the creative clinics that are reaching people who have never been reached before. About 10% of all of our COVID shots are for very first ever. I think that really speaks to reaching people who have not been reached for the initial round of COVID shots. So we are really proud of that figure, too. When you're getting 10% of the population that is never before been vaccinated for COVID, that is pretty impressive. I think our success has been noted by a lot of folks.   
  
SPEAKER:   
Thank you.   
  
MARY-KATE WELLS:   
IC Jackie before I handed off to you, there is a comment in the chat. It has also been a great gateway to be able to collaborate with local health departments and some physicians. I think that follows up on Theo's point of bringing up that infrastructure and systems with a local helped apartment, the local CIL, trusted healthcare providers can all work together. And I also put in the chat the you got this website that you can search. You can search for grantees that are closest to you in your area. The L, that is also a kind of -- Theo, that is kind of a database that exists right now. Jackie, I will hit it off to you. You are muted.   
  
JACKIE REYES:   
I am just curious if there are other programs out there that will provide free RSP, shingles, pneumonia to those who are uninsured. I have reached out to our public health department and they said they can provide COVID and flu but not RSP and all the other -- RSV and all the other adult vaccinations. The you know of other programs?   
  
MARY-KATE WELLS:   
I specifically don't, does anyone in the attendees? If not, Jackie, â€“ and Jennifer is shaking her head no. I am going to write that question down as that is a barrier right now. There is no funding available for RSV.   
  
Another comment in the chat from Emily who says, "I echo Jodie, Jennifer and Theo about funding as well as allowing for more permanent positions in CILs for the reasons that they mention."   
  
I think a lot of this ties into system advocacy core work as well, right? OK.   
  
I am going to open the floor. I ask more specific questions. We still have 10 minutes allotted, so I want to make sure if you want to share a barrier or a need that you have, that you have an opportunity to share if you would like.   
  
And I have learned to embrace awkward silence, so I am going to sit here and wait you all out. Any other barriers wereâ€¦ Supports that you may need. I no longer COVID -- I know that long COVID has also been an issue, how to support individuals with long COVID. Thank you, Misty. Misty and the chap says, "I'm interested to know if any programs or grantees were successful and implemented a mobile clinic with these funds?" Jennifer, offhand do you know if any grantees have done mobile clinics?   
  
JENNIFER HAMMER:   
We have had some grantees that did mobile clinics. We have even had one I think that rented an RV and leveraged a consulting pharmacist for that. They are not as prevalent I think as they used to be. There are some pretty creative ways to get that done.   
  
MARY-KATE WELLS:   
I know folks are also doing in-home vaccinations as well.   
  
JENNIFER HAMMER:   
On the in-home vaccination front, we have a grantee in Florida and I think it is working elsewhere that they have leveraged their paramedics and program -- para medicine program. If you have not heard of the consultancy for pharmacists, they are great but they are not the typical brick-and-mortar pharmacists. They are the ones attend to serve Senior living, congregate living facilities. But we have partnered with them and we have connected grantees all over the nation with consultant pharmacists who can come into events, mobile clinics, all sorts of things. And bill for insurance. It has been great partnerships.   
  
MARY-KATE WELLS:   
Awesome. And just so everyone knows, I am going to write down all these questions or comments or struggles that you have shared. And kind of organize some of the resources that were shared during this call so that we can start building a base of what supports are still needed so that we can get some more of that funding and push for that. Because it seems like there is still a big need within our immunities. -- Communities.   
  
Any other â€“ I will give you an opportunity, but if not we do not have to use the full-time if people feel they have shared what they needed to. OK. I will not make you all sit here in silence, but I greatly appreciate our presenters time. Jennifer, Jodie, and Jackie. Which I am just realizing is all J names.   
  
I really appreciate your time sharing and listening. I think it is, you know, sharing amongst our network so we can share amongst our consumers. Kelsey, just so I read the chat. This is great, I love collaborating with CILs across the country. It helps all of our programs grow and our ability to support consumers. Thank you, everyone for your time. If you have any follow-up questions or thoughts, please feel free to email me. I'm going to be putting together a little info of what was shared today. Really, in hopes to support additional funding for these efforts in the future. Awesome, and Jenny put my email in the chat, thank you. Alright, have a good day, everyone.   
  
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