Considerations/Best Practices/Mental Health - Working With Young People and Staff in the Age of COVID

Heather M. Butts, JD, MPH, MA
May 25, 2021
Part 1: Introductory Information
About me!

• Princeton University (B.A.)
• St. John’s University School of Law (J.D.)
• Harvard University School of Public Health (M.P.H.)
• Columbia University - Teachers College (M.A.)
• Co-founder of the non-profit H.E.A.L.T.H for Youths
• Currently a Public Health Law and Bioethics Professor and Researcher
Why is social distancing important (This can be difficult for Runaway and Homeless Youth)

• Slow down outbreaks
• Reduce chances of infection to high risk populations
• Reduce burdens to the health care systems and workers
• “Flattening the curve” (see next slide) - preventing surges in COVID-19 that would be difficult for the healthcare system to absorb
  • But there’s one other important reason. . . . Think mutations, variants and how a virus persists.
Quarantine v. Isolation - What's the Difference?

- Quarantine v. Isolation:
  - Quarantine: Restricting movement of people exposed to a contagious disease.
  - Isolation: Keeping a patient known to have a contagious disease separated from other people.
Outbreaks/Epidemics/Pandemics

• Outbreak of a disease: sudden increase in the number of cases of a disease, usually localized, and at a higher rate than normal (or may never have been seen before such as in the case of COVID-19).
• Epidemic: a broader outbreak in a larger geographic area.
• Pandemic: an epidemic has an impact on multiple countries; think global.
Flattening the Curve

By Dr. Amanda Novack, Medical Director of Infection Prevention, Baptist Health

Number of sick people if we don’t take steps to slow the spread

How many very sick people hospitals can treat

Number of sick people if we take steps to slow the spread
Weekly number of deaths and count above threshold (United States) BUT...
Vulnerable populations and the trust gap . . .

Coronavirus vaccines face trust gap in Black and Latino communities, study finds

Definitions

- Vaccine Hesitancy [Our collaborative definition]
- Public Health/Public Health Emergency [Let’s define together]
- Health Care [Let’s define together]
  - What is health care
  - Is health care a right?
  - Does everyone “deserve” access to health care?
  - Does everyone “deserve” access to public health care?
- Virus/COVID-19 [How does it spread]
  - It is a infective agent that reproduces inside the cell of living hosts
- Social Distancing
- Vaccine Quarantine v. Isolation
- Outbreaks/Epidemics/Pandemics
A “Successful” virus

• What makes a successful virus?
• Although the seemingly sudden emergence of several spike protein variants is reason for concern, researchers say there is no evidence that the virus has changed in a fundamental way that lets it mutate more rapidly. What is most likely, Lauring says, is that the sheer number of COVID cases worldwide is allowing the virus numerous opportunities to change a little bit. Each infected person is, essentially, a chance for SARS-CoV-2 to reinvent itself. “Some of it is evolution, but a lot of it is epidemiology,” Lauring says. Overall, “the virus is getting better at being a virus.”

• This also can lead to variants
  • Adam Lauring, a virologist at the University of Michigan.
Variants of note

- **Names:** 20I/501Y.V1, VOC 202012/01, B.1.1.7  
  **Notable mutation:** N501Y

  The B.1.1.7 variant contains 17 mutations, one of which, N501Y, appears to bind more tightly to the ACE2 cellular receptor. [First identified in the U.K.]

- **Names:** 20H/501Y.V2, B.1.351  
  **Notable mutations:** E484K, N501Y, K417N

  B.1.351 contains the N501Y mutation as well as another mutation called E484K that appears in the South African version. The genetic change may help the virus evade the immune system and vaccines. [First identified in South Africa]

Key points for vulnerable populations:
Overview

• Medical Exploitation and Distrust
• Unique Challenges to COVID-19 Vaccine Acceptance
• Vaccine availability: Is the vaccine available in my neighborhood? Do I have to go to a doctor’s office, or can I get vaccinated at my pharmacy, my job, or my gym?
• Cost: Do I have to pay for the vaccine? Is there an administration fee? What’s my co-pay? Even small fees and cost sharing can introduce friction and reduce demand.
• Convenience: Can I get the vaccine after hours? Do they have a drive-through? Is there a long wait? How easy is it to make an appointment and sign-in?
• Service quality: Do I feel welcome at the vaccine location? Am I treated well? Is there an opportunity to ask questions or follow up with concerns?

https://www.ncbi.nlm.nih.gov/books/NBK564098/
Jacobson v. Massachusetts and Smallpox - A deadly disease

• For centuries, smallpox ravaged the world’s population. Caused by the variola virus, smallpox leads to fever, a serious rash and, in three out of every ten people, death. People that survived smallpox were often left with scars and other health issues.

• Many methods of controlling smallpox were tried globally, with various levels of success. In the late 1700s, Dr. Edward Jenner observed that milkmaids exposed to cowpox seemed to have an immunity. He performed a successful experiment on a participant, forged ahead with his research and the modern era of smallpox vaccination was born.
Jacobson v. Massachusetts: Civil Liberties and the “Right to Privacy”

• Jacobson v. Massachusetts (197 US 11 1905): July 17, 1902, the board of health of Cambridge required vaccination of all inhabitants not successfully vaccinated since March 1, 1897. Jacobson refused and was sentenced to pay a fine of $5.

• Authority of the state to enact such a statute - police power.

• Jacobson argued a liberty interest invasion.

• **Court states “the liberty secured by the Constitution of the United States to every person within its jurisdiction does not import an absolute right in each person to be, at all times and in all circumstances, wholly freed from restraint.”**

• (Modern day example - HPV)
Police Power - States and Localities

• The power of promoting the public welfare by restraining and regulating the use of liberty and property.
• States cannot exercise powers relinquished to the federal government and specified in the Constitution.
• States cannot infringe on the rights of individuals to the extent those rights are protected by the Constitution.
If people don’t agree to compulsory isolation, What, if anything, can the government do?

• If people do not accept a “voluntary” isolation, the government can order people into isolation. This is what is called compulsory isolation or confinement. We will discuss this later, but this is only in rare circumstances such:
  • A serious, contagious disease
  • That can be spread through casual contact
  • The transmission of the disease can not be readily prevented voluntarily either because the patient is unwilling or unable to avoid infecting others

- Is the law the best way to compel people to isolate, wear masks?
  - Social loss theory
Part 2: COVID Challenges and Mental Health Outcomes for RHY and Staff that Support them
Youth Experiencing Homelessness During the COVID-19 Pandemic: Unique Needs and Practical Strategies From International Perspectives

Janna R. Gewirtz O'Brien, M.D., Colette Auerswald, M.D., M.S., Abigail English, J.D., Seth Ammerman, M.D., Meera Beharry, M.D., Jessica A. Heerde, Ph.D., Melissa Kang, M.B.B.S., M.C.H., Ph.D., Jihane Naous, M.D., Do-Quyen Pham, M.D., M.P.H., Diane Santa Maria, Dr.P.H., R.N., April Elliott, M.D.

Journal of Adolescent Health
Volume 68 Issue 2 Pages 236-240 (February 2021)
DOI: 10.1016/j.jadohealth.2020.11.005
Youth experiences of homelessness

- Running away: Youth who have left the home, unaccompanied by an adult
- Being thrown out: Youth who are told to leave or stay away from home by a household adult
- Rough sleeping: Youth who sleep outside or in places not meant for human habitation, also referred to as “unsheltered” or “on the street”
- Staying in shelter: Youth who are staying in emergency shelter, respite or other housing programs
- Couch-surfing: Youth who move from one temporary living arrangement to another without a secure place
Challenges of COVID-19 and Runaway and Homeless Youths

• Where are services often provided?
  • Congregate settings (for food, medicine, supplies)
    • Can make social distancing difficult
  • Mental health issues associated with lack of stable housing
  • Comorbidity of illnesses and COVID-19
  • Hygiene issues and COVID-19
  • https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/homelessness.html#:~:text=Homeless%20services%20are%20often%20provided,risk%20for%20severe%20illness.
Challenges of COVID-19 and RHY

• Poor physical health
• Racism
• Continued financial strain
• Substance use disorders
  • Difficulty access mental health support during COVID-19.
• Sexually transmitted infections
• High risk behaviors
• Difficulty access COVID-19 treatment or accessing vaccination sites (logistical difficulties)
More challenges and the “bubble” we keep talking. Can RHY be part of the family “bubble.”

• Families may have created a COVID-19 “bubble” and may be reluctant for those not in the bubble to be added to the household (for example, couch surfing, transient time in homes)

• Closure of schools/colleges make additional services difficult
Supporting RHY Staff in the Midst of COVID-19

• Staff should have the latest information on COVID-19.
• Face-to-face interactions with clients may need to be minimized.
• Plans need to be in place in case staff become ill due to COVID-19 or other illnesses.
• Staff may need particular stress and coping resources both for themselves and clients.
What can “stress” do to us?

- Stress can cause the following:
  - Feelings of fear, anger, sadness, worry, numbness, or frustration
  - Changes in appetite, energy, desires, and interests
  - Difficulty concentrating and making decisions
  - Difficulty sleeping or nightmares
  - Physical reactions, such as headaches, body pains, stomach problems, and skin rashes
  - Worsening of chronic health problems
  - Worsening of mental health conditions
  - Increased use of tobacco, alcohol, and other substances
• Anxiety Disorders: People with anxiety disorders respond to certain objects or situations with fear and dread or terror. Anxiety disorders include generalized anxiety disorder, social anxiety, panic disorders, and phobias.

• Attention-Deficit/Hyperactivity Disorder: Attention-deficit/hyperactivity disorder (ADHD) is one of the most common childhood mental disorders. It can continue through adolescence and adulthood. People diagnosed with ADHD may have trouble paying attention, controlling impulsive behaviors (may act without thinking about what the result will be), or be overly active.

• Disruptive Behavioral Disorders: Behavioral disorders involve a pattern of disruptive behaviors in children that last for at least 6 months and cause problems in school, at home, and in social situations. Behavioral symptoms can also continue into adulthood.
An example: COVID and Trauma overview

- Post traumatic stress disorder is a psychiatric disorder that can occur following the experience or witnessing of life-threatening events such as military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults.

- People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping and feel detached or estranged, and these symptoms can be severe enough and last long enough to significantly impair the person’s daily life.
  - National Center for PTSD
Coping Mechanisms During COVID: An Examples

- Drug use
- Alcohol use
- Overeating
- Other distracting behaviors
To what extent do people think behaviors needed to stem COVID-19 should be mandated? Tension between individual liberties and the public good in health-related behaviors stretches back to 1905, with Jacobson v. Massachusetts. Political affiliation may explain some of varying perceptions of how appropriate policies to stem the flow of COVID-19 are (e.g., Briki & Dagot, 2020). Personality may also matter. The Big Five predicts people’s own health behavior (e.g., Turiano et al., 2013). People typically assume that others will have similar tastes, preferences, and behaviors to their own (Ross, Greene, & House, 1977). We examined whether people with personalities related to healthier behaviors might perceive less of a need for policies to limit the spread of COVID-19.

METHODS
1. N = 445, recruited via MTurk
2. Measured perceptions of COVID-19 policies, as well as personality (IPIP-NEO, Johnson, 2014)

**Personality predicts policy perception.** Traits related to healthier behavior predict perception that policy should be less stringent; traits related to less healthy behavior predict perception that policy should be more stringent.

<table>
<thead>
<tr>
<th>Neuroticism</th>
<th>Extraversion</th>
<th>Conscientiousness</th>
</tr>
</thead>
<tbody>
<tr>
<td>r = .25, p &lt; .001</td>
<td>r = .18, p &lt; .001</td>
<td>r = -.19, p &lt; .001</td>
</tr>
</tbody>
</table>

**Evidence for healthy neuroticism**
Interaction between conscientiousness and neuroticism was significant in predicting policy perception, $\beta (0.30) = -.72$, $p < .05$
Those high in neuroticism and conscientiousness thought policies should be less stringent than those high in neuroticism and low in conscientiousness.

**Essential worker status matters**
All findings were moderated by essential worker status. Personality was more predictive of policy perception for essential workers.

**DISCUSSION**
Past research has demonstrated that personality predicts people’s own behavior, and that people expect that others will behave similarly to themselves. The current research extends these findings to policy perception. People with high levels of conscientiousness, which might predict behaviors that would minimize the spread of COVID-19, think that policies are too severe and restrictive. People with high levels of neuroticism and extraversion – which might predict behaviors that would exacerbate the spread of COVID-19 – perceive policies as not severe enough.

This research suggests that personality may predict one’s own behavior – as well as one’s perceptions of appropriate policy.
### Anxiety Reporting 2/3/2021-2/15/2021

<table>
<thead>
<tr>
<th>Location</th>
<th>Adults Reporting Symptoms of Anxiety Disorder</th>
<th>Adults Reporting Symptoms of Depressive Disorder</th>
<th>Adults Reporting Symptoms of Anxiety or Depressive Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mississippi</td>
<td>38.6%</td>
<td>32.7%</td>
<td>43.3%</td>
</tr>
<tr>
<td>Missouri</td>
<td>33.0%</td>
<td>29.3%</td>
<td>39.9%</td>
</tr>
<tr>
<td>Montana</td>
<td>25.0%</td>
<td>23.4%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Nebraska</td>
<td>30.7%</td>
<td>26.0%</td>
<td>35.9%</td>
</tr>
<tr>
<td>Nevada</td>
<td>39.0%</td>
<td>30.4%</td>
<td>44.0%</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>29.3%</td>
<td>19.6%</td>
<td>32.6%</td>
</tr>
<tr>
<td>New Jersey</td>
<td>34.3%</td>
<td>24.3%</td>
<td>38.8%</td>
</tr>
<tr>
<td>New Mexico</td>
<td>37.2%</td>
<td>32.4%</td>
<td>42.9%</td>
</tr>
<tr>
<td>New York</td>
<td>36.0%</td>
<td>31.1%</td>
<td>41.8%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>33.8%</td>
<td>27.5%</td>
<td>38.9%</td>
</tr>
</tbody>
</table>
## Anxiety/Depression by Race

### Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days

<table>
<thead>
<tr>
<th>Select Indicator</th>
<th>Select Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms of Depressive Disorder</td>
<td>By Race/Hispanic ethnicity</td>
</tr>
</tbody>
</table>

### Symptoms of Depressive Disorder

<table>
<thead>
<tr>
<th>Subgroup</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino, Non-Hispanic Asian, single race, Non-Hispanic black, single race, Non-Hispanic white, single race, Non-Hispanic, other races and multiple races</td>
</tr>
</tbody>
</table>

![Graph showing the trend of anxiety/depression by race over time](image-url)
Frequency of Anxiety and Depression

Indicators of Anxiety or Depression Based on
Reported Frequency of Symptoms During Last 7 Days

Select Time Period
Select Indicator
Apr 23 - May 5
Symptoms of Anxiety Disorder

Symptoms of Anxiety Disorder

State Ranking

Percent

States:
- Massachusetts
- New York
- Connecticut
- Louisiana
- Arkansas
- Colorado
- Florida
- Michigan
- Arizona
- Hawaii
- Georgia
- Indiana
- Kentucky
- Oregon
- District of Columbia
- Nevada
- New Jersey

NOTE: The states were weighted NPTS weighted estimates. For Technical Notes, visit www.cdc.gov/nchs/npts.html.
Mental health, children and the Pandemic, implications for RHY

• “Research during the pandemic points to concerns around poor mental health and well-being for children and their parents, particularly mothers, as many are experiencing challenges with school closures and lack of childcare. Women with children are more likely to report symptoms of anxiety and/or depressive disorder than men with children (49% vs. 40%). In general, both prior to, and during, the pandemic, women have reported higher rates of anxiety and depression compared to men.”

Anxiety and/or Depressive Disorder - Women and Men

Figure 6: Share of Adults in Households with Children Under the Age of 18 Who Report Symptoms of Anxiety and/or Depressive Disorder During the COVID-19 Pandemic, by Gender

NOTES: *Indicates a statistically significant difference between women in households with children under the age of 18, and men in households with children under the age of 18, at the p<0.05 level. These women and men, ages 18+, have symptoms of anxiety and/or depressive disorder that generally occur more than half the days or nearly every day. Data shown is for December 9 – 23, 2020.

The events of 2020 have turned workplaces upside down. Under the highly challenging circumstances of the COVID-19 pandemic, many employees are struggling to do their jobs. Many feel like they’re “always on” now that the boundaries between work and home have blurred. They’re worried about their family’s health and finances. Burnout is a real issue.

Women in particular have been negatively impacted. Women—especially women of color—are more likely to have been laid off or furloughed during the COVID-19 crisis, stalling their careers and jeopardizing their financial security. The pandemic has intensified challenges that women already faced. Working mothers have always worked a “double shift”—a full day of work, followed by hours spent caring for children and doing household labor. Now the supports that made this possible—including school and childcare—have been upended. Meanwhile, Black women already faced more barriers to advancement than most other employees. Today they’re also coping with the disproportionate impact of COVID-19 on the Black community. And the emotional toll of repeated instances of racial violence falls heavily on their shoulders.

As a result of these dynamics, more than one in four women are contemplating what many would have considered unthinkable just six months ago: downshifting their careers or leaving the
COVID-19 and Women's Health: A Low- and Middle-Income Country Perspective

Shahirose Sadrudin Premji1, Kiran Shaikh2, Sharifa Lalani3, Ilona S. Yim4, Sarah Moore5, Naureen Akber Ali6, Saheer Alajz7 and Nicole Letourneau8 On behalf of Maternal infant Global Health Team (MIGHT)—Collaborators in Research

1Faculty of Health, School of Nursing, York University, Toronto, ON, Canada
2School of Nursing and Midwifery, Aga Khan University, Karachi, Pakistan
3Department of Psychological Science, University of California, Irvine, Irvine, CA, United States
4Department of Medical Genetics, Faculty of Medicine, University of British Columbia, Vancouver, BC, Canada
5Faculty of Nursing, University of Calgary, Calgary, AB, Canada

Corona Virus Disease (COVID-19), a contagious disease, is a global pandemic affecting the lives and health of individuals across borders, genders and races. Much of what is known about the effects of natural disasters and disease outbreaks on women's health in particular, is based on studies.
Gender-based violence during COVID-19 - Concerns for RHY

Gender-Based Violence During COVID-19 Pandemic: A Mini-Review

Shalini Mittal1 and Tushar Singh2

1Amity Institute of Behavioural and Allied Sciences, Amity University, Lucknow, India
2Department of Psychology, Banaras Hindu University, Varanasi, India

Purpose: Quarantine is necessary to reduce the community spread of the Coronavirus disease, but it also has serious psychological and socially disruptive consequences. This is known as the quarantine paradox that also includes a surge in the cases of gender-based violence. However, there exists a clear gap of rigorous literature exploring the issue. Hence, the current paper attempts to understand gender-based violence as an aspect of the COVID-19 lockdown. It reviews the pattern of rise in gender violence cases and the resultant psychological and social issues and attempts to create awareness by initiating a discourse urging for change in the response towards the victims of gender-based violence. The paper further attempts to suggest measures to mitigate the issues arising out of gender violence during quarantine.
ORIGINAL RESEARCH ARTICLE

Moms Are Not OK: COVID-19 and Maternal Mental Health

Margie H. Davenport1, Sarah Meyer1, Victoria L. Meah1, Morgan C. Strynadka1 and Rshmi Khurana2

1Program for Pregnancy and Postpartum Health, Faculty of Kinesiology, Sport, and Recreation, Women and Children’s Health Research Institute, Alberta Diabetes Institute, University of Alberta, Edmonton, AB, Canada
2Faculty of Medicine and Dentistry, Women and Children’s Health Research Institute, University of Alberta, Edmonton, AB, Canada

Introduction: Depression and anxiety affect one in seven women during the perinatal period, and are associated with increased risk of preterm delivery, reduced mother-infant bonding, and delays in cognitive/emotional development of the infant. With this survey we aimed to rapidly assess the influence of the COVID-19 pandemic and subsequent physical distancing/isolation measures on the mental health and physical activity of pregnant and postpartum women.
Vulnerable Youth and the COVID-19 Pandemic

Rachel I. Silliman Cohen, MD, and Emily Adlin Bosk, PhD

DOI: 10.1542/peds.2020-1306

Journal: Pediatrics

Article Type: Pediatrics Perspectives

Citation: Silliman Cohen RI, Adlin Bosk E. Vulnerable youth and the COVID-19 pandemic. Pediatrics. 2020; doi: 10.1542/peds.2020-1306
COVID-19 and Homelessness: Strategies for Schools, Early Learning Programs, and Higher Education Institutions

Apr 9, 2021 | Resources

COVID-19 and Homelessness:
Strategies for Schools, Early Learning Programs, and Higher Education Institutions
Emerging Adults, COVID-19 and Homelessness

Adolescent health brief

Behavioral Health and Service Usage During the COVID-19 Pandemic Among Emerging Adults Currently or Recently Experiencing Homelessness

Joan S. Tucker, Ph.D. a, *, Elizabeth J. D’Amico, Ph.D. a, Eric R. Pedersen, Ph.D. a, b, Rick Garvey, M.A. a, Anthony Rodriguez, Ph.D. c, and David J. Klein, M.S. a

a RAND Corporation, Santa Monica, California
b Department of Psychiatry and Behavioral Sciences, School of Medicine, University of Southern California, Los Angeles, California
c RAND Corporation, Boston, Massachusetts

Article history: Received June 12, 2020; Accepted July 13, 2020

Keywords: COVID-19; Young people; Homelessness; Mental health; Substance use; Services
Part 3: Solutions and Strategies for RHY and Staff
Telehealth/Mobile-Based Solutions for COVID-19 and RHY

• Is this feasible?

• A Mobile Phone–Based Intervention to Improve Mental Health Among Homeless Young Adults: Pilot Feasibility Trial
  • *JMIR Mhealth Uhealth*. 2019 Jul; 7(7): e12347.
  • Published online 2019 Jul 2. doi: [10.2196/12347](https://doi.org/10.2196/12347)
“This project aimed to develop and determine the feasibility and acceptability of engaging young adults (ie, individuals aged 18-24 years) experiencing homelessness in a remotely delivered mental health intervention. This intervention provided brief emotional support and coping skills, drawing from cognitive behavioral principles as an introduction into psychosocial support. The intervention was piloted in a homeless shelter network.”
Mobile-Based Solutions for RHY - Methods

“...A total of 35 young adults experiencing homelessness participated in a single-arm feasibility pilot trial. Participants received a mobile phone, a service and data plan, and 1 month of support from a coach consisting of up to 3 brief phone sessions, text messaging, and mobile mental health apps. We evaluated feasibility by looking at completion of sessions as well as the overall program and acceptability with satisfaction ratings. We also collected clinical symptoms at baseline and the end of the 1-month support period. We used validity items to identify participants who might be responding inappropriately and thus only report satisfaction ratings and clinical outcomes from valid responses.”
Mobile-Based Solutions for RHY - Results

• “Most participants (20/35, 57%) completed all 3 of their phone sessions, with an average of 2.09 sessions (SD 1.22) completed by each participant. Participants sent an average of 15.06 text messages (SD 12.62) and received an average of 19.34 messages (SD 12.70). We found higher rates of satisfaction among the participants with valid responses, with 100% (23/23) of such participants indicating that they would recommend participation to someone else and 52% (12/23) reporting that they were very or extremely satisfied with their participation. We found very little change from pre- to posttreatment on measures of depression ($d=0.27$), post-traumatic stress disorder ($d=0.17$), and emotion regulation ($d=0.10$).”
“This study demonstrated that it was feasible to engage homeless young adults in mental health services in this technology-based intervention with high rates of satisfaction. We did not find changes in clinical outcomes; however, we had a small sample size and a brief intervention. Technology might be an important avenue to reach young adults experiencing homelessness, but additional work could explore proper interventions to deliver with such a platform.”
Complacency/Convenience/Confidence
The World Health Organization (WHO)’s Strategic Advisory Group of Experts (SAGE) Working Group identifies three components of vaccine hesitancy:

- **Confidence**
  - Trust in the safety and efficacy of vaccines as well as trust in the health care workers, scientists, and politicians who help to deliver, craft, and regulate them.

- **Convenience**
  - Factors like the availability, accessibility, and affordability of vaccines.

- **Complacency**
  - Perceived *risk* of a vaccine-preventable disease the extent to which vaccination is perceived as necessary or worthwhile. People must trust that a vaccine is actually beneficial in order for them to be convinced that vaccination is, all things considered, worth receiving.

Confidence most often involves concerns about a vaccine’s safety, while complacency most involves concerns about a vaccine’s efficacy.
Complacency/Convenience/Confidence: Examples

• “Operation Warp Speed”
• Social Determinant issues precluding the ability to access vaccine
• Ability to get to and from vaccine sites
• Fear that the vaccine happened “too quickly”
• Emergency use authorization of vaccine for millions of people
• Placebo controlled studies continuing when EUA vaccines exist [future vaccines may bring different pros and cons]
• How long will vaccine immunity last - unclear
• Others?
• “A problem represents a gap between where we are or what we have and a desired location or outcome.” Treffinger et. al. “Problems can also be understood more broadly as questions for inquiry. Problem solving is the thinking and behavior we engage in [order] to obtain the desired outcome we seek. The outcome could be attaining a certain goal or finding a satisfactory answer to our question.” (Treffinger et. al.).
“Goals”

• “The National Strategy is organized around seven goals:
  1. Restore trust with the American people.
  2. Mount a safe, effective, and comprehensive vaccination campaign.
  3. Mitigate spread through expanding masking, testing, data, treatments, health care workforce, and clear public health standards.
  5. Safely reopen schools, business, and travel while protecting workers.
  6. Protect those most at risk and advance equity, including across racial, ethnic and rural/urban lines.
  7. Restore U.S. leadership globally and build better preparedness for future threats.”
Percentage of Americans Worried About Contracting COVID-19, by Gender
Percentage of Americans Wearing Masks When Outside Home, by Gender
# Americans’ Mask Usage in Different Settings

How often do you wear a face mask when social distancing measures are difficult to maintain in the following situations?

<table>
<thead>
<tr>
<th>Always wear mask when can't maintain social distancing:</th>
<th>Men</th>
<th>Women</th>
<th>Gender gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>In indoor settings</td>
<td>64%</td>
<td>79%</td>
<td>+15 pct. pts.</td>
</tr>
<tr>
<td>In outdoor settings</td>
<td>23%</td>
<td>30%</td>
<td>+7 pct. pts.</td>
</tr>
</tbody>
</table>

GALLUP PANEL, AUG. 2-SEPT. 27, 2020
Specific solutions for RHY

- Expanded street outreach, mobile units, and health fairs to ensure continued access to health care and COVID-19 testing (this is something that can be advocated at the CBO level)
- Expand virtual health care for RHY, with technical assistance and mobile devices
- Collaborate with other organizations to streamline available resources for youth during the pandemic

- https://www.jahonline.org/action/showPdf?pii=S1054-139X%2820%2930658-3
COVID-19 is our common enemy. We must declare war on this virus. That means countries have a responsibility to gear up, step up and scale up.

How? By implementing effective containment strategies; by activating and enhancing emergency response systems; by dramatically increasing testing capacity and care for patients; by readying hospitals, ensuring they have the space, supplies and needed personnel; and by developing life-saving medical interventions.

All of us have a responsibility, too -- to follow medical advice and take simple, practical steps recommended by health authorities.

We are in this together - and we will get through this, together.

Thank you and Questions
References

- https://www.cdc.gov/mentalhealth/learn/index.htm
- https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm
References

- https://Coronavirus.jhu.edu/vaccines/vaccines-faq
- https://healthcarelawsociety.sjlaw.wordpress.com/
- https://ourworkindata.org
- https://heatherbuttspublichealthblog.wordpress.com
References

• www.cdc.org
• www.who.int
• www.pbs.org/newshours/science/on-simple-chart-explains-how-social-distancing-saves-lives
• www.cdc.gov/niosh/topics/hcscontrols/pandemic-planning.html
• https://hub.jhu.edu/2020/03/13/what-is-social-distancing
• www.governor.ny.gov
• https://www.cdc.gov/coronavirus/2019-ncov/vaccines/