HAB You Heard Webinar
April 27, 2021, 2:00-3:00 PM ET

>> Good afternoon everyone. Welcome to our April HAB You Heard Webinar, a monthly update from the HIV/AIDS Bureau. Just a couple housekeeping information. Today's meeting is being recorded. If you object, you may leave at any time. If you require closed captioning, you'll see the CC button at the bottom of your screen. Click on that, and the captioning should be activated.

I would now like to turn it over to Heather Hauck, the HIV/AIDS Bureau Deputy Associate Administrator. Heather?

>> HEATHER HAUCK: Thank you, Amy.

Good afternoon, or good morning, depending on where you are in the country. And As Amy said, welcome to the Health Resources and Services Administration HAB You Heard Webinar monthly update from the HIV/AIDS Bureau.

As Amy said, I'm Heather Hauck, the Deputy Associate Administrator for the HIV/AID Bureau, the HAB in HAB You Heard. And Dr. Laura Cheever, who is the Associate Administrator, who is away today on some well-deserved annual leave.

I'm very pleased to be joined today by our special guest Diana Espinosa, the Acting Administrator of HRSA; and Tiffany Dempsey, Director of the has Division of Policy and data; and Andrea Jackson of policy development, branch chief and halves Division of Policy and data. We're very glad that all of you could join us today.

Next slide.

So once again, this month, we have a very full agenda. We will begin with remarks from HRSA's administrator Diana Espinosa about the importance of health and equity in our work at HRSA.

Next we will share several updates including a first new look at a COVID-19 highlights and an update on COVID-19 vaccinations.

Next, we will HIV aids bureau updates, including a review of the call for public comment on a new HAB Federal Register notice and a first peak on the listening schedule.

In addition, we are excited to have two spotlight presentations today, highlighting efforts on health equity and reducing health disparities. We will be joined by special projects national significance program implementation sites. One from Washington, D.C. And Birmingham aids outreach from Birmingham, Alabama.

To begin today, we are delighted to be joined by the acting Deputy Administrator, Diana Espinosa. She has been here since 2015. In that role, she advises the administrator she has an instrumental role in defining the strategic direction, to ensure that vital HRSA resources are deployed to serve the millions of people served by HRSA. She also led a HRSA team implementing the provider health fund to machining and distribute 177 billion dollars to hospitals and other healthcare professionals on the front lines of the COVID response. And to reimburse providers and facilities for claims for COVID testing, treatment and vaccine administration of uninsured individuals.

She has held other roles with the office of management and budget.

Thank you for joining us today. I'll turn it over to you.

>> DIANA ESPINOSA: Thanks, Heather. And good afternoon everybody. Good foreign morning to those of you on the west koz. I'm glad to be here today and I'd be remiss if I didn't mention that Heather was that is right of that team that she referenced. And just it was -- it was just a tremendous asset having her as part of the leadership team. Thank you, R for sharing her with us. We wouldn't have been able to accomplish our work without her.

It's my honor to serve as the acting administrator of HRSA while we wait for the next acting Director of the HRSA.

It's been a busy and rewarding time. HRSA is playing a vital role in supporting the community response to the COVID-19 public health emergency see. In particular, we're working hard to ensure that the

nation's hardest hit populations receive the COVID-19 vaccination. It's so hard to believe that last month we marked the one-year anniversary of the WHO declaring COVID-19 a global pandemic. I think we were thinking back to that day. We couldn't have possibly known that all that we as a public health community and more broadly as an entire nation would go through today and individually. This crisis, the likes of which has not been experienced in more than 100 years, has touched not only your jobs as public health leader, but also your patience, your communities, your own health and well-being and that have your loved ones. And I want to take this opportunity to thank you all for your dedication and commitment to the HRSA mission and the HIV/AIDS bureau mission during what has been a 12-month period unlike anything that we have ever experienced.

Together, we have shown remarkable flexibility, resiliency and innovation. You all have ensured that critical HIV care and treatment programs through the Ryan White HIV/AIDS program continue to function. And during this time, we have also expanded access to vital services launched entirely new initiatives, all while caring for your sick patients and family members and overcoming many other hardships during the past year. HRSA staff and recipients stepped up over and over again volunteering to take over new roles and communities across the U.S., especially communities hardest hit by COVID-19. You and everyone with whom HRSA partners provided exemplary leadership in supporting COVID-19 vaccinations, and I want to thank you all who assisted with the efforts.

Working through the changing environment has meant expanding and modifying our program, adapting to new ways of delivering quality care and supporting a historic transition to telehealth. Our Ryan White HIV/AIDS program recipients have done that and much more, while demonstrating truly innovative spirit in the process. The pandemic brought attention to the severe health and social inequities across the country and the negative impact they

have on patients and providers. HRSA's programs worked for years to address healthy quality and we remained committed to that mission. And fostering and sustaining health equity has been a guiding principle of the Ryan White HIV/AIDS program. This focus will opinion to be a major priority for us well beyond the pandemic. And I site the Ryan White program has one of the best examples of how we track the progress towards health equity and how the data collection helped you focus your work and be able to demonstrate the progress that you have made.

And that progress has been tremendous.

During the last year, as a nation, we have also experienced some other challenges, hate crimes against the Asian American community are on the rise. Multiple pass shootings in different parts of the country and we have also heard about reports during the pandemic of increased domestic violence and child abuse. And the acts of violence are unacceptable and they greatly impact us as a society and impact us as individuals. Throughout all of this, you all have continued the great work of HRSA and the White Ryan HIV/AIDS program while dealing with the changes and challenges that you experienced in your own homes and communities. And you have every reason to be proud. I know we're all probably quite exhausted as well. But, you know, it's always important to reflect on what has really been accomplished other the last -- over the last several months.

So in closing I want to express my appreciation to all of you for the outstanding work that you do to support HIV care and treatment and meet the needs of people with HIV and their communities. Your continued dedication and commitment proud remarkable achievements during the most, most challenging times. Stay safe and healthy and thank you so much. I'll turn it back over to Heather Hauck. Thanks, Heather.

>> HEATHER HAUCK: Thank you. And thank you for the thoughtful remarks and thank for the recipients working out in the field and staff. Next, we have important updates to share with you

today. To begin, I'd like to turn it over to Antigone Dempsey, who will provide an update on the COVID-19 report and update.

>> ANTIGONE DEMPSEY: I want to thank of you, the recipients and sub recipients and providers who diligently submitted your data for the close out report, the COVID-19 data report. The data are important and as Diana said, we are age to report on the activities that you've been engaged in to address COVID-19 in your communities. You'll see over the next slides that we have been able to use the fund, to implement and expand and provide services that prevent and prepare for and respond to COVID-19. Next slide.

I just want to let you know that the data I'm about to present is looking at a calendar year. So, from January 20, which was of 2020, to December 31 of 2020. So, I'll be talking about some data across the year, but the most recent reporting year in December as well. We have been expanding telehealth services. In the first reporting period, we saw 69 percent of our providers recorded telehealth capacity. And by December 2020, 84 percent of our reporters -- providers reported having telehealth capacity. Some of the most common services recorded here were listed on the list. And this makes sense in terms of the services people are trying to access. But in particular, pointing out food bank home delivered meals, medical transportation, and of course our outpatient health services.

Next slide. So the data is showing that our testing activities for COVID-19 have also been expanding. Looking at the end of -- from March 31, 2020, 29 percent of providers who submitted a CDR were conducting test, and as of December 31 close of 50 percent of you reported that. More than 20,600 members were tested in December 2020.

Next slide. Here is just a visual. Basically, of showing the Ryan White clients that were identified through the CDR reports that have identified COVID-19. The red bar shows the cumulative amount. You can see here across the year that it's close to 19,000 people.

And actually in December, we saw a bit of an uptick there.

The next slide.

So here is basically looking at the number of clients and also immediate household members who received cares act funded service, from the beginning period of January through the 31st for each month. One thing I want to note is that the numbers -- they -- it's aggregate data. So they could be duplicated. Just keep that in mind.

But you can see that many services have been continued to be provided throughout the months. And December was 84,000 -- a bit over 48,000 folks received services through the CARES act funding.

Next slide. And we just wanted to highlight some of the common services that were provided through the CARES act funding. There is a lot around outpatient. Food bank, health education. And also aids drug assistance programs.

Next slide. The continued thanks to the recipients. Provider, everyone on the ground for all of your efforts. Now I'll turn it over to Heather, who will provide updates on COVID-19 vaccines.

>> HEATHER HAUCK: Turning now to Covid-19 vaccinations. As many of you know, the public health emergency has shed light on the critical importance of health equity and meeting people where they are. To ensure that the nation's underserved communities and those disproportionately affected by COVID 19 are equitably vaccinated against COVID-19, HRSA and CDC launched a program to provide vaccines to HRSA supported health centers. And that program expanded in April, early April, to all HRSA funded health centers and health center funded look alikes. There are 1470 centers nationwide that that are in this program.

We also want to encourage you to consider joining the COVID-19 community Corps. They reinforce basic measures, and this is a nationwide network of trusted messengers that help the public make informed decisions about COVID-19 by receiving public health messages. Go to the website and look for more information there.

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And we talked about on previous have you herds, just as a reminder, Ryan White recipients and sub recipients have a critical role in administering vaccines, addressing hesitancy and you are a trusted source of health information in your communities. Please continue to support clients and encourage them to get vaccinated when they are able to do so.

134 patients base barriers, prior to receiving the vaccinations, and to address the issue of individuals inappropriately being sent bills for vaccine fees, HRSA created fact sheets to help patients and providers understand their rights and responsibilities regarding access to COVID-19 vaccines. The vaccines are free to anyone living in the US. The materials are provided in Spanish and English and we put the information here so you can access the materials as well.

Next are the HIV/AIDS bureau updates.

Andrea Jackson, the branch chief and hubs Division of Policy and data Andrea.

>> Andrea Jackson: Thank you, Heather.

Last week HAB announced that it is seeking public input on its proposal to simplify the process for Ryan White HIV/AIDS program parts A, B, and C recipients to request a waiver of the core and medical services expenditure amount requirementsThe proposed policy change what reduce the administrative burden for recipients by lessening the documentation that must be submitted to HAB when recipients request waivers.

Under the proposed policy, recipients would be required to submit a one page person Ryan White HIV AIDS program called medical services waiver request attestation form to have in lieu of the multiple documents that are currently required to submit a waiver request.

Recipients would still be required to produce evidence that supports the attestation upon request. Also, the deadline to submit waiver requests will be revised to better align with programmatic processes.

A Federal Register notice or an FRN on the proposed policy has been published to provide an opportunity for public comment on the new policy.

In addition, HAB is announcing plans to submit the Information Collection Request or the ICR, pertinent to this proposed policy to the Office of Management and Budget.

Prior to submitting the ICR to the OMB, HRSA is also seeking comments from the public regarding the burden estimate or any other aspect of the ICR.

So in the next few slides, I will crosswalk the statutory and documentation requirements to better highlight the similarities and differences between the existing requirements as outlined in our current policy. Notice 1307 with the new policy proposal. Tthe Ryan White HIV/AIDS program statute requires that Ryan White parts A, B, and C recipients expend 75% of parts A, B, and C grant funds on core medical services for individuals with HIV/AIDS identified and eligible under the statute after reserving statutory permissible amounts for administrative in clinical quality management costs.

The statute also grants the secretary authority to wave this requirement if certain requirements are met.

It is important to note that the underlying statutory requirements have not changed. Currently, for a core medical services waiver to be approved for medical services must be available and accessible to all individuals identified an eligible for the Ryan White HIV AIDS program in the recipient service area, and there cannot be any age at waiting list in the recipient service area called medical services waiver request, if approved are effective for one year budget period.

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The proposed changes what reduce the administrative burden for recipients by lessening the documentation, they must submit to HRSA HAB when requesting a waiver.

Under the proposed policy recipients will be required to submit a one-page person Ryan White HIV/AIDS program core medical services waiver request a test station form.
To HRSA in lieu of the multiple documents currently required to submit a waiver request.
And as this table illustrates have has determined that some of this required information is duplicative of information recipients already submit as part of their grant applications or other reporting requirements.
And all the purpose of the proposed policy is to reduce administrative burden for recipients if finalized, it will not change the underlying requirements that are necessary to obtain a waiver.
Recipients would still be required to produce evidence that supports the attestation upon request looks like.
To request a waiver, the chief elected official Chief Executive Officer executive officer or designee of either must complete and submit the HRSA Ryan W Corps medical services waiver request attestation form which is pictured here on this slide to herself.
In addition to reducing the volume of documentation person is proposing to change the deadlines for submitting waiver requests.
To facilitate a more efficient review of way request the proposed changes would require waiver requests to be submitted by specific programmatic deadlines, which you can see outlined here.
We look forward to receiving your comments on this proposal. As a reminder, please submit your comments to Ryan White comments at HRSA.gov on the policy proposal into paperwork at HRSA ICR.
The deadlines to provide comments is June 21 2021 and now I'll turn it back over to intake.
The deadlines to provide comments is June 21. 2021.
Now back over to Antigone.
Thank you. Next we will talk about the national strategic plans that were recently released. Over the last several months, the department has released strategic plans. STIs, and the vaccine

national strat particular plan. So HRSA played an important role in developing the plans. And some themes across all the plans are integrating and expanding p, STIs, and other services, so that there is no wrong point of entry to the healthcare system. And looking at addressing and eliminating stigma, and determinants of help that are key to helping people.

Targets have been developed and other things such as ending the pandemic In the United States. The HIV/AIDS bureau is working on implementation planning. So the Federal implementation plans, with the department, across all three of the plans, including the HIV strategic plan. Utilizing public input during the process last year. Along with building on universal discussions that we have been having.

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As we continue to move forward with the planning, we are focused on the four things that you see up here. And these are the goals of the HIV national strategic plan. Which are preventing new HIV infections. Improving HIV-related health outcomes. Reducing HIV-related disparities and health inequities. And achieve integrated coordinated efforts across all partners and stakeholders.

Now, back over to Heather.

>> HEATHER HAUCK: Last month, engagement listening sessions. We had the first two in the Pacific and mid Atlantic. And the next session with the Midwest region will take place. We heard from many of you about the interest in participating. So we are sharing the full schedule, so that you can put them on your calendar and share with your colleagues. Some of the dates may be subject to change, especially the farther out we get. Schedules get updated the further out we go. First is a public health leader roundtable. A smaller session. The second session is the community member listening session. And community health center, primary chair and people he have living with experiences. Be on the lookout for more

information about how your organization can participate. Back over to Antigone.

Thank you. Now the listserv. This window, the HIV/AIDS bureau launched the Ryan White clinical quality management list serve. This is sponsored by the NIH. It's an online group forum. It's for folks who are in program quality management program leaders and working on the programs and their organizations. It's a place to share ideas and ask questions related to the Ryan White HIV/AIDS program. We want to encourage your program staff who serve in these roles to sign up. You can see here on the slides the link to be able to join. And there is the email addresses listed at the bottom for questions. Back over to he here.

>> HEATHER HAUCK: This is the last HAB update before we start the recipient spot lights. This April, HAB wanted to make sure to mention aevrl important HIV awareness days. April 10 was HIV/AIDS awareness day. It raised the awareness on youth and young adults. Then, on April 18th, we observed national transgender HIV testing day, which high laits the importance of routine HIV testing, status awareness and focus on care and treatment on transgender. And throughout April, HAB continued to recognize the national minority health month. Underscoring the need for communities to get vaccinated as vaccines are available. Now, back over to turn it back to Antigone P.

>> I'm very excited to introduce our recipient spotlight presentation today. So, both recipients are implement sites of our Ryan White special projects of national significance project. This is known as ETI. So the first rengs, Oscar Flores, as core is the integrated behavioral health therapist. From the DC he Metropolitan area. So thank you for joining us, Oscar.

>> Oscar thank you. It's a pleasure to be here. It's my first time here. So I'm excited. I here in DC.

So in this presentation, I want to share our experience at La Clinica. How it has the potential to reduce disparities. From our experience, we are able to improve access as well as parity of care and health outcomes for our clients. When we talk about health quality, we want to talk about social determinants of health and the collaborative care model. It's a great and effective tool to achieve mental health equity. I'll be talkingp ensure you who we are, who we serve, and our experience more specifically with the collaborative care model and the lessons that we learned.

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So we are La Clinica dell Pueblo. We are a communicated based organization in Washington, D.C. In Maryland. We are a bilingual primary care service provider. We have two clinical sites. One nm DC, one in Maryland. And we have two clinical sites and one school in Maryland. We have over 100 employees. We have 50 peer health promoters, and more than 50 volunteers. Other mission is to build a healthy LAN continue excommunity. Focusing on those in most need.

At la Clinica dell Pueblo, we have more than 25 years as a Ryan White provider. We have more than 10 years provide approximating HIV prevention services to high risk LGBTG Latinxs. We are trusted locations for HIV testing and are entryways to the continuum of care for PLWH.

We have the yellow and red teams, and in this team we have health providers that support each team to assessing and prevent behavior health problems that many patients might face. In our current model, our HIV model, we are consistent viral suppression rates of 85 percent.

The community we serve, we serve primarily Latin X communities from different countries, Central America and South America. We serve approximately 4500 patients a year. But we touch about 20,000 patients in different programs and community affairs and community action activities. We have a case of about 300 patience. In general, our patients identify as Latin X, 60 percent of

our patients come from the northern triangle, El Salvador, Honduras and Guatemala, and this triangle suffers from civil war, violence. And that's why there is an influx of people leaving this area. 38 have limbed English proficiency and 84 have in-- and 200 percent of the Federal povrd line are below that. Our collaborative care model. This is the intervention. We serve the population is -- has many barriers. To the collaborative care model. It's a tool that we implemented about three years ago, to increase access, to psychiatry services, and in general to improve the health services of people dealing with HIV. The model consists of three key players. The primary, sign triss, and others. We extended that team including -- by including nurses, and promoters as well, and our goal is to enhance retention and to care for our patience by studying our integration and our integration with our -- with the primary care and psychiatry. And this allows us to improve as providers and how we can improve our services, and provide holistic care to our patience. The objective was to adopt this model to our patients. So we have to adjust the intervention to meet our needs. We have to improve the effectiveness and the mental health of our patience.

We tested about 45 patients of our target for this intervention. We have community-based programs that we do testing. So there are different ways to get to our care. Usually it's by in a medical team, with the community based organizations. So -- so the patients are HIV positive. And they have depression. We do a PH 29. So they have to have depression symptoms of 6 or above. That's more preventive way to treat our patients as well. And they have to content to participate.

This is a snapshot of our collaborative care model. As you can see, we have psychiatrists. We have behavioral provider and primary care and other support team as well. And the patient is in the middle. Because we all interact with the patient. And the psychiatry interashingts with the primary care provider and giving us guidance and adjusting medication if we need to as well.

In addition to the collaborative care model. We launched a campaign to increase of mental health. Our community also faces not only structural but also cultural barriers. There is a high stigma in general talking about mental health with our patients, so the effort was to open the discussion. And our campaign was Se Vale, it's okay to feel depressed. It's okay to seek support. It's ok to seek support. So it's a way to normalize the need to seek support.

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Some of the lessons that we learned, implementing our collaborative care model is that our patients do prefer to receive all of the services in the primary care. Our patients see the Dr. It's more comfortable. So our patients tend to be open with the medical provider. They have feelings of depression or anxiety. So by -- la Clinica, we have hard medical services on the second floor, but as the Executive Director mentioned, that was too far, we have to be in the same room with the medical providers to access the patients. Otherwise the referral -- sometimes that was not enough. So by having presence, we were able to bring mental health services to the patience. And the collaborative care model allowed the patience access. And it was a way to screen patience regardless for insurance. It was a way also to introduce the importance of behavioral care and health. It was a way to identify more severe needs, psychiatry intervention and medications. So there were a lot of opportunities what the collaborative care provided.

Next slide. And that's my presentation. This is my contact information, if you have any questions. Thank you very much for this opportunity.

>> HEATHER HAUCK: Thank you so much, Oscar, for that great presentation. So next I'd like to introduce the second recipient spot light presentation. Joining us are C Christa brown and destiny Clark. They are with the aids outreach in Birmingham, Alabama. Over the last five years destiny worked in many capacities at BAO. Crista

brown is the Director of Prevention and outreach at BAO, she led various HIV centered initiatives, since 2013, including the HIV STI testing program, prevention services, and medical case management. So thank you for joins us Christa and destiny. Christa, I think you'll be presenting first.

>> Christa: Thank you. We prefer to our project here as T-Heal. BAO is the first aid service organization in Alabama la, Incorporated in 1985. The mission is to enhance the quality of life for people living with HIV/AIDS at list can and individuals in the LGBTQ p community. And we are located in Birmingham, Alabama marks which is in the central area of the State of Alabama.

>> So during the project goals for the first year, we were to get enrolled 20 transgender women or transgender identified individuals. The team worked towards this goal throughout the life of the project. The site aims to implement healthy Divas and provide supplemental support through enhanced contact in order to solidify linkage, retention, adherence and viral suppression for transwomen.

>> So what is healthy Divas? It's grounded in the models of healthcare empowerment and gender affirmation. Reserves at UCSF in California piloted the program and we are a locally the program. So our model of intervention delivery, although healthy divas. We cheese a gender neutral approach to recruitment, in order to help gain the trust of our potential recruits. We did not want a perpendicular's HIV status to be a barrier to services here. Although HIV healthy divas as itself is focused on women with HIV, we provide supplemental calves and other capacities for transwomen living with HIV. We held support groups and movie nights and activity nights and other things that were status neutral and we provided -- promoted a tend dance for all women, in order to help maintain the confidentially and preserve that status for our positive clients.

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Our outreach and enrollment, we had to identify our clients. We had much help through the Ryan White case management services here at the agency. The T-HEAL staff also did networking and recruitment through the community relationship, such as ballrooms, clubs, things of that nature. We used fliers, community events, social media posts through the Facebook page and BAO Facebook page and word of mouth. And the T-Heal staff held events. After the mass COVID-19 look downs, the team shifted efforts to focus on virtual recruitment and client engagement.

The partnerships are a vital part of the success of this program. Like I said, BAO is an agency that is a Ryan White recipient, and we belt great partnerships and they were the primarily source of our referrals. We were a partner with the local infectious disease Cline I can for the past 30 years. And we also established a great relationship with them, and we were able to secure referrals for the healthy divas as. And across time, the community partners learned that the case management, destiny was a case manager, they were a trusted resource for their clients, and they could ensure that their clients would be treated with respect and care at the agency and program.

So the potential barriers to the program's success, housing p is an ever present need, similar to large Metropolitan areas, and the he will requirements can create drastic barriers. Wait lists for services are extensive. But the T-Heal teams helped navigate through the process. In the south of course it's very scarce. Transportation needs in the south is also a big issue. Transportation in Birmingham, we have an outdated transportation bus line. And a ten minute bus ride could be an hour long. So that was one of the barriers.

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>> Sustainability and integration. We had a really great staff response to the program. This was the first time we had a program that was centered directly on the needs of transwomen and the staff

members responded well. And they were attentive to the details. They weren't what we do. Who they need to call to link someone up with the program and that was helpful. We had to foster buy in. But we just made sure to present the program to the entire staff at the beginning, during the formative phase. And that helped provide a study flow of recruitment -- referrals and recruitments.

Jane Joe was with a recruitment. In the beginnings Jane, she was reluctant to participate. One need was safe and stable housing, and regular consistent employment. The staff conducted specialized assessments to bet are understand the origins. Jane is also a convicted felon and was housed at the pram a program. A case plan was developed and we worked together to eliminate barriers. The team found a number of employers. Destiny helped Jane with the application process. She was able to secure stable housing. Uniforms were donated to Jane once she was hired on at the new job. Through the new job up until COVID, she was promoted to head housekeeper, and was over two hotels until COVID hit. So that was our success story.

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As site personnel, the staff for the T-HEAL was a project director. Sinseriti banks was a program recruiter, and destiny clark was a program recruiter, and Craig Etheridge was a data manager. As we help the healthy Divas past the life. The project came to an end. And the people were able to continue the delivery of healthy Divas as needed. So if you have questions or would like to follow up with us regarding healthy Divas, we would love to hear from you, and we will pass it back to Antigone. Thank you.

>> Thank you to you all for sharing your amazing -- amazing work in Birmingham and DC. We appreciate the work that your programs are doing to help. And those are great programs. And these are the great part of the programs. I want to remind you about several key resources to support the work of the Ryan White HIV/AIDS program recipients. We continue to update the FAQs as

new information becomes available. We encourage you to visit the HAB Web Page. And the link is there. The slide is up. We encourage you to visit other Web Pages. Especially the COVID-19 vaccination website. Which is continually updated.

We also would encourage you to mark your calendar for the next have you heard -- HAB You Heard Webinar. May 25, 2 to 3 p.m. The recording for today's event will be pasted on the HAB COVID-19 Web page. And we want to remind you to take care of your -- take time for your own self-care as you continue to care for your communities, patients and families and loved ones. Consider getting your COVID-19 vaccine if you Vice President done that. And encourage your patients to get one as well. Thank you for your participation in today's Webinar. And that concludes today's HAB You Heard Webinar.

>>Thanks everyone.

>> Thank you. And you may now disconnect.