

Collaborative Shared Learning: Youth Engagement + Vaccine Access (June 9th)

On June 9, the Vaccine Implementation Collaborative held a youth centered, led panel to learn and share best practices, strategies, challenges and recommendations in engaging youth and addressing vaccine access efforts. Please see below recommendations informed by panelist

The Collaborative space was led by our youth partner, President of NAACP Youth Chapter (Pierce County), Lynese Cammack. Panelists included the diverse and unique perspectives of:

- **Youth Panelists**
 - **Tristan Holmes**, *Northwest Youth Services*
 - **Zaira Hernandez**, *REACH Tacoma*
- **Youth Service Providers**
 - **Lydia Nicholas**, *Integrated Wellness*
 - **Annie Hetzel**, *Office of Superintendent of Public Instruction (OSPI)*
 - **Devon Iskson**, *REACH Tacoma*

Incentives to Reach Youth

- Provide opportunity to hear from youth in your community about incentives to offer.
 - Compensate youth who have been vaccinated
 - Cash and visa gift cards
 - Accessible transportation to vaccination pop-up sites
 - Clothing
 - Food

“A lot of youth have started to trust the vaccine more as they have encountered people who have been vaccinated and nothing bad happened. But to get vaccinated, I might have to go out of my way and not get a meal that day. I might not be able to rest during the time that I would normally be able to rest. Organizations like Northwest Youth Services are looking at ways to compensate youth who have been vaccinated, such as through gift cards, to incentivize them to get vaccinated.”

Trusted Messengers and Access to Information

- Access to reliable and accessible vaccine information
- Information received through word of mouth

- Most youth trust messengers they have built a rapport with
- Consider social media platforms such as Twitter, Instagram, Tiktok, YouTube (beyond cable and radio)
 - Example: Ads on snapchat or Instagram. Incorporating vaccine information with popular audio/video trends on TikTok
- Provide succinct information in engaging, interesting and/or funny way.

“Right now, there is a lot of misinformation out there on social media. Most youth do not have cable and get their information online through Twitter, TikTok, and YouTube. Having to meet youth where they are at doesn’t just end in person, but it continues on the internet. Most youth are not going to trust the government, but they are going to trust people that they have built a rapport with and that care about them. Youth are not going to listen to a random person that they have no connection to”

“I also wanted to add that we are using antiquated ways to get messaging out about vaccines that we expect young people to have access to. For example, young people don’t have cable. Young people watch YouTube. Right now, youth are not getting information about vaccines from sources they have access to.”

Youth Outreach and Empowerment

- Ensure outreach providers/specialists who engage youth are representative of communities being reached
- Provide **compensation** directly to youth to assist with outreach to other youth
- Co-develop vaccination events geared at solely reaching youth in partnership with youth
- Empower by providing space to be heard, provide objections or rejections, and to envision self in vaccine discussions and decisions
 - Convening a youth centered, safe and transparent forum to ask questions and share experiences
- Meet youth where they are – bringing vaccine and vaccine information to their spaces
 - If a young person feels supported with the information they receive, they will tell their friends and pass on their trust to their friends, and their friends will then be comfortable approaching you for services.
 - Talk to them in a language that they understand, not from a medical perspective
 - Not just meeting them where they are in person, but on the internet too

“We engage youth through representation. We make sure our outreach specialists that engage youth in services are diverse and representative of the community that we are trying to serve. Another successful strategy has been to have youth compensated to do the outreach work and education. The more you are employing youth to work with you, the more successful you are going to be.”

“One of the big things that we highlight when we are vaccinating youth is empowering them by giving them a voice, allowing them to be heard, and also allowing them to give objections or rejections if they have them. We also want to allow space for rest, questions, or rebuttals.”

Building Vaccine Confidence and Addressing Access Barriers

- Proactively address access barriers
 - Consider the access barriers of housing insecure or unhoused youth; undocumented, unaccompanied youth, LGBTQ youth, BIPOC youth...etc
 - Financial hardships - fear vaccine will cost money and/or the cost of post vaccine appointment due to side affects
 - Lack of trust in government entities and the medical establishment
 - *Given the amount of anti-trans health care laws passed this year, BIPOC youth who are queer and trans are reluctant*
 - *Experience of past unfriendly communication with medical staff*
 - Misinformation on social media
- Addressing concerns
 - Worried about the cases of heart inflammation among youth after getting the vaccine
 - Unsure how the vaccine interacts with underlying conditions

“From my perspective, we are really concentrating on getting youth vaccinated, but as a youth who has struggled with unstable housing, getting vaccinated is not the first thing that comes to mind. We are trying to survive and put food on the table. The vaccine isn't something that doesn't feel mandatory to us and we have to go out of way to actually get a vaccine. And sometimes even scheduling an appointment with a nurse or a doctor could be overwhelming especially when the nurse on the phone is rude and you don't have medical insurance. As a youth who is scared to get the vaccine, I want to see more data and information before I get vaccinated. There is a history of lack of trust within the medical field and vulnerable populations.”

Youth Consent for Vaccines

- Ensure transparent communication and/or visible list of providers utilizing the [Mature Minor Rule](#) on scheduling system, outreach and communication
 - Some providers allow minors to give a valid consent under the “Mature Minor Doctrine” if they are capable of understanding or appreciating the consequences of a medical procedure. In determining whether the patient is a mature minor, providers will evaluate the minor's age, intelligence, maturity, training, experience, economic independence or lack thereof, general conduct as an adult and freedom from the control of parents.
- The [McKinney-Vento law](#) is an important resource that allows school nurses and school counselors to provide consent for minors who are unhoused
 - Under state law, school nurses, school counselors, and homeless student liaisons are authorized to provide consent for vaccinations for a homeless youth or young adult (as defined under the [federal McKinney-Vento homeless education act](#) who is not under the supervision or control of a parent, custodian, or legal guardian, and is not in the care and custody of the Department of Social and Health Services.
 - To get consent during the summer when some school staff may not be working – it is best to call up the district or school and ask if there is someone available to provide consent.
- COVID-19 vaccines are now available for youth ages 12 to 17. Many providers require parent/guardian consent to give vaccines to youth. While many kinds of consent are legal under Washington state law, providers may not know about them or have a way to accept these forms of consent. **Providers accept consent in various ways (contact provider to ensure what consent is accepted)**
 - Verbal consent (over the phone or in person)
 - Written consent (a form)
 - Some require both written and verbal consent.
 - In-person consent from the adult consenting on behalf of the youth.