

EFFECTIVE COVID-19 VACCINE COMMUNICATION SERIES

Part 2 - COMMUNITY-LEVEL STRATEGIES FOR EQUITABLE VACCINE COMMUNICATION

Guest: Ashlee Weaver, BS, Community Impact Basics Needs Director with the
United Way of Central Indiana

Moderator: Dany Zimmel, MPH, Region V Public Health Training Center

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Audio Transcription, Perfected



Region V Public Health Training Center
University of Michigan School of Public Health
1415 Washington Heights
Ann Arbor, MI 48109-2029
rvphtc.org | rvphtc@umich.edu

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Dany Zimmel (DZ): Welcome to Ideas for Practice, a podcast of the Region V Public Health Training Center. As one of 10 public health training centers across the country, we seek to strengthen the skills of the current and future public health workforce in order to improve population health outcomes. We hope this podcast will share insights and spark ideas among those working in public health practice. Thank you for tuning into the second episode on COVID-19 vaccine communication. I'm your host, Dany Zimmel.

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DZ: Welcome back to part two in our series on effective COVID-19 vaccine communication. As a reminder, in part one, we learned about vaccine hesitancy and interpersonal communication strategies from Dr. Katharine Head. And today we'll have the opportunity to learn more about appropriate and equitable community engagement and communication efforts around the COVID-19 vaccine. Today, I'll be speaking with Ashlee Weaver, who is the Community Impact Basic Needs Director, with the United Way of Central Indiana. Ashlee has years of experience working in community development organizing, and has been working to engage communities in central Indiana, in important conversations around the COVID-19 pandemic and the vaccine. Welcome, Ashlee. I'm excited to speak with you today.

Ashlee Weaver (AW): Hi, Dany. Thank you so much.

DZ: So to get started, can you tell us a little bit about yourself and the work that you've been doing?

AW: Yes. So I am originally from Gary, Indiana. I've been in Indianapolis now since 2003. My family is originally from a small town in Arkansas called Monticello, so I have a strong roots with Monticello, Arkansas, and spending a lot of time there. And I've been a part of the non-profit sector now for about eight years. I started off there as an AmeriCorps member with both the Vista and Public Allies programs. Prior to being in non-profit, I spent about 10 years with corporate organizations in client and support roles, and I'm always amused by how much those customer service skills have applied to a lot of the work I've done with community, and really applying those listening skills and how to de-escalate situations.

AW: So over the last eight years, I've been an organizer and a trainer and a facilitator, and most recently a youth worker. I am a huge advocate of asset-based community development, and how we pay attention to what we have in our communities instead of only focusing on what's missing, and I am very moved by and a huge proponent of resident-led initiatives. How do we incorporate the voices of those being affected into the

work that we're hoping to do in their community? So I have done extensive work here in Indy with neighborhoods on the east side, south side and west side.

DZ: Well, thank you, Ashlee, for sharing a little bit about yourself and about the work that you've been doing. Now we're gonna move into our conversation for today. So in your experience, why are some people hesitant about the COVID-19 vaccine and where do their concerns and questions come from?

AW: When we're thinking about the COVID-19 vaccine, we have to actually think about just COVID in general, and what we went through in 2020. There was just this kind of blanket of mistrust and concern with everything you did. We were hyperaware of our own self-preservation and not sure of the motivations of people in power. And then this pandemic is here, and we were hearing timelines of how long it could potentially take to reach a viable vaccine, and then we had one and it felt too fast for some people. We were unclear of how the vaccine was developed, there was lots of different messaging happening about who should take the vaccine, who shouldn't, there were details that may or may not have been accurate being shared on social media.

AW: And then we just also have to consider the mistrust in some of our institutions and thinking about historically how testing and diseases and medical care has affected folks in this country, especially communities of color. So there were so many things that I think come into play when we think about vaccine hesitancy and people needing accurate and trustworthy information about what they should do for themselves and their families.

DZ: Definitely. And I think all of those reasons why people are hesitant are valid, and I think that's one of the most important things for people to realize, just because you may not have these concerns and you may not be feeling hesitant in these ways, that it doesn't mean that others aren't feeling these things. So I think that that's also something to take into consideration.

AW: Yeah, that's huge. And I've told people, if you were in a situation where you had these concerns or you saw how medical treatment showed up for people that look like you, and it makes sense to have some questions and we have to be open to people's experiences and everything that they bring to the table when they're trying to make decisions for themselves. So yeah, that's a great point, Dany. It's a lot of things. Just because it hasn't happened to us or because we don't understand, doesn't mean it isn't someone else's reality.

DZ: Definitely. So I know that you've been involved in a lot of work with communities in central Indiana, and I'm interested to hear more about the work that you've been doing to address this vaccine hesitancy, specifically your work with Indiana Red Cross?

AW: Yes. So I was contacted by the Indiana Red Cross to lead some community conversations, and we had worked together previously in my role with my last organization on some training around asset-based community development, and Chad Priest with Indiana Red Cross reached out to me about an idea for how could we support or address vaccine hesitancy in communities. And specifically, he wanted to work with the Martindale-Brightwood neighborhood here in Indy and a small neighborhood called Aetna in Gary. Chad knew, with me being from Gary, that was a huge, huge selling point for me. I've wanted to, for quite some time, do some work in my hometown. So we sat down and Chad was really open to my suggestions and ideas around how we actually have these conversations, and actually help people through this process.

AW: So I developed a model that basically takes community conversations and let's have them directly with the folks in the community. And I had to say not stakeholders, and stakeholders are welcome too, but the focus was really on residents and for us to have an open, honest dialogue about the vaccine, for them to ask their questions, address some of their concerns, just bring up the details that are leaving them like, "Hmm, I don't know about this." And from those conversations, I'm taking those questions and then putting together a panel of experts. And some of the questions that I ask the residents, too, were, "Who do you wanna hear from?" Because we can make assumptions about who is a reputable source and who's a trusted person in the community that should answer these questions, but I felt like it was very important to ask the people that we're trying to serve and reach, "Who do you wanna hear from?"

AW: So I am now in the process of putting together a panel of representatives from the community, which some of them are leaders from community-based organizations, some are potentially doctors, teachers in the community, and we're going to have a panel that is full of questions that actually came from the neighbors, questions about how the vaccine was developed, questions about testing and who was a part of the testing process, questions about what should you expect after you have the vaccine. So this has been really a deep dive into true resident-led initiatives, not a group of folks deciding what people want to hear or what people need, but taking that first step to talk with people about their questions and their needs, and then going back and bringing the information that they requested. So I am very proud to be a part of this conversation, because the point was never to go out and tell people, "Oh yeah, go get the vaccine," it was, "Hey, let's talk about your reasons for getting the vaccine, and even for not getting the vaccine."

AW: And I think what was really, really moving for me was that everyone, no matter where they fell on the vaccine spectrum of, "Yes, I'm going to get it as soon as I can," or, "No, I'm not getting that vaccine." When asked the question, if you got the vaccine, why would you do that? And everybody pointed to other folks outside of themselves. Like no one said,

"Well, I'll get it so I can be safe and I can be healthy," people said, "Well, I would get the vaccine because I wanna see my grandparents or my grandchildren. I want to be around family and friends again. I miss holidays with the people that I love and care about." So it was really uplifting to me to see how focused people were on the folks around them, that the decision to get a vaccine doesn't seem to be a selfish one. It has a lot to do with the people that we love and care about.

DZ: Thank you for sharing all of that with us, Ashlee. And it seems like the work that you've been doing in these communities is needed, and that you really were thoughtful and mindful about the way that you approached having these conversations with these communities. You went in and assessed what their needs were, what their questions were, and then used that to inform how you wanted to really structure this panel and what types of people you wanted to bring to the table for that conversation. So I think that this is a really great example for our listeners to hopefully learn from, and if they have the ability to try to replicate something like this in the spaces where they're working, I think that this is something that could also be effective in different communities. But I did want to get back to one thing that you mentioned a little bit earlier, when you started telling us about these community conversations, you were talking about assets-based approaches. Could you talk a little bit more about that?

AW: Yes, absolutely. So as I mentioned, I am a huge, huge advocate for asset-based community development, and I'll be completely honest and transparent. When I first learned about ABCD for short, I kind of felt like it was a little hokey, or not enough. I was like, "Oh, okay, great. So we should just pretend like everything's okay and that'll make it better." I just didn't get it. And then over the years, what I've learned is that asset-based community development is not pretending like everything's okay, what it's telling us is no one benefits if the only thing we're talking about in conversations about community or community members is everything that's wrong. So what happens a lot is we're like, "Oh, that's a bad place with bad people, bad things, we need to go save them or help them." And ABCD challenges us to say, "Okay, yeah, these things are happening, but what is working in these communities? Who are the people that have talents and gifts and skills to share? Who are the institutions that are working in the community? Where are the places that we might be able to create something?"

AW: That was another piece of this Red Cross initiative around vaccine hesitancy that was really important to me. They are leaning into community resiliency. So again, instead of looking at communities and what happens a lot is lower income communities or communities of color, there's folks going, "Oh, well, they need help and we need to go save them," and what we don't realize is those communities are usually at the forefront of figuring out how to survive, because they have to. So they are naturally thinking about,

"Okay, well, I know I can do this and you can do this, and if we pool those resources and assets and abilities together, look at what we could accomplish." So I tell people sometimes ABCD is... Folks think about like, "Oh, it's viewing the glass as half full instead of half empty." And it's not that, it's not that at all, it's really recognizing, "Well, we have this glass of water. Whatever it is, however full it looks, we have these things, and it's up to us to decide what we do with them."

DZ: I really like that way of thinking about it and framing that. That's a really strong image.

AW: Yeah, it helped me a lot. It helped me a lot. [chuckle]

DZ: For someone like you, you've been doing this work, you've been working with community members, not for them, with them, for a number of years. For some of our public health and healthcare practitioners, if they are interested in starting more open-ended types of community conversations or even if it's just a one-on-one conversation, where did they even begin? What are some dos and don'ts that you might recommend for people that are wanting to engage in conversations with people that may have different viewpoints than themselves?

AW: Yes, and I'll use "I" statements. There are many moments where I have to take myself out of the equation. So what I mean by that is, you have to remove the need to be right sometimes, sometimes you have to put your ego to the side, and if your goal is to really engage and connect with the community, then you need to listen. This is an opportunity for them to share with you, not an opportunity for you to force your opinions on them. Listening is huge. I know Katharine has said before, if you're talking more than you're listening, you're probably doing it wrong, and that is so true. And for some of us, it can feel unnatural, we get excited, we have ideas we wanna share, but if your goal is to facilitate a conversation with the folks that are being impacted by whatever is happening, you have to be willing to listen.

AW: And then you have to consider who you're bringing into that conversation to be a part of the dialogue with the community members. And so I think a lot about, "Do I have people on a panel that look like the folks I'm talking to? Have I considered any language barriers? Are we speaking to people with company jargon or words that might not make sense?" We have to consider the audience, always consider who you're talking to and don't make assumptions about who they are. So this can sometimes be a little harder than people feel like it should be, but I never go into a community and start talking at people without doing some type of research, figuring out what has happened in that community, that's really huge. You need to know if there's been some pain there, or if there has been some mistrust, or if an organization like yours has come in and made promises that they didn't

keep. You need to know that, and you don't get to find that out without humbling yourself and having some one-on-one conversations with the people that you're hoping to engage.

AW: I know how I feel if someone pops up into my world and just starts talking at me and throwing things at me without having ever done any research about who I am or where I come from. It can be offensive, it can be totally counterproductive to what you're trying to do. So I would say listen, listen, listen, know your audience, learn the background of that community, that city, that area, whatever it is, and don't lean on your own assumptions. And it's important when we're connecting with people that people need to feel like you are there to support and serve, it's like servant leadership at its finest. And if people have hesitations or if they have questions or there is some distrust, you can't judge that, you actually have to take it and take it with grace, which is sometimes easier said than done. But you need to know that sometimes the issue and the problem is not personal, but if we don't know what folks have been through, we can't judge the way that they feel about certain situations.

DZ: I think those are all really important points, and it's really good advice for our listeners, and I appreciate you for sharing all of those with us. I also think that it's important for our listeners to note that while it may be uncomfortable to note that there is mistrust between your organization or an organization like yours and a certain community, that should encourage you to try to rebuild that trust. They shouldn't scare you away from that opportunity to engage with people of that community.

AW: I agree. Sometimes you have to lean in. And I look at community development and community engagement almost in this five-part steps. First is honesty and healing, you have to sometimes adjust the uncomfortable situation and give space for that. And then look at what do you have in the community, what is working, who are the players, who are the people, what is available in that community. And then moving through that collective vision determining, Okay, what is our goal? Where are we trying to go? Where are we trying to go as a group? What does the community see as their vision? And coming up with strategy and move into action, so there's... It's never a quick process. And I think sometimes we feel that way. Like, "Oh, well, this should be easy and this should be fast. And I'm just trying to help." And there's a much bigger process to that, and you have to be willing to kinda humble yourself and be willing to not have all the answers. Sometimes you have to be willing to learn, right? You have to be willing to learn.

DZ: Definitely, being open and also being intentional about how you're engaging with people, those are important too.

AW: Yes.

DZ: So Ashlee, I'd like to ask you a question I also asked Katharine, and we've talked about this a little bit, but a lot of times, we want to have processes and strategies be simple and to use a one-size-fits-all approach with different groups, different populations, but we know that this doesn't work. [chuckle] Can you talk a little bit about why this one-size-fits-all approach doesn't work, specifically, when we're talking about the COVID-19 vaccine?

AW: Yes, yes. So I think what's first and foremost is just remembering all the time that no group of people is a monolith. No group of people, no matter how many things they have in common, is going to show up with the exact same questions or comments or concerns. So vaccine hesitancy varies from setting to setting, from population to population. We have to be willing to approach these conversations. We don't know what people might say. We don't know what some of the questions are. We can't make assumptions about why people feel the way that they do. And that's why this project was so important to me, because it took the time to go directly to the people we were trying to reach and ask them. We didn't decide from the beginning, we didn't have a secret list of folks that we wanted on the panel, or sometimes it feels like organizations or people, they create the idea first and then it's like, "Okay, let's go see if we can get people to buy into our idea."

AW: That was not how this went. We went in knowing that we are building the plane as we're flying it, basically. And we didn't know what people would ask, we didn't know what people would want, and that was okay, because it was truly a learning experience. And the biggest part of this all is staying true to what you said you would do. So if I'm coming to you and I'm asking you for your time and to spend an hour with me sharing your questions and your concerns, and I'm telling you, I'm coming back with a panel to ask your questions and get you the answers that you want, then you have to do that. You have to set that expectation and meet it. I think as we're thinking about communication strategies and working with community around COVID and the vaccine and vaccine hesitancy, we have to be willing to ask the hard questions, and we have to be willing to deliver on what we said we'll do. So, that's making sure you're not over-promising too, that comes from my customer service world, definitely. Underpromise, overdeliver, but do not overpromise and underdeliver, that is just not acceptable.

DZ: Exactly. And I think that talking about the customer service piece, it doesn't seem relevant, but I think that it really is. If you have to be honest, you should be honest and open with the people that you're communicating with, regardless of the situation and the scenario, but really seeking to meet their needs and address their questions and help them through the issues that they're facing.

AW: Yes, yes, absolutely.

DZ: So when we're talking about engaging in these conversations with different communities and with different individuals, targeted messaging is really important. Can you talk a little bit about what targeting messaging looks like and any words of wisdom that you have about that?

AW: Yeah. So I think targeted messaging is really most effective when it's addressing the elephant in the room. And targeted messaging is based on actual responses and conversation with people from those populations that you're trying to send the message to. So for me, for example, I am a black woman, I'm a member of the LGBT community, I'm a mom, I'm a caregiver, I'm overweight, I'm diabetic. There's all these pieces of me, so I know that I was at extreme risk in regards to COVID for a number of factors. So when messaging is coming out, I want to hear from somebody that taps into one or two or three even, pieces of my intersectionality.

AW: Again, it goes back to having those initial conversations with folks from the communities that you're trying to reach. So if you're creating targeted messaging for a group of people and you don't have anyone in the planning process that is not at all related to or connected to that group of people, and you've made a decision about what will be best for them, you may not have hit the nail on the head. So I think it's just a whole conversation that we could have about diversity and inclusion. And recognizing that diversity spans so much more than just race, which is where sometimes we land with that. How many people do we have in our planning process and in our planning groups that can speak to a number of things that make up each of us as individuals?

AW: So yeah, just really trying to get to the elephant in the room and not shying away from those tough conversations. We have videos that are out right now that immediately talk about Tuskegee, in regards to the COVID vaccine. And that that travesty that happened is a big part of why a lot of people in the black community are like, "I'm not touching that vaccine," because there's still some fear around something that happened before. So we have to just meet it head on. We have to know that things have happened, experiences have happened that have brought people to this point.

DZ: Yeah. And we need to honor what those concerns are and not just try to sweep it under the rug and keep going business as usual. That's what not to do.

AW: Right, right. Like, "Oh that was a long time ago, don't worry." We can't do that. We cannot do that to people. Yeah. Yeah.

DZ: So let's say you're having a conversation with somebody who has had concerns about the vaccine, but they are open to the information that you're providing them, and they are

also open to the resources that you may be sharing with them. How do you provide a compelling, but still appropriate recommendation?

AW: Great question. So I think that we have to recognize that there are probably a lot of things at play and happening to that individual that's making them either ask the questions or want more information. They may have heard something somewhere, someone that they really trust may have told them that they weren't getting the vaccine, or there's just a number of things that could be happening for that individual. So just recognizing we don't know everything that they're thinking about, and we have to be willing to listen to them empathetically. Well, so many of us have lost folks to COVID. So there's some pain that goes into just talking about the vaccine, because of the amount of loss that we've experienced over the last year, better, so we have to in a way, attempt as best as we can to put ourselves in someone else's shoes.

AW: And if they are like, "Hey, I'm really nervous about the vaccine, I heard folks had some really negative reactions to the vaccine." Imagine if you were in the position where everything you were seeing and hearing about the vaccine was negative, you probably wouldn't trust it either. So we have to be cognizant and empathetic of what people are experiencing in their world and in the messaging that's coming to them about the vaccine. And actually kind of celebrate probably that they're even coming to you and asking you for information, like they haven't written it off completely. They're like, "Okay, I'm open to some more details, I'm open to some more information." And that's when you can provide those details or share with someone a video or something you read that helped you make your own decision. For some folks, it was very natural like, "Oh, I'm going to get the vaccine, definitely as soon as it comes out."

AW: I'll be honest, I was in a wait-and-see position for the vaccine. I was very much like, "Hey, let me see how it goes for some folks that go get it first, and then I'll make my decision." But I have been in a position where I can talk to some doctors, and I've been able to ask questions that were pertinent to my life and my family, and I was able to get those answers. So those are things that I know I can then share with somebody else like, "Hey, I was kind of in your situation too, I was a little nervous about the vaccine, but I talked with this doctor, I talked with this expert, they shared this information with me. Hey, this helped me, maybe it'll help you." But we can't look at those moments as opportunities to go, "What? Are you crazy? Of course, you have to get the vaccine." We can't beat people up about it, we have to just be willing to share, listen and share. And I think that goes a long way for folks.

DZ: That's exactly what I was going to say. I think that it's definitely an opportunity to engage, but you have to listen first and then share. And ask if you can share, ask if somebody is receptive to having you share with them.

AW: Yes, I love that. Don't just push your vaccine paraphernalia off on people, ask them, "Hey, are you open to checking out this video? Would you like me to provide some information that helped me?" I love that, Dany, yeah.

DZ: I got that from Katharine.

AW: She's so good.

[chuckle]

DZ: Yeah. Well, as we're wrapping up, I do have a couple more questions here. So you are working at an organizational level to try to address the concerns around vaccine hesitancy. And in your experience, what are some things that others that are working at an organizational level can do to help promote vaccine uptake?

AW: Yes. So I'm gonna give you the textbook like answer first, so partner, partner, partner, partner. If you have local or state programs or targeted initiatives in your community that can support your work, partner with them. Collaborate with academic professionals in your area, your public health officials, healthcare associations. Work with what exists in your community. Again, here we are looking at assets, figure out what those assets are. And now here's the answer that you might not think about all the time, you need to find your grassroots organizations in your community. Those are the organizations that are most directly attached to the people you're trying to serve. So as I said earlier, you need to do your research, you need to find out about the community, find out some of the history, what's happened, what are some of the concerns that might come up. You'll get those answers from the folks that are on the ground day-to-day direct service with residents.

AW: As I mentioned earlier, I'm with United Way of Central Indiana now. I was with a much smaller non-profit before, and I can't stress enough how important our grassroots folks are in any work you're trying to do in community, but especially if we're thinking right now about the vaccine and COVID, our grassroots orgs have been on the ground since... Gosh, what? January? Trying to make things make sense with the vaccine, to make things make sense with people paying their rent and accessing food and just... They know, so I can't push enough how important our grassroots orgs are to this work, how connected they are to community. So if you're trying to connect with residents, if you really wanna do this work from a resident-led perspective, you have to connect with those grassroots organizations.

DZ: That's a really good point to mention as we're wrapping up our conversation today. Public health for a long time has been siloed, and now more than ever, we're seeing the need to operate across sectors, to be cross-sectoral, to intersect public health, healthcare,

community advocacy, and other fields, and we really need to make sure that we're including as many people as we can when we approach working on something that has been as hard and has had as much of an impact as the COVID-19 pandemic.

AW: Yes, absolutely. Yeah, we have to get out of our silos. We have to all work together. I'm a huge advocate for that. There's enough need for us all to be playing a part in the solution, and if we're having conversations, and it's just public health here, and just community centers here, and just medical professionals here and just teachers over here, we'll come up with some answers. Yeah, we'll come up with some ideas, potentially some programs, some thoughts, but man, think about what we could do if all of these sectors came together and brought everything that they're learning and every vision that they have of how this community could work and operate, and we just started working on it at the same time together. Man, that's impactful, that's life-changing. So we're doing better, I think. I think we're doing better these days than we probably have before, but there's still more work to do on that.

DZ: I agree. Yep, there's always more room to grow.

AW: Yes, yes.

DZ: So would you mind sharing with us something that is helping you get through the pandemic? What has been providing you comfort or inspiration?

AW: Man, I have to say probably my own kids and just youth in general. I remember it was March 12th, 2020 when our school district said the kids weren't coming back to school before spring break started, that we were starting spring break early, and the idea was that we'd get through this extra week, and then spring break and then they would go back to school. And that slowly transitioned into virtual learning for the rest of that spring semester, into the fall semester, and a little bit into this semester of 2021. And I have been so impressed by the resiliency of my own children and a number of other children that I love and adore, that they were holding it together and they were doing their best to keep making the school work happen.

AW: And I'll be honest, there was a point where I was like, "Well, they're kids, so they're fine, they're just living their best life. They're at home. They're okay." And my wife and I had a conversation with the kids where they kind of jokingly, our oldest said, "Well, it's whatever, we're all gonna die anyway, this thing is gonna take us out." And man, that was such a moment for us to have to step back and like, "Okay, we need to talk about this." They were afraid of things that... They didn't know what was happening, in a real way, and they're at the mercy even more so than a lot of us to social media and what folks are posting. And for them in a small way that they tried to jokingly state... They thought it was the end of the

world, like that was it. And to still do your homework and still make the things happen when there's this idea in the back of your head, "We're not gonna make it." I was just so impressed with them and had to... We shared with them like, "We were scared too."

AW: We didn't know what was gonna happen, but this isn't the end, and this is not the end, and we just continue to lift them up and tell them how proud we were of them for still making it happen in the face of everything that was going wrong. They were still making it happen. And I think that's happening with a lot of our young people just across the nation. They are so creative and so resilient and so open to so many ways of thinking that I am just constantly inspired and impressed by young people. And they're gonna come out on the other side of this with a whole lot more, I think, respect for some of the things that we took for granted. And they're the future, they're the now, but they're the future too, and so yeah. That's a long-winded way to say, "I love these babies." [laughter] And I am always, I am always impressed by our young people.

DZ: It sounds like your kids are really strong willed, and that they're learning that from their moms and that's incredible.

AW: Thank you. Thank you. Yeah, they're pretty awesome. [laughter] I can't say enough about them. They inspire me every day.

[music]

DZ: Well, thank you, Ashlee, for sharing that about your kids and about how they inspire you. We've all had to learn how to adapt in the pandemic. I'm sure you heard my dog barking in the background there, and he's my new co-worker, so we're all learning how to adapt and get through this together. Thank you so much for joining us today to share your expertise and to share from your experiences.

DZ: To our listeners, we hope that you've learned some tips for effective communication on the COVID-19 vaccine today, and we encourage you to check out some of the great resources that we have in the podcast notes, as well as an evaluation and transcript. Funding for this podcast is provided by the Health Resources and Services Administration. And with that, we'll end here for today. Stay safe and stay curious, everyone.