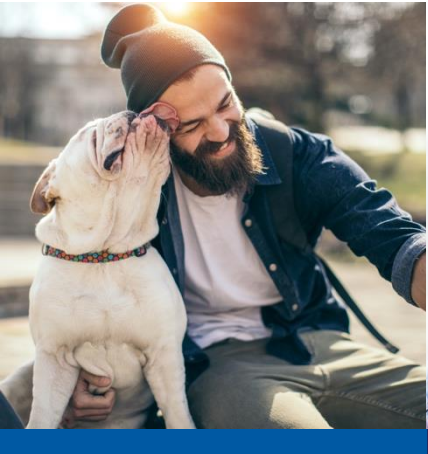


W O R K I N G T O A C H I E V E H E A L T H E Q U I T Y



Pediatric Vaccine Partner Webinar

December 9, 2021

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Speakers

- **LaShawn McIver, MD, MPH**
— Director, Office of Minority Health, CMS
- **Jessica Beauchemin**
— Health Insurance Specialist, Division of Campaign Management, Office of Communications, CMS
- **Rebecca Siegel**
— Senior Advisor for the We Can Do This Campaign, Department of Health and Human Services
- **Erin Hemlin**
— Partnerships Director, Department of Health and Human Services COVID-19 Public Education Campaign
- **Venus Gines, MAP/CHWI**
— President and Founder of Dia de la Mujer Latina Inc.
- **Alexandra Quinn**
— CEO of Health Leads and Co-Lead of Vaccine Equity Cooperative

Agenda

- CMS Overview
- Connecting Kids to Coverage National Campaign
- We Can Do This – Pediatric Research
- We Can Do This Toolkits
- Community Based Organization: Promotores/CHWs Perspective, Dia de la Mujer Latina Inc.
- Outreach Perspective: Health Leads, Vaccine Equity Cooperative
- Q&A

CMS Overview

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PEDIATRIC VACCINE PARTNER WEBINAR



[InsureKidsNow.gov](https://www.insurekidsnow.gov)

COVID-19 Vaccine for Children

- On October 29, 2021, the U.S. Food and Drug Administration authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine for the prevention of COVID-19 to include children 5 through 11 years of age.
- Immune responses of children 5 through 11 years of age were comparable to those of individuals 16 through 25 years of age.
- The vaccine was found to be 90.7% effective in preventing COVID-19 in children 5 through 11.
- The vaccine's safety was studied in approximately 3,100 children age 5 through 11 who received the vaccine and no serious side effects have been detected in the ongoing study.
- The Pfizer-BioNTech COVID-19 vaccine is administered as a two-dose primary series, 3 weeks apart, but is a lower dose (10 micrograms) than that used for individuals 12 year of age and older (30 micrograms).

Vaccine Counseling Visits for Children

- On December 2, 2021, it was announced that the Biden-Harris Administration would now require states to cover COVID-19 vaccine counseling visits in which health care providers talk to families about the importance of children's vaccination.
- CMS will match COVID-19 vaccine counseling-only visits at the American Rescue Plan 100% federal match rate only when they are provided to children and youth under age 21 as part of the Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

Vaccine Equity

- As children's vaccinations continue, it is important to take an equitable approach.
- Seven states (and the District of Columbia) currently report COVID-19 vaccination data by race/ethnicity for children: Connecticut, Kansas, Michigan, Minnesota, North Carolina, South Carolina, and Wisconsin
- Three of those eight report race/ethnicity data separately for children ages 5-11: District of Columbia, Michigan, and North Carolina
- Results from these states currently offer mixed results:
 - Black children had lower vaccination rates than White children in most, but not all, states
 - Asian children had the highest vaccination rate in most states
 - Hispanic children have rates that were similar or higher than those of White children.

CMS OMH COVID-19 Webpages

COVID-19 Resources on Vulnerable Populations & COVID-19 Vaccine Resources

- Resources organized for:
 - Health care professionals
 - Consumers and patients
 - Non-English speakers
 - Partners educating COVID-19 vaccine recipients
 - Long-term care facilities
 - Health plans and programs

COVID-19 Vaccine Resources



The Centers for Medicare and Medicaid Services Office of Minority Health (CMS OMH) has compiled the following Federal resources on the 2019 Novel Coronavirus (COVID-19) vaccine for health care professionals, partners and patients. We have also prepared a list of resources in other languages. Please share these materials, bookmark the page, and check back often for the most up-to-date information.

For a complete and updated list of CMS actions, and other information specific to CMS, please visit the [Current Emergencies Website](#). Visit our general COVID-19 webpage for COVID-19 Federal resources focusing on vulnerable populations: go.cms.gov/omhccovid19 and C2C COVID-19: go.cms.gov/c2ccovid19. For more COVID-19 vaccine information, see the full list of [CDC COVID-19 Vaccine resources and outreach materials](#) and [FDA COVID-19 vaccine updates](#).

Immunization Resources

- [Immunization and Vaccine Resources](#) – This webpage highlights existing vaccine disparities and resources that providers and partners can share with the populations they serve. Resources encourage vaccinations against COVID-19 and the flu.
- [Health Observance Webpage](#) – During the month of December, our Health Observance webpage has been updated to recognize National Influenza Vaccination Week. In addition to the COVID-19 vaccine, we are also encouraging providers and partners to stress the importance of getting a flu shot.

Immunization and Vaccine Resources

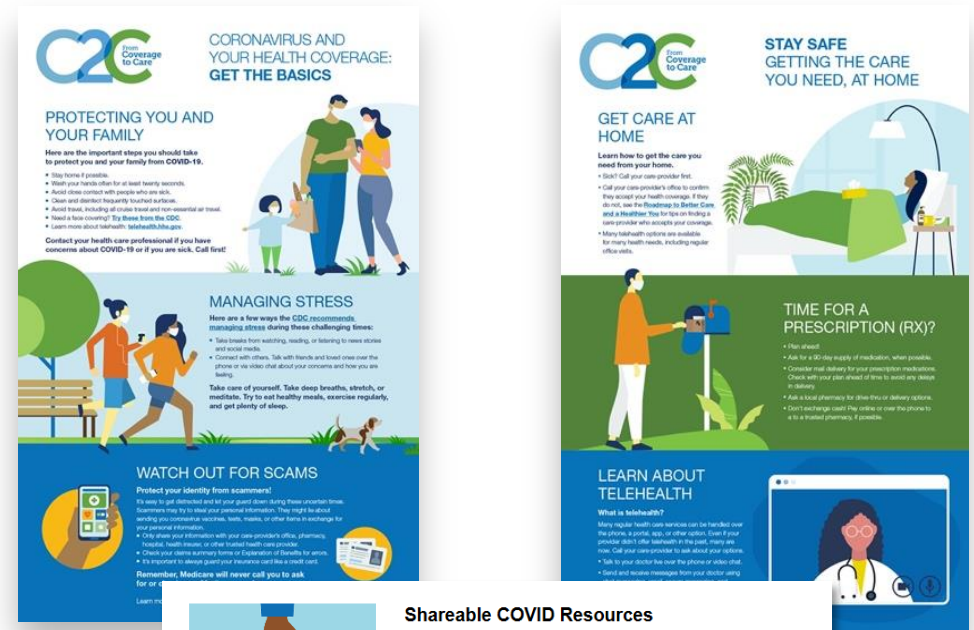


Racial and ethnic minority groups are disproportionately affected when it comes to receiving recommended vaccines. Many factors can contribute to lower vaccination rates, including concerns about vaccine safety and limited access to care and health coverage.

C2C Resources

C2C Coronavirus Health Coverage Resources

- [Coronavirus and Your Health Coverage: Get the Basics](#) – Teaches patients how to protect themselves and their families during COVID-19 with tips for staying healthy and information about what health services are typically covered under Medicare and Marketplace plans.
- [Stay Safe: Getting the Care You Need, at Home](#) – Provides tips to patients on how to stay healthy during COVID-19 with information about scheduling health appointments from home and planning ahead for prescriptions.
- These resources are also available in Arabic, Chinese, Haitian Creole, Korean, Russian, Spanish, and Vietnamese.



Shareable COVID Resources

Partners and organizations are encouraged to download and share C2C COVID-19 resources to help everyone remain healthy and safe during this public health emergency. Use these social media graphics on your own channels to share information about ways to stay healthy during COVID-19. For more C2C materials, please visit to the [Partner Resources](#) web page.

Social Graphic 1 / English Social Graphic 2 / English Social Graphic 3 / English

Find COVID-19 Vaccines and More

Go to: [Vaccines.gov](https://www.vaccines.gov)

Find a COVID-19 vaccine near you

Use Vaccines.gov to find a location near you, then call or visit their website to make an appointment.

[Find COVID-19 Vaccines](#)

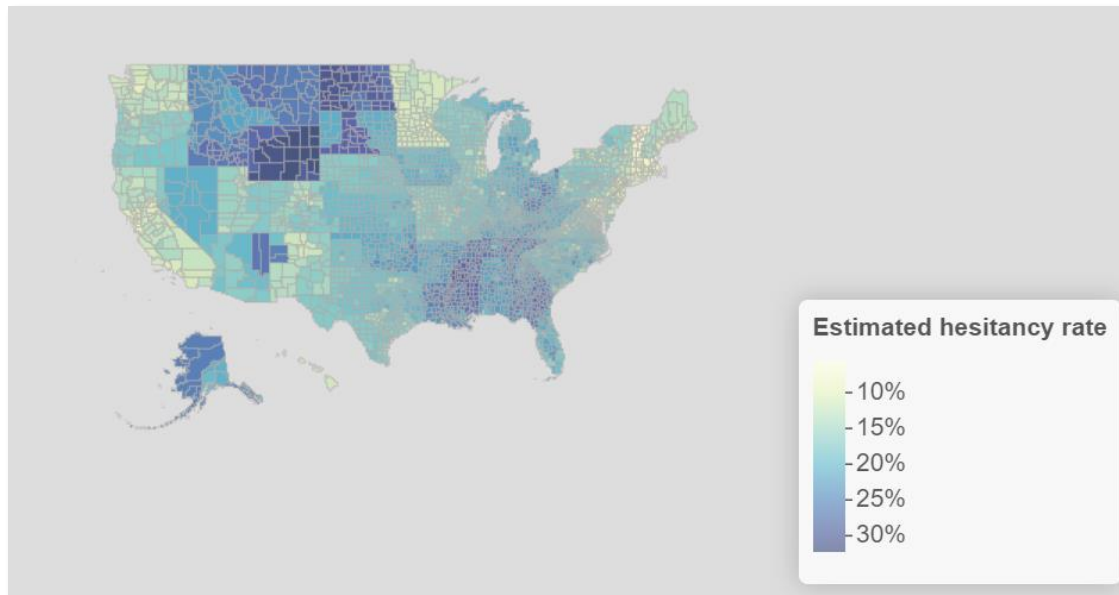
[I'm looking for flu vaccines](#) →

Powered by **VaccineFinder**



CDC Vaccinate with Confidence

- CDC's website offers tips on how to encourage confidence.
- Resources are available for community partners, including tip sheets, guides, checklists, conversation starters, and more.



Visit these CDC pages:

- [Vaccinate with Confidence COVID-19 Vaccines Strategy](#)
- [Building Confidence in COVID-19 Vaccines](#)

CDC Resources

- The CDC acknowledges that parents and caregivers consider providers to be their most trusted source of information when it comes to vaccines, emphasizing the importance of recommending COVID-19 vaccines as critical for vaccine acceptance and protecting children's health.
- Given the amount of misinformation regarding the vaccine, resources have also been developed to help improve vaccine confidence among parents and caregivers.
- For additional information: https://www.cdc.gov/covid/vaccines/?CDC_AAref_Val=https://www.cdc.gov/coronavirus/2019-ncov/vaccines/

CDC Resources

- Given the role that they play in the lives of children and their families, schools are uniquely positioned to teach about, link to, or deliver vaccines.
 - Schools can set up [COVID-19 Vaccination clinics](#) that can provide vaccines to eligible students and faculty, as well as eligible members of the surrounding community.
 - Schools can establish partnerships for COVID-19-related activities. These partnerships can include local health providers, local health departments, community-based organizations, and more.
 - Schools can equip [teachers and staff](#) with the resources necessary to answer general COVID-19 questions.
 - Schools can promote vaccine confidence among students, parents, and guardians. This can also help to address any misinformation that students, parents, and guardians have about the COVID-19 vaccine.
 - Schools can also make COVID-19 a teachable moment by having teachers incorporate it into their lessons in age-appropriate ways.
- For additional information: <https://www.cdc.gov/vaccines/covid-19/planning/school-located-clinics/how-schools-can-support.html>

Cost of Vaccines

- The vaccine is available to all people at no cost, regardless of insurance or immigration status.
- For those concerned about undocumented status or undocumented family members, identification does not have to be shown and cannot be used for other purposes.
- Coverage of COVID-19 vaccine administration is mandatory for most Medicaid and CHIP beneficiaries, without cost sharing, during any quarter for which the state or territory claims the temporary FMAP increase under FFCRA section 6008.

Reminders:

- If you have other insurance, bring your insurance card so the insurance can be billed.

Turning Hesitancy to Confidence

- Resistance to vaccines, for any reason, can occur and may vary across demographics including race, age, urban vs. rural, etc.
- Some reasons may include:
 - Belief that the risks of COVID-19 are overstated.
 - Belief that getting vaccinated is a personal choice rather than a public health responsibility.
 - Use of a “wait and see” approach“ due to concerns about safety, effectiveness, or equitable distribution.
 - Mistrust of and previous poor experience with the health care system.

Turning Hesitancy to Confidence

- [Vaccine confidence](#) is the **trust that parents, patients, or providers have** in:
 - Recommended vaccines.
 - Providers who administer vaccines.
 - Processes and policies that lead to vaccine development, licensure, manufacturing, and recommendations for use.
- Confidence in the vaccines, the vaccinator, and the system all **support the decision to get vaccinated.**
- [Strong confidence in the vaccines](#) within communities leads to **more people getting vaccinated, which leads to fewer COVID-19 illnesses, hospitalizations, and deaths.**

Strategies to Build Confidence

Common strategies include:

- **Trust in public health messengers**, across all communities.
- **Seek out peers with positive experiences** to encourage peer-to-peer messaging.
- **Target vaccine information** to specific populations.
 - Media and social media
 - Resources in accessible languages
- **Remove functional barriers.**
 - Access
 - Cost (reinforce the message that people will pay nothing for the COVID-19 vaccine)
- **Share accurate information and messaging.**

Connect with CMS OMH

- Visit our website: go.cms.gov/omh
- Sign up for our listservs at: bit.ly/CMSOMH
- Contact us at:
 - General Inquiries: omh@cms.hhs.gov
 - Coverage to Care Inquiries: coveragetocare@cms.hhs.gov
 - Health Equity Technical Assistance Inquiries: healthequityTA@cms.hhs.gov
 - Rural Health Inquiries: ruralhealth@cms.hhs.gov

Connecting Kids to Coverage National Campaign

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Connecting Kids to Coverage National Campaign Resources

Jessica Beauchemin

Health Insurance Specialist

Office of Communications, Division of Campaign Management

Connecting Kids to Coverage National Campaign Team



Current Priorities

Vaccines

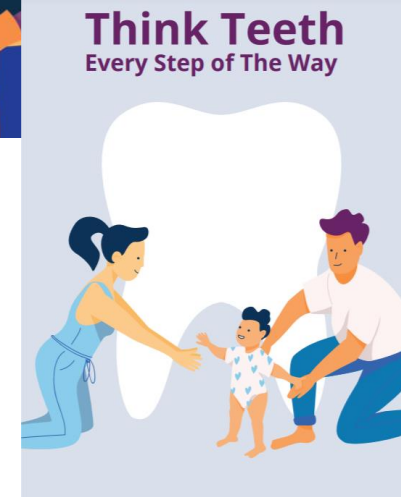
- COVID-19 for children 5 and older
- Seasonal flu vaccine

Renewals & Catching Up On Care

- Ongoing

Upcoming: National Children's Dental Health Month

- February



Give your baby healthy teeth from the start. *It's easy!*

- Gently brush baby's teeth twice a day. Use a tiny amount of fluoride toothpaste.
- Take your baby to the dentist by her first birthday. Continue regular check-ups as recommended.
- Tooth decay is caused by bacteria. Your baby can "catch" the bacteria from you.
 - Keep your mouth healthy.
 - Don't share cups or spoons.
- Put only water, milk, or formula in bottles or sippy cups.
- Don't put your baby to bed with a bottle or sippy cup.
- Limit sweet snacks and sugary drinks, including juice.

Medicaid and the Children's Health Insurance Program (CHIP) cover children's dental services, such as teeth cleanings, check-ups, x-rays, fluoride, dental sealants, and fillings. Your child could be eligible!

To enroll your child, call 1-877-KIDS-NOW (543-7669) or visit InsureKidsNow.gov. Already covered? Use the Dentist Locator on InsureKidsNow.gov to find a dentist near you and call to schedule a dentist appointment today.



Made for by the U.S. Department of Health & Human Services

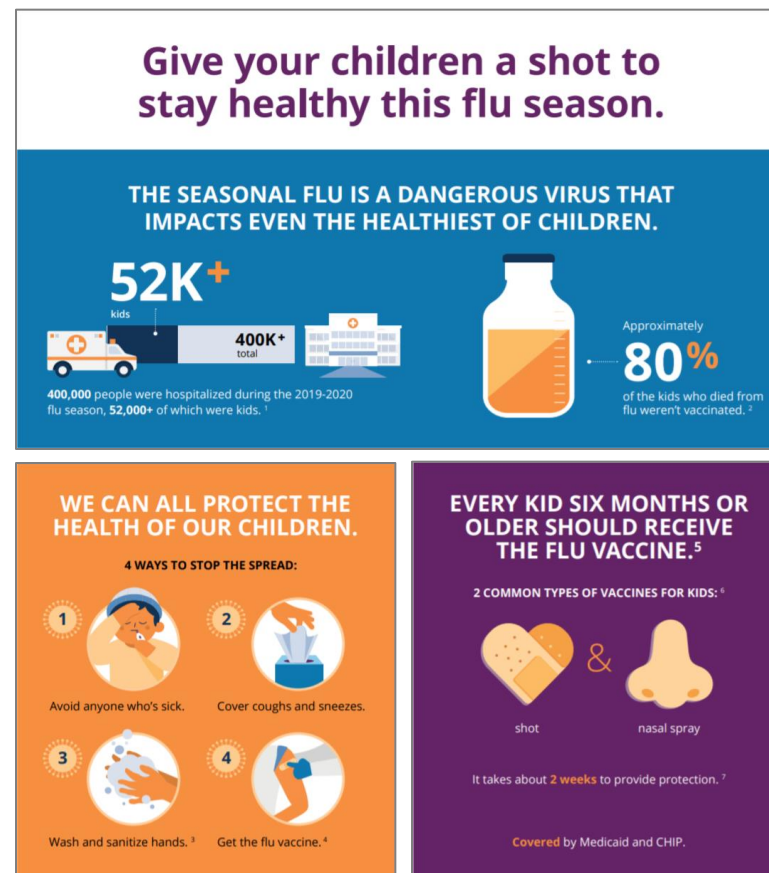
InsureKidsNow.gov
CMS Product No. 11665
March 2021

Vaccines: COVID-19 and Flu

- Medicaid and CHIP provide coverage for an array of routine vaccinations, which give kids the extra protection they need to stay healthy.
- Campaign resources are available to remind parents and caregivers about this benefit and encourage routine vaccination, including the seasonal flu vaccine and now the COVID-19 vaccine, which is available to children 5 and up at no cost.

Resources: Vaccines

- Videos
 - Flu :15
 - Vaccinations :15
- Print materials
 - Infographic: Give Your Children a Shot at Staying Healthy
 - Template newsletter articles
 - Palmcards & posters in 14 languages
- Online materials
 - Social media posts
 - Facebook and Twitter graphics
 - eSignature graphic



Catching Up On Care & Renewals

- Keeping up with kids' routine medical appointments and vaccinations helps protect kids' health now and for the future. Medicaid and CHIP covers kids' medical needs, including regular check-ups, emergency services, mental and behavioral health services, dental checkups, vaccines, and more. During the COVID-19 public health emergency, many families delayed routine care. Campaign resources are available to encourage families to make appointments for their children to catch up on any missed visits.
- As part of the Public Health Emergency, the need for renewing coverage with Medicaid and CHIP annually was waived. Once the Public Health Emergency ends, beneficiaries will need to renew coverage again annually. The Campaign is providing resources to remind beneficiaries when to renew coverage and to keep their mailing addresses up to date.

Resources: Catching Up On Care & Renewals

- Videos
 - Missed Care :15 & :30
 - Call Today :15
 - Mental Health Can't Wait :30
- Print materials
 - Infographic: Protect Their Tomorrow by Making the Call Today
 - Template newsletter articles
 - Renewal palmcards in 16 languages
 - Posters
- Online materials
 - Social media posts
 - Facebook and Twitter graphics
 - Text messages

Protect their tomorrow by making the call today.

Enroll in Medicaid and the Children's Health Insurance Program (CHIP) to connect your child to health coverage. Already covered? Call today to schedule your child's medical appointments.

KEEP YOUR KIDS HEALTHY BY SCHEDULING THEIR ROUTINE MEDICAL VISITS.

KIDS SHOULD HAVE:

- Dental checkups every **6 months**
- The annual flu shot and **9 vaccines** by the age of 6-11
- 6 well-visits** for babies between the ages of 0 to 11 months*
- 7 well-visits** for kids between the ages of 1 to 4*
- 1 annual well-visit** for kids 5 and older**
- Eye Exams** as part of well-visits
 - 0 to 3 months
 - 6 months to 1 year
 - About 3 years
 - About 5 years*

YOUR KIDS MAY BE ELIGIBLE FOR FREE OR LOW-COST HEALTH COVERAGE.

MEDICAID AND CHIP COVERS:

- ✓ Check-ups and well-visits
- ✓ Dentist visits
- ✓ Eye exams
- ✓ Vaccinations, including flu
- ✓ Prescriptions
- ✓ Hospital visits
- ✓ Mental health services
- ✓ And much more!

Now is the time to make up any missed vaccines and appointments!

Your kids' health is everything. Keep them covered.

- Medicaid and CHIP provide free or low-cost health insurance, and we're covering more kids and teens than ever.
- Your kids may be covered for doctor and dentist visits, hospital care, immunizations, prescriptions, mental and behavioral health services and more.
- You need to renew his or her coverage every year—even if no personal information has changed.
- Confirm your address on file with your state Medicaid office, especially if you have moved in the last year.

Renew your kid's coverage by:

____/____/____

Please contact us with any questions:



CMS Product No. 12017
August 2021

Mark Your
Calendars!
February 2022

Upcoming: National Children's Dental Health Month

- Tooth decay is the most common preventable chronic disease among children in the United States. If left untreated, it can impact a child's physical and social development.
- Medicaid and CHIP provide coverage for an array of dental services including routine check-ups, x-rays, fluoride treatments, fillings, sealants, and more.
- Each February, the Campaign spotlights dental benefits to promote good oral health and encourage eligible families to enroll in Medicaid and CHIP.

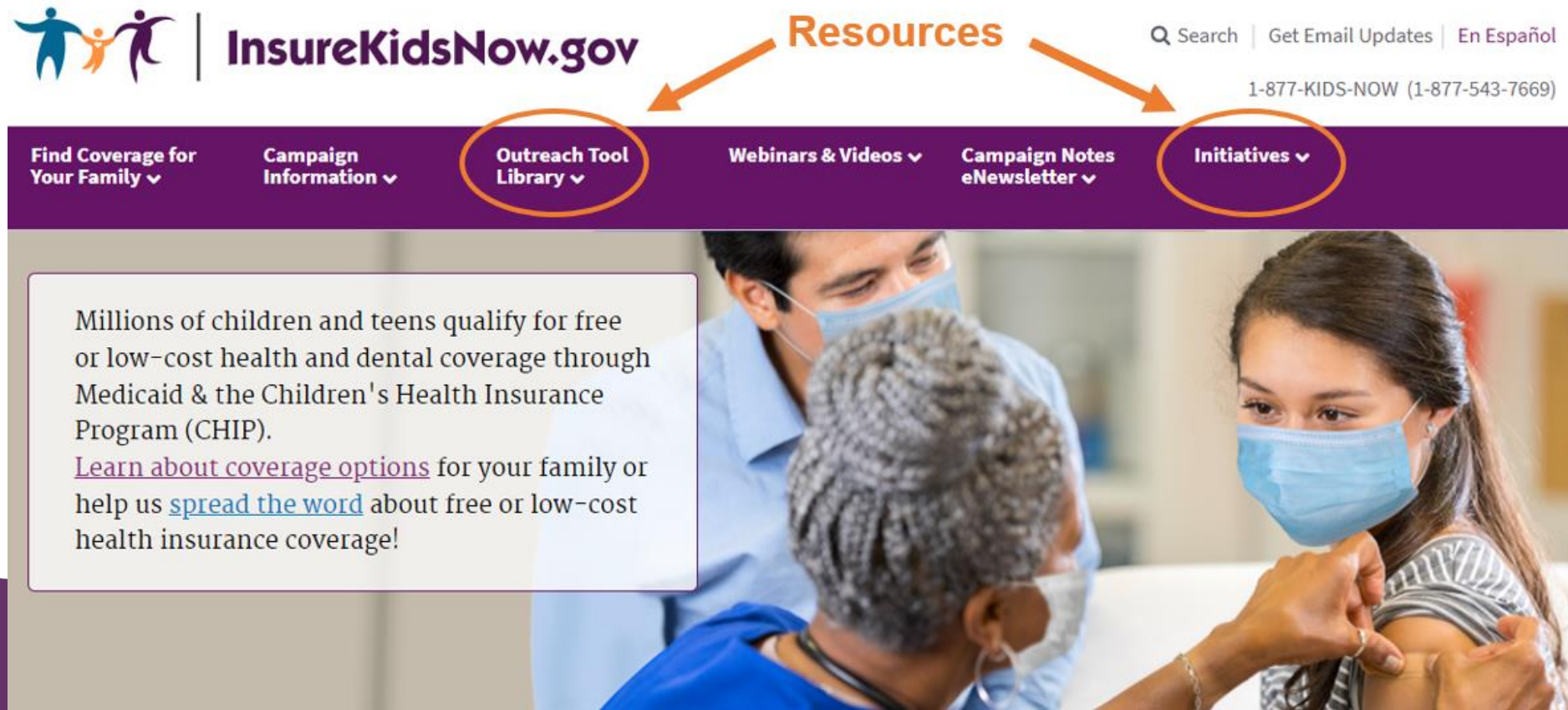
Resources: Oral Health

- Videos
 - Dental Health :15
 - Smiles for School :15
 - Take Care of Teeth :15
- Print materials
 - Template newsletter articles
 - Posters, flyers, factsheets, & tear pads
- Online materials
 - Social media posts
 - Facebook and Twitter graphics
 - Web banners and buttons
 - “Find a Dentist” Widget



Where to Find Our Resources: Outreach Tool Library

Visit the Outreach Tool Library at InsureKidsNow.gov for all Campaign materials and resources!



The screenshot shows the InsureKidsNow.gov website header. The logo on the left features three stylized figures in blue, orange, and purple. The text "InsureKidsNow.gov" is in purple. To the right, there are links for "Resources" (in orange), "Q Search", "Get Email Updates", and "En Español". Below these is the phone number "1-877-KIDS-NOW (1-877-543-7669)". The main navigation bar is purple and contains several menu items: "Find Coverage for Your Family", "Campaign Information", "Outreach Tool Library", "Webinars & Videos", "Campaign Notes eNewsletter", and "Initiatives". The "Outreach Tool Library" and "Initiatives" items are circled in orange. Below the navigation bar is a large image of a healthcare professional in a blue coat and mask examining a young girl's arm, with another person in a blue coat and mask standing behind her. A white text box is overlaid on the left side of the image.

Millions of children and teens qualify for free or low-cost health and dental coverage through Medicaid & the Children's Health Insurance Program (CHIP).
[Learn about coverage options](#) for your family or help us [spread the word](#) about free or low-cost health insurance coverage!

Keep in Touch

Interested in learning more about the Campaign and its resources?

- Email us: ConnectingKids@cms.hhs.gov
- Follow us on Twitter: [@IKNgov](https://twitter.com/IKNgov)
- eNewsletter sign up: [“Campaign Notes”](#)

We Can Do This – Pediatric Research

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PEDIATRIC VACCINE PARTNER WEBINAR



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MENTH SERVICES



InsureKidsNow.gov

Research Summary for Pediatric Vaccines

1. Parents are cautious, but beginning to make up their minds

- 40% of parents with children 5-11 report that they intend to get their child vaccinated as soon as the vaccine is available. This rate has increased somewhat in the last 3 months but is less than half the vaccine confidence rate of adults.
- **Nearly half of vaccinated parents are hesitant to get their 5–11 year-old vaccinated.**
- These numbers are similar to the confidence rates before the vaccine was made available to adults in early 2021, and to confidence rates for parents of 12–17 year-olds before the vaccine was available to them.

2. There is a large movable audience that can be persuaded with pro-vaccine messaging

- About a third of parents of 5-11 year-olds are persuadable. Just 1 in 4 report that they would *definitely not* get their child vaccinated – a rate that has remained steady over time.
- Short and long-term vaccine side effects are the top concern for more than 90% of parents.

3. Most parents anticipate getting their children vaccinated at doctors' offices, but many are open to other channels

- 60% of parents would prefer to get their child vaccinated at a doctor's office, followed by pharmacy (22%), health clinic (16%), community vaccination site (11%) and school (10%). There is general openness to a wide variety of sites, but they are not top-of-mind for parents and will require significant publicity.

Guidelines for Messaging Pediatric Vaccines

1. Highlight the benefits of the vaccine, while acknowledging concerns

- As parents weigh the pros and cons of getting their child vaccinated, our most important argument is that when it comes to their child's safety, COVID-19 poses a far greater threat than the vaccine.
- Unlike previous campaigns, we must proactively address some vaccine safety concerns, but we should do so while also highlighting the benefits of the vaccine and the risks of COVID-19. The HHS team can provide additional guidance on this front.
- Parents have a high standard for their children – it's important to show empathy; we know this is a complex decision and are at the ready to answer any questions.

2. Expanding the pool of trusted messengers

- Many parents most trust their own child's doctor for advice on the vaccine, but we cannot rely solely on these providers. We must encourage providers at all the places children access healthcare (pediatric offices, CHCs, CBOs, schools) to provide pro-vaccine messaging.
- For broader outreach, we want to replicate the kinds of conversations that a parent might have with their doctor – this means fresh faces, non-governmental doctors, and pediatricians.

3. More persuasion than mobilization, but both will be critical

- Because a large portion of parents are movable, our priority with the 5-11 vaccine rollout is persuasion (not mobilization).
- As always, it will be important to publicize that the vaccine is available at no cost, regardless of citizenship or insurance status, at tens of thousands of locations across the country.

Target Audiences for Pediatric Vaccine Outreach

1. Parents who are vaccinated, but hesitant about getting their children vaccinated

- Nearly half of vaccinated parents are hesitant to get their 5–11 year-old vaccinated.
- The audience for whom we can have the biggest impact is vaccinated parents. Unvaccinated parents and parents who are skeptical of other childhood vaccines are – at this time – relatively unlikely to get their child vaccinated.
- Mothers, parents without college degrees, Latino parents, and lower income parents are most likely to be part of the movable audience.

2. Parents without easy access to medical services

- Much like the initial vaccine rollout, we will need to pay special attention to parents and children who do not regularly see a medical provider, who may not have a good source to get vaccine questions answered, and who we are unlikely to reach through earned media efforts.
- Lower income parents, those without college degrees, and Black and Latino parents all report the highest rates of concern about vaccine access, vaccine safety, and COVID risk.

Note: we are targeting parents, not children ages 5-11

Topline Peds Message

The COVID-19 vaccine is the best way to keep you child safe.

- The long-term effects of a pediatric COVID case can be serious and last months; the most common side-effect of the COVID vaccine, which provides lasting protection, is a sore arm. The best way to protect your child against COVID-19 is to get them vaccinated.
- As the weather gets colder and people travel and gather indoors this winter, the risk of COVID-19 increases. There has never been a better time to get your child vaccinated.
- Like other pediatric vaccines, the COVID-19 vaccine thoroughly tested on children before being recommended.
- If you have questions, talk to a pediatrician, school nurse, or another trusted healthcare provider about your child and the COVID-19 vaccine.

We Can Do This Toolkits

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PEDIATRIC VACCINE PARTNER WEBINAR



InsureKidsNow.gov

The We Can Do This campaign has produced a series of English and Spanish resources with the latest information and messaging about the pediatric COVID-19 vaccine

- Toolkits for providers, educators, and other trusted messengers
- Infographics for social media
- Videos featuring pediatricians answering common questions
- Answers to Frequently Asked Questions
- Tips on how to talk to parents and guardians who have questions about vaccinating their children
- ... and more! **Additional resources will continue to be posted**



WE CAN DO THIS

COVID-19 Public Education Campaign
An initiative to increase confidence in COVID-19 vaccines and reinforce basic prevention measures

Español

Shareable Resources ▾ Outreach Tools ▾ About the Campaign ▾ Get Involved ▾

CHILDREN AGES 5+

CDC has updated its eligibility guidelines on COVID-19 vaccines to include children ages 5+.

[See the media release.](#)

[View Resources](#)

Go to wecandothis.hhs.gov and click here

These resources can be found directly here: <https://wecandothis.hhs.gov/resources-about-covid-19-vaccinations-for-children-age-5plus>

Community Based Organization: Promotores/CHWs Perspective, Dia de la Mujer Latina Inc.

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Telehealth Community Navigator



Health Fiestas



Patient Navigator



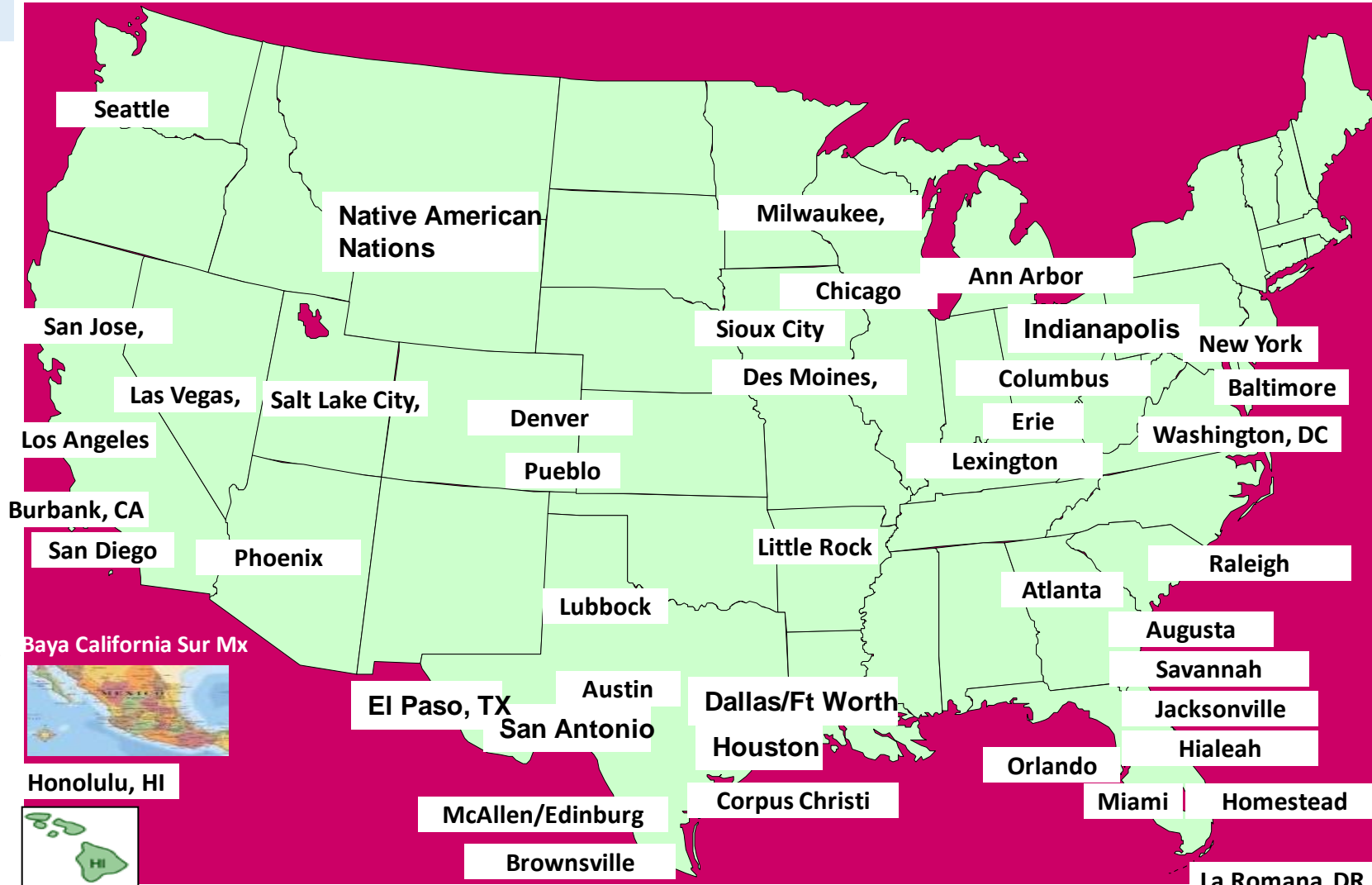
Clinical Trial Community Navigator



Community Health Centers



DML's Community Health Worker/Promotores Outreach & Training



Venus Ginés, MA P/CHW-I 281-801-5285

www.diadelamujerlatina.org

president@diadelamujerlatina.org

Behavioral Health Community Navigator



Disaster Recovery



Medical Providers



Personal-Care Navigator



School-based Navigator



San Juan, PR

Outreach Perspective: Health Leads, Vaccine Equity Cooperative

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Vaccine Equity Cooperative

Presentation for CMS

Alexandra Quinn, CEO of Health Leads, Co-Founder and Co-Lead of
the Vaccine Equity Cooperative

OUR APPROACH

Aim: to help our nation rebuild from the pandemic in a way that sets us up to begin to overcome deeply-rooted racial health inequities and better address future crises

The VEC's work is focused in three areas:



1

Democratizing information, research, data, & best practices, and ensuring access to trusted resources



2

Convening, collaborating and facilitating learning to expand funding and support to local community-based organizations



3

Advocating and capacity building locally, including strengthening policy in support of community-based & public health workforces

Collective Scope and Reach

Partners, Collaborators, Co-Conveners Include:



Collective Practice & Expertise:

- Active involvement in local vaccine distribution & public health efforts
- Leaders & practitioners from communities most impacted by COVID-19
- Decades of experience leading national & local community health and health equity programs
- Global leaders in vaccine hesitancy research & community health
- Leading innovators in digital engagement, design, and data

Combined Membership & Reach:

2,000+ local community health workers & embedded public health professionals

450,000 combined social media followers

Tens of thousands of combined members, alumni, & volunteers

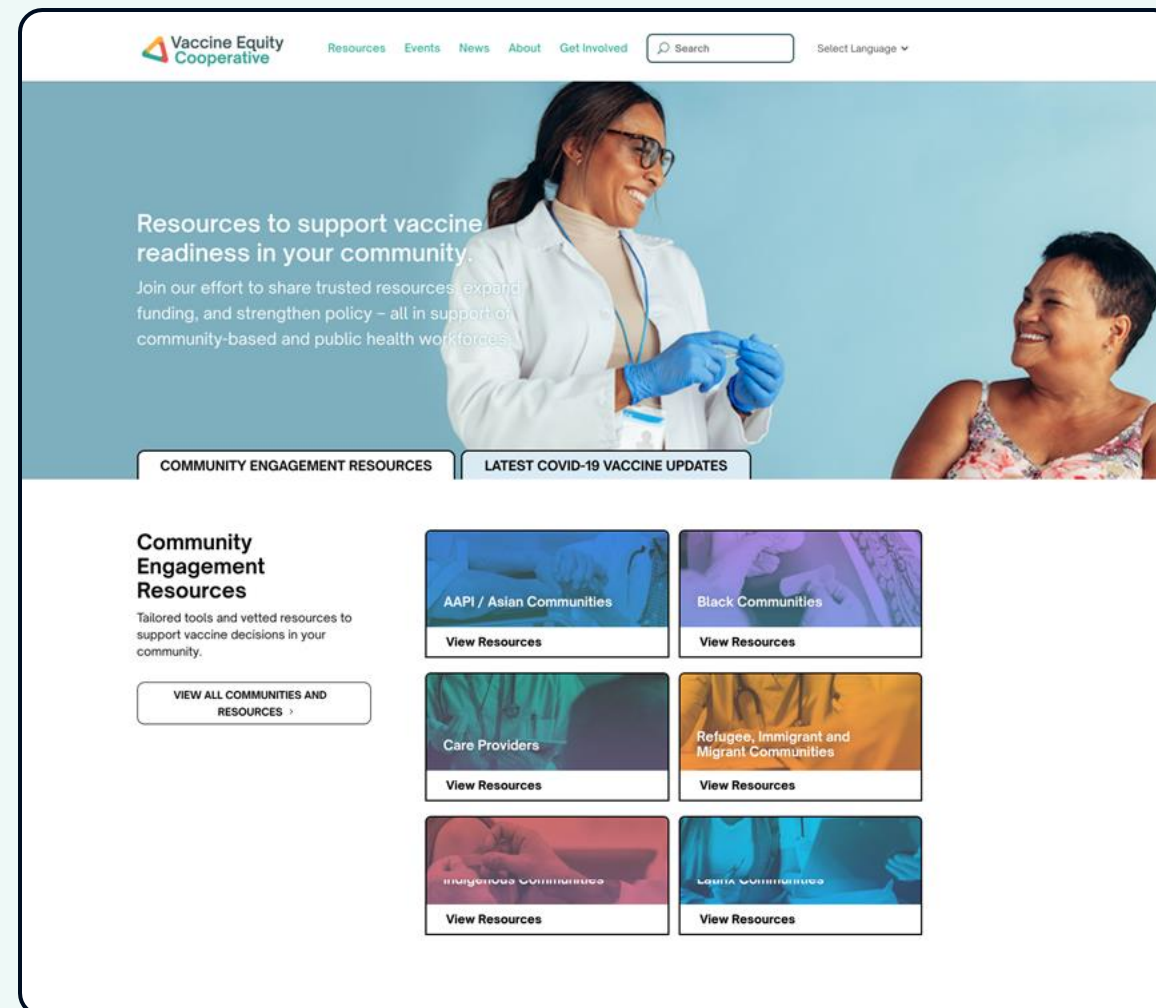
Member/programmatic footprint in **50 states from coast to coast**

Relationships/network from **hyper-local to municipal, state, & federal gov't**

THE VACCINE EQUITY COOPERATIVE RESOURCE HUB

COVID-19 leaves no doubt that the future of public health and emergency response is local, and that we are all - literally - interconnected. That's why we're building the nation's first **equity-oriented, community-centric online platform** of culturally competent, bi-directional tools for equitable vaccine distribution & collaboration.

To support community-based workforces, we organized and catalogued massive amounts of vaccine-related information to create a **curated, easy-to-use library of trusted and vetted resources and events.**



WHAT IS NEEDED RIGHT NOW: PROTECTING CHILDREN UNDER 12

Advancing Children's Health: Promoting COVID-19 Vaccination and Mitigation Measures

The report outlines 10 detailed recommendations to protect children under age 12 and their families and communities.

- 
- ✓ Center on **racial health equity**
 - ✓ Prioritize outreach in the context of **whole families and communities**
 - ✓ Build on existing proven infrastructure with a **“no wrong door approach”**
 - ✓ Engage all sectors across **health policy, communities, schools and private sector**

Top Recommendations

(Italics indicate direct connection to racial health equity)



Vaccine Distribution

Most children across racial and ethnic populations, income levels, and payer types receive their routine vaccinations at one of three sites: Medical homes (pediatricians, family med or med peds clinics, FQHCs), schools and school-based clinics, or public health departments. *As a result, the community-based vaccination sites that were critical to advancing racial equity among the adult population, may not be as integral to equitably vaccinate 5-11 and 12-17 year olds.*



Critical Role for Schools and School Based Clinics

The robustness of the national school health infrastructure (school based clinics, school nurses etc.) varies by district and state. But given the core role schools play in the lives of families and communities, they are a crucial site to partner with in the vaccination effort - for disseminating information about vaccines and delivering vaccines. *Schools are also important to bridge access gaps for underserved communities who lack a medical home.*



Increased Support for Public Health Departments at All Levels

Public health departments, at the local and state level, are the backbone of targeted public health responses and in many jurisdictions the main site of vaccination for children and families who lack medical homes, are recent immigrants, or lack insurance coverage. Ensuring health departments are equipped and resourced to: support linkages between schools and medical homes, coordinate local efforts to proactively provide patients with information about vaccination, and offer vaccination, will be a necessary complement to the broader effort to vaccinate families.



Maximizing the Use of VFC

The backbone of the national effort to provide routine immunizations to the pediatric population is the Vaccines for Children program (VFC), which since its inception has helped narrow and sometimes even close gaps in routine vaccination by racial and ethnic group and across income levels. *Maximizing and optimizing use of the VFC program will be critical to equitably and effectively vaccinating 5-11 and 12-17 year olds.*



Reimburse and Incentivize Vaccine Counseling

Families will likely have questions for their pediatrician/primary care provider regarding vaccines even when they are not a vaccination site. There is no current mechanism to pay for this counseling in current billing and coding systems. *In addition, some families will require several rounds of counseling before they are ready to receive a vaccine even from their primary care provider, but the primary care provider can only receive payment when the actual administration happens. Payment systems must encourage appropriate vaccine counseling.* This is an urgent problem for CMS, state Medicaid programs, and private insurance to address. A couple of places have added reimbursement for counseling, including North Carolina Medicaid and New York City.

ELEVATING THE EXPERTISE OF THOSE CLOSEST TO THE ISSUES

Invest in trusted community based messengers to...

Enhance coordination: To enable vaccine uptake there needs to be better coordination on a local, state and federal level. That begins with centering the experiences of trusted messengers on the ground (e.g. pediatricians, CHW/Ps, etc.) who understand their community's landscapes and how to navigate it.

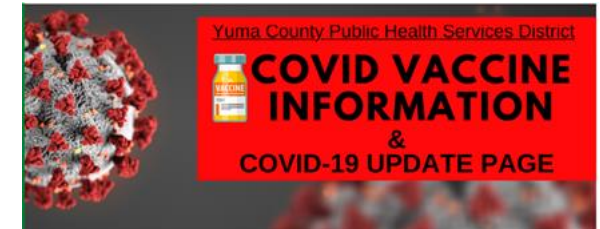
Example: Día de la Mujer Latina Telehealth Community Navigation Center

Design programming hyper locally: By investing in and co-designing with trusted messengers familiar with the stakeholders and assets unique to each community, we can design kids vaccine initiatives that are aligned with the communities interests, include necessary constituents, and are better positioned to succeed.

Example: Yuma Public Health work on Adult Vaccines

Improve communications: In co-developing messaging, tools, and resources alongside trusted messengers, we can tailor them to the cultural nuances of each community thereby ensuring greater likelihood of tools being adopted and messaging heard.

Example: The Conversation: Between Us, About Us



Q&A Session

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PEDIATRIC VACCINE PARTNER WEBINAR

