



Connecting Kids to Coverage National Campaign

Strategies to Help Kids Safely Return to School: Vaccinated and Ready to Learn

WEBINAR TRANSCRIPT | JUNE 3, 2021

Darshana Panchal: Welcome, everyone. Thank you for joining today. Welcome to the Centers for Medicare and Medicaid Services: Connecting Kids to Coverage National Campaign Webinar, Strategies to Help Kids Safely Return to School: Vaccinated and Ready to Learn. My name is Darshana Panchal. I work closely with the campaign and the team at CMS as a contractor to support education and outreach to children and families eligible for free or low cost health coverage through Medicaid and CHIP, and I'll be moderating today.

Darshana Panchal: We have a great lineup of speakers to help us continue building our understanding of the impact of COVID-19 on our nation's children, specifically focusing on delivery of routine vaccinations and strategies to help ensure kids and teens are protected and prepared to head back to school in just a few months. It's a very relevant topic to the current landscape, as more COVID-19 vaccinations become more widely available. Before I transition over for an official welcome, I want to touch on a few housekeeping items. If you've joined this webinar on the WebEx desktop platform, you'll see a few features that will be helpful to you.

Darshana Panchal: Today, we encourage you to submit any questions that you have into the Q&A or chat box. Just make sure you send your questions to all panelists. We will either respond back in the Q&A or the chat or respond back verbally during the Q&A portions during this presentation. For any questions that we are not able to get to during the presentations, we will make sure to follow up with individuals to get your questions answered after the webinar via email.

Darshana Panchal: A reminder that this webinar is being recorded. The recording along with the presentation slides will be posted on InsureKidsNow.gov for the public to view. Now I would like to introduce Amy Lutzky, Deputy Director in the Children and Adults Health Programs Group at CMS for an official welcome.

Amy Lutzky: Thank you so much, Darshana. Can you hear me?

Darshana Panchal: Yep, I can hear you.

Amy Lutzky: Great. Hello, everyone, and welcome to today's webinar on Strategies to Help Kids Safely Return to School: Vaccinated and Ready to Learn. I will say that my own son just finished his last day of school yesterday. So while many of us with our own children may be focused on the school year winding down, professionally, this is really the time of year when we started to put together our strategies and get them in place for encouraging eligible families to enroll their children in Medicaid and CHIP. From experience, we know that this is an opportune time to promote enrollment because families are typically thinking about scheduling checkups and sports physicals before the school year begins.

Amy Lutzky: This summer, we hope that families are more energized than ever to schedule with their providers because we know that during the COVID-19 pandemic, many families missed screenings and needed childhood vaccine. Children and teens need to get caught up with their vaccinations and missed care now, so they're protected when they go back to in person learning. These services of course are covered by Medicaid and CHIP. Today's webinar will provide the latest information on catching children up on missed vaccines and promoting the COVID-19 vaccine to adolescents.

Amy Lutzky: We will also hear from several partner organizations that will share their strategies for outreach and enrollment, and we'll share our campaign resources to promote well child visits and vaccines as part of the strategy to enroll and retain children in Medicaid and CHIP. I'd like to thank all of our speakers in advance for presenting on our call today. With that, I'll now introduce our first speaker, who is Dr. Shannon Stokely. She is the Associate Director for Science Immunization Services Division at the National Center for Immunization and Respiratory Diseases at the CDC.

Shannon Stokley: Thank you. Thanks for this opportunity to be here today that talk to you about routine administration. Thank you for taking time out of your day to have this webinar. Here it is. So today for my talk, I'm going to give an overview of how the pandemic for COVID-19 has impacted delivery of routine vaccinations and also review COVID-19 vaccine recommendations for adolescents but also talk about the call to action to improve routine vaccination. So I think we just said, so kids can get back to school and be fully vaccinated.

Shannon Stokley: So in this graph, this shows the early pandemic, so thinking back to 2020, in March and April, and we see that the number of visits for ambulatory practices declined 60% in mid-March and that extended through mid-April. We also saw at the same time that there were changes in vaccine orders, and this is through our Vaccines for Children Program. The solid blue line in this graph shows the orders for non influenza vaccine doses. Then the dashed line shows the orders for measles containing doses. So we see in March after the National Emergency was declared, that we saw a steep decline in orders for vaccination. For the non influenza doses, we saw a decrease of over 3 million doses not being ordered, which we would normally see being ordered. For the measles vaccine, specifically, the decline was over 400,000 doses.

Shannon Stokley: So we were definitely concerned that this was going to have an impact on delivery of routine vaccinations. We've also done some surveys of primary care physicians, including pediatricians and family physicians, to learn more about how the pandemic has impacted their ability to provide vaccinations. This is a survey that was done in collaboration with the University of Colorado. We see that many physicians did report that they did suspend providing vaccination during the pandemic in 2020. So this survey was conducted in October of last year. So they were reporting on at any point during the pandemic had they suspend a vaccination. What's really interesting is that we see there's a difference depending on the age of the patient. So that they were more likely if they did suspend vaccination, it was more likely to be among adolescents aged 11 to 18 years, compared to younger children, children zero to two years.

Shannon Stokley: I think that's because we were encouraging providers to prioritize vaccination of infants and young children because we know how important the vaccines are during the first few years of their life. I mean, vaccines are important throughout your entire life, but especially for really young children. We see that providers were following that guidance.

Shannon Stokley: There is some good news. A recent survey that looked at ambulatory visits at the end of 2020, so in the fall, around September and October, we see visits are returning to pre pandemic levels. So that is good news, we know people are returning to their doctor's office. But we also know that wellness visits did vary by the age of the child, similar to what I showed in the previous slide about the suspension of vaccines to children by a primary care physician. We see that older children were more likely to miss a visit compared to younger children. Again, that could be because providers were really trying to prioritize, and visits for patients that were newborns and young infants.

Shannon Stokley: This study though, it ended at age five years, but I think looking at the trend, if we were to continuous out through adolescence, we would see the percent of missed wellness visits being higher among adolescents as well. We also know that missed wellness visits do vary by race, ethnicity of the child. Missed wellness visits was higher among black and Latinx children compared to white children.

Shannon Stokley: Then we also asked about barriers to providing routine vaccination. There were many barriers that we asked about but shown here on this slide are the top three barriers that were reported by physicians. Some of the challenges were that there were fewer in person visits because patients and parents were concerned about the risk of COVID-19 infection. So they were concerned about going to the doctor's office and being at risk for acquiring infection. There were also fewer in person visits because of sports clearance. As you know, last school year, schools may not have been able to offer sport programs or parents were choosing to keep their children home for virtual Learning. So they weren't going back to the office to get their clearances for sports activities. So that was one opportunity that just wasn't available for providers to check on vaccination status and provide vaccines if the child needed it.

Shannon Stokley: Following up on that, there were fewer back to school visits in general because of the virtual learning. Some schools may not have been enforcing the school requirements that are usually in place because children are at home in virtual learning. Some other good news though is that when we look at our vaccine orders through the Vaccines for Children Program, we are seeing similar to what we saw with every team visits, that orders for vaccines are rebounding. So in this graph, that blue bar represents where the orders were in 2019. Then the orange bar represents orders for the following year, whether it be 2020 or 2021. Again, if you look to the left during March and April of 2020, you see there was a big gap between what we were used to seeing in 2019. But if you like to the far right, looking at May, and this goes through May 16th, we see that orders are returning to pre pandemic level. That is great news.

Shannon Stokley: We're happy to see that. However, knowing that so many children missed a visit, knowing that our orders were low, we would actually hope to see the current orders exceeding pre pandemic levels. So if we were to get all these kids into the office, to get caught up on this vaccine, we would actually expect to see a much larger increase in orders. That hasn't happened yet. Just to put this all in perspective, cumulatively there is still a substantial deficit in vaccine orders, which most likely implies a deficit in vaccine delivery as well.

Shannon Stokley: So in this graph, the green line represents all of the non-flu doses in what has been ordered and the blue line represents measles containing vaccine. Cumulatively over time we see orders overall are down by 11.5 million doses. For MMR vaccine, it's down 1.5 million doses. So again, there's still a considerable deficit in where we usually are. One other thing as we know the recovery, although we are seeing some recovery, it is slower in the public sector compared with the private sector, although I don't have data to share from the private sector from our conversation with vaccine manufacturers on what they've seen with their orders. They are seeing a little bit of a higher rebound, and it's just taken a little bit longer with the public sector.

Shannon Stokley: We also see that the gap, it does vary by vaccine. It's not the same for each vaccine. So for rotavirus vaccine, we're seeing a decline of about 5% for orders. Prevnar is down 8% and DTaP containing vaccines are down by 9%. But again, where we see the biggest gap, and I think this is consistent with what we saw from the provider surveys, is really with adolescents. So vaccine orders for Tdap are down 18%. HPV vaccine is also down by 18%. Then the meningococcal conjugate vaccine is down 14%. But of course, very concerning, measles containing vaccines are down by 19%.

Shannon Stokley: Prior to the COVID pandemic, at the end of 2019, we had had one of our largest outbreaks of measles in the country. We were able to come through that. But we don't want to get in a situation again, especially as people start to resume activities and interact with the community. We don't want to have a situation where we now have potential for another measles outbreak. This map just shows where we are across at the state level in terms of the decline in orders. Again, it's not consistent. It's not the same state to

state so there is some variability. We see Illinois has the biggest gap, they're down 32%. California is down 21%, somewhere they were in pre pandemic levels. But interesting, the southeast, their gap is much smaller. It's not really clear why there's these differences at the state level, but it is something to be aware of and to think about as we move forward.

Shannon Stokley: Lastly, I just wanted to share some information for influenza vaccination coverage. So the impact the pandemic had on to delivery of flu vaccine for this last season, so the yellow bars represent coverage from the 2019-2020 season. These greenish bluish bars are from 2020-2021. This is data through January of this year. So it is preliminary. But in January, we were seeing coverage was lower for this flu season. Not only was that lower. those differences by race, ethnicity appear to be getting somewhat larger. So we're hoping with the next flu season, we can get back to where we were before and maybe even increased coverage among children.

Shannon Stokley: As we talk about back to school, this is an article from the Washington Post that we found really interesting because it highlighted the county and the district of all the efforts that they did to create a safe environment so children could come back to school for in person learning, and they were quite successful. But what really struck us was this quote in the article about while many people wanted to come back to school, they couldn't because they were behind on their routine immunizations. As we get closer to the fall for 2021 school year, we don't want to be in a situation again where a lot of children are not able to come back to school because they're behind on the routine vaccinations and what's required for school entry.

Shannon Stokley: I just want to briefly highlight COVID vaccine recommendations that were just recently passed, because I know this has come up, and it's important to be aware of the COVID vaccine recommendations for adolescents. So on May 12, the Advisory Committee on Immunization Practices did vote to recommend the Pfizer vaccine for children aged 12 to 15 years. So FDA has expanded their emergency use authorization for this population. ACIP, after reviewing the data, did recommend the vaccine for this group. Listed here are the links for the MMWR articles that provide the policy note about the recommendation.

Shannon Stokley: One thing during that meeting that was discussed is the issue around co-administration of vaccines. Because previously, the guidance around COVID vaccination was that it should not be administered within two weeks of another vaccine. There was concern about how this would impact routine vaccination for children who need to get caught up on routine vaccines as well as getting a COVID vaccination. So after experience with over hundreds of millions of doses have been administered of COVID vaccine, and after reviewing some information, it was decided that co-administration is allowed with COVID vaccines.

Shannon Stokley: So COVID vaccine and other vaccines may now be administered without regard to timing. So if you do have children coming in, and they need COVID vaccine along with their routine vaccines, it is okay to administer them together. But of course, clinicians may want to evaluate the child's situation and make a decision. First factor in if the patient's behind or at risk of becoming behind on routine vaccines, what's the risk of vaccine preventable diseases and the reactogenicity profiles of vaccines that are due. Factor in the decision with the parent about administering the vaccines during the same visit.

Shannon Stokley: Now, of course, there's some places, especially the mass vaccination sites for COVID vaccine where they may not have routine vaccines available, and so they're just giving the COVID vaccine. But we are encouraging all providers, even if they're just getting COVID vaccine, to really encourage parents to follow up with our primary care provider to make sure that their children are not behind on routine vaccines and to schedule appointments so that their children can be caught up with everything.

Shannon Stokley: It's also important to note that the COVID vaccine program is different from the Vaccines for Children Program. Vaccines are administered through different mechanisms, different programs. There is a separate provider enrollment process for the two programs. So even if the provider is a Vaccines for Children

Provider, and they want to administer COVID vaccine, they will need to enroll in the COVID vaccine program. That can be done through their state and health department.

Shannon Stokley: Providers do not need to be enrolled in the Vaccines for Children Program to administer COVID vaccine to children that would normally be eligible and vaccinated through that program. Providers can vaccinate adolescents. I realized I need to change the slide to be 12 to 18 years, not just 16. So providers can vaccinate adolescents with the COVID vaccines consistent with the state program and includes VFC eligible adolescents. VFC eligible children should continue to receive their routine pediatric vaccines through the VFC program. So even if a provider is enrolled as a COVID provider, if they are not enrolled as a VFC provider, they cannot administer VFC routine vaccines to children. So the children still need to go back to their routine provider for those vaccines. But all of this is to say, the need for catch-up vaccination is urgent, especially as we get ready for the next school year.

Shannon Stokley: Again, many school aged children, they've missed recommended vaccines because of all the disruptions that have occurred in the past year and a half. We see that the gaps are especially large for adolescents, especially those that would routinely receive vaccines at age 11 to 12 years. We know schools may not have focused on compliance with school requirements during the previous school year. So we need to get kids caught up so that there aren't delays and returning to school for the next school year. We have put forward a call to action to get kids caught up on their routine vaccines. At the bottom of the slide is the link for our website.

Shannon Stokley: But we are asking healthcare systems and healthcare providers to start work to identify families whose children may have missed a vaccine and contact them so that they can schedule appointments. Also incorporate prompts for their clinicians, whether it's through the electronic health record or some other system that they have in place. So that the provider reviews the vaccination history and can recommend vaccines if the child's there for a visit, and are due or overdue for a vaccine. Then also letting families know what precautions are in place so that they know that if they come to the doctor's office, that it is a safe environment and practices are in place to protect them from COVID-19. Then we're also encouraging healthcare provider organizations to also identify and follow up with families who may have missed vaccination.

Shannon Stokley: Then with respect to schools and state and local governments, they can send reminders to families about the requirements, especially as schools prepare for that, and they're registering families for the next school year to inform them about the vaccination requirements. Then also following up with families who may not be in compliance with the requirements so that they can get caught up to date. It's important that we can use the state immunization information system to do reminder, recall for anyone who may have fallen behind on vaccines.

Shannon Stokley: Then of course, we all should be communicating directly to families about the importance of well child visits and getting caught up on their recommended vaccines that may have been missed. I also just want to make you aware, if you haven't seen them, we do have a lot of new information resources around the COVID vaccine. So we have a principal fact sheet that providers can give to parents to provide more information about the vaccine. We have a new web page. We also have frequently asked questions on our website, and also some information about common myths. We also have a toolkit for pediatric providers to help them with administering COVID vaccines. With that, I thank you for your time and attention. I'm happy to take questions. Darshana, I'm not how the format, if we're doing a Q&A or if it'll be done at the end of the session. So thanks.

Darshana Panchal: Yeah. Yeah, absolutely. We are looking through the Q&A and chat right now, we might save some of these just for the end. But it looks like there's only one question that came through and it's been assigned. So I think we're going to go ahead and just get that question answered in the Q&A panel. But I think since we don't have any other questions right now, we can continue moving forward with the presentations. Then we'll come back to Q&A at the very end.

Shannon Stokley: Thank you.

Darshana Panchal: Thank you so much. Thank you for sharing that data and the information about the call to action. I'm sure that it'll be really helpful for a lot of these organizations that are conducting outreach.

Darshana Panchal: It looks like we have another slide here of just some additional links to resources that may be helpful for everyone. All right All right. Well, this is a great segue into the next portion. We're going to be hearing from a couple of our campaign grantees, University Health and the Arab Community Center for Economic and Social Services or ACCESS Michigan, and the work that they're doing to promote enrollment in Medicaid and CHIP and address children's unmet healthcare needs. So I will move forward. From University Health, we have Virginia Mika and Nora Silva, and we'll pass the line over to them to share more information.

Virginia Mika: Good afternoon. Thank you. Are you able to hear us?

Darshana Panchal: Yep, we can hear you.

Virginia Mika: Okay, great. Good afternoon, everyone. My name is Virginia Mika. I'm here with Nora Silva. We're in the same room. So we are here to talk to you about the work that we've been doing at University Health and the Connecting Kids to Coverage Program. We are located in San Antonio, Texas. So the community that we've been working with is mainly Hispanic, Latino population. We have been fortunate that this is our second time as a grantee. So we had some previous experience. But along with everyone else, we struggled at the beginning of this pandemic in how to really get our grant off the ground and start enrolling people again into Medicaid and CHIP while things were shutting down, and schools were closing. So we had some strategies that have been very successful for us. So we're going to share those, a few of those with you today. So Nora is going to start and tell you a little bit about what we did and we'll kind of go back and forth.

Nora Silva: Thank you, Dr. Mika. Hello, everyone. My name is Nora. If we can go to the next slide, Darshana, that would be great. Again, we're just going to share some of these just components that really helped us. As you can see, this is a great picture of our awesome team members that are in the community and very well connected. But one of the things that we really focused in on the beginning or really about a year into the grant was how do we break down that that number, goal number to something that's more personable and create more accountability for each individual, because again, we were dealing with a pandemic and a lot of the sort of concern of were we going to be able to meet the needs of our community and where we going to be able to accomplish what we set out to accomplish.

Nora Silva: So by setting individual goals as well as team goals, and that might seem sort of kind of basic, but it really created accountability. We made it a lot more fun. So we created charts that we placed in a place that was a common space for all of us. We could trudge along. We also sometimes would set out a specific goal for that week or for that month. We set out incentives that either Dr. Mika or myself would provide, anything from a gift card to Starbucks to lunch for the whole team if we were to reach X number of families in a given timeframe. So that really, again, created more of the peer to peer accountability as well as just the desire to add something to reach for it. We ask them, does this actually even help when we laid out and they said it really does.

Nora Silva: So we know that it really did make a difference for the team and ultimately, they're the foundation of how we connect with families. Right? So we thought it was really important to do that. Again, the incentives were something we would do, but we thought it was what was our investment on a personal level. Dr. Mika bought lunch, one of the months where we send you, we get to this X number of enrollments and submissions, we'll do lunch for everyone. So it was socially distanced, everybody had to stay in their space. But it just kind of really helped connect in a season where there was a lot of separation and disconnect. So that was one of the keys that really helped our team move along.

Virginia Mika: Right. Then the other part, our team is amazing. They are bilingual, they're very familiar with the community, they are personable. They truly care, and they want to help people. But it was a challenge. During again, the pandemic, how do we connect? One of the key strategies that we use was our internal partners, we work in the health system. We have lots of children coming and like everyone, like the previous speaker just mentioned, that 60% decrease in ambulatory visits, we had that as well.

Virginia Mika: But we still had some children coming through our urgent care or our emergency room who needed services but were unfunded. So we worked in creating an internal report of any children coming to our health system that were unfunded, so that our team can reach out to them and reach out to that family. That has been successful. We've also worked on learning who those people are in those departments, and making sure they know that we're here and that we're a resource, and our team can go over and meet the family here at the clinic, if that's what the family wants, or meet with them later. It's been that whole adjustment, we will adjust to the needs of the family. But those partners have been key, social workers especially, because they're often tasked with helping families find other coverage or finding coverage so that the health care needs can be met.

Virginia Mika: So making sure that those social workers knew we were here, and a resource for them, has helped make their job easier too. They see us now as partners, and in the care for the patients. The other thing that we did was identify other partners in the community who are regularly working with families and children. We created MOUs or memorandums of understanding with them so that it was clear that what our roles were, they provided referrals to us. It was our responsibility to follow up with those families and assist them in however we could to obtain coverage. Those have been very successful.

Virginia Mika: We have worked with groups that work with young children. We have a group here called Avansu. We have pre-K 4SA, which again, working with young children and families in educational settings, we did partner with schools. Again, that was a challenge because many had gone to remote learning. But we were fortunate that some school districts did have some children still in school. So again, we kept those relationships going, and just did everything we could to be as flexible and inviting, to be seen as partners and making sure they didn't forget about us.

Virginia Mika: So even though we had to be socially distant, it was phone calls on a regular basis or stopping by and participating. They did a lot of food distributions because of that need during the pandemic, our team would go and help in these drive-bys food distributions and put our fliers inside of the food bags. So that families, as they opened their food packages, could see if they needed help with coverage. We were a resource, and it helped. We've received referrals that way and we have people contacting us who needed assistance.

Nora Silva: Yes, and again, the focus really being on adjusting, right? Again, I'm sure everybody on the call had to figure out different ways of how we would have normally done something to how we needed to adjust. So we really reflected on what our families, where they were and how we needed to get to them. So there was a few things that we did. One was certainly create the online option that the idea came really quickly, but it was also knowing that some of our families may not have access to internet or if they do, may not know how to utilize some of the tasks like scanning documents or taking pictures and how do you email a picture of a document or anything like that.

Nora Silva: In the process of saying, "Okay, well we go online was also to create these step by step documents for our families." So sharing with a family that connected with them via phone, and it was something they did have access to that they could potentially provide their information through internet that we would then give them the instructions step by step on how or even with the phone, this is how you take a picture. This is how you can text it to us or how you can email it to us with your phone. So it was also basically sharing with our community members the basics of utilizing the tools that they did have available when they did have them available. But then also even with our partners, there was events that we would have normally attended or being counseled to then create opportunities for us to be able to do those same educational

presentations virtually and jumping on creating WebEx calls so that people would have an opportunity to call in with questions, joining sessions that we could do virtually.

Nora Silva: I think one of the ones that we're really proud of because I think it's really created some other side effects is our curbside service. So knowing that we had to maintain safeguards for our team as well and for ourselves that we created the process for how we would do that and what that would look like, would it be going inside their home or just to the porch or just to the fence, leasing office at an apartment complex or a housing project, whether it be curbside at our building. So all of those and what that would look like, what kind of tools we needed to have. Do we have hand sanitizer? Do we have gloves? Made sure we have plenty of pens so that the individual would keep the pen, face mask, extra face masks in case, the family that we went to didn't have a face mask, that we would be able to give them one at hand.

Nora Silva: So all of those considerations, but then one of the side effects that I think we have the over the long term of this is that those families really have trusted our team and have really come to rely. So they're getting those calls and those referrals for additional, for people that they know, family members and friends that they have, I think just seeing the team go out of their way to really serve them and meet them, truly meet them where they were. Sometimes it was meeting them at the parking lot of a corner gas station.

Nora Silva: So the team really got thoughtful and creative and really worked with ... I mean, sometimes going during lunch to somebody workplace. So we had to also think of that differently and be more flexible as it related to mileage and the time that it takes to do curb size, we know is a little bit more time consuming. But in the end, we needed to get our families covered. That's what we decided to do, and that's really worked well. Like I said, side effects of getting additional referrals, really building that trust. Our team now getting calls for people that are preparing to do renewals and things like that as a result of that. So I think we all can look around and say yes, it was definitely a great decision, even though it might seem initially like that's going to be too time consuming and that's going to be too difficult to figure out.

Nora Silva: The team all really have managed to stay safe. If there was a situation where they didn't feel safe, there was a second person that needed to go. So it took a little bit of a sacrifice, but in the long haul, it's been well worth it. I think the progress that we've had in this year two would attest to that. So just to give you a little bit of perspective, for our goals on new enrollments, as of the end of April, which is just our grant is completed June, at least for year two. So we got two more months to go. At the end of April, we're at almost 140% of goal for enrollments, we're 139.7%. Again, this is really a true credit to the team and the efforts that they've put out.

Nora Silva: For renewals, we're at almost 60% of goal. The reason that's actually something to celebrate is because for the most part of the year, still to this date, the state is doing automatic renewals. So how we still got 60% is because the team really still dug through the referrals and the questions that family members have. Sometimes the state was asking for just specific documents so they could be automatically renewed and the family would know how to respond. So they didn't get automatically renewed. So our team has been able to find those families and be able to help them complete the processes that can be renewed.

Nora Silva: Again in a season where that goal was sort of dismissed and said, "Let's not worry about renewals because we're in a situation where the state is automatically doing them," we still found hundreds and hundreds of families that would have fallen through the cracks. So we're proud of that. Then in terms of our submissions, at this point, we're almost at 87%. But we'll definitely be anticipated to be at least 100%, if not higher, by the end of the year two grant, which is in June.

Nora Silva: So again, new enrollments were at 165% of our goal for new enrollments and 85 renewals. Then for submissions, we'll be 100%. So again, just we truly believe that these simple things like focusing on the team, working with our partners, internal and external, meeting families where they were, and adjusting as they needed even if it seemed a little inconvenient in the beginning, really staying focused on the big goal, which is to enroll children and make an impact in their health, and their access to health care, really has

allowed us to end where we're at in terms of our progress. So we're truly grateful for this team. They're amazing. Dr. Mika, anything you want to add as we close?

Virginia Mika: I think one other thing was, for us, it's not enough that we help somebody complete an application, we see it all the way through to make sure that the family was enrolled. If they were denied, we will work with the family to understand why they were denied. Many times it is because the state is requesting an additional piece of information. So then the team works with the family to help get that piece of information submitted to the state so that it can turn into a renewal. So I think that's been a huge, also part of our success. But like Nora said, really the success of this program has been a dedicated team who is willing to do everything they can to help families and we're very proud of them. Thank you again for this opportunity to speak.

Nora Silva: Yes, thank you.

Darshana Panchal: Thank you so much, Virginia and Nora, for sharing some of those strategies your team's been employing to catch these kids up on care. Really appreciate it. I know we have a question or two that's come in, but we'll save that for the Q&A at the very end. So we'll move on to our next grantee speaker Rawha Abouarabi, from ACCESS Michigan. Rawha?

Rawha Abouarabi: I'm going to unmute. Yes. Hello, good afternoon. My name is Rawha Abouarabi. I'm the Public Health Coordinator at ACCESS for the Navigator Program. Allow me, in this next 10 minutes, I hope to give you an overview of the Community Center for Economic and Social Service, also known as ACCESS. I also plan to discuss our successful navigator program and give you a brief overview of the program outcomes to date, and some of our best outreach and enrollment best practices. ACCESS is located in the heart of Dearborn and it's the largest Arab American community nonprofit in the nation. ACCESS has been serving the Metro Detroit community for 50 years and offering a wide range of services including social, economic, health, and educational services.

Rawha Abouarabi: Although we are an Arab community organization, but we do not just serve Arab American. We have over 140 programs that are available to anyone and everyone at different locations across Michigan. I think we could start, one of the most successful program is the Navigator Health Enrollment Program. We have been assisting diverse communities with their health insurance need since the first enrollment period. ACCESS Navigator are trained in providing services and culturally and in appropriate setting. These services are available at different location across the Tri County area and servicing client in over eight different languages. More recently, we have been offering our services virtually in 2020 alone, we reach out over 5000 clients through outreach and education effort and assisted nearly 7000 clients in enrollment and re-enrollment services.

Rawha Abouarabi: Now, we're talking numbers for the marketplace insurance and Medicaid. So my program, which is this program, the good thing about it, it's like combined. Let's see if I encounter or we encounter a family that are not eligible for Medicaid or eligible for not for full coverage you could say, which is it's whoever is a new immigrant by state law that is not living in the state for more than five years or not US citizens. They're no longer eligible for full coverage Medicaid they are eligible for emergency only. There is we're health educators and navigator, we educate those family not to be worried because they will be eligible for the marketplace insurance.

Rawha Abouarabi: So during the first few months of COVID-19 pandemic, ACCESS assisted over 4500 clients with their health insurance need, which is include educating individual about their health insurance options and answering any question that they may have. Some of our program outcomes include an increase in the health and well-being of our community and all vulnerable communities.

Rawha Abouarabi: Through our effort, we have helped increase community members knowledge of their coverage option and how to answer any questions they may have. We constantly made sure to address any health policy that may affect or harm our community. We have addressed the chilling effect of policies such as public charge and the Medicaid work requirement, which it would have greatly impacted immigrant and low income community. This is what I was trying to explain that there's a newcomer, new immigrant, whether refugees, asylee, less than five years in the state, they are not very well informed about health insurance or Medicaid, and the gap, and who's qualified for emergency, who is qualified for full coverage. You could see people are when they recognize they're not eligible for full coverage Medicaid. They really worried because there's a lot of families that come in with their children.

Rawha Abouarabi: They are like, I see family that have an anxiety. What we need to do? Our kids needs treatment. I have one, the family came crying to the office. They told her that ACCESS have this navigator program they may answer your question. She arrived crying saying, "I have four kids but my concern is one kid. He has a skin disease and I really need insurance for him no matter what, just him, just him." So I calmed her down. I said, "Do not worry. You're not leaving this office before you're going to obtain health insurance," which is I did assist her in enrollment in the marketplace with really affordable health care to the whole family, not just for her son. So this is where our job as health educator and outreach to reach out to those people that they do not have yet the full the full understanding about the eligibility, health coverage, and so many things as a newcomers.

Rawha Abouarabi: So we constantly make sure to address any health policy that may affect or harm the community. Our team is constantly removing barriers that vulnerable community face when trying to navigate their health insurance options. Some of them may have a language barrier or speak limited English and may not understand what they and their family qualify or know what the best option is. We also always aim to increase the community's awareness about their health insurance option to ensure they are healthy and covered. The most important that we will look for and outreach and enrollment strategy which is including collaboration, marketing and outreach enrollment system. Since the first open enrollment period, we have engaged and maintained collaboration with community based organizations such as Luke Project and Jewish Family Services. Both organizations serve low income and vulnerable community including low income, pregnant women and children.

Rawha Abouarabi: We have also collaborated and advocate and provide providers across our community. We do always outreach to our primary doctors clinic, urgent care, introduced the program to them. If they encounter any families or servicing any family that they do not have insurance, this is where we stepped in and let them know that we are here for the community as a whole, including mass churches and local healthcare providers. We constantly share information with our partner that is relevant to the community they serve. We have carried out social media campaign, print and radio ads. We also provide educational material in several languages to help raise awareness in the community. The most marketing, I think period was during COVID.

Rawha Abouarabi: It was difficult. In the beginning, it was difficult on every person, and every aspect, every program, every businesses. So we were really worried about our clients, how are we going to serve those clients that they come on a daily basis, asking for our help, whether applying for Medicaid, marketplace, uploading documents that they need to renew their insurance before the deadline. So this is our community came or I think most all over the world. People were having an anxiety, what's going to happen next? So we tried our best, ACCESS did not close its door. We made sure that every client of ours are served during the pandemic. We worked effectively through tried to do virtual communication, over the phone communication. Even though we were at home, ACCESS was providing us with the best equipment and a way to keep contacting those clients and find a way how to upload their documents, how to contact their caseworker, how to ease their life, you could say this way, and we are successfully did a great job.

Rawha Abouarabi: Our community really, really appreciated of the work that we did at ACCESS. We tried our best to keep everyone, every person enrolled in health insurance, whether it's Medicaid or marketplace. We

were on top of the date of special enrollment. We were on top of all of that, we were doing it through the outreach and the vaccine events. We did a lot, we addressed our outreach through vaccine event. We did the big events, we did the mobile events. So you could say ACCESS employees, especially Navigator Program was everywhere. Just in every city we went to do mobile testing, Navigator Program was on the floor to provide education and let the community know that we're still here.

Rawha Abouarabi: Even though we're not in the office, we provide the way that they could contact us by numbers, by media's, by everything, we're here for them. So we made our best not to make it harder on the community especially during the pandemic. Also the event during Ramadan, people are fasting. We give the opportunity for people, we opened our door at night for people to come take their vaccines. At the same time, do our outreach and education about the Medicaid and marketplace enrollment.

Rawha Abouarabi: Most likely rolling system was ... During the pandemic, because it wasn't that much one on one, but as I said we were highly trained and community trust us very well that even over the phone, we were taking their consent to do this and do that. So it was like I think like every organization, they tried their best to serve their community any way because this is pandemic unexpectedly to everyone.

Rawha Abouarabi: So we did not just only offer navigator training to our ACCESS staff, but we have also offered training opportunity to other community organizations that have supported them throughout their journey and getting certified we give our other organization, like Jewish Family, Catherine Center. There was a lot of interns. There was a lot of volunteers, they want to help and assist in helping people enroll in marketplace. So we were the one who give the training and offer that name training to them.

Rawha Abouarabi: Lastly, ACCESS has been on the front line for COVID. As we speak with, as I said before, both through testing and vaccination community member, our navigator has provided a lot of enrollment effort at nearly every event since the beginning of COVID. We have been there for the community member trying to remove any barrier they are facing, while also counter the COVID-19 pandemic. Now we're going back, we have been coming back to the office helping clients one on one. Of course, with continuing follow up precaution process and the CDC guidelines.

Rawha Abouarabi: But you could see that clients are really, really, really excited that they are now able to see us, at least drop papers to the office, upload it for them, and so on. I personally with my team, very proud to be part of this organization that has been for 50 years, assisting the community with a lot of different program, and put in a lot of effort to make it easy on the community. Of course, provide as much as we are able to meet their needs, you could say. So thank you for giving me the chance to speak and explain what the what ACCESS offer. Hopefully, we keep continuing with these efforts more and more.

Darshana Panchal: Thank you so much, Rawha. That was great to hear. So interesting to hear more about the COVID-19 vaccine clinic too. That work is clearly relevant, based off of the presentations we've been hearing today. Thank you for sharing.

Rawha Abouarabi: Sure, thank you.

Darshana Panchal: Thank you to all the speakers for your presentations. It's a really great segue into this next portion of the webinar, where we'll be highlighting resources from the Connecting Kids to Coverage National Campaign. The campaign offers a full suite of resources focused on a wide range of outreach topics from back to school, dental, oral health, youth sports, and including our Peace of Mind resources, which are part of an initiative the campaign launched in the spring of 2020. The resources that we want to highlight today really focus on encouraging families to catch up on missed care over the last year, especially with routine vaccinations before kids go to camp, before they get involved in other summer activities, and ultimately before they go back to school later this year.

Darshana Panchal: With more and more data showing the number of children that have missed their well child visits, their routine checkups and vaccinations, understandably, it's more important than ever to conduct outreach that reminds families to catch up on care. So our missed care resources really focus on encouraging families to enroll in Medicaid and CHIP and to call their doctors and other health care providers to schedule any missed appointments that they may have forgotten over the last year. The campaign has developed for the missed care initiative to animated videos and infographic highlighting the importance of staying on top of and catching up on routine care which you'll see on the slide here. Social media content, graphics, ready to use newsletter articles, text messages, and more.

Darshana Panchal: All of these resources are available in English and Spanish with some resources available in other languages as well. All of these pieces are posted on the InsureKidsNow.gov website. While the campaign prioritizes catching up on care, there is that particular emphasis on reminding families to make up any missed vaccinations that they may have missed. So our vaccination focused resources aim to remind families that vaccines can give kids the extra protection they need to stay healthy, and that with Medicaid and CHIP, parents can help rest easy knowing that their kids are vaccinated or their kids' vaccines and booster shots are covered under these programs.

Darshana Panchal: Oftentimes school require a certificate of immunization to enroll or to start the school year. So these resources can be incorporated into your ongoing outreach efforts to remind families to work with their doctors to make sure that their kids can get caught up before the school year starts. For our vaccination initiative, the campaign has developed an animated video, which we'll watch here shortly, social media posts and graphics, customizable posters and palm cards, and email signature images to promote this messaging as well.

Darshana Panchal: So like I mentioned, the campaign has developed some new digital videos that we're really excited to share with the group. We made these available for partners to be able to highlight the various benefits covered under Medicaid and CHIP. Currently, we have videos focused on missed care and vaccinations, which we'll be playing here for you in just a second. We also have videos focused on coverage of flu vaccine, coverage of dental care, mental and behavioral health services. We're continuously developing new videos focusing on more of the benefits that are available to those enrolled. So actually, we'll take a few minutes just to show you, our 32nd missed care video and our 15 second vaccination video. Just as a heads up, the quality of the video over WebEx will be a little bit dependent on internet bandwidth. So appreciate your patience. But we also highly encourage you to go to our website or to YouTube to watch these two so you get the full experience. So we'll pull up the video so we can watch those now.

Video Narration: Checkups and vaccines. Protect your kids health now and for the future. Free or low cost health coverage for kids up to age 19 through Medicaid and CHIP, covers your kids medical needs. Medicaid might cover yours too. Learn more at InsureKidsNow.gov or call 1877-KIDS-NOW. Enroll now and then make the call to schedule any newest medical appointments. Paid for by the US Department of Health and Human Services.

Video Narration: Kids need vaccinations and booster shots to stay healthy. Your child may be eligible for Medicaid and CHIP which offers free or low cost health coverage and includes routine vaccinations. Learn more at InsureKidsNow.gov. Paid for by the US Department of Health and Human Services.

Darshana Panchal: Great, thank you for playing those. Hopefully everyone was able to hear that okay, but like I mentioned, these videos are posted on our website, and are on YouTube as well. I'll actually drop in the link to the chat so we have quick access to those if you want to check them out. These videos can be used on social media or embedded on your organization's website. They can also easily be included in newsletters or other communications you share with families in your community. Yeah, like I mentioned, check out the website for all the other videos that we also have or on YouTube. These videos are currently also available in English and Spanish as well.

Darshana Panchal: This slide is really again, just a reminder of what I touched on earlier that we have materials like posters, social media graphics, text messages, and videos that are ready to share as is. The campaign also has a number of resource that can help you plan and conduct your outreach around these initiatives. Like I mentioned earlier, all of this is available on the website in multiple languages as well.

Darshana Panchal: Speaking of the website, this will be your go-to hub for all campaign information and access to the resources that we talked about today. Resources can be found by material type under the Outreach Tool Library or under the Initiatives tab by topic. Within the initiative tab, you can see that we have a page dedicated to missed care resources and another page dedicated to vaccination outreach. I'll actually drop those links in the chat as well. So people can take a look at those.

Darshana Panchal: If you're on the website and you're looking for something specific but can't seem to find it, please feel free to let the campaign team know. We're happy to point you in that direction. You'll see that a lot of our resources are also, like I mentioned, available in a variety of languages beyond English and Spanish, including Arabic, Burmese, Chinese, Farsi, Haitian, Creole, Hmong, Korean, Portuguese, Russian, Somali, Tagalog, Vietnamese. I believe there are some additional resources to available in French and Marshallese.

Darshana Panchal: If you have actually a specific language need for your community that we didn't list off just now, please share with us because it's always important for us to hear you know what the needs are. We're always looking to ensure that the resources that we make available are most helpful to organizations that are conducting outreach. I do just want to bring up to that the campaign does have a customization guide, that shows how organizations can request free customization of many of the campaign's resources. Customization typically includes adding the organization's name, the logo, and any other relevant state specific information. This is typically for a lot of our print materials, which I will drop in the link to that as well.

Darshana Panchal: The best way to reach the campaign or if you have any questions about the resources that we discussed today, feel free to email us at ConnectingKids@cms.hhs.gov. If you're not already, please follow us on Twitter @IKNGov. Engage with us on social by tagging us or using the #Enroll365. Also, we really encourage you to sign up for our campaign notes eNewsletter, which is distributed throughout the year and provides updates on campaign activities.

Darshana Panchal: All right. Well, with that, we actually do have some questions that I would love to pose to some of the other speakers that that we got in throughout the duration of the presentation. But before I get to those questions, I think I just would like to reiterate since we got a few questions on this, that the webinar slides will be made available. In the next few weeks, the slides will be available on InsureKidsNow.gov along with the webinar recording.

Darshana Panchal: All right, the first question that I'd like to ask is for Dr. Stokely. The question is, when will the next round of data be released, so we can see if children and teens are catching up on their care?

Shannon Stokley: So I know from [inaudible 01:08:11] clinician cover surveys, the information for adolescents will be scheduled to be published in September. So we should have a better understanding from our 2020 National Immunization Survey here we are with coverage. Then our survey for children will likely be available, the results will be available in probably October.

Darshana Panchal: Great, thank you. All right. We also have a question for the grantees as well. The first question is for Rawha. The question is, "I'm interested in learning more about your outreach during the COVID Clinic. What kind of materials and promotional items did you share?"

Rawha Abouarabi: Thank you for this question. Yes, we did on top of the program brochure, we did provide masks, sanitizers gloves and water bottle and tote bags. So those materials, we try to be specified by the event of pandemic at the same time, our flyer in there to provide the program information. So those are the ones that

they were distributed from my program during the outreach. Of course, there's a lot from other programs too, but specifically from Navigator Program, we tried our best to make it fit with the pandemic.

Darshana Panchal: Great. Thank you, Rawha. Then we also have a question for Virginia and Nora. The question is, "Meeting where people are seems like a great idea. With the success of your virtual outreach and the curbside visits, do you think you will continue this type of outreach in the future or will you transition back to more of the traditional type of outreach?"

Virginia Mika: I think we definitely will keep this as part of our tools. We have a large part of our population that struggles with transportation on a regular basis, even outside of the pandemic. So I think it just proved to us that this is something that can be used at different times and was very successful.

Nora Silva: Yeah, and childcare as well. We found that sometimes if a mom or a parent had two or three children at home, loading them up, it's much difficult for them than if we just meet them by the side of their street or whatever. So yes, definitely, we've determined that it's been successful enough that we need to keep it as one of the ways that we reach our families. Great question. Thank you.

Darshana Panchal: Yeah, thank you. All right. I think the only other question that we have right now is related to the campaign resources, if the video is available in Spanish. Yes, these videos are available in English and Spanish. I believe all except for the missed care videos are about 15 seconds. However, there are two missed care videos. There's one that's 30 seconds, and then one that's 15, a little bit shortened.

Darshana Panchal: All right. Just checking to see if there any other questions. If there's anything that we didn't see or didn't get to today, like I mentioned, we will follow up with any remaining questions via email. Again, along with that the recording of the webinar, like I mentioned, will be available on the InsureKidsNow.gov website in a few weeks along with the presentation slides. Also, if you missed any of our past webinars, check out the webinar archives on our website along with all the resources that were mentioned today. If you have any questions at all, please don't hesitate to reach out to us. If we don't have any other questions, we might be able to ... Actually I think I see one more question. Give me one sec.

Darshana Panchal: We do have one more question for University Health. The question is, "Wondering if the team from University Health can share individual submission and enrollment targets for benchmarking purposes." If you're able to share that information.

Virginia Mika: I think we would just have to ask the CMS, our project officer if that's okay before we do that. But if that person could email us or you, Darshana, and you give us their contact information, we'd be happy to get back with them.

Darshana Panchal: Yeah, absolutely. We will coordinate that.

Virginia Mika: Thank you.

Darshana Panchal: Great. Thank you. All right. Well, yeah, like I mentioned, I'm not seeing any other questions coming in at the moment. But if you do think of another question after this webinar, again, feel free to email us and we'll coordinate with our wonderful speakers to get back to you. So thank you, again, all for joining. We look forward to seeing you on a future Connecting Kids to Coverage National Campaign Webinar. We can conclude for today. So have a good rest of your day and week. We will see you all very soon. Thank you so much.

Shannon Stokley: Thanks, everyone.

Darshana Panchal: Thank you to all the speakers.

Shannon Stokley: Thank you, Darshana.

Darshana Panchal: Thank you. Bye.

Rawha Abouarabi: I thank you for having us.

Darshana Panchal: Thank you, Rawha.