



Connecting Kids to Coverage National Campaign

Pediatric Vaccine Partner Webinar

WEBINAR TRANSCRIPT | December 9, 2021

Moderator: Hello, everyone, and thank you for joining today's Pediatric Vaccine Partner Webinar. Please note that this webinar is cosponsored by the Centers for Medicare and Medicaid Services Office of Minority Health and the Connecting Kids to Coverage National Campaign. During this webinar, our presenters will review information on COVID-19 vaccine eligibility, vaccine equity, combating vaccine hesitancy and federal COVID-19 resources. At the end of the webinar, we will have a question-and-answer section. We will take as many questions as time allows, and we will be reading questions submitted through the questions chat box. Please note the slides from today's presentation will be posted on the CMS OMH website in the coming days.

Moderator: During today's webinar, you'll hear from the following speakers: Dr. LaShawn McIver, Director of the CMS Office of Minority Health; Jessica Beauchemin, Health Insurance Specialist in the Division of Campaign Management for the Office of Communications at CMS; Becca Siegel, Senior Advisor for the We Can Do This Campaign from the Department of Health and Human Services; Erin Hemlin, Partnerships Director from the Department of Health and Human Services COVID-19 Public Education Campaign; Venus Gines, President and Founder of Dia de la Mujer Latina; and Alex Quinn, CEO of Health Leads and Co-Lead of Vaccine Equity Cooperative.

Moderator: On this slide, we've included an agenda for today's webinar. We will begin with an overview from Dr. McIver, and following this overview, you will hear from our guest speakers.

Moderator: Now I will turn it over to Dr. LaShawn McIver, Director of the CMS Office of Minority Health. Dr. McIver, you may begin.

Dr. LaShawn McIver: Thank you. Hello, everyone, and thank you for joining us today. My name is Dr. LaShawn McIver, and I'm the Director of the Centers for Medicare and Medicaid Services Office of Minority Health. Today's webinar offers us an opportunity to discuss the importance of vaccinating children against COVID-19. This is a critical importance as we continue to deal with the ongoing pandemic and emerging variants. It is our hope that today's webinar provides you with the resources necessary to help you to encourage parents and caregivers to vaccinate their children. Today, I will walk through research about vaccinating children against COVID-19, available CMS OMH resources, and other federal resources. Next slide.

Dr. LaShawn McIver: We'll begin with information on the authorization of vaccines for children ages 5 through 11. The U.S. Food and Drug Administration authorized the emergency use of the Pfizer-BioNTech COVID-19 vaccine on October 29th, 2021. The FDA noted that the immune response for children ages 5 through 11 were comparable to those for individuals between the ages of 16 and 25 with the vaccine shown to be 90.7 percent effective in preventing COVID in children 5 through 11. The vaccine's safety was studied in approximately 3,100 children ages 5 through 11 who received the vaccine with no serious side effects being observed in the ongoing study. Pfizer's COVID-19 vaccine for children ages 5 through 11 is administered as a two-dose primary series three weeks apart, but the dose for children is only 10 micrograms while the dose for individuals

12 and older is 30 micrograms. Pfizer has updated its safety monitoring plan to include evaluation of myocarditis, pericarditis and other events of interest in children ages 5 through 11. Next slide.

Dr. LaShawn Mclver: The Biden-Harris Administration through CMS is now requiring states to cover vaccine counseling-only services through Medicaid to create the space for children and parents to ask questions, get answers and receive the information they need from trusted providers. This action not only underscores the importance of vaccination education, but it is also a critical step towards protecting families by increasing their access to information from providers as they make informed decisions concerning vaccinations for their children. Reports have shown that COVID-19 vaccination rates for those in Medicaid have lagged behind vaccination rates of other populations. It is critical we work to address this lag as Medicaid provides health insurance coverage to over 40% of all children in the United States with a significant source of coverage for Black and Brown children. This action will help expand access to individualized medical advice in all communities and give families the support they need to engage with trusted community providers. CMS will now consider certain COVID-19 vaccine counseling visits for children and youth to be COVID-19 vaccine administration for which state expenditures can be federally matched at 100% through the last day of the first quarter that begins 1 year after the end of the COVID-19 public health emergency under the American Rescue Plan. 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 the age of 21 as part of the Medicaid Early and Periodic Screening, Diagnostic and Treatment, or EPSDT, benefit. Additionally, in line with this action, CMS will require that states cover stand-alone vaccine counseling visits related to all pediatric vaccines under the EPSDT benefit. These state expenditures will be matched at the state's regular federal medical assistance percentage. This action will help providers address the lags in routine pediatric vaccines that have been created by the COVID-19 public health emergency and inform families of the importance of these vaccines. Next slide.

Dr. LaShawn Mclver: As we continue to work to increase vaccine uptake, it is critical that we take an equitable approach. Data from the Centers for Disease Control and Prevention notes that almost 15% of children between the ages of 5 and 11 have received at least one dose of the COVID-19 vaccine as of November 30th. The CDC does not report COVID-19 vaccination data for children by race and ethnicity. Seven states -- Connecticut, Kansas, Michigan, Minnesota, North Carolina, South Carolina, and Wisconsin -- and the District of Columbia currently report COVID-19 vaccine data for children by race and ethnicity. While the District of Columbia, Michigan and North Carolina are the only states to report race and ethnicity data separately for 5-to-11-year-olds, only Michigan and North Carolina have sufficient data to report at this time. Findings from these states have been mixed. A Kaiser Family Foundation report on this data found that Black children have been shown to have lower vaccination rates than White children in most of the reporting states. Asian children have the highest vaccination in most of the states that reported. Hispanic children had rates that were similar or higher than those of white children in most states, and again, strong conclusions cannot be gathered at this time due to a variety of factors. Next slide.

Dr. LaShawn Mclver: Now I'll highlight two CMS OMH Web pages that include COVID-19 resources. These web pages feature lists of resources for health care professionals, consumers and patients, non-English speakers, partners who are educating COVID-19 vaccine recipients, long-term care facilities and health plans and programs. Next slide.

Dr. LaShawn Mclver: CMS OMH has additional web pages that emphasize the importance of vaccination. This is our first Immunization and Vaccine Resource page. This page highlights the existing vaccine disparities as well as resources that health care providers and partners can share with the populations that they serve. In addition to information on COVID-19 resources, this page promotes the importance of getting your flu shot. The second page that I wanted to briefly touch on is our Health Observances page, which is updated according to relevant health observances. During the month of December, this web page has been updated to recognize National Influenza Vaccination Week. This web page shares additional vaccine resources for partners, providers, and patients. CMS OMH acknowledges that COVID-19 has interrupted regular vaccinations for many Americans, and these web pages showcase our efforts to emphasize the importance of getting your flu shot and other necessary vaccines. Next slide.

Dr. LaShawn McIver: Here are two COVID-19 resources that we've released under our Coverage to Care, or C2C, initiative that talks about the COVID-19 pandemic and highlights key information from CDC, HHS, and CMS. The first one I'll mention is Coronavirus and Your Health Coverage: Get the Basics. This piece discusses how to protect yourself and your family during COVID-19 with tips for staying healthy. It also has information about what health services are typically covered under Medicare and Marketplace plans. The second one is called Stay Safe: Getting the Care You Need at Home. This offers tips for how to stay healthy during COVID-19 with information about scheduling health appointments from home and planning ahead for prescriptions. We also talk a little about telehealth in this resource. Both resources, which are also available in seven other languages, can be found on our website at go.cms.gov/c2ccovid19. Next slide.

Dr. LaShawn McIver: If you or others are looking for a vaccination location, visit vaccines.gov to find a location and make an appointment. Next slide.

Dr. LaShawn McIver: I encourage you all to explore CDC's Vaccinate with Confidence pages. Here, you'll find tips on how to encourage confidence. Resources are also available for community partners including tip sheets, guides, checklists, conversation starters and more, and there's a lot of information there, so I encourage you to spend time going through the site to look for resources specific to your needs and your community. There's even a map of data tracking vaccine hesitancy at the county level. Next slide.

Dr. LaShawn McIver: 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.

So, the agency has developed multiple resources to aid providers as they have important conversations with parents and caregivers. The COVID-19 Vaccinations for Children 5 through 11 Years Old web page provides information for jurisdictions, health care providers, pharmacists, schools, and community partners. Included on this web page are vaccination recommendations for pediatric populations, resources for planning and promoting vaccinations in your community, supporting data and specific research, and more. The COVID-19 Vaccines for Children and Teens web page provides information on the vaccines that are currently approved for various age groups, finding vaccines for children 5 and older, why children and teens should get vaccinated, the safety of vaccines for children and teens, vaccine dosage and administration for children and teens, preparing children and teens for vaccination, and possible side effects. The Benefits of Getting a COVID-19 Vaccine web page explains the benefits of the vaccines including its safety, efficacy, and the activities that can safely be resumed after vaccination. The Key Things to Know About COVID-19 Vaccines page, it outlines the vaccine's safety, effectiveness, possible side effects, its effectiveness against variants, and the concept of population immunity. And finally, the Frequently Asked Questions about COVID-19 Vaccination web page lists many of the questions that parents and caregivers may have about vaccine safety, preparing for the vaccine, getting the vaccine, and what happens after being vaccinated. So, these resources have been designed to help improve vaccine confidence among parents and caregivers which has become even more important due to the amount of misinformation about the vaccine. Next slide.

Dr. LaShawn McIver: The CDC also highlights the position that schools can play in teaching, linking to, and providing vaccinations given the unique role that they play in the lives of students and their families. Schools can set up COVID-19 vaccination clinics that 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 provide local health providers and local health departments, community-based organizations and more. Schools can equip teachers and staff with the resources necessary to answer general COVID-19 questions. They can promote vaccine confidence among students, parents and guardians, and they can make COVID-19 a teachable moment by having teachers incorporate it into their lessons in age-appropriate ways. Next slide.

Dr. LaShawn McIver: Cost should not be a barrier to anyone, but understanding that is very important regardless of your insurance or even if you are uninsured or undocumented. There is no cost to get the COVID-19 vaccine. You may be asked for your insurance card if you have one, so the insurance can be billed

appropriately, but no one should incur a cost when getting the vaccine. For people who are undocumented, they are also able to get the vaccine at no cost. A person does not have to show ID, although they may be asked. If a person provides their ID or information, it cannot be used for other purposes. Next slide.

Dr. LaShawn McIver: I mentioned some of the CDC's resources to help increase vaccine confidence. Many parents may have worries and concerns and questions or in general hesitation about vaccinating their younger children right away, so we thought it'd be helpful if we explain the difference between vaccine hesitancy and vaccine confidence. Vaccine hesitancy is the delay in acceptance or refusal of vaccines despite their availability. It's generally based on beliefs about risks, personal choice, and mistrust which can vary based on race, age, geography, and a number of other factors. And some common reasons that individuals are still hesitant to receive the vaccine include thinking COVID-19 is not a serious disease, while some believe getting vaccinated is a personal choice rather than a public health responsibility. Others are taking the wait-and-see approach, and some just don't trust the health care system. Next slide.

Dr. LaShawn McIver: Vaccine confidence is the trust that parents, patients, or providers have in recommended vaccines, the providers who administer vaccines, and in the processes and policies that lead to vaccine development, licensure, manufacturing and recommendations for use. Confidence in vaccines, the vaccinator, and the system all support people's decision to get vaccinated, and those of you joining us today can help encourage this confidence through your own role in your community. We hope the tools and information today provided will be useful to you, and strong confidence in the vaccines within communities lead to more people getting vaccinated which leads to fewer COVID-19 illnesses, hospitalizations, and death. Next slide.

Dr. LaShawn McIver: While there are differences among various populations in why they may be hesitant to get a COVID-19 vaccine, there are some common strategies for overcoming vaccine hesitancy. First, trust in public health messengers across all communities such as trusted medical professionals. One-on-one conversations with a trusted health care provider is the most effective way to overcome vaccine hesitancy. Other messengers include local public health departments and government agencies like the CDC and FDA. Encourage peer-to-peer messaging. Receiving vaccine information from other trusted or influential resources can also help overcome vaccine hesitancy. Consider targeting specific populations through media and social media campaigns, and be sure to offer resources in accessible languages, so the information is widely available. According to the Kaiser Family Foundation, individual health care providers are the most trusted messengers when it comes to information about the COVID-19 vaccines. In the messages KFF has tested, emphasizing the effectiveness of the vaccine at preventing serious illness and death is the most effective across groups. And many children may think children cannot get COVID or that it won't be serious, but we know that that is just not true. Remove functional barriers wherever possible. Letting people know when, how, and where they can get their vaccine may make it easier to convince them to do so. Also, reinforcing the message that no one should pay to receive a COVID-19 vaccine even if you don't have health insurance may help overcome concerns about its cost and may also help people avoid potential COVID-19 vaccine scams. Finally, provide and promote accurate information and messaging. Accurate information is available to people who seek it out on the CMS, CDC, and FDA websites. Next slide.

Dr. LaShawn McIver: In closing, here on our last slide, we wanted to share with you how you can stay in contact with us. You can use the e-mails included on this slide to reach out regarding any questions. You can also sign up for one of our listservs to receive the latest information on COVID-19 policies, programs and resources. And with that, I just want to say thank you for joining us today, and I hope this information will be useful in your efforts to encourage parents and caregivers to vaccinate their children. With that, I will turn it back over to our moderator to introduce our next speaker. Thank you so much.

Moderator: Thank you, Dr. McIver. I would now like to introduce Jessica Beauchemin, Health Insurance Specialist in the Division of Campaign Management for the Office of Communications at CMS. Jessica, you may begin.

Jessica Beauchemin: Thank you very much, Haley. My name is Jessica Beauchemin, and I work in CMS's Division of Campaign Management on the Connecting Kids to Coverage National Campaign team, and we're thrilled to join Dr. McIver and the other panelists here on today's webinar. Next slide, please.

Jessica Beauchemin: So the Connecting Kids to Coverage National Campaign has a main goal of enrolling those who are uninsured but eligible in Medicaid and the Children's Health Insurance Program. We have current priorities right now, and those are to raise awareness about COVID-19 vaccinations for those children who are 5 years old and older as well as the seasonal flu vaccine. We've also been focusing on encouraging families to catch up on care if they've missed care over the last year plus because of COVID-19 and also encouraging them keep their information up-to-date for renewal purposes, and then in addition, we wanted to just flag an upcoming outreach activity around National Children's Dental Health Awareness Month. Next slide, please.

Jessica Beauchemin: So, Medicaid and CHIP provide coverage for a wide array of routine vaccinations, and that's always been a key message that we have on our campaign materials, and that gives children and teens the extra protection that they need to stay healthy. We have a wide variety of resources that are available on the insurekidsnow.gov website to remind parents and caregivers about this benefit and to encourage routine vaccination. Over the next couple of weeks, you'll probably be seeing more about just encouraging the seasonal flu vaccine and now the COVID-19 vaccine. Next slide, please.

Jessica Beauchemin: So, on insurekidsnow.gov, if you go to the Initiatives section under vaccines, we've got some videos. We have a 15-second video about flu. We have a general one about vaccinations. We have print materials, an infographic and some template newsletter articles, posters and palmcards. And we have our resources available in many languages and including Spanish, Chinese, Vietnamese, Korean, Haitian Creole, so we encourage you to check out our Outreach Tool Library to see what languages are available as well as online materials of social media posts, Facebook and Twitter graphics and an eSignature graphic. And on this page, this is just a picture of our infographic around the flu. Next slide, please.

Jessica Beauchemin: So, as I mentioned, catching up on care has been a really big part of what we do over the last 17, 18 months because we know that families have not been keeping up with their routine care, so we really wanted to encourage families to reach out to their providers. As Dr. McIver mentioned, doctors are an important source of information, and so we want to encourage families to reach out to their providers if they have any questions about vaccinations but also to make sure that they get back on track so that kids are getting their annual physicals and their vaccinations so they can participate in activities like extracurricular activities and just day-to-day activities. Next slide, please.

Jessica Beauchemin: So, some of the resources that we have on catching up on care and renewals, we have some videos on missed care. Mental health has been a really important topic for us, and we have a video called Mental Health Can't Wait. We've got an infographic about protecting their tomorrow by making the call today, and there's a picture on the slide here. We have template newsletter articles, palmcards to encourage renewals, posters as well as a host of online materials as well. Next slide, please.

Jessica Beauchemin: So, I mentioned National Children's Dental Health Month. Each year in February, we promote National Children's Dental Health Month. We work with our colleagues that are responsible for our oral health initiative, and this is an important time of the year to remind families that tooth decay is the most common preventable chronic disease among children in the United States, and if left untreated, it can really impact a child's physical and social development. A survey that we have conducted among parents found that dental care is an important reason why they get Medicaid and CHIP coverage, and so what we really strive to do is to promote the fact that Medicaid and CHIP cover a wide array of dental services including routine checkups, X-rays, fluoride treatments, fillings, sealants, and more. And so, we encourage you to keep an eye out for the activities that are coming up in February. We have all of our resources on oral health underneath the Initiatives tab, so you can check it out in advance, but this is really an important time of the year for us to promote oral health. Next slide, please.

Jessica Beauchemin: And these are just a sampling of what we have. These are two of our resources. Again, we have videos on the oral health topic. We have three 15-second videos. We've got print materials, online materials and in addition to social media posts and Facebook and Twitter graphics, we also have web banners and buttons and the "Find a Dentist" widget which organizations can take the coding and put on their website to help families find a dentist near them. Next slide, please.

Jessica Beauchemin: So, where you can find our resources. I mentioned our Outreach Tool Library. If you go to insurekidsnow.gov, you can just click on the Outreach Tool Library tab, and it's broken out in different topic areas, but you can also look on our Initiatives page. And I mentioned just a couple of the initiatives that we have, but we also have information about school-based outreach. We have information about missed care as well, so I encourage you to check out our Initiatives tab. Next slide, please.

Jessica Beauchemin: So how you can keep in touch with the campaign: Feel free to send us an e-mail at connectingkids@cms.hhs.gov. You can follow us on Twitter, and we encourage everyone to sign up for our Campaign Notes e-newsletter. It's our e-newsletter where we send out periodic updates about upcoming webinars and new resources and other information that is important for getting the word out about Medicaid and CHIP. So, thank you very much for your time. I will turn it back to Haley. Thank you.

Moderator: Great. Thank you, Jessica. I will now introduce our next speaker, Becca Siegel, who is the Senior Advisor for the We Can Do This campaign from HHS. Rebecca?

Rebecca Siegel: Thanks. Thanks, Haley, and thanks, everyone, for joining. So, yes, I come from the We Can Do This campaign which is the COVID-19 public education campaign at HHS. We work sort of all across government on increasing vaccine confidence and today wanted to talk through sort of the takeaways from a very long research project we've done on the best ways to combat vaccine hesitancy among parents and sort of, like, who the target audiences are for that. And then, my colleague Erin will speak next about sort of some of the resources that we've developed from that research.

Rebecca Siegel: So, if we go to the next slide, I just wanted to start with, like, sort of where we are at right now. And maybe I should actually start with the actual numbers of where we're at right now which is for 5-to-11-year-olds, we're at 18% with a first dose. I just looked at the CDC numbers today. For 12-to-17-year-olds, though, we are at 62% with a first dose, and I'll come back to, like, why I think that is actually a really important gap to think about. But I'll just start by saying, you know, parents are really cautious about this, and what we've seen from across many surveys is that about 40% of parents are, like, ready to go out the door and get their 5-to-11-year-old vaccinated as soon as possible. Many of them already have. That rate has increased in the last 3 months but notably, it's, of course, much lower than the confidence rate among adults. You know, we're at now above 80% of adults who have a first dose, so a big difference there, and what that means is that many, many, many parents who themselves are vaccinated are hesitant about getting their 5-to-11-year-old vaccinated, so that's an important thing to keep in mind. When we talk about who we need to persuade, we're really talking about vaccinated parents in large part because nearly half of them are hesitant about getting their children vaccinated, and I do want to return, though, to that 12-to-17 number. You know, 40% seems a bit concerning, I think. I think we certainly are watching that number closely, but it is good to think back to when we started vaccines for adults and when we started vaccines for 12-to-17-year-olds. We actually saw quite similar numbers, and we're sort of seeing the rate of vaccination tick up at a similar rate, so we're seeing week-over-week growth that is similar to when we rolled out the vaccine to 12-to-17-year-olds.

Rebecca Siegel: Now, I think there's more work to do here, of course, but just to put it in context of where we've come, you know, now we're at 62% for 12-to-17-year-olds, and so, we have a lot of room to grow and optimism that we can get there. What that means is that there is a very, very large persuadable audience here. More than in any other group, parents are extremely persuadable. About a third of them in our research and sort of other research, Kaiser Family Plan and others, find that parents are persuadable, and just 1 in 4, which in the grand scheme is actually not that much, just 1 in 4 say that they don't want to get their child vaccinated. That rate is not growing, so that's good. I think we start off in a place where we have a really big group of people we can persuade to do this. Now, the thing that is different for parents than it is for sort of other groups

that we've worked to combat vaccine hesitancy with is that short- and long-term vaccine side effects are kind of like the beginning and the end of the challenge here. That is what almost every parent cites as their concern, so obviously something we need to focus on. For other groups, you know, there were lots of things that people raised as concern, but this is really it for parents, is short- and long-term vaccine side effects.

Rebecca Siegel: And then the final sort of important thing we've learned from the research is, most parents really plan or want to do, get their child vaccinated at doctor's offices, but, you know, we know that, A, many children don't have access, regular access, to a doctors' office, and B, that's, like, sort of overwhelming and not efficient from a time standpoint in terms of getting kids vaccinated quickly. So, there is openness to other channels: pharmacies, you know, sites, big sites, schools. There's openness to these things, but we do need to make sure that parents know about these options, so that's sort of like our mobilization challenge is making sure parents know and are comfortable with an alternative place that is not a doctor's office.

Rebecca Siegel: On the next slide, if we can go to that one, yes, we sort of talk through the messages that we've seen work for that very, very large group of movable parents. And I'll talk about who specifically is in that group next, but just what we've seen on the messaging. The most important thing we can do is help parents sort of weigh the pros and cons and come out on the side of getting their kid vaccinated, so parents, that's what they are doing. They are trying to assess the risks that might come for vaccinating their child and the safety that the vaccine might bring, and our job is to make the case that when it comes to their child's safety, COVID-19 is a much greater risk than the vaccine. Now, that is a little bit different than what we've done in other campaigns because it really does head-on address some of these vaccine safety concerns, and that will be really important, but I do want to make sure folks here leave knowing that we can't just do that. Just sort of eliminating the risks does not make people -- is not enough. We also need to highlight the benefits of the vaccine and do those at the same time, so there are sort of certain risks that we definitely want to address head-on, but we want to do so while we talk about the risks of Omicron, the risks of travel in the winter, the risks of gathering inside with friends and family. You know, we have to put those things together.

Rebecca Siegel: The final thing I'll just note is that parents, we know, have an extremely high standard for their children, and that's illustrated again by this real focus and concern about vaccine safety that they didn't even have for themselves, just to be clear. Vaccinated parents are fine to get -- They were fine to get the vaccine, but they are worried about their kids, and they have a very high standard, so when we do this, and, you know, this has been our approach throughout and I know everyone on this call as well, but it's just so important here to show empathy, to let parents know that we know this is a hard decision, and we're sort of ready to answer every question. We will not leave the room with unanswered questions, and we want to be extremely transparent about all of the research, all that we know and make sure parents feel, you know, that we understand their concerns. So that's, like, on the messaging side, and I'll give a sort of takeaway message at the end, but on who can be the messenger here, over and over again, we find that parents trust their own providers, their own doctors, and Dr. McIver mentioned this, but again, not all children have access to a provider. So, one of the things that we've tried to do and I hope we can do here in this group is just really expand the pool of people who can be trusted messengers here to any person who cares for a child whether that is a school nurse, a community-based organization, a doctors' office, community health center, whatever it may be. Anyone who's caring for a child can be a messenger here, and we want to make sure that folks are getting this messaging out in all of those settings, not just in doctor's offices.

Rebecca Siegel: And then the other thing is that when we are doing broad outreach, we want to kind of replicate what a conversation might look like between a parent and a doctor, so on our side, this means new, fresh faces, nongovernmental doctors, pediatricians sort of trying to have those conversations out in the open so that more people can see them. And then the final thing I'll say just to borrow a little bit from sort of, like, a community organizing standpoint is again, as mentioned, so many -- We have this really large pool of persuadable people, and that means that our job is really as much a persuasion program as it is a mobilization program. Now, there's always mobilization work to do. There's always work to do to remove access barriers to let people know where they can get vaccinated and that it's no cost. All of those things are still important, but recall that, you know, these things are parents. For the most part, we're talking about parents who themselves

are vaccinated, so they have some experience navigating getting a vaccine, and that's why we really are focused on some of these persuasion efforts. Okay, almost done.

Rebecca Siegel: So, on the next slide, we just sort of go through, "Who are our target audiences right now?" And this is not to say these are the only audiences that are important to talk to, but these are the audiences who at this moment are most movable on this issue, and I'll start by just, again, highlighting that for the most part, the parents right now who are movable, who are open to getting their children vaccinated but maybe hesitant, most of them are vaccinated, so that's an important thing, I think, to just highlight again. That's where we can have the biggest impact. Now, unvaccinated parents are important, will be important. We want to get their kids vaccinated too, but they are at this time sort of in that definitely-not group. That's what they report from the research. So again, not that we're writing that group off, but that's not a group that is movable at this time. There are also a few demos that over-index into this movable group. Now, I'll just be clear. Again, when we're talking about a third of parents who are movable, there's no one demographic or one place that we see, you know, where all of this is concentrated. There's, every place and every demo has movable parents, but what we see, certain groups over-index into this audience. Mothers, parents without college degrees, Latino parents, and lower-income parents are all more likely to be in this movable audience.

Rebecca Siegel: And then I want to just highlight a subset of the movable audience that is particularly important for us to think about and everyone on this call has been thinking about which is parents without access to easy medical services, and, you know, we've been paying attention to this group all throughout, but it's especially important here because so my parents look to their child's doctor as both the provider of information and the provider of the actual vaccine. So if they don't have a doctor, that is a real barrier to getting their child vaccinated. And what we see in this group is that these parents are the most concerned about vaccine safety, don't have a place they really feel like they can get the vaccine that they trust, don't feel like they can ask someone who answers their questions, but are also the most concerned about COVID risk, and in many ways, these communities had the most burden of COVID earlier on. So that's why this group is so important, and we can have a major impact because again, the pros of the vaccine are really high for this group as are the cons, so we have sort of an important job to do to be the messenger to this group without access to doctors on call.

Rebecca Siegel: Okay, so I will just end before turning it back with the final slide, if we can go to that, which is just sort of, like, our takeaway message that we've tested, and we've seen test the best, which is very simple. Basically, what we are persuading parents of is that the COVID-19 vaccine is the best way to keep your child safe, and again, it's that pro-con, push-pull that we are working through. The long-term effects of COVID can be extremely serious. That's important. The rate, like, people need to understand the risk of COVID for their children and then also note, the most common side effect of the vaccine is a sore arm, right? There are other side effects too, but that's the most common. So, when you're weighing the pros and cons there, it makes it more clear for a parent that the way to keep your child safe is to get them vaccinated. Now, there's a sort of unique time period we're in now which is, the weather is getting colder. People are traveling. COVID risk is increasing. We have a new variant. You know, that means that, like, you should do this now. This is the time to do this. There's never been a better time because the risk is increasing, so now is the time to get your child vaccinated. The other thing that we found tests quite well is, you know, COVID-19 vaccine has been thoroughly tested on children. It is specially formulated for children. That tests extremely well, and I always want to just share this sort of empathetic, like, "We are here to answer every question you might have." So, that's sort of a summary of our research and what we're seeing. I will turn it back to our moderator, and then Erin will talk through what we are doing with all of that.

Moderator: Okay, great. Thanks, Becca. Yeah, so our next speaker is Erin Hemlin, also from the Department of Health and Human Services.

Erin Hemlin: Great, thank you so much. Hi, everyone, and thank you to CMS and all the other panelists for having me on today's call. Again, my name is Erin Hemlin. I'm the Partnerships Lead for the COVID Public Education Campaign team, and I'm going to walk through some of the resources we've developed on the We Can Do This website. You can go ahead to the next slide. As Becca mentioned, for those of you who may not

be familiar, the HHS COVID-19 Public Education Campaign is a national initiative to increase public confidence in and uptake of COVID vaccines while reinforcing basic prevention measures like wearing masks and social distancing. We use a national network of trusted messengers and consistent fact-based public health messaging to help the public make informed decisions about their health and COVID-19 and, of course, a big part of that is developing materials with all of the research in mind that Becca just walked us through that are tailored to a variety of different communities so that everyone has the resources and the messaging needed to inform their communities about the vaccine and increase vaccine confidence among those communities. We have recently updated the website with a ton of resources in both English and Spanish about pediatric vaccines for children 5 and up, including tool kits for health providers and educators, social media content and graphics, videos from experts, FAQs, and much more as you can see on this screen here. And as we walk through this, I'll just add that we are constantly trying to make sure that we're serving the needs of our community, so if you have any ideas of additional materials as we go along, we would really love to hear them. So please feel free to drop those in the Q&A chat or in the Q&A at the end of today's presentation. Okay, now I'd actually like to share my screen, so if you want to pull down the slides for a second, Haley. Thank you. And then I'll actually walk through some of the resources on the website. Okay, can you see my screen okay?

Moderator: Yes, we can.

Rebecca Siegel: Great. Thank you. Okay. So, as you can see here, if you go to wecandothis.hhs.gov, that is the We Can Do This partner website. This, again, is really geared towards partners and includes tons and tons of resources for a variety of different communities and target audiences. Right now, we are featuring the resources for children's 5-plus, so if you go to the home page, you'll see this here, and you can click on this big pink button that says "View Resources," and that'll take you to the main page that includes resources particularly for children 5 and up. Here, this is all on this one page. You can use the "Jump to Resources" button if you're looking for anything specific, or you can just scroll through. Right here, we have a couple of the campaign ads that are up and running right now. Of course, in addition to all of the resources for partners, we have lots of paid ads and paid media that is going out as well. We know that reaching parents with these messages is just so important. Again, as Becca said, even among vaccinated parents, parents are just worried about their kids as they return to school in-person, are adjusting to the classroom, also at risk for exposure to COVID, so making sure that parents have all of this information and resources so that they feel confident in getting their kids vaccinated is just super critical.

Rebecca Siegel: So right now, I'm just going to scroll through some of these resources, so you can see what is available here. We've got, again, these are the current campaign ads that are currently running. In addition, I want to point out lots of infographics. Particularly, I want to call out this FAQ document. This is one of the more popular resources on the website right now, and it includes a lot of those kind of key questions I think that came up among several of the panelists earlier all written in one place. All of the materials on our website here are also all written in plain language, written really at an eighth grade reading level, so we're trying to convey this information in a very clear and concise and easy-to-understand way to reach out to all of the communities that we are looking to reach. Also, if you want to print any of these materials, they are all available for cobranding. When we click on print or download, you can see the preview once it loads. There's this white space right here, which that's built in on purpose to allow organizations, providers, anyone who's really interested to add their logo on there and share this out with their communities in print form as well. Mm-kay. And we'll go back to this main page here.

Rebecca Siegel: So, a couple other things that I wanted to point out while we're scrolling through, of course, there's a ton of social media, so social media content, graphics, infographics, a bunch of things. I won't walk through all of them, but just wanted to make sure that I point that out that they're here. Another thing that is super popular that I wanted to make sure and call out are the videos. So videos throughout the website use the ask-an-expert format, so all of these videos here in the children's section are really from doctors, from pediatricians that answer some of those harder questions that a lot of parents and others who have concerns and questions have in these easy, very kind of snackable videos that you can share within your networks.

Rebecca Siegel: And then lastly on our children's section, I really wanted to call out this Children's Hospital Toolkit. This is one that's a little bit more fun and exciting, of course, has all of the kind of critical information that you might need and is really geared towards providers, so this is meant for providers, pediatricians, children's hospitals, clinics but is in a kind of fun and creative way, so hopefully puts the minds at ease of both parents and children. You have these superhero-themed kind of creative assets, a coloring page that kids can download and color, and a badge and a sticker where they can say, "I got vaccinated. I got my superpower," so that's kind of some cute, exciting resources. A couple other things I wanted to make sure and point out while we're here, all of these materials, as I mentioned earlier, are also available in Spanish. So up here at the top-right corner of the page, you can click "Español," and it will toggle back and forth between English and Spanish in a way that's really nice and easy. As you can see now, all the resources are available here in Spanish. You can go back and click back to "English," and you're back in the English section as well, so just really want to call out that all of this is available in both English and Spanish. Okay, and that is kind of a very quick overview of the children's resources.

Rebecca Siegel: Before I hand it back over, I just wanted to call out a couple other things. We've also been updating recently a lot of resources on boosters. So, if you click here, you can see over the past 2 weeks or so, we have a full booster toolkit which is now available on the website as well including text messages. That's available in both English and Spanish, another FAQ, some social media, some poster that you can hang up in, you know, again, like clinics, pharmacies, you know, school nurses, all kinds of things like that which just makes it nice and easy and available. I know this is just a very quick overview, but there really are just tons and tons of resources available here. You can find everything else by clicking on "Browse Resources." I do encourage you, when you have a minute, to just browse through and see what all we have. You can click here to enter in a specific search. If you're looking for young adults, for example, you could do that, and our young adult resources will pop up or, if you go back, you can just search through, let's see, the audiences below here. So, for example, you can click on Latino, Hispanic. Those resources that are tagged that way will pop up here as well and again, you can, of course, always toggle back and forth between English and Spanish. So, I know this was just a really, really quick overview of the website, but we wanted to give that quick rundown just so everyone is aware of all of these resources, and again, I will mention that we really do, would love suggestions of anything that you might find useful in the outreach work that you're doing with parents, with providers, with any other communities, so please don't hesitate to reach out and share any ideas. We would love to hear them. And with that, I'll turn it back over to you, Haley.

Moderator: Okay, great. Thank you so much, Erin. So, we will move onto our next presentation, and our next presenter is Venus Gines, so, Venus, I will turn it over to you.

Venus Gines: Hola, ¿cómo estás? ¡Bienvenidos! Thank you so much, Haley, and it's actually promotores and community health workers is what we do best, and that's why I only have the one slide. So, we'll just start with the one slide. So, since 1997, our mission has been to really reduce health disparities within our Latinx/Latino community, and we started in Atlanta. We have grown over the years. Our focus has been looking at, what are the issue related to, for instance, health literacy in our community? How can they get the information about cancer, diabetes in a way that they can understand it? And so, in 1997, we started our promotores training which, you know, eventually morphed into the community health worker training that we have today. And so over 2 decades, we've been working on trying to really put together some training materials, some educational materials for promotores and our community health workers to really empower them to be the influencers, to be the messengers in our community because of all of the misinformation. When we were working with Zika, we were already, you know, really understanding how misinformation can really play havoc in many of our Latino homes, Latina homes and especially young mothers. And so, when we developed the training for Zika, it was a training that was sent all over the United States including Puerto Rico and Mexico.

Venus Gines: We wanted to highlight that communication is key here, and we need to bring down the volume. When I go to websites, and I see, you know, preferred language instead of, like Erin said, thank you, Erin, you have Español, then that's a way that we can understand immediately, "All right. This is an area that we can learn a lot about what they're trying to say." Having the information on websites that are for twelfth grade and above really doesn't help many of our community, and I wanted to share with you why. In essence, we have

15% Hispanics in this country and 85% Latinos, Latinas, Latinx. Many of us who are advocates and have been here a long time know that much of the information that has been out there recently, even with COVID, has been geared for that 15% because of the level of health literacy because of the use of infographics that have featureless faces. You may not know that those featureless faces for some people in Latin America is a symbol of domestic violence when a woman is disfigured in her face. So, we don't want to use things that really can imply something totally different, and it's part of that misconception of the message.

Venus Gines: The other thing that we wanted to share with you is that, you know, when we translate information, please don't use Google because much of the translation that is little translation has a lot of different meanings. It does not relay the proper information, even something as important as the CDC website. If you are using the term ensayos for clinical trials, ensayos for us is experiments, and so when we're trying to share with others the importance of these experiments for when we talk about clinical trials for the vaccine, that scares a lot of our families. So, we want to say estudios clinicos. There's also the demographics. When you have -- You're putting together any paperwork, and you need demographics, please make sure you don't use for Black and African Americans "negros." That is also a derogatory term, and again, many of you may not know this, but those of us that are in the community know what really works and doesn't work, and we're trying to help.

Venus Gines: And, for instance, when we started listening what was going on in China, so on February 12th, 2020, we developed the very first training for promotores and community health workers on dispelling myths about coronavirus, and it was approved by the State of Texas on February 24th, 2020, and we started training our promotores. Why? We already knew something was up, but we were concerned with the scammers, how people were going to come out and really try to scam our community into thinking that a lotion or a particular medication or cream was going to take care of coronavirus. We never realized it was going to be to the effect that we have it now, but importantly, we were on top of this. We knew that we had to set up hotlines, so we set up the telehealth community navigator training program. We set up 10 hotlines. We started hearing from the community which now, we have a telehealth community navigation center. It is the hub of five states and all of Texas where we're getting calls from all over, from families but also from promotores and community health workers when they need more information on what's going on because believe it or not, you know, you get breaking news, and it takes us 2 days for us to get the right information from some of the government agencies, and that doesn't help us. We're getting calls immediately when breaking news comes around, and we have to find a way to answer those questions. So, we have a telehealth community navigation center that has been phenomenal.

Venus Gines: We also developed the behavioral health community navigator, training our community health workers to understand about some of the behavioral issues such as diabetes, anxiety, stress, and stigma. Because those of us here in Houston, we've been through enough disasters and Hurricane Harvey, we were already prepared with, you know, working with the food bank, making sure that folks were able to eat and stay inside and stay indoors. We were able to help some of the families that were not able to get out because of their disability, so we were really prepared moreso than a lot of our colleagues. Unfortunately, as you can see, our training is all over. We really think it's important for the government and other agencies to consider grassroots organization, faith-based organizations, community-based organizations before they go to put millions of dollars in research institutions because what happens is, by the time it gets out to our community partners, there's very little left where we're the foot soldiers. We're the ones that are out there working with our community. The school-based navigator is the training program that I'm putting together right now to help these school nurses because those are the ones that are impacted tremendously in some of these schools when it comes to talking to parents about the importance of vaccinating their children. So, we're on top of this, but we feel frustrated that community health workers and promotores are not getting the recognition that they deserve. We would not be doing all work that we're doing.

Venus Gines: Just in 5 months, we actually had over 16,000 encounters just in 5 months of people that are calling just from Texas, and so we know our community. We're trying to dispel myths and rumors. We feel that if you need anything, please contact us. Our organization is there. We have the hotline, but we also have a lot of great organizations all over the United States that are working really hard on dispelling myths and also, you

know, debunking misinformation. But again, focusing on the children right now and the parents that have been calling us, they will not vaccinate their children unless the school mandates it, so that is where we are right now. I would say 75% of the calls that we've been getting regarding vaccinating the children, they don't want to vaccinate their children until they're told they have to in order for their children to stay in school. There's no interest right now in getting out and exposing themselves to anything at this point. Unfortunately, we need to do a better job in getting out there, and we're hoping that more promotores and community health workers are hired to really be out there in these communities and in these cultural settings in order to get the message. So, I'm going to leave now because I know I get on my soap box here, but I'm turning it over to another champion of mine, Alex, and I love her dearly. Thank you so much for giving me these few minutes to share with you some of our concerns.

Alexandra Quinn: Thank you, Venus. It's a privilege to go after you. So, I really appreciate the time being on this webinar, and one thing I love about this webinar is, it really represents the collective that's needed not only for equity-focused vaccinations but to rebuild from COVID. So, if you go to the next slide.

Alexandra Quinn: So, I'm Alexandra Quinn. I have the privilege of being the CEO of Health Leads, one of the Co-Founders and Co-Leads of the Vaccine Equity Cooperative. And, because it's relevant to what I'll talk about, I actually also am a community health worker one day a week and recently got to work at the vaccine call center for the San Francisco Department of Public Health, so get to live these big kind of national conversations and then see what it looks like locally on the ground. So, to the point of the mix of us on the webinars and what Venus was talking about, the Vaccine Equity Cooperative was actually formed because a group of us, a group of organizations, funders and others said, "There's no one organization. There's no one government. There's no one CBO that's going to be able to enable vaccination uptake in the United States." And so we said, if you can go to the next slide, if we could actually think about rebuilding from the pandemic and vaccines as a way to start building a more inclusive movement towards that deeply focused on racial health equity that there is a possibility that not only could we enable people to get vaccinated, but we've actually learned how to do some systems rebuild and work better together when the next crisis comes.

Alexandra Quinn: So VEC was built on kind of three aims. One was democratizing information and research and data. Very early even before vaccinations came out, I would find myself in big conferences and kind of, you know, virtual rooms where we'd be talking about anything from something like parental consent and what it should look like, and then that same week, I'd actually understand what it looks like on the ground. Whether it be from my CHW cohort or even when working the call center that parental consent, for example, sounds really good, and if you can understand that, like, this is the way we're going to handle it from a policy level at the state, at local, and then locally, what it looks like was five different health centers interpreted it five different ways from one, you had to bring a parent or guardian. Two, you could e-mail. Three, you could text. Four, you could do a phone call, and five, it had to be written. And so that's when we started to see, and all of us in the Vaccine Equity Cooperative, that there's really good work being done nationally, and as Venus talked about, we need to pull it throughout locally. So, this idea of democratizing information and data came from that. How do we make sure that information, data, whatever access to data and information was needed happened locally? The second was about convening and collaborating and honestly webinars like this where we get together people from all different parts of government, all different parts of vaccine equity, all different parts of community-based organization and community organizing to work together both to do a couple things. One, to work together on logistics and just understanding how like parental consent gets pulled through and what it looks like and then towards our third aim towards advocacy and capacity building. If you could go to my next slide, that'd be great.

Alexandra Quinn: So who are we? I'll do this. I won't spend a lot of time on this slide, and all this is available, but we got together, first of all, a group of core partners that like Health Leads, like National Association of Community Health Workers, Convince USA, Partners in Health and said, "These are organizations that have deep local roots and national purview," and then said, "Who are the community partners that we need to listen to, understand and help define what the Vaccine Equity Cooperative can do?" And so this slide, it's just some of our partners and talks a little bit about our reach, but what we really did was just do a bunch of listening sessions pretty early on and said, to people like Venus, "What do you need? Like, what would be helpful for

you to do your work on the ground?" Venus, she talked about, has amazing reach in her communities throughout Texas and training throughout the United States, and as she said, there are thousands of organizations that are also doing that work on the ground. So, we went on a quick listening tour, and a few things came up which was one of them being our aims and then the next was, if you can go to the next slide, was about this idea of a resource hub. And so, we created basically a hub to capture all the tools and trainings. That's some of what you saw today. But also, what were local CBOs, community health workers, promotores using on the ground that could be helpful that they could share with others? And so, we still get resources mostly from our CHWs and our community-based organizations, and we put them up on the resource hub.

Alexandra Quinn: And the idea is around our first aim, "How do we democratize information, data, the latest news in a way that's accessible and in a way that's continually evolving?" Because we get a ton of feedback and can actually help anybody working on the ground to understand what resources are available and anyone working at a state level or nationally to understand the breadth of resources available? The second thing we did to the second and third aims, if you can go to the next slide, was think about, "Who can we convene and collaborate with?" And so, I'll move to kid's vaccines now. We actually put together a working group thanks to one of our funders that was about, what do we need to do around advocacy and convening to make sure that, as one of our former partners at Contra Costa County said, "There's no wrong door." So how do we create no wrong door for kids' vaccines? And I think what's really interesting, as I think Becca was talking about is, we need to make sure that whoever, whether it be a parent or a guardian or a kid if they are at that age can get questions answered that can go wherever they need to to get vaccinated. Whether it be if they have a medical home, and they have a pediatrician, or it is school. And then, what are the supports needed to actually make that happen including things like PTO for parents? And so, we got a working group together which included American Academy of Pediatrics, the School-Based Health Alliance, Dr. Rhea Boyd, I'm missing some, I'm sure, and a few funders, and said, "What are the most important things that we could prioritize with a racial health equity lens for kids' vaccinations?" And I think someone dropped it in the chat, but came up with a list of items, worked with some members of government, worked with a lot of our local partners to say, "This is a set of recommendations that we're going to help follow through and pull through for the next few months." And we were really excited to hear that the kids, Dr. McIver talked about, that the counseling reimbursement came through. I know a lot of people were excited about that, and that was also on the list of recommendations. And we're continuing to think about, "So if we need to build this no-wrong-door, and going to the first part of the conversation of, that means that we need to work with all of our local community partners, CHWs, with our state and public health officials, with the federal government." That means that we need to think about, "What do we need to do? And, what are we learning on the ground?" To what Becca and Haley were talking about, or Becca and Erin were talking about. And we've come up with some learnings which I'll share with you.

Alexandra Quinn: So, if you go to the next slide, I think the punchline for us has been, we need to, and Venus was talking about this too, invest in trusted community-based messengers, and we see this. You know, a lot of understanding and talking about promotores and CHWs, faith-based organizations and CBOs, and I think there's a much deeper understanding of the role that they play whether it be for vaccine uptake, routine immunizations, mental health. But there's not the kind of investment in them, as Venus was talking about, that needs to be to actually enable them to have the resources they need to ensure better health. And so, we had three learnings over the past, I don't know, six months. And, actually, three examples of where it's going well. So, one was enhancing coordination, and that means, as we've been talking about, like, coordination at every level, and obviously Venus is one of the best. Her work at Dia de la Mujer Latina is, like, one of the best examples we've seen, and, as she said, not the only one. But where do we see local organizations taking the lead, being given the power, probably not enough money, by the way, but to actually lead the interventions and programs? And that's one of the big pieces.

Alexandra Quinn: The second is, how do we make sure that programming and vaccine interventions are getting designed hyper locally? And that means that they have access to all of the resources we saw today but also, they get to say, "What does our community need?" And one of the best examples we saw was actually in Yuma where the Public Health Department worked with local promotores, worked with the Mexican consult, worked with California to understand how their migrant community could actually be vaccinated no matter where they were, and someone will drop that example in there, too. But it was a such a good example, and you

don't read these in headlines these days. We only read what's going wrong, and that's also part of the issue is, "How do we spread these bright spots and spread kind of the playbooks to make this go well and the investment needed so that we can have more Yumas, that we can have more networks like Venus is building?" And then the third is around improving communications. There is a large, as we've talked about it, breadth of communication and toolkits right now. And how do we actually make sure, I think everybody has talked about it on the webinar, that the cultural nuances, language, understanding what trusted messengers need to be able to communicate not only with -- We think less about hesitancy but communicate to remove the structural barriers that are stopping parents and guardians from enabling their kids, letting their kids get vaccinated. And not because they are, the structural barriers, are anything that the parents cause, but it's just historical racism. It's institutions. It's lack of trust in institutions. And so, communications and investing in communications that actually trusted messengers want to use is critical, as we know, and, you know, another good example of that is the conversation which KFF and Dr. Boyd created and the most recent ones with the American Academy of Pediatrics.

Alexandra Quinn: There are lots of examples, though, of communications campaigns, especially local ones that are pulling nationally and working well to help trusted messengers basically deliver the messages they need to and have the conversations because it's a ground game right now. And I guess that's the last thing I'd leave us with is, this next leg as, you know, Becca described some of the data, really is a ground game. And so, how do we make sure that those on the ground, those that are actually going to have the one-on-one conversations have what they need? And so, for us at the Vaccine Equity Cooperative, we're really thinking about and would love ideas on, and would love to partner on, how do we best support and listen to and cede power and invest in those on the ground that are going to get us through this next year? Thank you.

Moderator: Okay, great. Thank you so much, Alex. We will now begin the question-and-answer portion of this webinar. As a reminder, you can submit your questions via the questions chat box, and we will address as many questions as time allows. Great. I believe we do have one question right now, and this is for Becca, and this individual is asking, "Is there any particular piece of information from HHS that has helped with getting parents info on long-term effects they may be scared about with vaccines and help them overcome the fear of what a vaccine may do to their children down the road?"

Rebecca Siegel: Yes, that's a great question. So, there are a few things that we tested. I think it is obviously a really tricky question because obviously, you know, we don't have years of data on, like, these specific vaccines, but a few things. One is that this vaccine has successfully been given to hundreds of millions of people. That has been quite persuasive, so that's a starting place. The second thing is that long COVID is very persuasive to people as a risk, so when we talk about, we don't know any -- We know very little about the long-term effects of COVID, and we've so far given this vaccine to hundreds of millions of people without long-term effects reported. So, that's one thing that we've definitely found to be useful. The other thing I'll just generally throw out as a caution is, we want to be careful. You know, I mentioned that we want to, like, stay and answer every single question, which we absolutely do, but we always want to be careful that we're not giving more airtime to mis and disinformation than we need to. So sometimes, there's, like, a desire to address every possible thing, like, we've ever heard proactively, like, you know, that the vaccine alters your DNA. The vaccine causes COVID, like, all of these things, and it's important to separate, like, the things that are real causes of hesitancy versus the things that I sort of think of as symptoms of resistance to vaccines, so there's, like, a whole corner of the Internet, obviously, folks here know this, where these rumors, like, travel around, and sometimes, they seep into, like, the public discord, and it's really important to address them once they've done that, but we don't want to bring them there. Like, we don't want to make them part of the, like, groupthink if they're not already part of that. So, it's just important to really address, like, head-on the things that are most concerning. So, yeah, the long-term effects one is, I think, the trickiest, and we've definitely found the best way, just to summarize, is talking about how many people have successfully been vaccinated, how these trials were conducted with children, specially formulated vaccine for children, and that we know very, very little and have great concern about the long-term risks of COVID. We don't know what is down the road there. There was something else I was -- Oh, sometimes, people ask, so I'll just say this, ask about, like, the -- are worried about the short-term effects, and that's sort of, like, the side effects will -- that an adult might experience would be too

much for a child, and for that, it's really helpful to talk about this specially formulated vaccine. That seems to help address some of those concerns.

Moderator: Okay. Thanks, Becca. Moving onto our next question which I think really any of the presenters can chime in on this one. "Are there any suggested materials that are provider-facing on the COVID-19 vaccine for children with special health care needs and disabilities?"

Erin Hemlin: I can jump in and start. On the We Can Do This website, I don't believe we have materials specifically for children with disabilities. There are materials for providers for adults with disabilities, and there's some tips for health care providers on working within the disability community that might be helpful and might get at some of the same questions that parents of children with disabilities might have. So, I would start there and see if there's anything there, and I'll open it up to the other panelists if there's anything else you'd like to add.

Dr. LaShawn Mclver: I would recommend starting with some of the resources I shared from the CDC. They have such a rich suite of information for all different types of groups, so I would recommend starting with the CDC's resources as well.

Moderator: Okay, great. Thank you, both. And as a reminder, to submit a question, please use the Q&A feature on your dashboard to submit a question. Thank you. Great. Then we will stand by for our next question. Okay. It doesn't like we are getting any additional incoming questions as of right now, but just want to do one more reminder. If there is a question that you would like to ask, please submit that through the Q&A feature, and we will ask that aloud.

Dr. LaShawn Mclver: Haley, I see a question here that says, "Can you address how we should interact with parents who may have fear for their children based on systematic racism and past experimentation?" And I think some of the presenters touched on that, so that might be one. I think that one just came in.

Moderator: Thank you.

Rebecca Siegel: I can maybe start, but others should weigh in as well. We have tested some of this, and certainly, this comes up. This also came up when we were rolling out vaccines for adults. Now, I actually think some of what has -- Some of this has actually been helped by the vaccine process for adults. I think many of these concerns existed then, and we now have seen really high uptake in vaccines among communities of color, and that's been, I think, helpful in, like, sort of moving the needle on this, but there's certainly more to do on it. I think one of the important things is community-based outreach from within the community from people who look like those who we are trying to reach, so I think that's, like, probably the best way to do it. We certainly think a lot about when we're doing, you know, when we're putting doctors on TV and all of that, like, that's obviously of extremely high importance, but the best outreach is going to be, and the best way to combat some of these concerns, is going to be really within the community. And that's why, like, the work that Alex talked about and has been highlighted on this call is so, so, so important for this concern, and I'll just be, like, very blunt and say, the government, like, nationally is not maybe the best to, like, be the messenger here on some of these concerns. Obviously, that's where, like, many, much of this has come from. So, yeah. I think, and I would love to hear Alex's thoughts and the others too but -- like, on specifics, but certainly we know, like, the best way to combat this is on the ground, community-based organizations, community members, all of those ways we can talk to people.

Alexandra Quinn: Yeah, you said it well, Becca. The other thing I'd just say is, this is a long process to build trust, right? And it's not going to happen overnight, and I think that's -- You know, that's where see kids' vaccines and even all the work that each one of you are doing as building blocks, foundations to build trust over time for when we hit honestly the next crisis, and so we really depend and look to our community partners to tell us what they need to be able to have these conversations similarly to, you know, like, I run a national

org. I'm actually not best, either. I'm suspect as well in some ways, as I should be, and within my CHW cohort, even, like, we divide and conquer in ways that are like, who's going to actually answer questions for their neighborhood, for their community? So, I would say it's both. There's the short period of, what are the materials, tools, trainings, support, just, like, showing up, being real that we can do? And then there's the, what's the 10-to-20-year arc on rebuilding institutional trustworthiness is what has been written about a lot.

Dr. LaShawn McIver: I'll say, you can't underscore the importance of acknowledging, you know, when a person shares that, that that is a real concern shared by many. You know, it's based in fact of individuals' lived experience or that of, you know, those within their family or in friends, community, et cetera, and working on starting from that point to build the trust that you just talked about, Alex, in your comments, so.

Moderator: Great. Thank you, all. And we did just see a question come in for one of our presenters, Venus Gines, and she actually had to leave the call early, so we will make sure that she gets that and hopefully can get a response back to you there.

Alexandra Quin: And, Haley, I don't know if you can see the other, or this one that's, "What suggestion do you have for children under 5 years old when COVID-19 vaccines might be available?"

Moderator: Yes. Thank you, Alex. Yes, so if any of the panelists need me to repeat that one, I can reread that. Okay.

Rebecca Siegel: The only thing -- I'll just say from a messaging standpoint, like, I think it's really important to highlight that, you know, these things take time because we are checking all the boxes and being so careful and doing all of these tests and trusting the scientists, and so that is part of the reason why they take time but also the reason why once it's available, it's -- You know, we have high confidence in the safety, and that's why we're taking the time in doing this process. That should give parents confidence because it takes some time, so that's sort of, like, one piece of messaging, but obviously, you know, people are excited and ready, so that's good.

Moderator: Okay. Thanks, Becca. Okay, and I do believe we are in the last few minutes of the webinar, so if there are any remaining questions, please submit those into the Q&A box. Okay. I do not think we have any more incoming questions, so I think we can go ahead and wrap a few minutes early. So, that does conclude the Q&A portion of today's webinar. As a reminder, the slides from today's presentation will be posted on the CMS OMH website in the coming days, and thank you all for joining this afternoon and hope you all have a great day.