Agenda for Today

- Public Health Governance
- Public Health Workforce
- Vaccine Policy
  - Overview of Domestic Programs
  - Routine Childhood Vaccination
  - Data and Information
  - Communication and Messaging
  - Expert Panel: Looking to the Future
Table Discussions - Share

What is your public health agency doing well? How are you evaluating it?

What are you doing, if anything, on public health modernization?

What questions do you have?
State Health Agency Governance

Michael Fraser, PhD, MS, CAE, FCPP

June 22, 2022
Overview

• Discuss public health agency governance and structure

• Share historic and socio-political influences on the development of public health agency structure

• Refer you to resources for additional information
Comprehensive survey of state and territorial health agency activities, structure, governance, and resources
The survey is fielded every 3 years.

Survey respondents include Senior Deputies/Health Officials, Chief Financial Officers, and HR/Workforce Directors.

In 2019, there was a 100% response rate from all 50 states and DC.

Secondary data sources include data from de Beaumont Foundation, PHAB, CDC, health agency websites, and ASTHO member data.
State health agency governance categorization
2019 state health agency governance classification
Structure of state health agencies, 2007-2019 (n=48-51)

- **2019**: Free-Standing/Independent Agency 59%, Under a Larger Agency 41%
- **2016**: Free-Standing/Independent Agency 58%, Under a Larger Agency 42%
- **2012**: Free-Standing/Independent Agency 58%, Under a Larger Agency 42%
- **2010**: Free-Standing/Independent Agency 56%, Under a Larger Agency 44%
- **2007**: Free-Standing/Independent Agency 56%, Under a Larger Agency 44%
Who appoints the health official in each state?

The governor appoints the health official in more than half of all states.

- Governor (n=35) - 69%
- Secretary of State HHS (n=8) - 16%
- Board or Commission (n=3) - 6%
- Other (n=5) - 10%
Who confirms the health official’s appointment in each state?

The legislature appoints the health official in half of all states.

- Legislature (n=26) 51%
- No confirmation required (n=14) 27%
- Governor (n=5) 10%
- Secretary of State HHS (n=3) 6%
- Board or Commission (n=2) 4%
- Other (n=1) 2%
To whom does the health official directly report?

The health official reports to the governor in half of all states.

- Governor (n=27): 53%
- Secretary of State HHS (n=16): 31%
- Board or Commission (n=3): 6%
- Other (n=5): 10%
What do state boards of health do?

Adopt Rules Only (12)
CO, IN, IA, MA, NE, NJ, NY, NC, OH, VT, VA, WA

Reject Rules Only (1)
IL

Enforce Rules Only (1)
MD

Oversee Agency Only (1)
GA

Adopt and Enforce Rules (3)
AR, NV, ND

Adopt and Enforce Rules, Oversee Agency (1)
ID

Adopt and Enforce Rules, Oversee Agency, Appoint STHO (3)
AL, MS, SC
Governance and Structure

No matter what organizational construct is used, public health agencies should work to ensure that the construct supports provision of the 10 Essential Services of PH to all people in the jurisdiction’s (health equity), public health functions and capabilities, and that the agency is in a position to meet national public health standards for public health practice and other relevant public health accrediting bodies such as CLIA (public health labs) and CMS (regulation of nursing homes) as applicable.
Foundational Public Health Services

Foundational Areas

- Communicable Disease Control
- Chronic Disease & Injury Prevention
- Environmental Public Health
- Maternal, Child, & Family Health
- Access to & Linkage with Clinical Care

Foundational Capabilities

- Assessment & Surveillance
- Community Partnership Development
- Equity
- Organizational Competencies
  - Policy Development & Support
  - Accountability & Performance Management
  - Emergency Preparedness & Response
  - Communications

Equity
Governance and structure highlights

• Around 60% of state health agencies are free-standing/independent agencies.

• Most health officials are appointed by the governor, confirmed by the legislature, and report to the governor.

• Many states have reached out to ASTHO to inquire about other states considering changes to their SHA structure in 2021.
Research and Assessment Team Members:
Caroline Brazeel, MPH, PMP
Alannah Kittle, MPH
Kristi Meadows, MPH
Cara J. Person, PhD, MPH, CPH

ASTHO Profile Dashboard: astho.org/Profile/

Contact: profile@astho.org
Recruiting and Retaining a Highly Qualified Governmental Public Health Workforce

NCSL State Public Health Symposium
The **public health workforce** plays an essential role in securing the vital conditions for optimal health and well-being for all to thrive. A *diverse, engaged, well-resourced, well-trained* public health workforce is needed to meet the demands of public health today and prepare for the needs of tomorrow.
Public health has been underfunded long before COVID-19, hurting response to COVID-19 and limiting ongoing public health work.

As population increased from 2010 to 2018, overall expenditures by public health agencies declined by 10.3% (a difference in billions)

Source: New Data on State Health Agencies Shows Shrinking Workforce and Decreased Funding Leading Up to the COVID-19 Pandemic | ASTHO
Over 7 years prior to COVID-19, state health departments alone lost over 10,000 positions.

The ratio of public health workforce to US population has decreased drastically.

Number of Public Health Workers (per 100,000 People)

- 220 (1980)
- 158 (2000)

Source: New Data on State Health Agencies Shows Shrinking Workforce and Decreased Funding Leading Up to the COVID-19 Pandemic | ASTHO
Workforce Shortages Now & In the Future

2008 – warned that by 2020 "the nation will be facing a shortfall of more than 250,000 public health workers" calling for increased federal funding for state health departments, worker training, enumerate and identify current and future needs of the workforce
- Association of Schools and Programs in Public Health

2008 – Following the Great Recession, governmental public health lost ~51,000 jobs and were never replaced

2009 – Highlighted the "persistent lack of commitment to the public's health"
- American Academy of Pediatrics

2010 - "Shortchanging America's Health: A State-By-State Look at How Public Health Dollars Are Spent"
- Trust for America's Health

2012 – Citation of insufficient funding for public health
- Institute of Medicine (now the National Academy of Medicine)

2014 – PH WINS is first field reporting the workforce is dissatisfied with pay level; median annual earnings were $55-65,000
12% of positions at state health agencies are vacant and only 24% of those vacancies are being recruited for

2017 – PH WINS finds a large portion of workers are considering leaving their organization in the next year due to dissatisfaction with pay and other factors

2021 – PH WINS data released so far shows alarming levels of burnout and stress, threats and harassment; more than 25% are considering leaving

Sources: A deficit of 250,000 public health workers is no way to fight Covid-19 (statnews.com)
What Staffing Needed?

- State and local governmental public health departments **need an 80% increase in their workforce** to provide a minimum set of public health services to the nation.

Source: [Staffing Up: Workforce Levels Needed to Provide Basic Public Health Services for All Americans](https://www.astho.org/programs/staffing-up/)
The Workforce Burnout Data is Concerning

56% reported at least 1 symptom of PTSD

25% of the public health workforce are considering leaving

The Public Health Workforce Interest and Needs Survey (PH WINS) is the first and only nationally representative survey of state, city, and local public health workers that identifies trends in attitudes, morale, and climate that impact our public health workforce resulting in costly turnover and infrastructure gaps, and heightened costs.

Source: PH WINS 2021: Rising Stress and Burnout in Public Health (debeaumont.org)
Public Health Workers are Being Threatened

41%

Percent of public health executives felt bullied, threatened, or harassed

Source: PH WINS 2021: Rising Stress and Burnout in Public Health (debeaumont.org)
Many Public Health Workers Intend to Leave in the Next 5 Years

Top 5 Reasons for Leaving

- Pay: 49%
- Work overload / burnout: 41%
- Lack of opportunities for advancement: 40%
- Stress: 37%
- Organizational climate/culture: 37%

39% of employees who are considering leaving said the pandemic has made them more likely to leave.
Cost due to Public Health Workforce Turnover

A decline in the public health workforce could threaten the health and safety of communities, especially when combined with rising health threats, including more frequent disease outbreaks, the opioid epidemic, and increases in chronic diseases.

"These professionals do important work that most people don’t even realize is happening, preventing major diseases and outbreaks before they even happen. They play an essential role in keeping communities healthy and safe, every day."

Source: New Workforce Survey: Public Health Turnover Could Pose Threat to Community Health - de Beaumont Foundation
Overall, public health employees remain committed and satisfied

- 79% Satisfied with job
- 68% Satisfied with organization
- 94% "The work I do is important"
- 93% "I am determined to give my best effort at work every day"
Challenges to PH Recruitment

1. Overall **decline in quantity and quality of applications**

2. Lack ability to offer **competitive pay** and hiring incentives such as **loan repayment**

3. Limitations due to **outdated HR systems, rules, and procedures**

4. **Working within union/civil service environment**

5. **Existing policies that prevent attracting** a diverse and younger workforce
Public Health Graduates Interest in Governmental Public Health

• Between 1992 and 2016
  • the number of institutions awarding graduate public health degrees quadrupled
  • graduate public health degree conferrals increased more than 300%
  • number of undergraduate public health degrees conferred increased 750%

• Only 14% of the workforce has formal public health training.

Source: Attracting New Talent to GPH Workforce
Strategies & Opportunities

- Appealing to and highlighting the benefits of mission/purpose-driven work
- Reviewing and updating position classifications and qualifications
- Focus on morale, wellness (including mental wellbeing), and improving culture
- Strengthening internal professional development programs
- Strengthening pay and benefits
- Expanding recruitment strategies

WELLNESS
- Mental health access/ EAPs
- Encourage self-care
- Link to wellness programs such as walking clubs or yoga classes

TIME
- Compensate employees fairly
- Allow for remote or hybrid work
- Flexible work schedules
- Emphasize wellbeing and self-care

ENGAGEMENT
- Increase (bi-directional) communications
- Support management to support teams
- Implement fair performance evaluations
- Mentorship programming & leadership development
- Consider rotations in different divisions
- Increase staff awards and recognition
Legislative Trends in Some States

- Consideration of legislation to **standardize health care volunteers** during emergencies
- Laws enacted to expand PH workforce
- Addressing harassment and threats of violence
- Efforts to sustain funding / study needs
State Legislative Actions
Addressing Public Health and Health Care Workforce Challenges
Shannon Kolman, Health Policy Specialist, NCSL
Public Health Workforce State Examples

Colorado, Georgia, Oklahoma, Oregon and Utah

Reviewed or enacted laws that regarding protections for public health workers against harassment and/or threats of violence

Nevada S 424 (2021)

Creates the Public Health Resource Office to analyze public health infrastructure needs

New Hampshire S 419 (2022)

Establishes a commission to study the delivery of public health services
Healthcare Workforce State Action Strategies

- Understanding Workforce Needs
- Expanding the Workforce/Scope of Practice
- Increasing the Pipeline
- Retaining Current Professionals
State Actions

Understanding Workforce Needs

• **Alabama SJR 62 (2022)** – Creates the Health Care Workforce Taskforce to respond to staffing shortages. Includes six healthcare associations and two education boards. Findings and recommendations to be presented to the Alabama legislature.

• **Maryland H 625 (2022)** – Establishes a commission to study the healthcare workforce crisis in the state of Maryland and determine the extent of workforce shortages, turnover rates and strategies to address immediate needs.

• **Tennessee H 2213 (2022)** - Creates a task force to review how reimbursement rates and wages impact the availability of the healthcare workforce.
State Actions

Increasing the Pipeline

- **Connecticut S 251 (2022)** – Requires the Office of Workforce Strategy, in collaboration with the Department of Health and others to increase the number of health care workers through expanding and enhancing higher education programs.

- **Mississippi H 1517 (2022)** – Makes an appropriation to the Office of Workforce Development for direct training and expenses related to healthcare training at community and junior colleges.

- **Oregon H 4003 (2022)** – Requires the Board of Nursing to issue a nurse internship license for students. Nurse interns may receive academic credit and monetary compensation for working as an intern.
State Actions

Expanding the Workforce/Scope of Practice

- **Wisconsin S 13 (2021)** – Allows a dentist to administer coronavirus or influenza vaccine, and **South Carolina H 3900(2021, enacted)** – Authorizing certain podiatrists to administer COVID-19 vaccine.

- **Illinois H 5465 (2022)** – Creates the Task Force on Internationally Licensed Health Care Professionals to remove barriers to licensure and practice of healthcare professional from other countries.

- **Tennessee S 1266 (2021)** – Requires rules that permit persons qualified as nurse aids during a public health emergency to become certified as nursing assistants.
State Actions

Retaining Current Professionals

• Maryland S 700 (2022) – Requires Secretary of Health to establish the Prevent Workplace Violence in Health Care Settings Awareness campaign.

• Illinois H 4645 (2022) – Creates a program to be administered by the Department of Health to allow health care professionals or behavioral health providers to apply for loan repayment assistance.

• New York A 9007 (2022) – Adds a state nurse loan repayment program that may be awarded to nurses working in areas determined to be underserved; nurses must work in the area for three consecutive years.
NCSL Resources

- State Public Health Legislation Database
- State Action on Coronavirus (COVID-19) Database
- Health Costs, Coverage and Delivery State Legislation Database
- State Strategies to Recruit and Retain the Behavioral Health Workforce
Legislative Respondents

Senator Kay Kirkpatrick, M.D.,
Georgia, District 32
Chair, Veterans, Military and Homeland Security

Representative Kyle Mullica
Colorado, District 24
Member, Health, Insurance and Environment and Business Affairs & Labor
○ Select a legislative action directed at the healthcare workforce that could be applied to the public health workforce to discuss with your colleagues

○ Select one person to report out a need and/or action

Breakout Activity
Questions

Contact for questions: Shannon Kolman, Policy Specialist
shannon.Kolman@ncsl.org; 303-856-1411
15 minute break
State Trends in Vaccine Policy
2021-2022

Tahra Johnson
NCSL Health Program
State Legislative Priorities and Trends 2021-2022

Pharmacist Vaccine Authority
Arkansas HB 1134
California AB 1064
Maryland HB 1040
Ohio HB 6

Other Providers
Optometrists (Illinois and New Jersey)
Podiatrists (South Carolina)
Dentists (Wisconsin)
Cardiac/emergency technicians (Georgia)
State Legislative Priorities and Trends 2021-2022

Vaccine Access and Planning
- Colorado HB 1401
- Georgia HB 1086
- Mississippi SB 2799
- Washington HB 1368

Vaccine Exemption Policy
- Oklahoma SB 658
- Connecticut HB 6423
NCSL Vaccine Databases and Resources

NCSL Vaccine Tracking
State Public Health Legislation Database
COVID-19 Database
Maternal and Child Health Database

NCSL Vaccine Resources
Vaccine Policy Toolkit, 2021
Health Policy Snapshot: COVID-19 Vaccine Infrastructure and Access, 2021
State Vaccine Exemptions Webpage, 2022
NCSL Staff Contact Information

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Thank you!
Immunization Overview

Georgina Peacock, MD, MPH
Director
Immunization Services Division

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Comprehensive Immunization Program
Discretionary Immunization Funding

• Core public health infrastructure promotes immunization recommendations across the lifespan.

• Essential in protecting communities from VPDs, including providing a safety net for uninsured adults, responding to outbreaks of VPDs, and ensuring a scientifically sound and robust immunization infrastructure.

FY2023 President’s Budget Request increase supports ongoing immunization program needs and supports future COVID-19 vaccinations.
Vaccines for Children (VFC) Program

- Important part of the comprehensive immunization program

- FY2023 President’s Budget Request:
  - Increase for CDC’s efforts to support state, tribal, local and territorial (STLT) health departments

- Requested Program Updates Requiring Legislative Authority
  - Expanding the program to include all children under age 19 enrolled in CHIP
  - Making program improvements
    - updating the provider administration fee structure to increase provider capacity
    - eliminating cost-sharing for eligible children

Sources: 1. Long-Term Payoff: An Economic Perspective on Immunization December 23, 2019. 2. Since The Start Of The Vaccines For Children Program, Uptake Has Increased, And Most Disparities Have Decreased
Adult Immunization Program

COVID-19 has further highlighted the need for a robust adult immunization program

- The lack of a robust, national adult immunization program that facilitates a more agile and effective response to pandemics has hindered federal and state government response

- COVID-19 has disproportionately impacted groups who have been marginalized – including rural, low-income, and essential worker communities – highlighting long-standing and systemic inequities in health care and public health

Source: KFF analysis of CMS Medicare Current Beneficiary Survey, 2018 Survey File. Note: Analysis excludes people under age 65 and facility residents. Data on other racial/ethnic groups not shown and is not available for other specific groups beyond those shown due to small sample size. ‘—’ indicates unreliable estimate. Source: COVID Collaborative. Coronavirus Vaccine Hesitancy in Black and Latinx Communities. November 2020.
Vaccines for Adults (VFA) Program

The proposed Vaccines for Adults program would reduce the spread of vaccine-preventable diseases and pave the way to greater health equity

**Vaccine Purchase**
Purchase of recommended vaccines for all uninsured adults

**Program Operations**
CDC staff and systems for scientific and policy support, program monitoring, and vaccine safety and distribution

**Provider Fees**
Covering the cost of supplies, patient education, storage, and staffing

**Provider Fee Management**
Contracts to administer the provider reimbursement process

**Vaccine Confidence and Equity Activities**
Support vaccine equity through partnerships, communications, and technical assistance

*These activities are funded in the FY23 CDC Budget with base immunization funding, not the newly proposed mandatory funding proposal that would support the rest of these activities.*
Impact of COVID-19

- Stood up COVID vaccination program, distributing 600 Million doses have been distributed nationwide to over 92,000 providers in just one year.
- COVID-19 pandemic's impact on the U.S.'s health and economy included disruption of health systems’ administration of routine childhood immunization
- Increased need for health equity and vaccine confidence programs
COVID-19 vaccines administered (as of June 16, 2022)

% of People Fully Vaccinated:

≥5 years of age: 71%
≥18 years of age: 77%
≥65 years of age: 91%

% of Fully Vaccinated People with First Booster Dose:

≥12 years of age: 49%
≥18 years of age: 51%
≥65 years of age: 70%

Pediatric vaccination update

On June 16, 2022, FDA granted emergency use authorization for:

- A two dose Moderna COVID-19 vaccine primary series for administration to individuals ages 6 months through 17 years

- A three dose Pfizer-BioNTech COVID-19 vaccine primary series for administration to individuals ages 6 months through 4 years
Goal: Ensure all eligible children <5 years old (~20 million) have access and ability to get vaccinated*

*ECE: Early care and education, DoD: Department of Defense, IHS: Indian Health Service, FQHC: Federally Qualified Health Center, RHC: Rural Health Clinic
State Examples of Vaccine Implementation
Thank You
Routine Childhood Vaccinations

Georgina Peacock, MD, MPH
Director
Immunization Services Division
Measles Resurgence of 1989-1991 Spurs VFC Program
Vaccines for Children Program (VFC)
Section 1928 of the Social Security Act

• Enacted in 1993 (Omnibus Budget Reconciliation Act); implemented in 1994
  • Response to measles resurgence of 1989-1991
  • Part of Childhood Immunization Initiative
• Entitlement program
  • Funding from Medicaid Trust Fund
  • CDC delegated responsibilities for vaccine
  • Centers for Medicare and Medicaid Services (CMS) delegated responsibility for administration fee
  • Advisory Committee on Immunization Practices (ACIP) responsible for VFC formulary
  • Entitlement is to the child
VFC Program Benefits

• Allows children to receive vaccination services in the medical home
• Eliminates or reduces vaccine cost as a barrier to vaccinating eligible children
• Entitlement allows new vaccines to be provided more quickly than through annual appropriation
• Incentivizes innovation with price caps on legacy vaccines
• No state contribution for vaccine purchase for children on Medicaid
• Helps assure vaccine availability through stockpiles
• Opportunities for public health to work with providers on quality improvement of vaccination services
VFC Program Eligibility

Children 0 through 18 years of age who meet at least one of the criteria:

- Medicaid eligible
- Uninsured, or
- American Indian/Alaska Native, or
- Underinsured*

*Eligible to receive vaccine only through an enrolled Federally Qualified Health Center (FQHC), Rural Health Center (RHC) or a deputized provider under Delegation of Authority

VFC eligibility by age group (PES, FY 2019)

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<th>3 to 6</th>
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<td>51.3%</td>
<td>49.6%</td>
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VFC Program Reach

• $4.3 billion program

• CDC distributes more than 76M doses of pediatric vaccine each year, the vast majority of which is purchased through VFC. (Avg of 2017-2019)

• Approximately 600,000 routine vaccine shipments/year

• Nearly 38,000 VFC provider locations across 61 VFC awardee jurisdictions
Impact of COVID Pandemic on Routine Vaccination
2020-2021 Kindergarten Vaccination Assessment

- Decrease in reported kindergarten enrollment ≈ 10%, 400,000 students
- Decreased response rates from schools
- Easing of vaccination requirements, especially for remote learning
- Formal/informal expansion of grace period /provisional enrollment
- Reduced access to well-child appointments & parental reluctance
- Reduced submission of documentation by parents
- Less time for school nurses to follow-up with students
- Fewer staff to work on assessment & reporting
- Changes to kindergarten vaccination coverage data collection schedules
Vaccines For Children Provider Orders for All Non-Flu Vaccine Components by Fiscal Year*

*Fiscal Years are from October 1 through September 30. FY2022 is from October 1, 2021 through April 30, 2022.
Comparison of VFC Provider Orders for All Measles Components by Fiscal Year*

- **FY2020**: Total vaccine orders decreased 18%
- **FY2021**: Total vaccine orders decreased 3%
- **FY2022**: Year to date (May 2022) orders are similar

*Fiscal Year is defined as October 1 through September 30.

* The Measles containing provider orders for FY19 were adjusted to represent the average number of total doses ordered in FY17 and FY18. This is due to provider orders in FY19 being larger than normal as a result of Measles outbreaks that fiscal year.
Estimated vaccination coverage among adolescents aged 13-17 years, by survey year—National Immunization Survey-Teen United States, 2006-2020

Abbreviations: Tdap = tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine; MenACWY = quadrivalent meningococcal conjugate vaccine; HPV = human papillomavirus; ACIP = Advisory Committee on Immunization Practices.
Comparison of VFC Provider Orders for All HPV Components by Fiscal Year*

VFC Provider Orders through May for all HPV Components
- FY2020: Total vaccine orders decreased 24%
- FY2021: Total vaccine orders decreased 9%
- FY2022: year to date (May 2022) orders are down 10%

FY2019

*Fiscal Year is defined as October 1 through September 30.
Routine Childhood Immunization Catch-Up

Continued impact of the COVID-19 pandemic on routine childhood immunization

- During the 2020-2021 school year, national vaccination coverage among kindergarten children dropped from 95 percent to below 94 percent
  - Amounts to at least 35,000 more children across the U.S. that entered kindergarten without documentation of complete vaccination against common diseases (measles, whooping cough, chickenpox)
  - Enrollment in kindergarten dropped by 10%
  - 400,000 fewer children entered kindergarten than expected—might not be up to date on their routine vaccinations
  - Good news: routine vaccination coverage remains high, and we can recover ground lost during the pandemic.
  - CDC is focusing on rebuilding and reconnecting with communities and partners.
NCSL State Public Health Symposium
Considerations for Routine Child Vaccination

Joseph M. Kanter, MD, MPH
State Health Officer, Louisiana Department of Health

6/30/2022
≥1 dose MMR among children before they go to school (2 yo)

Louisiana ranks 40th
- Louisiana coverage: 89.8%
- U.S. coverage: 92.8%

≥2 dose MMR among children after they go to school (13-17 yo)

Louisiana ranks 24th
- Louisiana coverage: 94.0%
- U.S. coverage: 91.9%
Vaccination coverage by age 24 months among children of different races/ethnicities (2014-2017)

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<td>71.2%</td>
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<td>Black</td>
<td>68.6%</td>
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<tr>
<td>Hispanic</td>
<td>70.6%</td>
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<tr>
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<td>34.1%</td>
<td>43.4%</td>
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<tr>
<td>Hispanic</td>
<td>45.7%</td>
<td>53.5%</td>
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Louisiana Shots for Tots

• LA Shots for Tots is a 501(c)3 nonprofit, statewide organization comprised of a network of public and private entities working to educate parents and providers to achieve the highest level of immunizations for children in Louisiana.

• Shared goal: 90% of all Louisiana children are immunized with their primary series by age two.

• Specific focus on HPV vaccine.
HPV Vaccination coverage among adolescents ages 13-17 (2015-2019)

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<tr>
<td>White</td>
<td>36.9%</td>
<td>44.1%</td>
</tr>
<tr>
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<td>48.7%</td>
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<tr>
<td>Hispanic</td>
<td>45.5%</td>
<td>53.7%</td>
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Health Heroes School Partnership program

- Mobile Vaccination Contracts with Health Heroes and other contract vaccination teams across the state

- Vaccinate students (and staff) at schools for flu, COVID-19 and other routine immunizations

- Since March 2021, LDH has tasked contract teams to 507 School Located Vaccination events administering 13,497 vaccine doses to students and staff
Direct to Family Outreach

- Utilization of Immunization Information System (ISS) to send targeted mailings and text messages to families
- Useful for back-to-school vaccine drives and other periodic reminders
- Can be targeted to specific gap regions or populations
Digital Health ID- LA Wallet

All of your credentials in one place

• Driver’s License or State ID
• Wildlife & Fisheries Licenses
• SMART Health Card
• Dependent SMART Health Cards
• Organ Donor Status
• Vehicle Registration *(Coming Soon)*
• Concealed firearm Permit *(Coming Soon)*

Considerations for Routine Child Vaccination
Learned lessons

• Empower local trusted messengers
• Identify and enlist confidential experts
• Constantly ask yourself: Who is not being served currently?
• For hearings and organized public events, anti-vax showing is increasingly likely: Have a plan, be strategic, and do not allow your event to inadvertently aid in the propagation of disinformation
• Prevention (pre-bunking) is more effective than treatment (de-bunking)
• Despite the loudest voices, overwhelming majority of the public remains very pro-vaccine
• Be careful of opening Pandora’s box
Legislative Respondents

Senator Michael Kennedy
Utah, District 14

Delegate Ariana Kelly
Maryland, District 16
Lunch and Table Discussions

- Long COVID
- Nutrition
- Tobacco
- Vaccines
- Maternal Health
- Health Equity
IIS...

are confidential, population-based, computerized databases that record all immunization doses administered by participating providers to persons residing within a given geopolitical area.

Confidential
Population-based
Identify pockets of need
Exchange data with multiple providers
Assist schools & child care providers
Help improve vaccination rates & Reduce vaccine-preventable disease

Create comprehensive consolidated records
Assist with clinical decision support & forecasting
Generate reminders to ensure on-time vaccinations
Supply data for coverage rates, pockets of need
Assist with vaccine ordering & inventory management
Disease surveillance & outbreak response
Most IIS Data Comes From Data Exchange

- Vital Statistics
- Vital Records
- Electronic Health Records (EHR)
- Pharmacy Systems
- Other Systems
Bidirectional Data Exchange

- In 2020, IIS reported over 121,000 HL7 data exchange connections
  - 2021 data forthcoming
- ~58% of connections were bidirectional
  - ~46% in 2019

Policies to consider

Does your state have IIS enabling legislation?
- Law/statute may be silent

Consent
- Is consent required?
- Is it required for specific populations (≥19)
Opt-in Required for Adults (19+)
Policies to consider

Does your state have IIS enabling legislation?
- Law/statute may be silent

Consent
- Is consent required?
- Is it required for specific populations (≥19)

Reporting to IIS
- Is it required for specific populations (e.g., 0-18)
- Is it required for specific provider types (e.g., pharmacies)
Required provider reporting for vaccinations administered for individuals >19 years

• **16** required for all vaccinations from all providers
• **12** required for all vaccines, but only from specific providers
• **7** only for adult vaccines provide through the state vaccine program
• **3** yes, for specific vaccinations from specific providers
• **16** no requirements
Children Under 6: 94%

Adolescents 11-17: 84%

Adults 19+: 68%

- Participation for children and adolescents requires two or more vaccines
- Participation for adults requires at least one adult vaccine
Percentage of adults aged ≥19 years participating in an IIS United States, five cities§, and D.C., 2020 (adapted)

§Chicago, Houston, New York City, Philadelphia, San Antonio

National Participation: 68%
(excluding Territories)
Purpose & Utility
Policies to consider

Access
- Who can have access and for what purposes?
  - Clinical care
  - Schools
  - Other public health programs, Medicaid, etc.?
  - Payers?

Data Use
- What can data be used for?
- In what format can data be shared (aggregate, deidentified, etc.)?
- Research?
Consumer Access

- There are differences across the U.S.
- Each state determines
  - Who can access the IIS
  - What records it will provide
  - What format(s) it will provide
The Evolution of Vaccine Records
Federal Role
Federal Laws Relevant to IIS

- Health Insurance Portability and Accountability Act (HIPAA)
  - Is the IIS a covered entity? A hybrid?
- Family Educational Rights and Privacy Act (FERPA)
  - Protects the privacy of student education records but indirectly affects data exchange between schools/IIS
- 21st Century Cures Act
  - Health information reform, includes provisions around TEFCA (Trusted Exchange Framework and Common Agreement)
Sharing Data Across Jurisdictions

Interjurisdictional MOU Signatories

- Signed
- Not Signed
- 2015/2016 MOU
“I am not an advocate for frequent changes in laws and constitutions, but laws and institutions must go hand in hand with the progress of the human mind. As that becomes more developed, more enlightened, as new discoveries are made, new truths discovered and manners and opinions change, with the change of circumstances, institutions must advance also to keep pace with the times...”

- Thomas Jefferson
Thank you!

More information @ www.immregistries.org
Extra Slides
Technology
- Update and maintain systems
- Enhancements
- New developments
- Monitor quality
- etc.
- System security

Operations
- Funding to support IIS
- State funds can open the door to more funds (Medicaid match funds), state priorities
- Integration
Vaccine Information and Data

NCSL State Public Health Symposium
Emory Conference Center
State Actions 2021-2022

Vaccine Data & Reporting

Arizona SB 1505
Connecticut SB 457
New Hampshire HB 572
State Action on Vaccine Messaging & Communication

- Raise Awareness
- Disseminate Accurate Information & Address Equity
Raise Awareness

- **Illinois HR 196** (2019) – Increases public awareness of the importance of preteens and adolescents receiving vaccines against meningococcal disease, HPV, influenza, tetanus, diphtheria, pertussis, measles, mumps and rubella, and promotes outreach and education efforts concerning vaccination.

- **Nebraska LR 95** (2021) – Recognizes August as National Immunization Awareness Month and cites the importance of vaccines to maintain and improve child and adolescent health.

- **South Carolina HR 5226** (2020) – Calls attention to the connection between HPV and cervical and other cancers and spreads awareness of vaccine protection.
Disseminate Accurate Information & Address Equity Equity

- **Arkansas HB 1547** (2021) – Requires all data and information about the safety and effectiveness of any FDA-approved vaccine be available on a public website maintained by the health department.

- **Florida HB 9** (2021) – Prohibits the dissemination of false or misleading vaccine information with specified intent.

- **Massachusetts HB 5164** (2020) – Requires health equity in design, development, implementation and oversight of the state’s vaccine plan, including culturally and linguistically diverse public education and outreach.
NCSL Resources

- State Public Health Legislation Database
  - Vaccines: Access, Insurance & Workforce, Registries & Reporting, Requirements
- Maternal and Child Health Database
  - Child Immunization Requirements
- State Action on Coronavirus (COVID-19)
  - Health: Vaccine
- Vaccine Policy Toolkit
- States With Religious and Philosophical Exemptions From School Immunization Requirements
Faculty

Joe Smyser, PhD, MPH
Chief Executive Officer
Public Good Projects

Claire Hannan, MPH
Executive Director
Association of Immunization Managers
Vaccine Communications

Joe Smyser, PhD, MSPH
CEO, PGP
joe.smyser@publicgoodprojects.org
Since 2019, Project VCTR has tracked vaccine-related public communications within all 50 US states. Each week, PGP’s analysts provide insights on trending or emerging misinformation, as well as legislation and advocacy related to vaccines.

Project VCTR is a free resource designed for health organizations, health educators, or members of the press who report on health.

The VDO is a UNICEF-led initiative that identifies, tracks, and responds to vaccine misinformation. It provides three services that work together in concert: (1) Identifying misinformation & information gaps; (2) responding to misinformation through local UNICEF offices; and (3) training and technical assistance.
March 1, 2020 - June 21, 2022
All vaccine references in U.S.

Total Mentions: 484.3M
Average Counts: 574,593 Average Per Day
Potential Impressions: 8.5T
Deeper into COVID narratives

Some of the most widely discussed throughout 2021:

- Delta Variant
- Booster (Broad)
- Vaccine Side Effects (Broad)
- Ivermectin
- Omicron
- Wuhan Lab
- Vaccine Passports or Common Pass
- Vaccine Mandate
- Heart Attack or M...Immune Markers
- Herd Immunity
- Hydroxychloroquine
- Natural Immunity
- Antibody Cocktail
- Bill Gates & COVID
- Vaccinating Children
- Bioweapon Theory

---|---
COVID Origins | Boosters & Vaccinating Children
Vaccine Side Effects |
Bioweapon/Man-made Virus | Delta Variant
Delta Variant | Vaccine Alternatives
Omicron Variant |
Deeper into COVID narratives, 2022
People are still discussing variants, boosters, and side effects:

January 1st - June 21st, 2022
March 1, 2020 - June 21, 2022
Vaccine opposition references in U.S.


Drivers of Vaccine Misinformation

Anti-vaccine rhetoric was led by niche groups up to 2020, but the pandemic has exploded it into the mainstream. It’s becoming inseparable from identity.

Vaccine misinformation spikes every time federal, state, or local authorities make decisions.

During the pandemic, a top anti-vaccine Twitter account referenced vaccines over 47,000 times before it was suspended.

Even though many more groups are skeptical or opposed to vaccines than prior to 2020, the talking points still come from identifiable sources.

Each issue represents a complex conversation.
Emerging Data

Vaccine Skepticism

- Skepticism and opposition to COVID-19 vaccine policy is now extending to all other vaccines.
- Political identity appears to be the main driver – this is very new - and messaging by well known anti-vaccine and anti-government individuals and groups are leveraging this.
- US discourse on vaccines is reaching every corner of the globe. We find statements from US elected officials, fringe health care providers, and pundits shared and echoed in even the most remote places on Earth.
Vaccine Messaging and Communication

State Vaccine Confidence and Communication Campaigns

Claire Hannan, MPH
Association of Immunization Managers
Executive Director

NCSL State Public Health Symposium
June 22, 20
The Association of Immunization Managers (AIM) represents the 64 immunization programs that receive funding from CDC’s National Center for Immunization and Respiratory Diseases (NCIRD).

- 50 states, 6 major cities, 8 territories/federated states

AIM works to:
- Collaborate with partners
- Promote efficient allocation of resources
- Promote development/implementation of policies and programs
- Provide a forum for information sharing and leadership development
Today’s Discussion

• Background: vaccination rates and what is at stake
• Building confidence in vaccines
  • Supplemental funding to state and local health agencies
  • CDC guidance
• State communication and confidence campaigns
  • Public perceptions (KANSAS)
  • Community engagement (WISCONSIN, TEXAS)
  • Provider education (INDIANA, NORTH DAKOTA, WA STATE)
  • COVID campaign example (ALASKA, MARYLAND)
• Tips and resources
Building Confidence: Supplemental Funding and Guidance
COVID-19 supplemental funding guidance for immunization program awardees

- **COVID-19 Funding**
  - Coronavirus Response and Relief Supplemental Appropriations Act of 2021
  - The American Rescue Plan Act of 2021

- **Supplemental Funding Opportunities**
  - COVID-19 Vaccination Supplemental #3 Funding Guidance
  - COVID-19 Vaccination Supplemental #4 Guidance
  - Addendum to COVID-19 Vaccination Supplement 4
Using a community driven approach to reduce vaccination disparities

- This guidance provides a community-driven approach to identifying partners as well as increasing vaccine confidence and uptake using five steps
  1. Use data to identify and prioritize communities of focus
  2. Identify relevant government officials and community partners
  3. Understand barriers in community and create an implementation plan
  4. Help community partner networks implement plans
  5. Conduct continuous program evaluation

Guide-For-Awardees-for-Community-Driven-Strategies.pdf
State Communication and Confidence Campaigns
Kansas Statewide Survey: Attitudes Toward Vaccines

Key findings from a statewide survey of 600 registered voters in Kansas, conducted January 27-February 3, 2022.
More than 80% of Kansas voters say wellness vaccines are completely/mostly safe and completely/mostly effective.

“Do you believe wellness vaccines are completely safe, mostly safe, somewhat safe, mostly unsafe or completely unsafe?”

- Completely/Mostly: 83%
- Somewhat: 12%
- Mostly/Completely Unsafe/Ineffective: 4%

“Do you believe wellness vaccines are completely effective, mostly effective, somewhat effective, mostly ineffective or completely ineffective?”

- Completely/Mostly: 86%
- Somewhat: 11%
- Mostly/Completely Unsafe/Ineffective: 3%
When it comes to wellness vaccine info, physicians are the dominant source of information and by far the most trusted.

"Where do you receive most of your information about wellness vaccines?"^  

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician or Health Provider</td>
<td>66%</td>
</tr>
<tr>
<td>Internet/Social Media</td>
<td>10%</td>
</tr>
<tr>
<td>Government Health Agency (Local, School, State, National)</td>
<td>10%</td>
</tr>
<tr>
<td>Friends/Family</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>1%</td>
</tr>
</tbody>
</table>

"What source would you say you trust the most when it comes to information about wellness vaccines?"^^  

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician or Health Provider</td>
<td>75%</td>
</tr>
<tr>
<td>Government Health Agency (Local, School, State, National)</td>
<td>10%</td>
</tr>
<tr>
<td>Friends/Family</td>
<td>8%</td>
</tr>
<tr>
<td>Internet/Social Media</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>1%</td>
</tr>
</tbody>
</table>

^Split Sample A, N=296; ^^Split Sample B, N=304.
We know that vaccines work. Before the polio vaccine was created in the 1950s, there were over sixteen thousand cases of polio in the U.S. every year. By 2019 there was not a single case of polio in the U.S.

We know that vaccines in the U.S. have saved lives and eliminated or significantly reduced the number of infectious diseases. Each year in the U.S. wellness vaccines given to children will prevent forty-two thousand early deaths and 20 million cases of disease.

The Kansas Medical Society, which represents nearly three thousand medical doctors across Kansas, strongly supports children receiving wellness vaccines.\(^\wedge\)

The Kansas State Nurses Association, which represents over forty thousand registered nurses across Kansas, strongly supports children receiving wellness vaccines.\(^^{\wedge}\)

\(^\wedge\)Split Sample A, N=296; \(^^{\wedge}\)Split Sample B, N=304.
Wisconsin Department of Health Services
Vaccination Community Outreach Grant Program

- **Over 4K** Vaccination Events
- **Over 131K** vaccinations administered
- **Over 24K** education events
- **Nearly 3T** paid and social media ads
- Estimated trillions of impressions
Funded Projects

Funded organizations include:

• Federally Qualified Health Centers (FQHCs)
• School districts
• Local/tribal health departments
• Community-based organizations

Round 1: 6.3M to 101 Community level organizations
Round 2: 11.6M to 135 Community level organizations
“Our goal was for 5,000 households to be reached through door-to-door canvassing, and we exceeded that goal with over 8,000+ households reached over a 7-week period.”

Sherman Park Community Association

“We were able to help vaccinate over 400 Hmong and Southeast Asian elders and adults. Individuals shared with us that if it was not for our mobile vaccine clinics, they would not have been able to get vaccinated because they lacked the computer skills to register online...[and] due to language barriers”

The Hmong Institute
“the trust that exists in pre-existing relationships between OASD liaisons and family members helped families feel more comfortable about the vaccine.”

Oshkosh Area School District

“Focus more on one-on-one outreach activities in communities with low vaccination rates. Empower community members to share their own experiences when they get vaccinated to dispel myths and misconceptions. Personal experience was the most requested and effective way to share vaccine information.”

Wisconsin Literacy Inc.
Texas COVID-19 Vaccine Outreach & Education Grant Program

Building vaccine confidence through supporting local community focused activities.
Creative Community Engagement Partnerships & Locations

Communication Service for the Deaf (CSD) & Deaf Action Center (DAC)

El Paso ISD

Faith-Based Enhance your community’s health
Your Health Is Our Priority

Quang Duc Buddhist Temple
17703 French Rd, Houston, TX 77084
Sunday, March 27, 2022
From 9AM - 1PM

HEALTH SERVICES
- Vision screening
- Bone density screening
- Cholesterol screening
- Hypertension screening
- Blood glucose screening
- Sign-up for Pap smear exam
- Colon cancer with FIT test provided
- Clinical breast exam & schedule for mammogram
- Health Scans: BMI, visceral fat, antioxidant level

OTHER SERVICES
- Create a Will
- Covid-19 Test
- Covid-19 Vaccine (adult & children)
- Covid-19 Booster (bring vaccine card)
- Smoking Cessation
- Medicare, Medicaid, ACA Marketplace (Obama Care)
- Diabetes prevention
- Funerary pre-planning
- Fire safety & prevention information
- And many other resources

Contact Us: 832-404-8345

Protect Yourself and the People You Love.
Ongoing Vaccine Confidence Campaign

First COVID shot protection is like:

Second COVID shot protection is like:

Booster shot protection is like:

#healthytx

890M Vaccine Impressions in 2021
Community-based Vaccine Confidence Building

LESSONS LEARNED

• Offer COVID vaccine + other vaccines
• Address misinformation
• Messages from local, trusted medical professionals
• Partnerships with trusted community members: churches, workplaces, or schools
• Flyers and posters in common community spaces
• Information in multiple languages
Community-based Vaccine Confidence Building
LESSONS LEARNED

- Fear tactics and dire warnings ineffective
- Specific and targeted messaging
- One-on-one conversation at community events
- Messaging focused on overall healthy behaviors or community health
We are rounding the corner into another pandemic summer, and COVID vaccine uptake for children continues to be slow. That's a problem as new COVID-19 variants continue to spread. With boosters for children 5 - 11 being approved and the possibility that a vaccine for children under five may finally be available for children this summer, it's essential to be ready to have conversations with parents.

Researchers at UMass Medical School found that "COVID-19 vaccine-hesitant individuals became less hesitant after a brief recommendation from a doctor." That means doctors and healthcare providers have a unique opportunity to persuade parents who may be on the fence. Luckily, there are tips to help you with those conversations.

A recent study conducted by IUPUI in collaboration with the Indiana Department of Health and the Indiana Department of Education looked at the factors that differentiate COVID-19 vaccine intentions among Indiana parents.

The researchers determined that to motivate parents that are hesitant to vaccinate their children, rather than highlighting the risks of COVID, healthcare providers should emphasize the safety and efficacy of the vaccine. Click the button below to read a summary of the findings.
Conference Objectives

• Explore strategies to address COVID-19 vaccine with patients, to ultimately increase vaccination rates in healthcare practices.
• Examine the role social media can play in COVID-19 vaccine communication.
• Summarize COVID-19 vaccine safety monitoring systems and safety data.
WORKING TO ADDRESS VACCINE CONFIDENCE IN WASHINGTON STATE
Intervention: respectful, proactive communication

**Ask.**
- Offer parents the recommended childhood immunization schedule.
- Ask what questions they have about the schedule. Use open-ended questions.
- Clarify/Restate their concerns to make sure you understand.

**Not hesitant** (or planning to follow the recommended schedule)

**Ask.**
- Support parents’ decisions to follow the recommended schedule.
- “Staying up to date on vaccines is the single most important thing you can do to protect your child from serious diseases.”
- “I think you’ve made a good decision.”

**Advisory.**
- Encourage parents to get up to date on their vaccines.
- Emphasize the importance of staying on schedule with future vaccinations.
- Suggest parents think about whether people who care for their child are up to date on their vaccines.

**Bestaht** (or wanting to follow an alternative schedule)

**Ask.**
- Emphasize it’s the parents’ decision.
- Appeal for what’s best for their child. Name the emotions you observe.
- Acknowledge risks and conflicting information sources.
- Be clear that you are concerned for the health of their child, not just public health safety.
- “Many parents have these same questions.”
- “I know you want to do everything you can to keep your child safe, and so do I!”
- “I have to help you have the information you need to make decisions that work for your family.”
- “There are a lot of different opinions about vaccines.”

**Acknowledge.**
- Tailor your advice to parents’ specific concerns (using the Frequently Asked Questions at right). Offer written resources.
- Allow time to discuss the pros and cons of vaccines.
- Be willing to discuss parents’ ideas.
- End with at least one action you both agree on.

**Advise.**
- Tailor your advice to parents’ specific concerns (using the Frequently Asked Questions at right).
- Offer written resources.
- Allow time to discuss the pros and cons of vaccines.
- Be willing to discuss parents’ ideas.
- End with at least one action you both agree on.

**Frequently Asked Questions**

- **What are the benefits of vaccines?**
  - Vaccines protect against diseases that can harm your child. Some vaccines can cause long-term harm problems or death.
  - Vaccines have saved more lives than any other medical intervention, including antibiotics or surgery. Vaccines also help prevent disabilities such as blindness and paralysis that can be caused by disease.

- **What are the risks of vaccines?**
  - Vaccines can cause mild side effects that usually appear within a couple days. The most common are fever or sickness when the injection was given.
  - Serious side effects from vaccines are extremely rare. For example, one child in a million may have a severe allergic reaction to the DPT vaccine. There is no evidence that vaccines are linked to autism, autoimmune disease, asthma, or diabetes.
  - The benefits of vaccines far outweigh the risks.

- **Haven’t we gotten rid of these diseases in the U.S.?**
  - No. The vaccines we recommend are for diseases that still show up in the U.S., as children are still at risk. You may have heard about whooping cough (pertussis) becoming more common in the Northeast. There were more than 4,000 cases in Washington and Oregon between 2004 and 2007. Other diseases may be just a flu ride away.

- **Why does my child need all these vaccines at such a young age? Is it safer to delay some shots?**
  - The vaccines we offer to young babies are to diseases that are especially dangerous to them. These diseases can have devastating long-term effects on your baby’s health.
  - It is actually more dangerous to delay vaccines than to give them. This is because the diseases that vaccines prevent are more severe than any side effects. Most of the time, young babies are exposed to these diseases from people around them every day, such as brothers, sisters, parents, and other family members, and caregivers.

- **Isn’t this too many shots at one visit?**
  - There is no evidence that getting more than one vaccine at the same time will harm your child. Newborn babies successfully respond to many more new substances every day than are in the vaccines we recommend. The human immune system can recognize and respond to thousands of organisms in the body at the same time. This is true even for newborn babies.
  - Your choice to stick to the recommended schedule actually makes your child’s immune system stronger.

- **Can’t separate the MMR vaccine into individual shots?**
  - Separate MMR shots are not available in the U.S. But that’s a good thing. When the MMR was given separately, there were gaps of time when children were still susceptible to serious diseases the MMR prevents: measles, mumps, and rubella.
  - We use the combination MMR because we know it’s safe — and because it protects against these diseases in one shot. That’s less disruptive for your child.

- **Can’t use an alternative schedule?**
  - The evidence suggests that there is no benefit to delaying vaccines. In fact, it actually increases your child’s risk for getting a disease that vaccines could have prevented.
  - There is flexibility within the recommended schedule. Let’s look over it together and come up with a plan that you’re comfortable with.

For more resources visit [vaxnorthwest.org](http://vaxnorthwest.org)
Sleeves Up, Alaska

• **Sleeves Up for Summer**
  - Community-driven campaign to increase COVID-19 vaccinations statewide
  - Events planned by local communities, business groups and health care and community organizations

• **Sleeves Up for School (2021-2022)**
  - DHSS provided information about COVID-19 vaccinees for Alaska's youth and families
Maryland Department of Health GoVAX Campaign
COVID-19 Communication Resources

Resources to improve informed decision-making, health equity & COVID-19 vaccination coverage in communities.
General Resources/Toolkits for Communities

Community Health Workers Toolkit: We Can Do This

COVID-19 Community Resources

Welcome to the COVID-19 Community Resource Center. This site was created to support community-based organizations, specifically those that serve communities of color, in their tireless efforts to protect the people in their communities from COVID-19. Here you will find free resources to complement your existing work.

If you are looking for something specific that is not currently available, please tell us what you need by filling out this short survey and we will review your request.
Summary of Key Activities

- Community-driven messaging and messengers
- Building trusted relationships in communities
- Reviewing science and data with providers
- Education campaigns for public
  - Using familiar voices
  - Acknowledging questions are okay but vaccinating is the norm
  - Encourage discussion with pediatrician/medical home
- Monitoring and dispelling myths and misinformation
Tips for Vaccine Policy Discussions

- Know the audience (constituent versus organized natl campaign)
- Expect media and public attention
- Build on core values and common ground
  - Everyone wants children to be healthy
- Don’t get bogged down arguing the specific details of the science
  - Science and data must be considered in their totality
- Be respectful: put information out that is factual and accurate
- Be empathetic: listen to constituents; acknowledge that it is ok to have questions
- Invest in data and evaluation
- Invest in communities
How have you managed vaccine communication in your legislative work (during hearings, with constituents or colleagues, etc.)?
Thank you!

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