

**Planning for the Child (ages 5-11) Vaccine Rollout:  
Equitable Approaches and Best Practices  
Webinar Transcript**

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00:00:08.639 -> 00:00:11.790

Lisa F. Waddell, MD, MPH | CDC Foundation: Hello everyone, we will get started in just a moment.

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00:00:25.020 -> 00:00:32.010

Lisa F. Waddell, MD, MPH | CDC Foundation: We have a large number of folks who have signed up, so we are allowing everyone to get into the room.

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00:00:50.220 -> 00:00:57.240

Lisa F. Waddell, MD, MPH | CDC Foundation: Well Hello everyone i'm Dr Lisa waddell the chief medical officer with the CDC foundation.

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00:00:57.720 -> 00:01:07.290

Lisa F. Waddell, MD, MPH | CDC Foundation: It is my pleasure to both welcome and thank all of you for attending today's webinar focusing on children and the coven 19 vaccine.

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00:01:08.010 -> 00:01:16.950

Lisa F. Waddell, MD, MPH | CDC Foundation: The CDC foundation is so pleased to host this webinar in partnership with the vaccine equity cooperative and health leads.

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00:01:17.550 -> 00:01:32.400

Lisa F. Waddell, MD, MPH | CDC Foundation: The webinar is the seventh in a series for Community based organizations, it is part of the CDC foundations ongoing work and commitment to support those of you working in communities and partnering with communities to fight this pandemic.

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00:01:33.180 -> 00:01:40.680

Lisa F. Waddell, MD, MPH | CDC Foundation: We all know that this pandemic has taken a terrible toll on the health and well being of so many, and that includes our children.

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00:01:41.100 -> 00:01:47.730

Lisa F. Waddell, MD, MPH | CDC Foundation: Far too many children have been sickened by this deadly SARS coby to virus and sadly too many have died.

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00:01:48.300 -> 00:01:58.320

Lisa F. Waddell, MD, MPH | CDC Foundation: And it remains to be seen how many may be impacted by the long term consequences of the virus, but the long awaited prevention tool it's on its way.

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00:01:58.770 -> 00:02:11.280

Lisa F. Waddell, MD, MPH | CDC Foundation: And that is a coven 19 vaccines, specifically for our young children ages five to 11 so today's webinar will focus on planning for the child ages five through 11.

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00:02:11.730 --> 00:02:20.430

Lisa F. Waddell, MD, MPH | CDC Foundation: For the covid 19 vaccine rollout equitable approaches and best practices, we are thrilled to have a number of experts.

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00:02:21.120 --> 00:02:35.730

Lisa F. Waddell, MD, MPH | CDC Foundation: speakers on this topic for today with us so to get us started, I will turn the program over to our moderator miss today Hamilton Franklin the Vice President of health equity and stakeholder engagement with health leads today.

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00:02:37.020 --> 00:02:37.350

Tene Franklin, MPH: Thank you.

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00:02:38.760 --> 00:02:50.550

Tene Franklin, MPH: and welcome everyone to our conversation today that on spot for specifically focusing on the child vaccine rollout equitable approaches and best practices.

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00:02:51.150 --> 00:03:04.470

Tene Franklin, MPH: And before we get into our conversation I just have a couple of housekeeping notes one use the zoom chat to submit questions comments reactions or resources to share with each other.

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00:03:05.340 --> 00:03:13.860

Tene Franklin, MPH: The webinar is going to be recorded and we will send it out afterwards, and it will be uploaded to the the CDC foundation website.

17

00:03:14.400 --> 00:03:26.310

Tene Franklin, MPH: Towards the end of the week, this webinar is has also has closed captioning available to enable closed captioning please click on the closed captioning icon to turn it on.

18

00:03:27.960 --> 00:03:38.700

Tene Franklin, MPH: So let's let's jump in, we know that the FDA emergency use authorization for covid 19 vaccinations for children under 12 is right around the corner.

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00:03:39.540 --> 00:03:48.090

Tene Franklin, MPH: It as as anticipated some parents will be eager to vaccinate their children, but we also know that there it's about 34%.

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00:03:48.390 --> 00:03:56.160

Tene Franklin, MPH: of parents, according to the Kaiser family foundation say that they're going to wait to vaccinate their their children under the age of 12.

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00:03:56.880 --> 00:04:07.860

Tene Franklin, MPH: So pediatric practices health departments fq agencies and also school based health centers many Community based organizations are preparing for the challenges.

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00:04:08.220 --> 00:04:16.560

Tene Franklin, MPH: Of vaccinating children and families, and we know that these conversations and preparations are going to be most effective on the local level.

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00:04:17.520 --> 00:04:28.200

Tene Franklin, MPH: In addition, I wouldn't be surprised if some of us were also wearing our parental hats today to learn some more information on how to navigate this conversation with our own families.

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00:04:29.280 --> 00:04:34.590

Tene Franklin, MPH: So for patients, under the age of 12 we need trusted messengers, we need effective communication.

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00:04:35.040 --> 00:04:47.100

Tene Franklin, MPH: And Community based organizations with schools and also medical homes, all of these players are important and play critical roles and to making sure that we have solutions for community.

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00:04:47.700 --> 00:04:56.640

Tene Franklin, MPH: So in today's conversations we're going to focus on centering on racial health equity solutions, while addressing root causes of disparities.

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00:04:57.210 --> 00:05:08.490

Tene Franklin, MPH: prioritizing outreach in the context of local families and communities we're going to talk about building on existing infrastructure with an open mind to no wrong door approaches.

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00:05:09.150 --> 00:05:16.560

Tene Franklin, MPH: And also engaging allies in the medical on public health Community schools, health policy and private sectors.

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00:05:17.340 --> 00:05:33.000

Tene Franklin, MPH: resources to help Community members and families, make an informed decision are also going to be shared not only by our speakers today, but I also know that a lot of you all have those resources so again, I encourage you to drop them in the chat.

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00:05:33.720 --> 00:05:42.930

Tene Franklin, MPH: Our health leads team is going to help that those resources and make sure that we include them when we send out the webinar information after the call.

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00:05:44.070 --> 00:05:51.060

Tene Franklin, MPH: So I would like to go ahead and introduce the speakers that we're going to have a front, first we have.

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00:05:52.800 --> 00:06:06.030

Tene Franklin, MPH: First, we have Dr Kevin Chapman Stevens he's a pediatric East with a pediatric beck's that seeing planning and implementation lead with the CDC vaccine Task Force.

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00:06:06.780 --> 00:06:24.690

Tene Franklin, MPH: We have Dr Lauren A Smith, who is the chief health equity and strategy officer for the CDC foundation, we have Miss Venus Genus, who is the founder President and founder of Dia de la Mohair Latina.

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00:06:26.010 --> 00:06:40.710

Tene Franklin, MPH: Mr Robert Board Boyd excuse me who's President and CEO of the school based health alliance Mark Delmonte co executive and executive Vice President of the American Academy of Pediatrics.

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00:06:41.580 --> 00:06:56.700

Tene Franklin, MPH: So that being said, I like to go ahead and jump into the conversation and Kevin I'm going to turn it over to you to share your perspective, how CDC is approaching the vaccine rollout Kevin.

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00:06:57.720 --> 00:07:04.560

Kevin Chatham-Stephens, MD, MPH, FAAP: Hey thanks so much today good afternoon everyone really wanted to thank everyone for the opportunity to speak with you all today.

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00:07:04.800 --> 00:07:11.040

Kevin Chatham-Stephens, MD, MPH, FAAP: As mentioned I'm Kevin Stevens, and my current role on helping with the planning for the COVID-19 vaccine for children.

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00:07:11.730 --> 00:07:20.100

Kevin Chatham-Stephens, MD, MPH, FAAP: Five to 11 years old, and I think we all know that a lot of families pediatricians teachers and others are eagerly awaiting this vaccine.

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00:07:20.700 --> 00:07:28.650

Kevin Chatham-Stephens, MD, MPH, FAAP: On a personal note I'm a pediatrician and have several nieces and nephews that fit in this age range so I'm personally and professionally invested in this activity.

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00:07:29.190 --> 00:07:39.480

Kevin Chatham-Stephens, MD, MPH, FAAP: and as has already been mentioned, we unfortunately know that children have been directly affected by COVID-19 by getting sick on some unfortunately severely sick.

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00:07:40.050 --> 00:07:55.950

Kevin Chatham-Stephens, MD, MPH, FAAP: And also, indirectly affected as well, through family members, getting sick missing out on school and other key activities and being behind on regular medical care, including routine childhood vaccinations and so vaccinating children really help protect them from getting.

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00:07:57.060 --> 00:08:07.200

Kevin Chatham-Stephens, MD, MPH, FAAP: As well as protecting them from severe disease hospitalizations are developing long term Code, the 19 complications and really allow us to start to begin to return to pre paint them in life.

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00:08:07.830 --> 00:08:13.050

Kevin Chatham-Stephens, MD, MPH, FAAP: With many children back in school and participating in extracurricular activities like my own children.

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00:08:13.560 --> 00:08:23.190

Kevin Chatham-Stephens, MD, MPH, FAAP: couldn't 19 vaccination among children is even more critical to preventing infection, as well as reducing transmission of Caribbean 19, especially with the widely circulated delta variant.

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00:08:24.450 --> 00:08:30.420

Kevin Chatham-Stephens, MD, MPH, FAAP: So many folks are asking well, when will this be available for my children my grandchildren my patients, etc.

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00:08:31.200 --> 00:08:38.670

Kevin Chatham-Stephens, MD, MPH, FAAP: And so you know just to set the stage here, you know, hoping 19 vaccination among this age group is subject to authorization by FDA.

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00:08:39.090 --> 00:08:52.890

Kevin Chatham-Stephens, MD, MPH, FAAP: and also by recommendation by CDC is advisory committee on immunization practices or a tip, this is the same process and that's been falling for all the other 19 vaccines, as well as for our routine childhood vaccinations as well.

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00:08:53.940 --> 00:09:01.110

Kevin Chatham-Stephens, MD, MPH, FAAP: And a lot of people are also interested in a specific timeline so we know the FDA is advisory committee will meet on October 26.

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00:09:01.530 --> 00:09:06.420

Kevin Chatham-Stephens, MD, MPH, FAAP: So, less than a couple weeks away to discuss the data behind the Pfizer vaccine in this age group.

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00:09:07.020 --> 00:09:15.780

Kevin Chatham-Stephens, MD, MPH, FAAP: Sometime thereafter either later that week or early the following week it's anticipated the FDA may make their announcement made approved the vaccine.

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00:09:16.740 --> 00:09:30.840

Kevin Chatham-Stephens, MD, MPH, FAAP: And then CDC is advisory committee or ACI people need to discuss the vaccine and offer their own recommendations that committee is currently scheduled to meet on November 2 and, third, but that could be moved up or back depending on when FDA makes its announcement.

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00:09:32.100 --> 00:09:41.730

Kevin Chatham-Stephens, MD, MPH, FAAP: So the decision by CDC and FDA regarding the use of the vaccine among children will fall in in depth review of available data and safety and how well the vaccine works and children.

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00:09:42.840 --> 00:09:51.690

Kevin Chatham-Stephens, MD, MPH, FAAP: On the safety note it's important to note that curve and 19 vaccines have undergone and will continue to undergo the most intensive safety monitoring in US history.

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00:09:52.350 --> 00:09:58.260

Kevin Chatham-Stephens, MD, MPH, FAAP: We know that some parents may have concerns regarding safety of these vaccines so we'll be messaging to families on this topic.

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00:09:59.040 --> 00:10:09.570

Kevin Chatham-Stephens, MD, MPH, FAAP: In addition, we always encourage families to discuss any concerns with their pediatrician or whoever cares for their child as that condition knows their fam the child in the family, the best.

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00:10:11.220 --> 00:10:16.950

Kevin Chatham-Stephens, MD, MPH, FAAP: we've also been working very closely with health departments and permissions to make sure everyone is prepared for the release of the vaccine.

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00:10:17.460 --> 00:10:26.880

Kevin Chatham-Stephens, MD, MPH, FAAP: For example, this past Friday we send out a painting document with some information on the vaccine to our health departments in clinical partners and we'll be sending out more information, this week.

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00:10:27.780 --> 00:10:34.440

Kevin Chatham-Stephens, MD, MPH, FAAP: And to ensure equitable vaccine, distribution and administration CDC plans to ensure broad and convenient.

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00:10:34.890 --> 00:10:44.070

Kevin Chatham-Stephens, MD, MPH, FAAP: coverage by having vaccine available in different locations, including pediatricians offices pharmacies vaccine and accept schools, etc.

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00:10:44.550 --> 00:10:53.280

Kevin Chatham-Stephens, MD, MPH, FAAP: to monitor vaccine administration friends early and often and to disseminate culturally and linguistically appropriately appropriate messaging through trusted channels.

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00:10:54.330 --> 00:11:03.720

Kevin Chatham-Stephens, MD, MPH, FAAP: Ensuring equity in vaccination coverage is a high priority for CDC and there are some groups of children who made made additional consideration for Cobra 19 vaccination.

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00:11:04.320 --> 00:11:09.390

Kevin Chatham-Stephens, MD, MPH, FAAP: including but not limited to children who may be at increased risk for severe cold 19.

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00:11:09.930 --> 00:11:19.110

Kevin Chatham-Stephens, MD, MPH, FAAP: Children with limited access to routine vaccinations services such as those who are experiencing homelessness who live in rural areas or who have special health care needs.

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00:11:19.560 --> 00:11:28.920

Kevin Chatham-Stephens, MD, MPH, FAAP: Children who experienced systemic health or social inequities such as racial and ethnic minority groups households with lower income and children with disabilities.

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00:11:29.400 --> 00:11:37.530

Kevin Chatham-Stephens, MD, MPH, FAAP: And also children living in congregate care settings we really appreciate all the work that you're doing to help ensure that our children can be vaccinated.

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00:11:38.010 --> 00:11:43.410

Kevin Chatham-Stephens, MD, MPH, FAAP: Everyone on this call is a key partner in this effort and can help ensure success through a variety of activities.

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00:11:43.800 --> 00:11:53.010

Kevin Chatham-Stephens, MD, MPH, FAAP: Including amplifying messages to families and communities and leveraging your trusted partnerships with that i'll go ahead and in and just wanted to say, thanks so much appreciate it.

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00:11:55.710 --> 00:12:05.430

Tene Franklin, MPH: Thank you Kevin I know we're going to have some questions during our question answer session after we hear from the speakers next i'd like to.

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00:12:06.270 --> 00:12:21.630

Tene Franklin, MPH: bring up mark Tremonti now mark has to leave for another meeting in about 1520 minutes so we're going to hear from mark and then i'm going to ask mark just maybe one or two questions if we have time, because I know you have to leave the call early mark.

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00:12:22.740 --> 00:12:32.970

Mark Del Monte (AAP): super Thank you so much, and what a privilege to be with you i'm just delighted to have the opportunity to address you for a few minutes here too busy time at the American Academy of pediatrics since i'm not able to stay.

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00:12:34.260 --> 00:12:37.890

Mark Del Monte (AAP): For the whole time but i'm sorry about that, and I hope I get invited back we'll see how I do here.

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00:12:38.340 --> 00:12:49.140

Mark Del Monte (AAP): i'm mark Tremonti i'm the CEO of the American Academy of pediatrics there are two other there are two i'm a lawyer, not a pediatrician there are two pediatricians on the panel today so i'll leave you in there, good hands to.

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00:12:50.100 --> 00:12:59.610

Mark Del Monte (AAP): A PS 67,000 Members across the country, and this is really the backbone of where children get vaccinated and and we have begun to think about this, I think.

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00:13:00.090 --> 00:13:08.580

Mark Del Monte (AAP): In terms of five to 11 year olds in three different categories that I think are quite important, the first category is some of the things.

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00:13:09.000 --> 00:13:15.810

Mark Del Monte (AAP): That Dr Jeff and Stevens just mentioned, which is how do we get the vaccine to the places where people want it.

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00:13:16.350 --> 00:13:20.700

Mark Del Monte (AAP): So, at some point in the next couple of weeks or so the Federal Government make a decision approving.

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00:13:21.300 --> 00:13:32.100

Mark Del Monte (AAP): Hopefully, a vaccine for five to 11 year olds and so wherever families want to get that vaccine, or if they want to talk to their clinician about that we've got to get all of that distribution ready.

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00:13:32.370 --> 00:13:37.950

Mark Del Monte (AAP): And pre position so that it is ready to go as fast as we can have it as soon as that decision is made so.

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00:13:38.400 --> 00:13:49.650

Mark Del Monte (AAP): That for us is really logistical questions about who is where are the vials out of the vials get from where they are now to where they need to be how do practices work with their state immunizations.

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00:13:50.220 --> 00:14:02.400

Mark Del Monte (AAP): Public Health Officials and public health districts in their in their jurisdiction or state to get the vaccine into the practices, so that they can be ready to administer to children as as fast as we can.

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00:14:02.940 --> 00:14:09.300

Mark Del Monte (AAP): it's going to be very important to communicate to people that the vaccine, that is contemplated for five to 11 year olds is different.

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00:14:09.990 --> 00:14:18.630

Mark Del Monte (AAP): It has a different vibe and a different formulation, so we can't use the the vaccines that are approved for 12 and ups right now on five to 11 year olds.

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00:14:18.960 --> 00:14:28.710

Mark Del Monte (AAP): So we're going to have to wait for the vials the new vials with the new formulation to get into the places where vaccines are distributed that's going to be a hard distinction for people because.

84

00:14:29.130 --> 00:14:37.170

Mark Del Monte (AAP): I think we're going to have to for the initial rush people are going to want to get it right away, and if you've got vaccine your office why can't just give me what you have there.

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00:14:38.040 --> 00:14:44.910

Mark Del Monte (AAP): So I think that initial an initial distribution is going to be very important that time over the next few weeks or months when.

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00:14:45.180 --> 00:14:51.720

Mark Del Monte (AAP): Demand exceeds supply where people who want to get the vaccine for their child right away, we want to be able to get that to them.

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00:14:52.020 --> 00:14:59.310

Mark Del Monte (AAP): So I think that there's a lot of issues there and a number of things that we're working through once we get past that initial period.

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00:14:59.760 --> 00:15:04.890

Mark Del Monte (AAP): I think we really need to think carefully now about what that is going to look like.

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00:15:05.430 --> 00:15:16.950

Mark Del Monte (AAP): And what I think that's going to look like, for most families or many families is the same kind of barriers to access and and common concerns that they have about vaccination right now.

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00:15:17.460 --> 00:15:32.940

Mark Del Monte (AAP): And we know that we're at least 10 or 11 million doses behind in routine childhood immunizations, and so we need to have a conversation to get families back to where they get vaccines to get caught up and to get the coven vaccine as well.

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00:15:33.480 --> 00:15:40.920

Mark Del Monte (AAP): I think it's a mistake if we think that there's vaccines over here for children and then the covert vaccine over here as somehow distinct.

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00:15:41.370 --> 00:15:47.220

Mark Del Monte (AAP): I think is we're talking to families and talking to communities about vaccination, we need to increase confidence.

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00:15:47.580 --> 00:15:57.270

Mark Del Monte (AAP): and share messages that bolster the confidence in all vaccines, not just the coven 19 vaccine so thinking about messaging will be very important.

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00:15:58.080 --> 00:16:01.500

Mark Del Monte (AAP): People who give vaccines to children know how to talk to families.

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00:16:02.010 --> 00:16:09.570

Mark Del Monte (AAP): families have lots of really heartfelt questions about every single intervention that happens to their child what parent.

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00:16:09.930 --> 00:16:15.480

Mark Del Monte (AAP): doesn't want to know every detail about what's happening to their child whether it's a vaccine or a prescription or.

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00:16:15.960 --> 00:16:26.940

Mark Del Monte (AAP): Going into the hospital or anything else, and so we have to be ready to deeply discuss their issues answer their questions, one, at a time family by family.

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00:16:27.330 --> 00:16:31.290

Mark Del Monte (AAP): To have those hard conversations and we know that the more local.

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00:16:31.650 --> 00:16:39.360

Mark Del Monte (AAP): And then the closer to the family, those messengers are, the more persuasive they are so we've got to think about having conversations that are.

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00:16:39.600 -> 00:16:47.040

Mark Del Monte (AAP): Really really close to the Community and really, really connected to the family So how do we make sure that all those messengers are ready to go.

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00:16:47.730 -> 00:16:59.580

Mark Del Monte (AAP): And then I think the third category is there's an organized effort to undermine confidence in vaccines by people who want to bring down the vaccination system and they certainly want to.

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00:17:00.630 -> 00:17:10.740

Mark Del Monte (AAP): undermine the coven 19 vaccine, and this is very dangerous, and this information is is organized and moving quickly literally at the speed of the Internet.

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00:17:11.190 -> 00:17:18.270

Mark Del Monte (AAP): And so we have to be ready to not only counsel about safety and efficacy of the vaccine but counter ugly misinformation.

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00:17:18.660 -> 00:17:26.970

Mark Del Monte (AAP): That is being spread on purpose, and so I think those are the three kind of categories that we're worried about as we approach this it's sort of go time.

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00:17:27.390 -> 00:17:41.760

Mark Del Monte (AAP): For the five to 11th and and so we're thinking about all of those aspects, right now, but what I can say just in in closing the summary here is we, we should begin with the end in mind.

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00:17:42.840 -> 00:17:54.450

Mark Del Monte (AAP): And if we want to reach those populations who have real questions about about health care and accessing healthcare, who have real questions about new medical interventions.

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00:17:54.930 -> 00:18:01.350

Mark Del Monte (AAP): we're going to have to think about that now, so that means beginning the conversation before the, the way is even granted.

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00:18:01.800 -> 00:18:07.830

Mark Del Monte (AAP): About equity and about making sure that distribution of the vaccine gets deeply into communities.

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00:18:08.280 -> 00:18:14.460

Mark Del Monte (AAP): And that messengers who are bringing those messages into those communities know what they're doing and and know how to.

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00:18:15.360 --> 00:18:23.970

Mark Del Monte (AAP): Have authentic conversations with people we've had tremendous success we've seen people like the conversation.

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00:18:24.420 --> 00:18:34.770

Mark Del Monte (AAP): on YouTube there are number of people who've really been working very hard to do this, and so I think we can amplify bolster those efforts, particularly as we get down to the younger children.

112

00:18:35.340 --> 00:18:45.510

Mark Del Monte (AAP): But we all have a lot of work to do together on the logistics and on the messaging and then countering the terrible disinformation that is flowing freely if we're really going to.

113

00:18:46.020 --> 00:18:53.040

Mark Del Monte (AAP): get as many of our children vaccinated as possible, so let me stop there, and maybe take some questions if that's okay tonight.

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00:18:53.580 --> 00:18:54.240

Tene Franklin, MPH: Thank you, mark.

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00:18:55.980 --> 00:19:01.290

Tene Franklin, MPH: So the first question i'm wondering if you can talk a little bit about how we should.

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00:19:01.740 --> 00:19:06.750

Tene Franklin, MPH: Think about pediatricians engaging with health departments specifically.

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00:19:07.080 --> 00:19:16.980

Tene Franklin, MPH: So we know that pediatricians are trusted messengers, we know that health departments are driving a lot of the vaccine efforts efforts in local community so talk to us a little bit about how we should be thinking about that.

118

00:19:17.670 --> 00:19:20.970

Mark Del Monte (AAP): Now, thank you that's a great question and a really important concept.

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00:19:21.600 --> 00:19:33.270

Mark Del Monte (AAP): One of the infrastructures that's currently in places the vaccines for children program, which is a nice interaction between state state health departments and that and those programs and fee and the field and pediatric practices.

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00:19:33.660 --> 00:19:46.560

Mark Del Monte (AAP): Right now, we know that the average is about 75% but it's some there's some differentiation across the States, but in some states, almost all of their vlc providers are signed up to be coven 19 vaccine and administer Earth.

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00:19:47.070 -> 00:19:57.480

Mark Del Monte (AAP): And so I think the the the the immediate bridge that needs to be built, is between the VOC program because those providers know how to interact with state health departments.

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00:19:57.870 -> 00:20:10.140

Mark Del Monte (AAP): They know how to have the conversation about ordering and getting sufficient supply and getting that all of that distribution mechanism working to get actual vaccine into their office into their refrigerators and ready to go.

123

00:20:10.620 -> 00:20:19.410

Mark Del Monte (AAP): They know how to do appointments and all the kind of administrative aspects of scheduling vaccinations in their offices and so that's built infrastructure.

124

00:20:19.890 -> 00:20:30.240

Mark Del Monte (AAP): That we have right now, and so to the extent to which we can leverage that infrastructure quickly to to work for the coven 19 vaccine, I think that will be crucially important.

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00:20:30.960 -> 00:20:40.320

Mark Del Monte (AAP): For those practices that are not be FC providers, I think we're going to have to encourage them working with our state chapters in every state to get those connections in place.

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00:20:41.070 -> 00:20:48.690

Mark Del Monte (AAP): The nice thing about pediatrics is that they're very they're high volume vaccine administrators and so they know how to do this, we just need to figure out how to ease the way.

127

00:20:49.050 -> 00:21:00.450

Mark Del Monte (AAP): For coven 19 vaccine to get into those practices, there are differences and payment there are differences in ordering there are differences in storage so we've got to work out some of those logistical differences along the way.

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00:21:01.470 -> 00:21:11.160

Tene Franklin, MPH: And then just a follow up question how is the American Academy of pediatrics What role do you all play in in communicating and forming.

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00:21:12.450 -> 00:21:24.780

Tene Franklin, MPH: Advocating with pediatricians that they go ahead and make sure that they become vlc provider, so we know that that's what they need to do, but are you all doing anything to encourage that.

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00:21:25.290 -> 00:21:26.280

Mark Del Monte (AAP): Particularly sure.

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00:21:26.610 --> 00:21:28.080

Tene Franklin, MPH: and vulnerable communities.

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00:21:28.530 --> 00:21:30.120

Mark Del Monte (AAP): Sure, thank you.

133

00:21:31.140 --> 00:21:31.560

Mark Del Monte (AAP): You know.

134

00:21:33.360 --> 00:21:38.760

Mark Del Monte (AAP): The data is clear now that 51% of children are on medicaid or chip.

135

00:21:40.350 --> 00:21:50.100

Mark Del Monte (AAP): So the implications of that that more than half of kids are now covered by private I meant by public health insurance through medicaid or chip.

136

00:21:50.610 --> 00:21:57.720

Mark Del Monte (AAP): means that half of kids are living in families that qualify for those programs, which means that they're in poverty or near poverty.

137

00:21:58.620 --> 00:22:05.190

Mark Del Monte (AAP): And at some chip programs are just above the federal poverty level or a little above it, and so we have to build the whole system.

138

00:22:05.880 --> 00:22:16.620

Mark Del Monte (AAP): In a way, that that is record recognizes that that's who children are and the care that they need, and so our members in our pediatrician Members have to not only.

139

00:22:18.120 --> 00:22:23.310

Mark Del Monte (AAP): be a part of the VOC program, but they also need to be a part of the medicaid and chip program because that's where the kids are.

140

00:22:23.730 --> 00:22:31.350

Mark Del Monte (AAP): So I think we, we can build out an infrastructure that serves all kids it's our role to do that as the standard setting organization.

141

00:22:32.190 --> 00:22:39.630

Mark Del Monte (AAP): For pediatricians we create guidance and policy, and so we we sort of set the gold standard for the practice of pediatrics.

142

00:22:40.050 --> 00:22:56.160

Mark Del Monte (AAP): We issued a policy statement recommending the vaccines in 12 and ups when that era came so that the formal stamp of of this organization on that vaccine accompany the CDC and FDA approval of it, we have every expectation that we would do that.

143

00:22:58.200 --> 00:23:09.210

Mark Del Monte (AAP): For the for the next era for five to 11 and then there's a whole advocacy component, we need to set the conditions so that people in practice can can, but the ecosystem can work.

144

00:23:09.660 --> 00:23:19.740

Mark Del Monte (AAP): And so, if you have medicaid systems that are strapped VOC programs that are underwater that doesn't work for anybody and so we've got to build out these systems, to make sure that they.

145

00:23:20.190 --> 00:23:26.430

Mark Del Monte (AAP): are able to receive kids and families and the children, families are in the Center of them, and all the service providers wrap around the outside.

146

00:23:26.880 --> 00:23:39.360

Mark Del Monte (AAP): As opposed to forcing families to negotiate all these complicated and hard systems, so I think we have our work cut out for us to encourage people, but also to change the systems so that they're more friendly to families.

147

00:23:40.290 --> 00:23:50.550

Tene Franklin, MPH: Thank you, mark I know we're going to have questions for you and I know you have to leave Would you mind if we for those questions to you for a response that we can send out later on with to our viewers.

148

00:23:51.150 --> 00:23:51.900

Mark Del Monte (AAP): i'd be delighted.

149

00:23:51.990 --> 00:23:53.820

Mark Del Monte (AAP): and be delighted Thank you so much.

150

00:23:54.180 --> 00:24:00.120

Tene Franklin, MPH: appreciate you all right next look at patterns net from the CDC foundation.

151

00:24:01.380 --> 00:24:15.120

Lauren A. Smith, MD, MPH: Thank you so much man, I want to echo mark and saying i'm so pleased to be here with so many of you in a tat and addressing this really important and critical topic so I wanted to use my time.

152

00:24:15.540 --> 00:24:22.410

Lauren A. Smith, MD, MPH: to outline what we why we know, an equitable vaccine distribution is so important for our kids.

153

00:24:22.830 --> 00:24:35.130

Lauren A. Smith, MD, MPH: I wanted to just take one minute to level set i'm sure I don't have to convince any of you all about this, but we know that there's been a disproportionate health and well being impact on our children of color.

154

00:24:35.580 --> 00:24:43.200

Lauren A. Smith, MD, MPH: In the US, their physical health, you know that these kids have lower rates of testing their have increased rates of infection.

155

00:24:43.620 --> 00:24:51.510

Lauren A. Smith, MD, MPH: They have increased rates of admissions to the hospital and then to the intensive care unit and then increased rates of serious and life.

156

00:24:52.020 --> 00:25:07.950

Lauren A. Smith, MD, MPH: Threatening complications, such as a multi Oregon information syndrome that happens in children and not surprisingly, and most tragically they have an increased risk of death, so the death rates of American Indian Alaska native.

157

00:25:09.000 --> 00:25:20.550

Lauren A. Smith, MD, MPH: and black children are 3.5 and 2.7 times higher than their white counterparts, so we know that these populations of these communities of children are.

158

00:25:21.330 --> 00:25:28.650

Lauren A. Smith, MD, MPH: already experiencing disproportionate impact and so it's essential that the vaccine that can prevent and protect them.

159

00:25:29.340 --> 00:25:40.290

Lauren A. Smith, MD, MPH: really needs to be equitably distributed, we also know that the pandemic has had an equal impact in terms of emotional health and educational and academic progress.

160

00:25:40.710 --> 00:25:54.450

Lauren A. Smith, MD, MPH: With family stressors related to parental job loss housing instability, as well as the illness and death of loved ones, since the same adult communities and also experienced disproportionate loss these kids really have had.

161

00:25:55.590 --> 00:26:05.340

Lauren A. Smith, MD, MPH: Significant trials and tribulations in in their life to contend with, and they're also the same kids who are increased risk for learning loss and achievement gaps before the pandemic.

162

00:26:06.180 --> 00:26:12.420



Lauren A. Smith, MD, MPH: And so you set that up and add to that they're more likely to miss schools and have had difficulty accessing.

163

00:26:13.560 --> 00:26:18.450

Lauren A. Smith, MD, MPH: Fully accessing remote in virtual learning for a whole host of reasons.

164

00:26:20.190 --> 00:26:31.500

Lauren A. Smith, MD, MPH: means that they are increased risk for educational disruptions that are currently happening when schools are closed due to outbreaks or the circulation of.

165

00:26:31.950 --> 00:26:41.610

Lauren A. Smith, MD, MPH: The virus in schools, so we know that 23% of parents overall indicated that their child has had to be quarantined at home do two exposures at school.

166

00:26:42.030 --> 00:26:49.050

Lauren A. Smith, MD, MPH: And again, this this this add further disruption for kids were already at risk for educational difficulties.

167

00:26:49.740 --> 00:26:58.710

Lauren A. Smith, MD, MPH: And what do we know about the parents attitudes about vaccination, not surprisingly parental vaccination status is a strong predictor.

168

00:26:59.040 --> 00:27:09.360

Lauren A. Smith, MD, MPH: of whether or not they intend to vaccinate their younger children it's already a strong predictor of the vaccination status that is of their teenagers or.

169

00:27:10.020 --> 00:27:20.970

Lauren A. Smith, MD, MPH: Children ages 12 to 17 so we know that we have to you know it's not about only beating the kids right it's about you know reaching the parents and being sure to.

170

00:27:22.110 --> 00:27:32.550

Lauren A. Smith, MD, MPH: address their questions are going to come back to today mentioned in her remarks that the Kaiser family foundation noted that 32% of parents.

171

00:27:33.390 --> 00:27:44.400

Lauren A. Smith, MD, MPH: Of this age group had a wait and see approach now 34% said that they would be willing and interested to get their children vaccinated as soon as possible.

172

00:27:44.910 --> 00:27:56.730

Lauren A. Smith, MD, MPH: But there's also 24% who say definitely not so as we go forward with this planning, we do need to continue to think about how to reach the parents in each of those categories.

173

00:27:57.450 --> 00:28:07.380

Lauren A. Smith, MD, MPH: we've also in the Kaiser family foundation work saw that mothers more than fathers Latinos more than some of the other racial ethnic groups.

174

00:28:07.710 --> 00:28:19.410

Lauren A. Smith, MD, MPH: and parents with lower incomes are the most worried that their child will actually become sick from covert woman 70% of each of those groups express fear that their children will become sick.

175

00:28:20.760 --> 00:28:32.340

Lauren A. Smith, MD, MPH: So what are the barriers to access we talked about why this particular population in groups of children have a disproportionate burden and whites in central to reach them with Equitable outreach.

176

00:28:32.880 --> 00:28:42.510

Lauren A. Smith, MD, MPH: know that vaccine attitudes of parents or make a have a big impact, what are other and very important barriers to Kobe vaccination.

177

00:28:43.410 --> 00:28:51.930

Lauren A. Smith, MD, MPH: And as mark mentioned in his comments they really follow the same patterns, as the barriers to all health care for children.

178

00:28:52.680 --> 00:29:01.620

Lauren A. Smith, MD, MPH: One is the ability to get the vaccine from a trusted source, do you have a medical home, and do you have easy access to that medical home.

179

00:29:02.130 --> 00:29:12.000

Lauren A. Smith, MD, MPH: There are concerns about out of pocket costs mark mentioned back mentioned insurance status and insurance covered, even though these vaccines are actually free.

180

00:29:12.690 --> 00:29:16.860

Lauren A. Smith, MD, MPH: Parents may not be aware of that, and so they have concerns that they're not going to be able to afford it.

181

00:29:17.550 --> 00:29:23.610

Lauren A. Smith, MD, MPH: Then there's difficulty traveling to get to the vaccination sites, which is always an issue for parents.

182

00:29:24.420 --> 00:29:34.020

Lauren A. Smith, MD, MPH: And last but not least, the difficulty in getting time off work, especially those lower wage workers who do not have paid sick or family leave time.

183

00:29:34.590 --> 00:29:47.730

Lauren A. Smith, MD, MPH: So that if they miss work they miss income needed income that's essential for taking care of their families and so that's a really big barrier for many, many families so.

184

00:29:49.110 --> 00:29:58.980

Lauren A. Smith, MD, MPH: We, in addition to that families have very specific concerns about this vaccine that pediatricians are going to need to address and in mark.

185

00:29:59.370 --> 00:30:07.980

Lauren A. Smith, MD, MPH: just alluded to so things like what's the safety and effectiveness of this specific vaccine Marcus outline a lot of information about that, but.

186

00:30:08.640 --> 00:30:19.560

Lauren A. Smith, MD, MPH: Not but end pediatricians are need will need to be able to describe that and and La and respond to fears and concerns.

187

00:30:20.370 --> 00:30:32.460

Lauren A. Smith, MD, MPH: Being able to talk about rare side effects so have you may have heard about two very rare conditions of the inflammation of the heart muscle or the lining around the part of my car guidance and perry car, that is.

188

00:30:32.850 --> 00:30:42.270

Lauren A. Smith, MD, MPH: That have been associated with one of the vaccines, the issue is that hasn't gotten as as much attention is that those very rare side effects.

189

00:30:42.750 --> 00:30:51.780

Lauren A. Smith, MD, MPH: are actually less common than with the disease itself and that Kobe itself is a much higher risk than the vaccine.

190

00:30:52.110 --> 00:31:04.320

Lauren A. Smith, MD, MPH: So we have to be able to put even these rare complications very, very rare complications in context of what we know about how the actual disease plays out among children.

191

00:31:05.130 --> 00:31:10.950

Lauren A. Smith, MD, MPH: there's the ability to receive the code vaccine, along with other vaccinations and mark mentioned that.

192

00:31:11.460 --> 00:31:23.010

Lauren A. Smith, MD, MPH: there's children are missing millions of vaccinations that they haven't received because they didn't go to their usual sources appear during the pandemic so it's really important that they get those ketchup.

193

00:31:23.490 --> 00:31:33.090

Lauren A. Smith, MD, MPH: vaccinations, and that is possible with coven vaccinations and then addressing the myths and misinformation, so if people are coming into this.

194

00:31:33.600 --> 00:31:47.760

Lauren A. Smith, MD, MPH: concert into this time of consideration with and being able to not make people feel ashamed or feel you know unintelligent because they believe these are they take been taken in by some of this information because it's been very.

195

00:31:48.810 --> 00:31:52.170

Lauren A. Smith, MD, MPH: aggressively and effectively.

196

00:31:53.430 --> 00:32:02.910

Lauren A. Smith, MD, MPH: Spread but, but rather to sort of partner with them and to help them understand and to show them the the actual and true information.

197

00:32:03.810 --> 00:32:13.830

Lauren A. Smith, MD, MPH: And then, of course, the implications for their unique child parents want to know how What about my child, not all children, not even all the children in.

198

00:32:14.220 --> 00:32:23.220

Lauren A. Smith, MD, MPH: In a study, but without my child with his or her unique issues we health concerns unique educational situations, etc, so.

199

00:32:23.850 --> 00:32:31.230

Lauren A. Smith, MD, MPH: pediatricians and others are really in the best position to be able to respond to those kinds of questions.

200

00:32:32.190 --> 00:32:39.630

Lauren A. Smith, MD, MPH: The last thing I wanted to mention is around the collaboration and coordination among local and state partners who are all part of the public health.

201

00:32:40.560 --> 00:32:51.360

Lauren A. Smith, MD, MPH: fabric in communities, so you know today, I already mentioned that ensuring that equity is a key priority and woven throughout hopefully i've made the case, and you would already have.

202

00:32:53.100 --> 00:32:58.890

Lauren A. Smith, MD, MPH: been willing to do except and promote the idea of why equity so important.

203

00:32:59.670 --> 00:33:11.700

Lauren A. Smith, MD, MPH: And the focus on a whole families, I talked to you a little bit about how important the parents vaccination statuses so we have an opportunity to vaccinate the child and the parents together, if at all possible.

204

00:33:12.000 -> 00:33:22.560

Lauren A. Smith, MD, MPH: that's really helpful because those two things are related to the extra sort of identifying key partners to be involved and to identify who is going to be the bleed planning.

205

00:33:23.940 -> 00:33:32.250

Lauren A. Smith, MD, MPH: entity or organization within the group so we talked about public health department really essential, they are the backbone of public health at the Community level.

206

00:33:33.030 -> 00:33:45.120

Lauren A. Smith, MD, MPH: They really can help support connections between schools and medical homes to other kinds of coordination, like mapping vaccine sites to ensure that they're fully and easily accessible to those communities who.

207

00:33:45.570 -> 00:33:54.630

Lauren A. Smith, MD, MPH: need the most experienced the deepest impact, so there are key Community based organizations, like many of you on this call can.

208

00:33:55.380 -> 00:34:04.440

Lauren A. Smith, MD, MPH: are instrumental because you can assist in doing outreach to families connecting them to medical homes or into other places, other sites have.

209

00:34:04.950 -> 00:34:14.370

Lauren A. Smith, MD, MPH: For vaccine services but also to partner with public health and pediatric providers to post in person or virtual town hall kind of sessions.

210

00:34:14.640 -> 00:34:20.640

Lauren A. Smith, MD, MPH: To allow parents to ask those questions in a familiar and comfortable setting, even if they don't have a metaphorical.

211

00:34:21.630 -> 00:34:29.460

Lauren A. Smith, MD, MPH: pediatric healthcare providers and medical homes obviously your key and I don't have to reiterate anything that mark shared about why those who are at.

212

00:34:30.150 -> 00:34:37.440

Lauren A. Smith, MD, MPH: Community health centers but we qualified health centers travel clinics and all the other places where children receive healthcare are.

213

00:34:37.890 -> 00:34:43.890

Lauren A. Smith, MD, MPH: have to be involved, because they are the places that families are most comfortable going through these kinds of services.

214

00:34:44.520 --> 00:34:55.200

Lauren A. Smith, MD, MPH: But they will be additional health settings like pharmacies that that many students may choose and so they need to be part of the planning and be sure to have be prepared for.

215

00:34:55.560 --> 00:35:03.600

Lauren A. Smith, MD, MPH: Doing vaccination for younger children, which is quite different than doing vaccination for middle school age or older folks.

216

00:35:04.200 --> 00:35:12.660

Lauren A. Smith, MD, MPH: Schools and school health i'm not going to delve too far into this, because I know my panelists colleague Robert boyd that will be talking about that.

217

00:35:13.140 --> 00:35:18.930

Lauren A. Smith, MD, MPH: But they are such an important bridge to families for those children who don't have a medical home.

218

00:35:19.380 --> 00:35:29.190

Lauren A. Smith, MD, MPH: And they're already successful strategies that exists for doing flu clinics in a school based setting So those are things that can be drawn upon.

219

00:35:30.150 --> 00:35:36.720

Lauren A. Smith, MD, MPH: And there's a track record of being able to partner with health departments hospitals and other health care providers to be able to do that.

220

00:35:37.620 --> 00:35:49.440

Lauren A. Smith, MD, MPH: I don't want to leave without mentioning the private sector business employers and and others are key to this because they need to be able to provide paid time off.

221

00:35:50.340 --> 00:36:01.980

Lauren A. Smith, MD, MPH: Perhaps even co hosting full fat family vaccination efforts for their employees and their families, but to to ensure they're doing their part in supporting community.

222

00:36:02.640 --> 00:36:08.640

Lauren A. Smith, MD, MPH: Vaccination at the Community level and, last but not definitely not least the the.

223

00:36:09.210 --> 00:36:16.950

Lauren A. Smith, MD, MPH: Ensuring that local trusted Community messengers and ambassadors have accurate information in the languages that.

224

00:36:17.370 --> 00:36:29.910

Lauren A. Smith, MD, MPH: are relevant for the individuals at a literacy level that's appropriate to they can in fact provide the information that's necessary but also to help connect people to the vaccine resources that will be.

225

00:36:33.480 --> 00:36:54.120

Tene Franklin, MPH: Thank you, Dr Smith i'm definitely coming to you for questions in a few minutes, but I think this is a good segue and Robert love for you to talk about the school based health alliance and how we should think about using school based health as a strategy.

226

00:36:55.590 --> 00:36:57.180

Robert Boyd: Good afternoon, wherever you are.

227

00:36:58.350 --> 00:37:06.390

Robert Boyd: I bring you greetings from the school based health alliance and I want to offer a warm thank you to all of you for everything you do every day you're the front line.

228

00:37:06.750 --> 00:37:16.410

Robert Boyd: I can see from the chat that many of you are our practitioners in the field, also want to thank health leads and the CDC foundation for giving all of us this forum.

229

00:37:17.310 --> 00:37:27.780

Robert Boyd: it's all about the kids that's why we're here real quick the school based health alliance is the intersection between public health and education we're a 25 year old organization.

230

00:37:28.170 --> 00:37:36.930

Robert Boyd: Although we work very closely with our partners in school health but nurses psychologists counselors and social workers at our.

231

00:37:38.040 --> 00:37:48.360

Robert Boyd: field school based health centers offer primary care behavioral health orland vision care in clinics in schools that's what sets us apart.

232

00:37:49.470 --> 00:37:59.700

Robert Boyd: Now, while I don't work for the CDC i'm a big fan, and as such I will be citing several resources from the CDC i'm going to talk a lot about what mark called infrastructure.

233

00:38:00.270 --> 00:38:08.250

Robert Boyd: my presentation will be available, I believe, post webinar and i've included some links to some of the resources that i've listed in the presentation.

234

00:38:08.880 --> 00:38:18.810

Robert Boyd: let's get started next slide please so always nice when others speak well of your work, several years ago CDC Community preventive services Task Force.

235

00:38:19.140 --> 00:38:27.240

Robert Boyd: issued a guide showing evidence that school based health services are effective in in this context, particularly around vaccinations.

236

00:38:27.630 --> 00:38:33.750

Robert Boyd: They also noted the children from low income communities don't have a usual place to get health care services.

237

00:38:34.110 --> 00:38:44.460

Robert Boyd: School based health services, they said, are beneficial and reducing health inequities The other thing we want to talk about today is equity health inequities in underserved communities.

238

00:38:44.970 --> 00:38:55.740

Robert Boyd: They also noted what we all know, healthy kids learn better next slide please but here's the problem there are about 100,000 K 12 public schools in America.

239

00:38:56.280 --> 00:39:03.030

Robert Boyd: That half of those schools have 50% of their students on free and reduced lunch we call those title one eligible schools.

240

00:39:03.450 --> 00:39:13.380

Robert Boyd: And about one quarter of all K 12 public schools serve communities where 80% or more of the students are from low income families, they are called fully title one schools.

241

00:39:13.890 --> 00:39:20.010

Robert Boyd: Now here's the rub there's only about 3000 school based health centers and that's not enough to serve the need.

242

00:39:20.580 --> 00:39:31.230

Robert Boyd: Our goal at the school based health alliance is to help place a school based health Center in every one of those title one schools over the next decade, we hope they'll be called Community schools by then.

243

00:39:31.950 --> 00:39:39.810

Robert Boyd: So I know you're asking in the middle of the pandemic, given the shortage of school based health centers what do we do in the meantime next slide please.

244

00:39:41.460 --> 00:39:44.670

Robert Boyd: School located vaccination clinics or sal vs.

245

00:39:45.300 --> 00:39:55.200



Robert Boyd: Why selfies here on school grounds there primarily designed for vaccinations, they can be structured to serve the schedules of students, families and school staff.

246

00:39:55.560 --> 00:40:02.220

Robert Boyd: They use a whole community approach to addressing the need, and this approach is critical, because every school community is different.

247

00:40:02.730 --> 00:40:11.070

Robert Boyd: The solutions must be tailored to each community, those of us in the school space often say if you've seen one school you've seen one school.

248

00:40:11.550 --> 00:40:26.670

Robert Boyd: There is no cookie cutter approach to this let's make the resources available and let the local communities improvise to meet their needs, as mark said, there are no wrong doors Okay, you say, but why schools next slide please.

249

00:40:28.290 --> 00:40:43.770

Robert Boyd: Because that's where the kids are um it's also more convenient for families and these school located vaccination clinics great they're set up to administer vaccines that's what they do next slide please.

250

00:40:47.130 --> 00:40:49.350

Robert Boyd: So yeah ask who's going to operate these clinics.

251

00:40:50.370 --> 00:40:59.490

Robert Boyd: Well, our argument would be Community and federally qualified health centers why Community health centers and i'll use that interchangeably with with FDA is.

252

00:41:00.000 --> 00:41:10.860

Robert Boyd: Because they're already located in 61% of all US counties and the feds just gave them a bunch of money in the covert relief packages to boost their abilities to serve those communities.

253

00:41:11.490 --> 00:41:22.320

Robert Boyd: you'll also note that almost 2000 you us counties in which there are federally qualified health centers but only 600 plus of those counties have school based health centers.

254

00:41:22.980 --> 00:41:35.160

Robert Boyd: With Congressional support person and the National Association of Community health centers are rapidly seeking to establish more school based health centers why because school based health centers are effective.

255

00:41:35.970 --> 00:41:42.420

Robert Boyd: yeah you say, but can anyone set up an SL V why specifically Community health centers next slide please.

256

00:41:43.890 --> 00:41:56.460

Robert Boyd: So ch sees serve over 30 million people in low income communities most of the ch sees and we're already enrolled in the vaccines for children program that mark spoke about earlier that's administered by the CDC.

257

00:41:57.030 --> 00:42:09.090

Robert Boyd: They are a trusted resource in those low income communities, with the emphasis on trust they focus on focus on patients using medicaid or those without any insurance.

258

00:42:09.660 --> 00:42:20.040

Robert Boyd: They offer a broad array of primary behavioral and preventive care services, they are a one stop shop for health care in low income and underserved communities.

259

00:42:20.460 --> 00:42:31.230

Robert Boyd: They can serve the entire family, they could deliver those routine vaccinations that Dr Smith was speaking about, as well as wellness checks as they do covert vaccines.

260

00:42:31.800 --> 00:42:48.930

Robert Boyd: And they are our first line of offense not Defense offense in attacking healthcare in equity in low income communities yeah you say, but why Community health centers in schools, why not send them up and shopping centers or other locations next slide please.

261

00:42:50.700 --> 00:42:57.510

Robert Boyd: we've already stated that schools are at the best opportunity to reach students that's not our words that CDC is words.

262

00:42:57.840 --> 00:43:13.860

Robert Boyd: And the CDC is already stated that school based health works and Congress has already funded billions to Community health centers to support vaccinations and expand those services, the infrastructure is there let's use it please know I know people often want to draw.

263

00:43:16.650 --> 00:43:25.320

Robert Boyd: barriers between us, they want to put us in silos there are no silos here we are huge supporters of pediatricians and family physicians.

264

00:43:25.680 --> 00:43:35.910

Robert Boyd: We agree that many families will get their shots in pediatricians offices, they are a trusted source for healthcare, and this is indisputable.

265

00:43:36.840 --> 00:43:46.860

Robert Boyd: Sometimes, if families in low income communities have access to private insurance, they may opt to go to a private, family physician to serve the entire family out of convenience.

266

00:43:47.430 --> 00:43:57.720

Robert Boyd: Unfortunately, though, a lot of private physicians don't take medicaid and at CDC shows most underserved communities rely on the public sector, for their care.

267

00:43:58.470 --> 00:44:04.440

Robert Boyd: By parent Community health centers and Title one schools, we will address the needs of underserved communities.

268

00:44:04.890 --> 00:44:14.640

Robert Boyd: This partnership will be even stronger if we can engage local pediatricians family physicians private pharmacies public health agencies and hospitals in this effort.

269

00:44:15.360 --> 00:44:21.480

Robert Boyd: We need to use every channel available to us to reach the most vulnerable our children.

270

00:44:22.140 --> 00:44:32.130

Robert Boyd: I'm here to stake the case that in low income communities, schools and Community health centers working together our key partners for overcoming mistrust and residency.

271

00:44:32.820 --> 00:44:49.020

Robert Boyd: Parental consent will be a roadblock schools routinely seek and gain parental consent for a variety of issues let's all work together to wipe out this virus and remember, there are no wrong doors are you back the balance of my time.

272

00:44:50.610 --> 00:45:01.710

Tene Franklin, MPH: Thank you, Mr Robert boyd school based health alliance Venus we're coming to you, I know that we've had with you've put a lot of information and you're representing the.

273

00:45:02.700 --> 00:45:12.510

Tene Franklin, MPH: parameters and Community health workers and the work that we're doing in the field so let's learn more about your perspective on on this conversation.

274

00:45:13.890 --> 00:45:24.360

Venus GinÃ©s, MAP/CHWI: Well, for those of you who know me it was really hard for me to just put like four hours of training into just these few minutes, so a bear with me, I put my our website.

275

00:45:24.810 --> 00:45:35.190

Venus GinÃ©s, MAP/CHWI: There on the chat for anyone who wants to look at our training curriculum, but more importantly, my favorite topic is tomatoes and Community health workers, our Community influencers.

276

00:45:36.000 -> 00:45:43.710

Venus GinÃ©s, MAP/CHWI: In 1997 our organization founded the other i'm healthy now the reason we have had latinas because wanted to focus on the mother.

277

00:45:44.130 -> 00:45:50.340

Venus GinÃ©s, MAP/CHWI: In our Community, the mother is the one that really makes all the decisions when it comes to health and wellness and also education.

278

00:45:51.000 -> 00:45:57.690

Venus GinÃ©s, MAP/CHWI: So we started that the other Latina health fiestas and then we complement that with a promo Dora training.

279

00:45:58.530 -> 00:46:11.880

Venus GinÃ©s, MAP/CHWI: You know, fast forward our training was really focused on on chronic diseases and infectious diseases and in 2014 we started to look at vaccines in general to start introducing the concept of vaccines in our Community.

280

00:46:12.390 -> 00:46:22.980

Venus GinÃ©s, MAP/CHWI: And we had our guru Robin Carla who is just amazing started to teach the class and it became part of our training curriculum in Texas, we have a certification training.

281

00:46:23.700 -> 00:46:31.350

Venus GinÃ©s, MAP/CHWI: Approval that we are able to train and Spanish in English to all throughout the State of Texas, of course, as you can see here on the map.

282

00:46:32.220 -> 00:46:41.910

Venus GinÃ©s, MAP/CHWI: My training has been all over, not only in the United States, but in Puerto Rico Dominican Republic and in Mexico, I wanted to also share with you that in 2016.

283

00:46:42.630 -> 00:46:49.830

Venus GinÃ©s, MAP/CHWI: We were we saw what was going on with sega and we trained our Community health workers, we had our health, yes, but.

284

00:46:50.250 -> 00:47:04.050

Venus GinÃ©s, MAP/CHWI: We use the strategies going to awake offices to talk to the mothers about sega and we had little little kits for them to take home the got the whole prepared how they were able to prepare their own home and.

285

00:47:05.370 -> 00:47:12.720

Venus GinÃ©s, MAP/CHWI: But from the beginning, well, we were looking at is reducing some of the health disparities by addressing the social determinants of health.

286

00:47:13.440 --> 00:47:23.340

Venus GinÃ©s, MAP/CHWI: We have seen this all across the board with chronic diseases, especially with cancer, diabetes, management, but right now with cove it, and for this reason.

287

00:47:24.360 --> 00:47:32.160

Venus GinÃ©s, MAP/CHWI: When you know February 12 when I had this training, it was all because I thought, well, I have to prepare them for what I hear in the news.

288

00:47:32.430 --> 00:47:38.640

Venus GinÃ©s, MAP/CHWI: About this, this what's going on in China Little did I know that it was going to be a full blown pandemic.

289

00:47:39.030 --> 00:47:47.490

Venus GinÃ©s, MAP/CHWI: So our Community health workers by March 15 2020 they were all very trained, we had already trained about 3000 by then.

290

00:47:47.790 --> 00:47:55.560

Venus GinÃ©s, MAP/CHWI: They were already trained willing and able to get on on the streets get on the road and start talking to our community about.

291

00:47:56.280 --> 00:48:02.130

Venus GinÃ©s, MAP/CHWI: dispelling myths and rumors about Kobe 19 our whole goal was really debugging this information.

292

00:48:02.640 --> 00:48:08.520

Venus GinÃ©s, MAP/CHWI: We realized that that we had some issues with all of the promotional material that started coming out.

293

00:48:08.820 --> 00:48:17.370

Venus GinÃ©s, MAP/CHWI: It was literally translated some of the material, we could say oh my God yes me or you know some of this translation does not resonate with our Community why.

294

00:48:17.670 --> 00:48:28.140

Venus GinÃ©s, MAP/CHWI: Because we really have a 15% Hispanics in this country, we have 85% Latinos so when you're developing any kind of promotional material have images, not just all text.

295

00:48:28.440 --> 00:48:37.980

Venus GinÃ©s, MAP/CHWI: Make sure the language is at a level that people can understand and and, more importantly, literal translation can be very dangerous, and we see that, over and over again.

296

00:48:38.460 --> 00:48:50.250

Venus GinÃ©s, MAP/CHWI: Please go to one of your Community organizations grassroots organizations and ask them, this is what I like to share with the Community, do you think that it's literally this translation will work.

297

00:48:50.700 --> 00:48:59.220

Venus GinÃ©s, MAP/CHWI: Let us tell you, if it's going to work or not don't just spend millions of dollars put putting out all these infographics, and all this.

298

00:48:59.520 --> 00:49:08.460

Venus GinÃ©s, MAP/CHWI: Information out there that are people are not going to read, if you would have gone to those grassroots organization, I put my thought as a Community health workers would have been able to tell you.

299

00:49:08.700 --> 00:49:17.760

Venus GinÃ©s, MAP/CHWI: that's not gonna fly in my community, so this is one of the things that i'm hoping to to share with you the success of our program is not only that we have these.

300

00:49:19.140 --> 00:49:25.860

Venus GinÃ©s, MAP/CHWI: promoters and Community health workers that are trained on 160 hour training a core competencies for us.

301

00:49:26.340 --> 00:49:34.260

Venus GinÃ©s, MAP/CHWI: It is a bilingual training it's available nationally, but more importantly, we have now a Tele health Community navigation Center call Center.

302

00:49:34.680 --> 00:49:42.660

Venus GinÃ©s, MAP/CHWI: We are listening to our Community health workers and happen without us all over the country we are also listening to our people were able to navigate our people.

303

00:49:43.200 --> 00:49:52.020

Venus GinÃ©s, MAP/CHWI: Doing warm transfers helping them, making sure that they have an appointment to get either the testing back then or now the the the vaccine.

304

00:49:52.740 --> 00:50:01.890

Venus GinÃ©s, MAP/CHWI: there's a lot of misinformation and we are constantly battling that the misinformation also that's the misconception that's coming even from our government websites.

305

00:50:02.250 --> 00:50:11.730

Venus GinÃ©s, MAP/CHWI: Are pharmaceutical websites, we really need to make sure they start working with promoted as a Community health workers, we can tell you exactly if this is the information.

306

00:50:12.060 --> 00:50:21.480

Venus GinÃ©s, MAP/CHWI: is understandable, it is, is something that it's user friendly and again going back to the social determinants of health, health literacy is key here.

307

00:50:21.990 --> 00:50:28.080

Venus GinÃ©s, MAP/CHWI: If if we want to just put something out there, and you think it's going to fly with your community, please, if nothing else, today.

308

00:50:28.770 --> 00:50:35.910

Venus GinÃ©s, MAP/CHWI: going to promote our Community health worker organization and if you need to find one call us send us a message to our hotline.

309

00:50:36.270 --> 00:50:46.140

Venus GinÃ©s, MAP/CHWI: But please, we are in touch with the National Association Community health workers, they also have a great website with a lot of good information, but please integrated into your field.

310

00:50:47.400 --> 00:50:55.650

Venus GinÃ©s, MAP/CHWI: And I can see here i'm not trying to be as fast as I could I know about time but, as you can see from the images here.

311

00:50:56.220 --> 00:51:02.940

Venus GinÃ©s, MAP/CHWI: This is all the training we have done, we have trade our Community health workers, not only about dispelling missing was about seeker.

312

00:51:03.300 --> 00:51:07.380

Venus GinÃ©s, MAP/CHWI: And about a coven 19 but also we have also trade them about behavioral health.

313

00:51:07.830 --> 00:51:17.700

Venus GinÃ©s, MAP/CHWI: And that's why we have set up a special training on behavioral health Community navigators we also have a special training for our school best based navigators those that are really.

314

00:51:18.270 --> 00:51:28.560

Venus GinÃ©s, MAP/CHWI: committed to working in the school system so Robert you know i'm there with you, we need to have I promoted as a Community health workers in the school system, I agree with you and and.

315

00:51:29.970 --> 00:51:35.250

Venus GinÃ©s, MAP/CHWI: Our clinical track Community navigators we need more people to understand the value of research that I did I go.

316

00:51:37.650 --> 00:51:38.310

Tene Franklin, MPH: you're good.

317

00:51:40.680 --> 00:51:43.590

Tene Franklin, MPH: To read I need you to read the Venus because we're going to come back to.

318

00:51:44.400 --> 00:51:50.610

Tene Franklin, MPH: come back to you with questions, so thank you for speakers for getting us started and.

319

00:51:51.390 --> 00:51:58.680

Tene Franklin, MPH: In that conversation what you've shared has probed a ton of questions coming through the chat and also lots of good information.

320

00:51:59.070 --> 00:52:07.500

Tene Franklin, MPH: But let me start with you Kevin and the we're hearing a lot of questions that I think CDC can just answer on its own.

321

00:52:08.310 --> 00:52:27.870

Tene Franklin, MPH: But I think the most pertinent questions that I like to start with one if the vaccine formula is different, is it still produced by Pfizer so tell us a little bit about the vaccine formula that the dosing so we can sort of better understand how to plan with regards to the pending FDA.

322

00:52:28.950 --> 00:52:30.450

Tene Franklin, MPH: Early use authorization.

323

00:52:31.440 --> 00:52:43.140

Kevin Chatham-Stephens, MD, MPH, FAAP: Sure, so I mentioned this in the chat but you know some of the information regarding the vaccine characteristics, such as goes if you need to use it did you do, you went when you're preparing the vaccine, etc.

324

00:52:43.620 --> 00:52:51.990

Kevin Chatham-Stephens, MD, MPH, FAAP: will be forthcoming we're trying to get that information out to help health departments and conditions prepare for this.

325

00:52:52.440 --> 00:53:05.070

Kevin Chatham-Stephens, MD, MPH, FAAP: So we hope to send that out shortly, and this is all definitely conveying FDA authorization so FDA has has a final word on that kind of information, but we will be pushing out that information as we get.

326

00:53:06.030 --> 00:53:09.750

Tene Franklin, MPH: All right, great my next question for you.

327



00:53:11.040 --> 00:53:31.440

Tene Franklin, MPH: Could you tell us actually this is Lauren this is for you, I was wondering if you could maybe give us a little bit of information I how we should understand the risk difference between myocardial titus and my car Davis from for children from the covered vaccine.

328

00:53:32.940 --> 00:53:34.320

Lauren A. Smith, MD, MPH: So yeah so there's.

329

00:53:36.060 --> 00:53:47.370

Lauren A. Smith, MD, MPH: A couple things to keep in mind when children have coded are affected and have experienced over there at at risk i'm so sorry.

330

00:53:49.350 --> 00:54:05.940

Lauren A. Smith, MD, MPH: never rains except when it needs to not there at this for complication simply from having coven so one of the serious complications that I mentioned, is this multi system Oregon inflammation that can affect brain monkey kidneys.

331

00:54:07.140 --> 00:54:15.690

Lauren A. Smith, MD, MPH: heart and as part of that you can get that same kinds of inflammation of the heart muscle and the lining around the heart that's from the.

332

00:54:16.200 --> 00:54:33.570

Lauren A. Smith, MD, MPH: From the illness, the sickness with covert itself my point was that those kinds of complications are more common than any complications from the vaccine and there's no good data to support this, especially the very rare.

333

00:54:34.650 --> 00:54:43.290

Lauren A. Smith, MD, MPH: Side effects of people, I think you might have heard about the Meijer cordite is in the very connected to the bottom line is.

334

00:54:43.800 --> 00:54:53.640

Lauren A. Smith, MD, MPH: it's important to, of course, be aware, but one has to weigh and compare the risks of having serious complications from the disease itself.

335

00:54:54.300 --> 00:55:02.700

Lauren A. Smith, MD, MPH: To having complications from the vaccination and My point is that the risk of having complications from the disease itself is much higher.

336

00:55:03.000 --> 00:55:14.040

Lauren A. Smith, MD, MPH: So it's really my recommendation as a pediatrician and a mother for folks to get vaccinated because that's the way you can protect yourself from protect your children from these very real complications.

337

00:55:15.420 --> 00:55:21.450

Tene Franklin, MPH: So, so I think I take it for granted that I can just pick up the phone and call my pediatrician.

338

00:55:21.840 --> 00:55:29.040

Tene Franklin, MPH: and ask a question about my child and how the vaccine how I should understand the vaccine for their health.

339

00:55:29.430 --> 00:55:39.120

Tene Franklin, MPH: But for those that are not plugged in to regular pediatric visits and the school based health Center seem like it's a really good option so.

340

00:55:39.960 --> 00:55:45.360

Tene Franklin, MPH: Robert I was wondering, and this might also be for you Kevin, how do we think about.

341

00:55:46.140 --> 00:56:04.260

Tene Franklin, MPH: Parents being able to ask for information to better understand how the vaccine might affect their child's health if they are seeking or using the school based health centers as their primary source of information and getting vaccine.

342

00:56:05.040 --> 00:56:11.070

Robert Boyd: yeah school based health centers are generally for the most part, not staffed by.

343

00:56:11.700 --> 00:56:20.160

Robert Boyd: physicians they're generally staffed by nurse practitioners and physicians assistants who are very, very well trained and can answer a lot of these questions.

344

00:56:20.670 --> 00:56:32.580

Robert Boyd: As can their school nurses and they should go to the person or persons that they trust and ask those questions openly honestly and confidentially.

345

00:56:35.790 --> 00:56:51.210

Robert Boyd: The data is out there, vaccines work and overcoming this hesitancy is going to take getting parents to communicate with professionals that they trust, who are in possession of good information.

346

00:56:51.960 --> 00:57:06.960

Robert Boyd: A lot of us knows a lot of people out there, spreading bad information but schools are a place and school based health centers and the professionals who work in both are great sources resources for parents to go to to ask those kinds of questions.

347

00:57:08.850 --> 00:57:19.500

Tene Franklin, MPH: And until just continuing along along the lines of talking about school based health centers you mentioned in your remarks that.

348

00:57:21.030 --> 00:57:22.470

Tene Franklin, MPH: Are the primary.

349

00:57:23.610 --> 00:57:32.220

Tene Franklin, MPH: resource for helping to staff those centers can you talk to me a little bit about the workforce, what are we learning when it comes to burnout.

350

00:57:33.480 --> 00:57:33.990

Robert Boyd: sure.

351

00:57:35.010 --> 00:57:47.940

Robert Boyd: In backup just half a step, the majority of school based health centers are sponsored by federally qualified health centers The rest are sponsored sponsored by hospital systems public health agencies.

352

00:57:48.540 --> 00:57:57.030

Robert Boyd: nonprofits in some situations by school districts themselves, but the vast majority or a federally qualified health centers and that number is growing every day.

353

00:57:57.810 --> 00:58:05.310

Robert Boyd: workforce is a huge issue, particularly in education is on a panel with these superintendent from flint Michigan last summer.

354

00:58:05.580 --> 00:58:16.440

Robert Boyd: And he said his number one issue was bus drivers and we all thought, what are you kidding and now you look there's a national shortage of bus tour bus drivers there's also a shortage of custodians.

355

00:58:17.250 --> 00:58:31.380

Robert Boyd: Denver had an article in the post, the other day that they were losing school nurses and couldn't attract anybody why because the hospital systems were offering \$25,000 signing bonuses and \$20,000 more in salary.

356

00:58:31.830 --> 00:58:46.080

Robert Boyd: Those of you who are on this call are heroes you do what you do not for the money you could make more money doing other things that other places, but you do it because you're called to serve where you're serving and we applaud you for that.

357

00:58:46.680 --> 00:58:54.630

Robert Boyd: And I often say that they could give Congress could give us the money to open the those 25,000 school based health centers right now we couldn't staff on.

358

00:58:55.680 --> 00:59:01.260

Robert Boyd: we're going to have to, we have two issues, right now, one and I had some numbers up earlier.

359

00:59:02.490 --> 00:59:09.150

Robert Boyd: hundred thousand K 12 public schools there's only 37,000 school psychologist and that was before the pandemic.

360

00:59:09.510 --> 00:59:20.190

Robert Boyd: Only 43,000 social workers only 96,000 school nurses and a lot of those are part time hundred and 18,000 school counselors and only 3000 school based health centers.

361

00:59:20.730 --> 00:59:27.660

Robert Boyd: The the dilemma is the ratios it's great that the state of the great state of Delaware my former home.

362

00:59:28.110 --> 00:59:42.810

Robert Boyd: You know mandates that every school will have a school nurse, the problem is, what if the school has 1500 kids it's not enough to have one school nurse, you need three, four or five school nurses to serve that large of a population same with the other health services.

363

00:59:43.680 --> 00:59:57.510

Robert Boyd: So that's that's one issue there's not enough of us, so the challenge, then becomes, how do we attract people to the field, you also have have the problem of attrition right now, a lot of people are just hanging up hanging up their their.

364

00:59:59.400 --> 01:00:11.310

Robert Boyd: Their stethoscopes and going home they're saying I can't do this anymore i'm eligible for retirement i'm going to take it or they're taking that money to go to the hospital down the street and we understand that that's it that's a problem but.

365

01:00:13.320 --> 01:00:16.800

Robert Boyd: The majority of school based health workers.

366

01:00:17.100 --> 01:00:25.050

Robert Boyd: Are white women and all of my colleagues and school based health will acknowledge that it is really critical that if we're going to serve.

367

01:00:25.230 --> 01:00:35.100

Robert Boyd: populations of color part of health equity is that we have people in those positions, who look like them who speak their language, who come from their communities.

368

01:00:36.090 --> 01:00:46.410

Robert Boyd: Well we're not like teach for America we can't go out and grab a kid out of college give them six weeks of training and throw them in a classroom and say go teach, we have to have licensed certified trained professionals.

369

01:00:46.800 --> 01:00:55.860

Robert Boyd: If we're going to attract kids of color and kids from from from underserved communities, we got to start middle school exposing them to stem in high school.

370

01:00:56.070 --> 01:01:05.550

Robert Boyd: and helping to guide them into college programs and university programs where they can get those certifications and degrees, but we've got to make sure that they're able to do it with no debt.

371

01:01:06.150 --> 01:01:16.950

Robert Boyd: I know how many of you are on this call, right now, still suffering with the student debt to get to the position that you're at it's not fair it's absolutely not fair that you.

372

01:01:17.370 --> 01:01:21.510

Robert Boyd: You know, took a lower paying job and you're still carrying the same debt as your colleague down the street.

373

01:01:21.930 --> 01:01:32.070

Robert Boyd: Making more than you with a big fat signing bonus, so we know these are issues we have to address and we're all at the national level working diligently.

374

01:01:32.400 --> 01:01:37.350

Robert Boyd: To try to address those workforce issues but i'm not going to kid you it's going to take us a decade.

375

01:01:37.890 --> 01:01:49.920

Robert Boyd: it's going to take us a decade to take those kids from middle school and and and bring them back to the schools, they came from the communities they came from and we're just going to have to figure out how to work together and make do until then so.

376

01:01:52.680 --> 01:01:55.590

Tene Franklin, MPH: Robert you have taken us to school, so thank you.

377

01:01:55.980 --> 01:02:07.380

Tene Franklin, MPH: This was right on time, as you can see, by the comments in the chat so so given that, given that that we're our communities continue to face uphill battles with.

378

01:02:07.740 --> 01:02:18.570

Tene Franklin, MPH: regards to resources and connecting with families and children's in general Venus i'm wondering if you could talk about strategies that promontory as a Community health workers and.

379

01:02:20.070 --> 01:02:30.000

Tene Franklin, MPH: Can can can try, maybe with regards to specifically to school based vaccines and taking into account Roberts remarks.

380

01:02:31.140 --> 01:02:39.000

Venus GinÃ©s, MAP/CHWI: Yes, and I know that, after this call Bob and I are going to get together because I see a future for Community health workers to be integrated into the school system.

381

01:02:39.510 --> 01:02:46.440

Venus GinÃ©s, MAP/CHWI: You know, we have a shortage of teachers, we have a shortage of nurses and that we should have a lot of counsel counselors in schools.

382

01:02:46.800 --> 01:02:52.860

Venus GinÃ©s, MAP/CHWI: And and that's what our children spend most of their time during the day I think it's important for Community health workers to be there.

383

01:02:53.130 --> 01:03:01.290

Venus GinÃ©s, MAP/CHWI: I don't have a sounding board for the students but also for a good messenger cultural messenger for the parents, especially if they're another from another.

384

01:03:01.830 --> 01:03:11.250

Venus GinÃ©s, MAP/CHWI: race or ethnicity, so I think, from a dog is a Community health workers are well trained they're great listeners, they are very empathetic they know how to.

385

01:03:11.850 --> 01:03:20.640

Venus GinÃ©s, MAP/CHWI: REACH, the Community like I said earlier, they've lived some of those barriers so they understand some of the some trust issues that we're going through.

386

01:03:21.390 --> 01:03:29.790

Venus GinÃ©s, MAP/CHWI: But sadly, I must tell you on this is just one of those things that I don't like to share, but our call Center the calls that we've been getting.

387

01:03:30.420 --> 01:03:36.150

Venus GinÃ©s, MAP/CHWI: Many other parents are saying they're not going to vaccinate their children, they just feel that they are young.

388

01:03:36.990 --> 01:03:49.800

Venus GinÃ©s, MAP/CHWI: They have too much to lose and, unfortunately, unless we step Bernie instead of putting putting a lot of money into institutions that are going to do more research put the money into minority physicians and minority.

389

01:03:50.970 --> 01:03:58.500

Venus GinÃ©s, MAP/CHWI: pediatricians and minority schools and schools that are really like Robert said, was it really be that diversity.

390

01:03:58.860 --> 01:04:07.470

Venus GinÃ©s, MAP/CHWI: In that school for the parents to understand a little bit more that they can they don't have to miss trust the system that the system is there to protect them.

391

01:04:07.860 --> 01:04:21.360

Venus GinÃ©s, MAP/CHWI: And, and again, our goal is to continue to develop training material to get it out to all communities of color but, more importantly, any other agency or organ organization that would like it our training is for free.

392

01:04:22.260 --> 01:04:30.120

Venus GinÃ©s, MAP/CHWI: So please you know, our goal is to really get our from with medicine and health workers integrated into, not only in the school system.

393

01:04:30.480 --> 01:04:35.400

Venus GinÃ©s, MAP/CHWI: But in federally qualified health centers and, by the way, one of my training classes was.

394

01:04:35.760 --> 01:04:44.820

Venus GinÃ©s, MAP/CHWI: Almost all of the employees of one of the federally qualified health centers in here in Houston so I applaud the those executive directors of the.

395

01:04:45.270 --> 01:04:52.350

Venus GinÃ©s, MAP/CHWI: federally qualified health centers who are actually wanting to employ Community health workers because they're coming to us for names, so I think.

396

01:04:52.830 --> 01:05:01.770

Venus GinÃ©s, MAP/CHWI: Again, going back to what i've said all along, we need to have these Community health workers trained and integrated into all aspects of health and wellness.

397

01:05:03.150 --> 01:05:19.440

Tene Franklin, MPH: Thank you Venus so Kevin i'm coming to you next thinking about the conversation with children's vaccines always has to be about is is really centered on the classroom i'm wondering if you can help us understand.

398

01:05:20.580 --> 01:05:22.110

Tene Franklin, MPH: What would be.

399

01:05:23.160 --> 01:05:32.370

Tene Franklin, MPH: The percentage number of children vaccinated that weren't we should aim for to feel safer in schools.

400

01:05:36.150 --> 01:05:50.040

Kevin Chatham-Stephens, MD, MPH, FAAP: yeah so I mean I think you're getting to a question that many folks have had a long way is, you know how can we get to herd immunity like what specific percentage of people being vaccinated or having had code 19.

401

01:05:50.460 --> 01:06:04.230

Kevin Chatham-Stephens, MD, MPH, FAAP: will allow us to get out of this pandemic and I don't know we have a specific percentage at at any point during the coven pandemic because of these for variety of reasons, one of which is the changing.

402

01:06:05.730 --> 01:06:12.210

Kevin Chatham-Stephens, MD, MPH, FAAP: variance like Delta, so I don't think we have a specific number of these I don't have one in mind.

403

01:06:12.750 --> 01:06:21.960

Kevin Chatham-Stephens, MD, MPH, FAAP: We can certainly go back and see if any of those are in the school the CDC school guidance, but I think the the overarching message is that we need to get as many children.

404

01:06:22.530 --> 01:06:30.840

Kevin Chatham-Stephens, MD, MPH, FAAP: As vaccinated as possible and that you know CDC and others have had made you know kind of multi layer recommendations.

405

01:06:31.170 --> 01:06:40.440

Kevin Chatham-Stephens, MD, MPH, FAAP: On including masking and distancing and making sure we're identifying people who are sick and that vaccination kind of fits into that overarching strategy.

406

01:06:40.710 --> 01:06:55.080

Kevin Chatham-Stephens, MD, MPH, FAAP: To allow our children to go back to school safely, I have a middle schooler and a high schooler and so you know hear about this kind of stuff on a daily basis on so definitely understand that it is important to kind of take all those into account.

407

01:06:56.220 --> 01:06:58.470

Kevin Chatham-Stephens, MD, MPH, FAAP: When it comes to getting our kids into school safe.

408

01:07:00.780 --> 01:07:15.300



Tene Franklin, MPH: Thank you, so a large part of the conversation around how that would even racial health equity centers around how we understand data, how we collect data, how we are able to.

409

01:07:16.200 --> 01:07:26.670

Tene Franklin, MPH: dis aggregate data and how informative it is, and so a couple of questions that have come to me from the from the listeners one, how are we.

410

01:07:27.390 --> 01:07:38.130

Tene Franklin, MPH: prepared to collect accurate data regarding vaccine status of of children, overall, and then the follow up question to that is.

411

01:07:38.550 --> 01:07:49.170

Tene Franklin, MPH: i'm wondering if there is a an opportunity of Ferris infrastructure in place to better understand the qualitative data specifically.

412

01:07:49.560 --> 01:08:04.560

Tene Franklin, MPH: what's working with regards to messaging and getting parents and children on board with vaccinations, or what are we learning and i'm going to ask both lauren and Kevin to weigh in on those questions.

413

01:08:07.050 --> 01:08:09.660

Tene Franklin, MPH: And lauren why don't we start with you and.

414

01:08:14.190 --> 01:08:18.750

Lauren A. Smith, MD, MPH: And what's the of those questions, what would be the one that you prioritize.

415

01:08:19.560 --> 01:08:29.160

Tene Franklin, MPH: I think the first one with regards to the importance of quantity of quantitative data, how should, why is that important for us to focus on.

416

01:08:30.570 --> 01:08:34.590

Tene Franklin, MPH: And just what is your understanding of the lay of the land.

417

01:08:35.460 --> 01:08:40.320

Lauren A. Smith, MD, MPH: Well, I think it's important because, as I think Venus was mentioning earlier.

418

01:08:42.930 --> 01:08:55.710

Lauren A. Smith, MD, MPH: parents do want to feel confident and want to understand how medications or in this case vaccinations how they were developed in and why they are see.

419

01:08:56.370 --> 01:09:09.060

Lauren A. Smith, MD, MPH: what's interesting about this particular vaccine is I think there's been more focus on the safety issue because it was it seemed like it was so rapidly produced and so.

420

01:09:09.600 --> 01:09:27.420

Lauren A. Smith, MD, MPH: there's great data about why that was and how all the work on Mr a vaccination was happening before the pandemics, are able to sort of latch on to that and leverage that but people may not understand that process that process and so data about that and can help.

421

01:09:28.440 --> 01:09:40.140

Lauren A. Smith, MD, MPH: address some of the fears and concerns, I think that the the specific data around you know complications around you know long term impact all of those things.

422

01:09:40.950 --> 01:09:46.500

Lauren A. Smith, MD, MPH: will be really important to monitor, so that people have a sense that there's transparency.

423

01:09:47.010 --> 01:09:54.390

Lauren A. Smith, MD, MPH: People want to know that there's nothing being hidden there, people are trying to sweep anything you know, under the rug so you know.

424

01:09:55.230 --> 01:10:03.780

Lauren A. Smith, MD, MPH: And CDC I think has done a tremendous job in reporting back and publishing that the data that's available so that people can look at it.

425

01:10:04.620 --> 01:10:15.750

Lauren A. Smith, MD, MPH: One thing that I will say is that the data that's coming from many states in jurisdictions doesn't always have race, ethnicity data included.

426

01:10:16.350 --> 01:10:23.430

Lauren A. Smith, MD, MPH: So that means that, even though I started my remarks saying that you know kids of color most at risk.

427

01:10:24.180 --> 01:10:36.540

Lauren A. Smith, MD, MPH: We may they may be the ones that we have less information about if those patterns process so as we think about the vaccination process, I would encourage us to also think about.

428

01:10:37.050 --> 01:10:48.270

Lauren A. Smith, MD, MPH: How can we make sure that we get complete information about the kids and families that are getting vaccinated so we'll be able to answer the question is this happening in an ethical way.

429

01:10:50.460 --> 01:10:52.680

Tene Franklin, MPH: appreciate that so.

430

01:10:53.850 --> 01:10:57.300

Tene Franklin, MPH: My question for you Kevin just sort of building on that.

431

01:11:00.480 --> 01:11:09.600

Tene Franklin, MPH: Make sure I asked it the right way so as we think about data or dashboards and reporting out vaccination.

432

01:11:10.590 --> 01:11:22.380

Tene Franklin, MPH: rates and numbers for children, is it possible for us to understand that data by school system or district or by school.

433

01:11:22.950 --> 01:11:34.260

Tene Franklin, MPH: How should parents be able what's the practicality of the likelihood that parents will be able to better understand the vaccination rates for children in their schools is that possible.

434

01:11:36.480 --> 01:11:46.380

Kevin Chatham-Stephens, MD, MPH, FAAP: For, so I think, for the most part, when CDC presents data um it often does not go lower than either the State level or the county level.

435

01:11:46.920 --> 01:11:54.510

Kevin Chatham-Stephens, MD, MPH, FAAP: And so we really prefer presenting any more granular level so data by school or school district.

436

01:11:54.990 --> 01:12:10.020

Kevin Chatham-Stephens, MD, MPH, FAAP: On to the local or state jurisdictions and governments and that's because you know that's that's their data, and we want them to to feel empowered to own it and we don't want to overstep our bounds, so I wouldn't anticipate.

437

01:12:11.220 --> 01:12:24.780

Kevin Chatham-Stephens, MD, MPH, FAAP: That we would present data on that granular level, but what I will say is i'm definitely recommend that folks go to the CDC coded data tracker and that's a fantastic resource it pulled up right now.

438

01:12:25.350 --> 01:12:44.340

Kevin Chatham-Stephens, MD, MPH, FAAP: It does list of variety of data sources, including health equity data feeds data vaccination cases etc on, there is a link to your community which will bring you down to provide some information to your county level.

439

01:12:44.790 --> 01:12:47.520

Kevin Chatham-Stephens, MD, MPH, FAAP: But also we had just such tremendous.

440

01:12:47.940 --> 01:12:57.060

Kevin Chatham-Stephens, MD, MPH, FAAP: Colleagues, at the local and state health department level, and so I would definitely recommend that folks go to their local and state health department to see what's available on their websites.

441

01:12:57.330 --> 01:13:07.980

Kevin Chatham-Stephens, MD, MPH, FAAP: And also potentially i'm not sure if some local and state jurisdictions may have schools that present this in that information as well, so that would be another source to consider looking.

442

01:13:10.320 --> 01:13:24.240

Tene Franklin, MPH: I I like to ask this question, I like to open it up to the to the panelists to respond to this question, we tend to focus a lot of our conversation around children.

443

01:13:25.140 --> 01:13:48.660

Tene Franklin, MPH: That are have parents in the home or caregivers in the home, but for those children that might be in government custody and state custody, how should we be thinking about vaccinations for them, are there any concerns or opportunities that you would like to maybe lift up to this conversation.

444

01:13:56.250 --> 01:14:01.800

Tene Franklin, MPH: Robert I hear you I see it, I see I see your brain waves working so i'm going to come to you first.

445

01:14:03.900 --> 01:14:10.800

Robert Boyd: My yeah my my interest was in answering on the on the data issue i'm not sure i'm qualified to speak to the.

446

01:14:10.860 --> 01:14:16.500

Tene Franklin, MPH: Question well why don't you go ahead with data and i'll come back to the other speakers on the on the on the question.

447

01:14:17.040 --> 01:14:20.820

Robert Boyd: I really appreciate it kevin's comments and Lawrence comments.

448

01:14:21.300 --> 01:14:29.160

Robert Boyd: um I can go to the ncs in the education department, I can tell you just about everything about that school, I can tell you the demographics, I can tell you that.

449

01:14:29.460 --> 01:14:34.320

Robert Boyd: test scores, I can tell you all kinds of things about that school I can't tell you.

450

01:14:35.250 --> 01:14:45.570

Robert Boyd: anything about school health in that particular school I can't tell you what kind of professionals are their what their capabilities are what services are being offered in that school.

451

01:14:45.780 --> 01:15:00.510

Robert Boyd: There is no national census on what's happening in schools around health that's a tragedy in the third decade of the 21st century we've got to do something about that we also have these these.

452

01:15:02.460 --> 01:15:13.020

Robert Boyd: behemoths called hip in for PR that scare the heck out of people, let me first tell you that the former deputy secretary of education under the last President told me that no one's ever.

453

01:15:13.350 --> 01:15:21.480

Robert Boyd: in history, been prosecuted for for violation so before everybody goes running and hiding behind ferpa it's not a real issue.

454

01:15:22.140 --> 01:15:29.940

Robert Boyd: Second we're in a public safety exception that's The one exception, where folks in hip in the hipaa and for world can share information.

455

01:15:30.330 --> 01:15:38.400

Robert Boyd: Currently a pediatrician a private pediatrician can't share healthcare information with what's happening on that child with the school's.

456

01:15:38.820 --> 01:15:57.840

Robert Boyd: The folks in the school based health Center working right there side by side with the school technically in a non pandemic environment can't share what's happening with that child with the school because we have the step in for brick walls firewalls between us those need to come down.

457

01:15:59.250 --> 01:16:06.810

Robert Boyd: But it all needs to start with data it all needs to start let's just start with a simple census telling us what's happening in every school.

458

01:16:07.170 --> 01:16:14.490

Robert Boyd: And what resources are available in that school that will then help us target where we need to put resources.

459

01:16:15.180 --> 01:16:22.080

Robert Boyd: We can't just assume that every school has a nurse it doesn't that every school has a school based health Center it doesn't.

460

01:16:22.530 --> 01:16:29.730

Robert Boyd: And we don't know and every school based health Center doesn't offer the same services and and then there's the last point here.

461

01:16:30.060 --> 01:16:37.350

Robert Boyd: And that's what we in the in our space call working to the top of your license please stop asking school nurses to do telehealth.

462

01:16:38.100 --> 01:16:48.240

Robert Boyd: We can train people in six weeks, how to do telehealth we don't need a school nurse who's already swamped to do that we've got school psychologist doing tests.

463

01:16:48.810 --> 01:16:53.250

Robert Boyd: I don't have a problem, I mean school psychologist should be evaluating the tests, but giving the test.

464

01:16:53.970 --> 01:17:01.530

Robert Boyd: We can have somebody else give the test and allow the school psychologist to do the things they've been trained to do it's a flaw in our system.

465

01:17:02.100 --> 01:17:14.730

Robert Boyd: And it's something that we've got to got to take care of but It all starts with data we can't even tell you who's doing what where and that's a tragedy in this and we can collect all of this data we just not doing it.

466

01:17:16.410 --> 01:17:18.000

Tene Franklin, MPH: Thank you, I appreciate that Robert.

467

01:17:19.560 --> 01:17:28.830

Tene Franklin, MPH: Coming back to the question that I asked before Roberts last comment and i'm wondering if how we should think about students.

468

01:17:30.120 --> 01:17:44.940

Tene Franklin, MPH: That are are in government custody state custody with regards to educating their guardians so forth, and so on, and educating them with regards to vaccines and lauren i'm wondering if you could start, please.

469

01:17:45.540 --> 01:17:51.390

Lauren A. Smith, MD, MPH: yeah I know you raise a really, really important question, because that is a group of young people that.

470

01:17:52.710 --> 01:18:00.750

Lauren A. Smith, MD, MPH: really do need a specialized approach I would think I have two comments, one is ideally the state.

471

01:18:02.070 -> 01:18:14.580

Lauren A. Smith, MD, MPH: department of child welfare or however it's you know organized in the state, you know could and should be, in collaboration with the State Department of Health around the particular needs of.

472

01:18:15.540 -> 01:18:27.300

Lauren A. Smith, MD, MPH: That cohort of children, usually those those kids are covered under the state's medicaid program so they should be able to see health providers they're also.

473

01:18:27.690 -> 01:18:39.510

Lauren A. Smith, MD, MPH: Usually required to have at least a medical assessments of at least the potential for a medical home, so, in some ways, those kids have ideally should have a network of.

474

01:18:40.380 -> 01:18:48.150

Lauren A. Smith, MD, MPH: pediatric providers that have seen them at least once to do the medical assessment and who could follow up with them, so I think that the.

475

01:18:49.380 -> 01:18:59.400

Lauren A. Smith, MD, MPH: connection with the public health department that connection with the medical homes that have been sort of assigned with those two those two children and then think about the.

476

01:19:01.410 -> 01:19:10.800

Lauren A. Smith, MD, MPH: Child welfare organization needing to have a concerted effort to reach out to the fam foster families and other guardians of.

477

01:19:11.820 -> 01:19:21.210

Lauren A. Smith, MD, MPH: The kids that are in their care to ensure make it easy again and making the access easy for those guardians to get the children.

478

01:19:21.960 -> 01:19:32.310

Lauren A. Smith, MD, MPH: vaccinated the issue about consent and and who gets to make that choice is a separate issue which I think is you know not mature asked me about but it's.

479

01:19:33.090 -> 01:19:42.090

Lauren A. Smith, MD, MPH: Because you know things around medical decision making, would be you know, in the best interest of the child and the the agency would.

480

01:19:42.720 -> 01:19:48.960

Lauren A. Smith, MD, MPH: be charged with doing that So hopefully in concert with the public health department, they would have developed a protocol for that.

481

01:19:49.680 --> 01:19:53.730

Lauren A. Smith, MD, MPH: The only other thing I would say is in group homes other congregate settings where there might.

482

01:19:54.660 --> 01:20:11.430

Lauren A. Smith, MD, MPH: Be kids living and again special outreach there to ensure that those children are beach either mobile you know mobile vaccination bands are connecting them to a particular house or your connection will be those those services.

483

01:20:11.880 --> 01:20:17.550

Tene Franklin, MPH: that's very helpful Thank you Kevin i'm I was hoping that maybe you could.

484

01:20:18.810 --> 01:20:23.790

Tene Franklin, MPH: speak to us about I just lost my train of thought and.

485

01:20:26.910 --> 01:20:33.390

Tene Franklin, MPH: Just lost my train of thought, but nevertheless i'm wondering if if you could help us understand.

486

01:20:35.610 --> 01:20:44.700

Tene Franklin, MPH: How we should be how we can work with how we can access your resources and also work with all local health departments to.

487

01:20:46.110 --> 01:20:51.120

Tene Franklin, MPH: How, what is the best way that we should be approaching a partnership with our local health departments.

488

01:20:53.610 --> 01:20:55.080

Kevin Chatham-Stephens, MD, MPH, FAAP: Sure, so I think.

489

01:20:56.460 --> 01:21:04.950

Kevin Chatham-Stephens, MD, MPH, FAAP: Ideally, that would build on relationships that already exist right so either you know relationships that existed before.

490

01:21:05.220 --> 01:21:14.040

Kevin Chatham-Stephens, MD, MPH, FAAP: The codependent make our relationships that have been developed and strengthened during the code pandemic, we know the pandemic is definitely brought a lot of people together.

491

01:21:14.730 --> 01:21:20.970

Kevin Chatham-Stephens, MD, MPH, FAAP: You know that's one of the few silver linings of the pandemic, I think, is getting people together to work on such an important topic.



492

01:21:22.470 --> 01:21:29.070

Kevin Chatham-Stephens, MD, MPH, FAAP: So I imagine many groups many, many groups have connections to a local or state health departments now.

493

01:21:29.880 --> 01:21:38.730

Kevin Chatham-Stephens, MD, MPH, FAAP: If you don't I would recommend looking you know, for you know trusted messengers or those key partners who may work with the local and state health departments closely.

494

01:21:39.060 --> 01:21:42.960

Kevin Chatham-Stephens, MD, MPH, FAAP: And that could be in a variety of settings we've heard a lot about the school setting today.

495

01:21:43.590 --> 01:21:52.560

Kevin Chatham-Stephens, MD, MPH, FAAP: You know I'm a pediatrician, as I mentioned, I know the a State chapters are very active and very engaged so that could be a resource as well.

496

01:21:53.250 --> 01:22:03.090

Kevin Chatham-Stephens, MD, MPH, FAAP: So I think it's just a matter of looking around and trying to figure out how you can plug in and oftentimes it can be a matter of just like volunteering to help on something.

497

01:22:03.690 --> 01:22:13.470

Kevin Chatham-Stephens, MD, MPH, FAAP: that's frequently how people get involved in a penn state chapters is saying like hey I'm here I don't know much about this topic, but I want to, I want to help out.

498

01:22:13.740 --> 01:22:22.590

Kevin Chatham-Stephens, MD, MPH, FAAP: um, so I would recommend all the experts on the line here with their great expertise could potentially you know reach out and offer their assistance and really try to get engaged in that.

499

01:22:24.750 --> 01:22:25.380

Thank you.

500

01:22:26.430 --> 01:22:40.020

Tene Franklin, MPH: And and Venus I so lots of talk about earlier you showed a map during your comments during your presentation and I noticed that your organization wasn't located where I live in nashville Tennessee.

501

01:22:40.950 --> 01:22:49.500

Tene Franklin, MPH: And I also understand that how we approach solutions and communities differs in rural communities versus urban communities.

502

01:22:50.070 --> 01:23:09.450

Tene Franklin, MPH: i'm wondering if you could sort of share your thoughts about for the for the viewers on how we should think about engaging with Community health workers in rural communities versus urban communities, in addition to that, if you can also consider undocumented.

503

01:23:10.500 --> 01:23:17.730

Tene Franklin, MPH: individuals from a myriad of different backgrounds and Haitian so forth, and so on.

504

01:23:20.010 --> 01:23:25.860

Venus GinÃ©s, MAP/CHWI: Well, yes, we are all over the United States we'd love to be everywhere else i'd be this displayed.

505

01:23:26.310 --> 01:23:32.460

Venus GinÃ©s, MAP/CHWI: there's some cities and towns that we'd like to get in and work with whoever is actually working in.

506

01:23:32.820 --> 01:23:44.790

Venus GinÃ©s, MAP/CHWI: Not only in the school, but in the Community to empower them with whatever tools we have because we're all in this together and we one thing we've learned about covert it doesn't care about race or ethnicity or gender.

507

01:23:45.570 --> 01:23:51.720

Venus GinÃ©s, MAP/CHWI: or age it's an equal opportunity killer so I, I think, in our case.

508

01:23:52.290 --> 01:24:03.660

Venus GinÃ©s, MAP/CHWI: We have been very open about the fact that we are accessible to our Community, but we are also accessible to all of you on the call, let us know how we can help how we can set something up to set up our training.

509

01:24:04.290 --> 01:24:08.580

Venus GinÃ©s, MAP/CHWI: But other and i'll tell you Community health workers and actually promoters.

510

01:24:09.300 --> 01:24:18.570

Venus GinÃ©s, MAP/CHWI: have been around for decades and decades, this is not a new thing it's just said now they're being recognized for their work, but they've been around even during the 1960s.

511

01:24:19.080 --> 01:24:26.820

Venus GinÃ©s, MAP/CHWI: In the migrant communities that that one person who was able to share information about health and wellness to the migrant workers in the fields.

512

01:24:27.180 --> 01:24:37.650

Venus GinÃ©s, MAP/CHWI: So we've been around for a long time, I think we will be there a lot longer I think if there's problems are in the Community, the solutions are with a Community health worker and from authority.

513

01:24:37.980 --> 01:24:50.400

Venus GinÃ©s, MAP/CHWI: So I just again feel like this is our time as Community health workers and and pompadour us to have our voice and we work on four different, our task is is divided into four.

514

01:24:50.850 --> 01:25:06.030

Venus GinÃ©s, MAP/CHWI: We call it the mind framework, and this is something that you can apply to your your Community organizations it's great it's the m for motivating your community, how do you motivate your community to get early detection screen only for diabetes or cancer, but also.

515

01:25:07.080 --> 01:25:17.760

Venus GinÃ©s, MAP/CHWI: Getting that covert testing and the vaccine the is for informing, how do you inform our community in a culturally and linguistically appropriate manner about all the available resources in the Community.

516

01:25:18.180 --> 01:25:25.950

Venus GinÃ©s, MAP/CHWI: And navigators I mean we need our navigators to in a community to navigate people from you know that for the access to care.

517

01:25:26.220 --> 01:25:34.530

Venus GinÃ©s, MAP/CHWI: access to safe vaccine sites access to better information and communication communicating in a culturally linguistically appropriate manner as well.

518

01:25:34.980 --> 01:25:44.100

Venus GinÃ©s, MAP/CHWI: And lastly, educating we need more Community health workers out there in the field we're ready to to educate them, but they are the ones that really can educate our Community.

519

01:25:44.490 --> 01:25:53.820

Venus GinÃ©s, MAP/CHWI: and be mindful of every community that they go to how to break down the volume of their training not have training that's way over people's heads will be We really need to.

520

01:25:54.180 --> 01:26:05.250

Venus GinÃ©s, MAP/CHWI: Look at our Community and before we get in there, tailor our Community intervention or Community education program that's very tailored to that specific Community one size does not fit all.

521

01:26:07.980 --> 01:26:23.790

Tene Franklin, MPH: Thank you, thank you Venus and I agree one size does not fit all and we're here today, sharing information and learning from each other, learning from our speakers, a lot of great information, the chat I haven't been able to keep up with everything but I work we're going to be taking notes.

522

01:26:24.840 --> 01:26:36.540

Tene Franklin, MPH: I just want to say thank you to our speakers and before we completely close out if we can just go around quickly and if there's just maybe one or two words that you would like to.

523

01:26:37.620 --> 01:26:55.290

Tene Franklin, MPH: Give as a call to action for our our viewers or listeners what would that be, or what would you want them to pay attention to, as we are moving towards the vaccine potential vaccine rollout for ages five to 11 and I will start with you, Robert.

524

01:26:56.340 --> 01:26:57.510

Robert Boyd: there's no wrong doors.

525

01:26:58.530 --> 01:27:08.910

Robert Boyd: You know, whatever it takes if we can distribute it into pharmacy in a school or the pediatricians office at a church I don't care let's get the vaccine out and for the record i'm for mandates.

526

01:27:09.480 --> 01:27:12.030

Tene Franklin, MPH: And thank you, thank you, a Venus.

527

01:27:13.860 --> 01:27:18.660

Venus GinÃ©s, MAP/CHWI: Is information plus miscommunication equals mistress Thank you.

528

01:27:18.990 --> 01:27:19.560

Kevin.

529

01:27:21.750 --> 01:27:37.920

Kevin Chatham-Stephens, MD, MPH, FAAP: I would just recommend talking to your family members, your friends about the vaccine if they're vaccine hesitant, you know ask them what they want to know you know serve as a trusted resource to your immediate network and encourage the folks around you to get back soon thanks.

530

01:27:38.490 --> 01:27:40.350

Tene Franklin, MPH: Thank you, and lastly lauren.

531

01:27:41.580 --> 01:27:54.600

Lauren A. Smith, MD, MPH: Oh, you know to snaps to everything that my panelists colleague said, I think I would just add, from my point of view that if you do the planning, with a focus on equity.

532

01:27:55.110 --> 01:28:02.490

Lauren A. Smith, MD, MPH: you're going to be able to be more effective, not just for those children of color who were at increased risk, but if, when you.

533

01:28:02.910 --> 01:28:18.000

Lauren A. Smith, MD, MPH: decrease the burdens and increase the access it ends up being overall beneficial to the whole population and sort of targeted universalism, so I would say, actually it's got to be front and center and how the plans are developed.

534

01:28:18.840 --> 01:28:31.980

Tene Franklin, MPH: Thank you, and I would add, to continue the conversation continue asking questions, continuing to work with each other, outside of our sales, thank you to our speakers today, we will follow up and send out the.

535

01:28:32.730 --> 01:28:41.700

Tene Franklin, MPH: slides that information, towards the end of this week, and there will be a survey that you will receive towards the end of this call.

536

01:28:42.210 --> 01:28:58.230

Tene Franklin, MPH: We are here for you, if you have any questions, thank you to the CDC foundation for allowing this conversation to come forward and thank you for those that helped make this zoom webinar happen, please have a good afternoon.

537

01:28:59.880 --> 01:29:00.570

Thank you.