

ASSOCIATION OF IMMUNIZATION MANAGERS

2023 Pediatric COVID-19 Vaccine Access Cooperative (VAC) Meetings Final Report



Association of
Immunization
Managers

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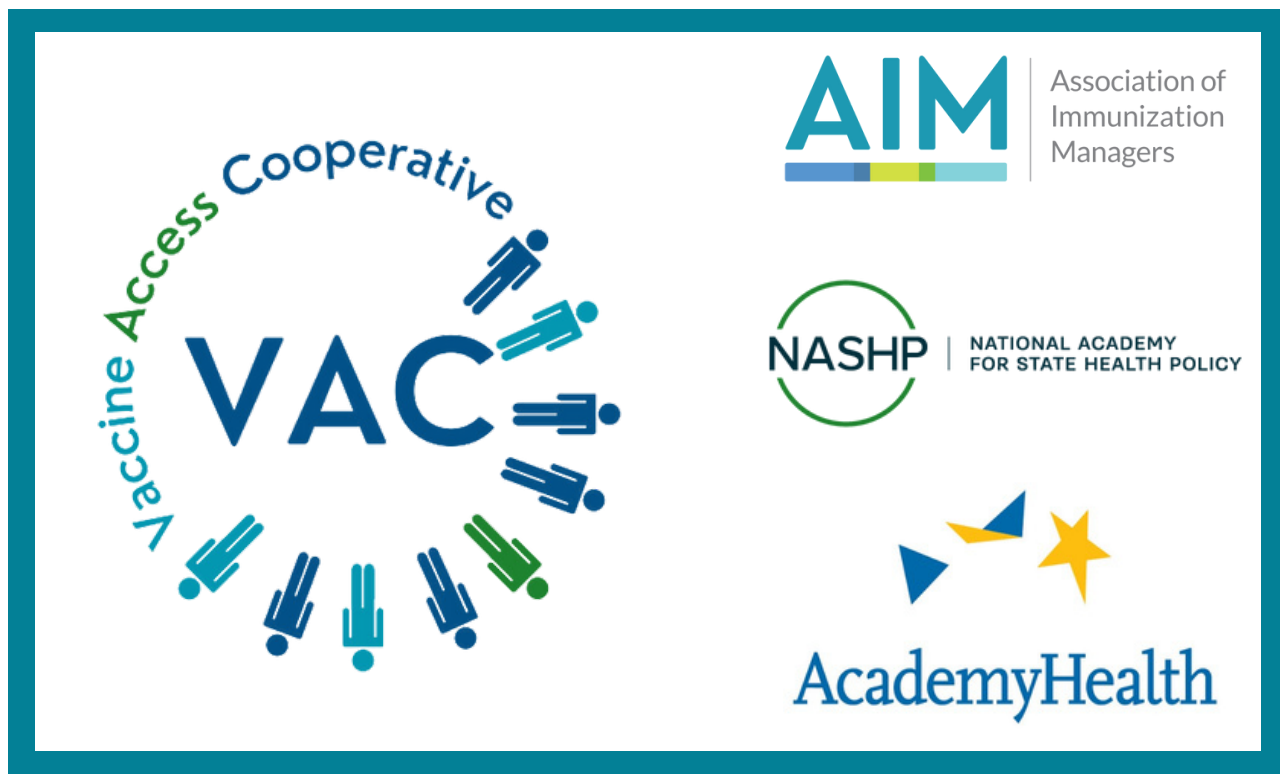
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This project is supported by the Centers for Disease Control and Prevention’s (CDC) Immunization Service Division (ISD)/Immunization Operation Service Branch (IOSB) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$3 million with 100 percent funded by CDC/ISD/IOSB/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/ISD/IOSB/HHS, or the U.S. Government.

Executive Summary

U.S. pediatric COVID-19 vaccination coverage rates have languished since the first vaccines became available for children aged 6 months through 4 years on June 18, 2022. Since that time, immunization programs and other key partners in states, cities, U.S. territories, and federated states have attempted to raise COVID-19 vaccination coverage rates for children with varying degrees of success. Meanwhile, the population of children who become eligible for COVID-19 vaccines increases by more than 10,000 children per day, approximately ten times the number of children between the ages of 6 months and 4 years who were vaccinated as of May 2023.

The Association of Immunization Managers (AIM), the National Academy for State Health Policy (NASHP), and AcademyHealth convened eight regional meetings of the newly formed Vaccine Access Cooperative (VAC) from March through June 2023 to focus on improving COVID-19 vaccination rates among children. Teams from 63 of 64 CDC-funded immunization program jurisdictions attended a regional VAC meeting, bringing together leaders from departments of health, immunization programs, and Medicaid programs, as well as the American Academy of Pediatrics, the American Academy of Family Physicians, pharmacist associations, and other key immunization partners to develop strategies to break down barriers to the successful vaccination of children.



This report is a detailed overview of the VAC project. Highlights from the project include:

- Results of a Pre-Meeting Survey showing top barriers to successful vaccination of children against COVID-19
- Jurisdictional plans addressing similar themes around messaging and partnerships
- The creation of a coalition of over 300 immunization leaders and partners across 63 jurisdictions comprising all 50 states, six major cities, and seven U.S. territories and freely associated states
- Lessons learned
- Post-VAC convenings of jurisdiction teams and ongoing activities
- Conclusions and considerations for the future

Key takeaways:

- Meeting attendees reported the following as major barriers to the vaccination of children against COVID-19 (in order of frequency):
 - Parental vaccine hesitancy
 - Lack of vaccine access
 - Lack of awareness around the importance of protecting children against COVID-19
 - Mis/disinformation
 - Unclear messaging around the importance of vaccination
 - Lack of a strong medical provider recommendation
 - Vaccine logistics
 - Political environment
- Over the one-and-one-half-day meetings, jurisdiction teams created work plans to address COVID-19 vaccination rates among children. Analysis of team work plans revealed the following themes:
 - Activities to address parental and provider vaccine confidence (46% of plans)
 - Activities to address awareness of the importance of COVID-19 vaccination for children (83% of plans)
 - Activities to address access to pediatric COVID-19 vaccinations (100% of plans)
 - Activities to address vaccine-related policy (13% of plans)
- Follow-up surveys demonstrated ongoing work among jurisdiction teams six months after the conclusion of the regional meetings:
 - 50 of the 63 (79%) jurisdictions in attendance had at least one team member respond to the survey
 - 37 of the responding jurisdictions (74%) had reconvened at least once in the six months following their regional meeting
 - 22 (59%) of responding jurisdictions had met three or more times
 - 13 (26%) of responding jurisdictions reported not reconvening since their regional meeting
 - The most common barriers to reconvening the teams were:
 - Too many competing priorities
 - Meeting was never scheduled
 - Meeting was canceled and not rescheduled

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- VAC meetings have been the catalyst for ongoing work in the jurisdictions. Since their VAC meetings, teams have reported the following activities related to pediatric COVID-19 vaccination:
 - Partnership with Maternal and Child Health to conduct vaccination outreach on school campuses
 - Messaging to parents and providers through educational materials and print and digital media
 - Creating or revitalizing immunization coalitions
 - Collaborating with subject matter experts and community partners to raise awareness
 - Restarting state vaccination task force
 - Advertising campaigns that message COVID-19 as a routine immunization
 - Hosting pediatric grand rounds and webinars that discuss the importance of pediatric COVID-19 vaccination
 - Collaboration with state chapters of the American Academy of Pediatrics and the National Hispanic Medical Association to reach Latinx communities
 - Connecting regional public health to regional Medicaid agencies to cooperate on vaccination efforts
 - Partnering with pharmacists to start a VFC and pharmacists pilot program
 - Amplifying communications from partners to help expand the reach of messaging
 - Educating pharmacists on codes for billing and payment for COVID-19 vaccinations
 - Messaging COVID-19, influenza, and RSV vaccinations to raise awareness
 - Adding representatives from payer systems to work on common messaging, including representatives from payer quality improvement
 - Conducting train-the-trainer sessions for public health nurses to improve vaccination rates
 - Working with immunization coalitions to prepare for upcoming legislative sessions
 - Working to improve vaccination opportunities in public schools
 - Developing maintenance of certification programs for providers that participate in COVID-19 and other respiratory disease quality improvement projects
 - Ongoing collaboration with chapter immunization representatives of the American Academy of Pediatrics
 - Messaging on the importance of vaccinations through school nurse communications
 - Providing COVID-19 vaccinations through mobile clinics with advertising through social media
 - Targeting outreach to providers in vaccine deserts who were not enrolled in the COVID-19 vaccination program for children
 - Launching child immunization access surveys to understand local challenges to providing vaccinations to children
 - Creating of a state Vaccine Access Cooperative that meets monthly and includes relevant partners to share resources and updates regarding immunization practices
 - Strategizing on how to connect with newborn nurseries and daycare centers to message the importance of vaccination
 - Training home visitors on building vaccine confidence
 - Increased use of pop-up community vaccination clinics for all ages
 - Planning a statewide immunization access summit to discuss options for removing barriers to vaccination and developing an improved vaccine finance and delivery system
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Meeting participants have requested additional resources and information, including:

- Administrative assistance to help schedule and host ongoing meetings
- Legislative appropriations to provide additional population health staff for Medicaid
- A Vaccines for All program that provides all vaccines to all people regardless of age or insurance status
- Changes to commercial COVID-19 logistics including smaller minimum orders, lower pricing
- Assistance with payment barriers on the national level
- Educational materials on prevention of long-term consequences of COVID-19 for parents of newborns and daycare attendees
- Connections to other jurisdictions to share effective ideas
- Continued funding for this work
- Clarity on VFC rules, especially regarding borrowing of vaccine doses
- Sample vaccination consent forms
- Future meeting opportunities
- VFC program resources for pharmacists
- More providers willing to host vaccination clinics
- Information on grant funding opportunities to start a coalition and set up a 501c3

Conclusion:

The model of the Vaccine Access Cooperative has proven successful in creating jurisdictional teams with cross-agency collaboration and catalyzing ongoing jurisdiction-level work to improve COVID-19 vaccination rates for children. These one-and-one-half day meetings were spent identifying challenges and potential solutions, sharing ideas, developing strategies, and creating action plans and this model can be applied to other initiatives. AIM plans to replicate the VAC model for an Adult VAC project in 2024. AIM is tremendously grateful for the support of the VAC partners and the CDC, without which these efforts would not have been possible.

Background

U.S. pediatric COVID-19 vaccination coverage rates, especially among children, have languished since the first vaccines became available for children on June 18, 2022. Since that time, immunization programs and other key partners in states, cities, U.S. territories, and freely associated states have attempted to raise COVID-19 vaccination coverage rates for children with varying degrees of success. Meanwhile, the population of children that becomes newly eligible for COVID-19 vaccines increases by more than 10,000 children per day, approximately ten times the number of children between the ages of 6 months and 4 years who were vaccinated [as of May 2023](#).

AIM has a successful, long-standing regional structure that divides the 64 CDC-funded immunization program jurisdictions into ten sub-groups based on geography. Regions vary in size from five to eight jurisdictions. Regional groups are given the opportunity to meet via conference call and in person at a frequency that is determined by the group. AIM provides staff support in organizing and convening these groups. The AIM regions provide the immunization program managers (PMs) with an opportunity to build deeper relationships with their peers and build neighboring-state collaborations. The regional meetings are a safe and supportive space where PMs can discuss challenges and successes and brainstorm together. For this specific set of meetings, AIM partnered with the



National Academy for State Health Policy (NASHP) and AcademyHealth to expand the reach of the regional gatherings and enrich the conversation and feedback. NASHP is a nonprofit organization that provides technical assistance and health policy support to state governments, and AcademyHealth is a nonprofit organization that manages the Medicaid Medical Directors Network.

AIM collaborated with NASHP and AcademyHealth to expand the current regional meeting format to include designated and facilitated discussions on pediatric COVID-19 vaccination. Invitations were extended to five individuals per jurisdiction, including the Medicaid medical director, the jurisdiction's American Academy of Pediatrics (AAP) immunization champion, an American Academy of Family Physicians (AAFP) representative, and a representative from the jurisdiction's pharmacist association. Each jurisdiction was invited to designate up to two more partners to attend these meetings.

Content of these meetings was informed by a steering committee comprised of representatives from national partner organizations, such as the AAP, AAFP, the Association of State and Territorial Health Officers (ASTHO), Centers for Disease Control and Prevention (CDC), the National Association of County and City Health Officials (NACCHO), the American Pharmacists Association (APhA), the National Medical Association (NMA), the National Hispanic Medical Association (NHMA), and others. AIM, with the assistance of Ariadne Labs, developed 64 jurisdiction-specific profiles containing data pertinent to these discussions. Jurisdiction teams attended plenary sessions that were used to level-set the understanding of the current environment of COVID-19 vaccinations for children, address inequity in vaccine access, and address mis- and disinformation. Additionally, teams spent time in jurisdiction-specific breakout sessions to develop relationships with other partners in the jurisdiction and create action plans to improve COVID-19 vaccination coverage rates for children. Staff from AIM, NASHP, and AcademyHealth served as notetakers and small group facilitators, and a report was generated after each regional meeting and shared with all meeting participants and with CDC.

In some instances, meeting facilitators were invited to participate in ongoing virtual team meetings that have occurred since the regional VAC meetings.

Regional Meeting Overview

AIM, in collaboration with AcademyHealth and NASHP, completed eight VAC meetings and met with 63 of the 64 CDC-funded immunization program jurisdictions. The team from Micronesia had a conflict and could not attend. The meetings were conducted from March to June in the following locations.

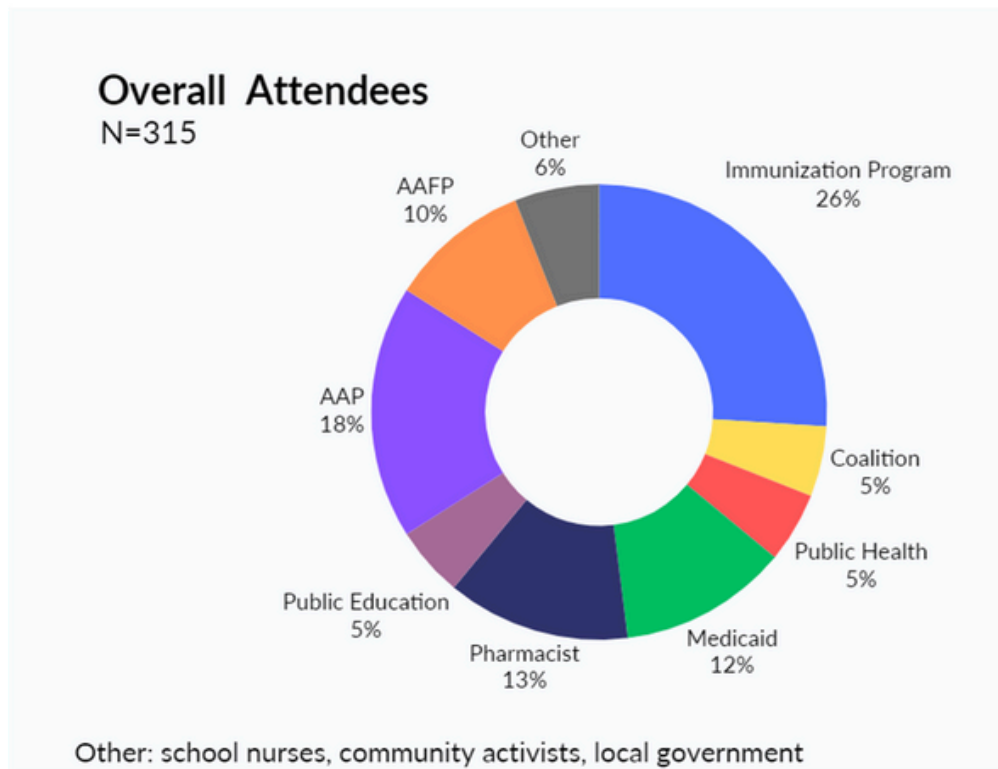
TABLE 1: Vaccine Access Cooperative participating jurisdictions, meeting locations, and dates

REGION	JURISDICTIONS ATTENDED	MEETING LOCATION	MEETING DATES
Pacific Islands	HI, Northern Mariana Islands, American Samoa, Guam, Palau, Marshall Islands	Honolulu, HI	March 8-10, 2023
Southeast	WV, VA, SC, NC, KY, TN, GA	Asheville, NC	March 15-17, 2023
Great Lakes	MN, IA, WI, MI, IL, Chicago, IN, OH	Itasca, IL	April 11-13, 2023
Southwestern and Frontier	MT, ND, SD, WY, NV, UT, CO, TX, Houston, San Antonio, AZ, NM	Denver, CO	April 16-18, 2023
Heartlands	NE, KS, MO, AR, OK	Tulsa, OK	April 19-21, 2023
Beaches	LA, MS, AL, USVI, PR	New Orleans, LA	May 15-17, 2023
West	AK, WA, OR, ID, CA	Portland, OR	May 22-24, 2023
New England and Mid-Atlantic	ME, VT, RI, NH, MA, CT, NY, NYC, NJ, PA, Philadelphia, DC, MD, DE	Portland, ME	May 31- June 2, 2023

In preparation for each meeting, the AIM team created jurisdiction profiles and regional comparisons. These profiles contain demographic, policy, logistical, and vaccination coverage rate information to inform conversations around improving uptake of COVID-19 vaccines. In addition to the profiles, pre-reading materials, meeting logistics information, and a pre-meeting survey were sent to teams in advance of their meetings. Results of the pre-meeting survey showed top barriers to successful vaccination of children against COVID-19 as being **parental vaccine hesitancy, lack of access, lack of awareness of the seriousness of COVID-19 in children, and mis/disinformation**. This report will discuss the findings of the pre-meeting survey in the Themes section.

The jurisdictional teams brought together leaders from departments of health, immunization programs, and Medicaid programs, as well as representatives of the AAP, the AAFP, pharmacist associations, immunization coalitions, and other key immunization partners to develop strategies to break down barriers to the successful vaccination of children. The make-up of meeting attendees was as follows:

CHART 1: Breakdown of VAC Attendee Professional Affiliations



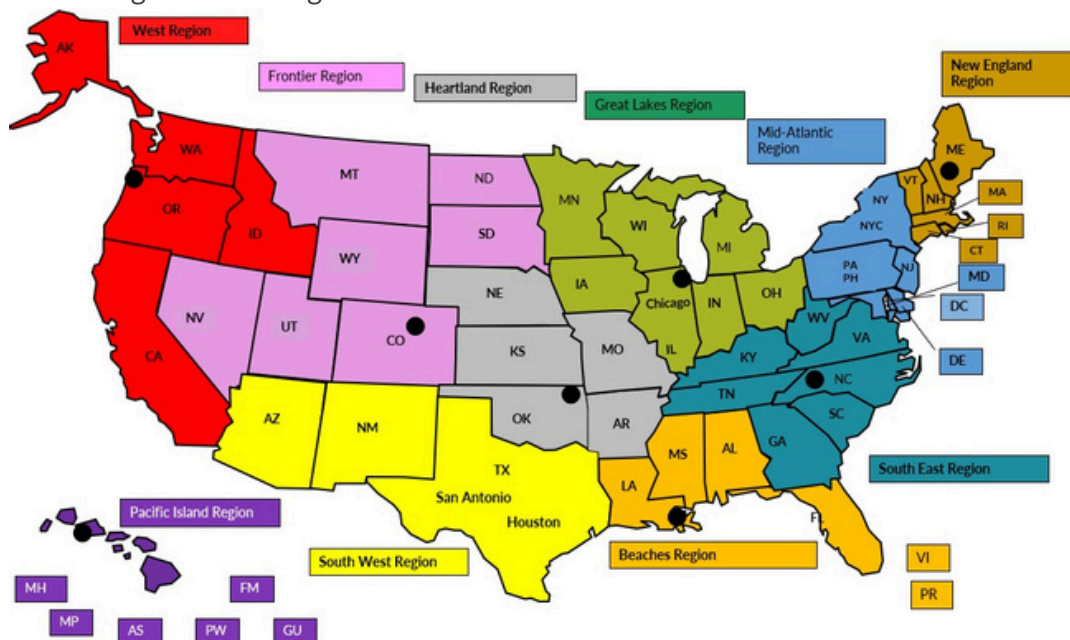
During the one-and-a-half-day meeting, the attendees heard presentations on topics specific to their regions and developed work plans of activities to implement when they returned to their jurisdictions. Each team was to schedule a follow-up meeting within 2-4 weeks of the in-person meeting's conclusion. The jurisdictions broke into facilitated team discussions each day of the meeting. During the first breakout session, the facilitator had the teams discuss the successes and challenges they faced in improving COVID-19 vaccination rates for children. After they had time to list those successes and challenges, the facilitator asked the group about strategies they had heard worked well in other jurisdictions and what strategies they would like to try to implement. The second day's breakout session had the teams bring granularity to some of the strategies identified the day before, categorize them by short-, medium-, and long-term goals, prioritize those goals, and create action steps of how to accomplish them. A report of the jurisdictions' challenges and successes and identified goals was written along with links to the meeting facilitator's notes and presentation slides. The reports for each meeting were shared with attendees and with the CDC and can be found at the end of this report.

The meeting evaluations were overwhelmingly positive. Meeting attendees were asked to provide feedback on the meeting content and agenda. They were also asked to list what they thought were the most and least helpful aspects of the meeting. The evaluations were used to iterate on meeting content and structure as we moved through the remaining regions. The evaluation reports can be found at the end of this report.

Regional Comparison

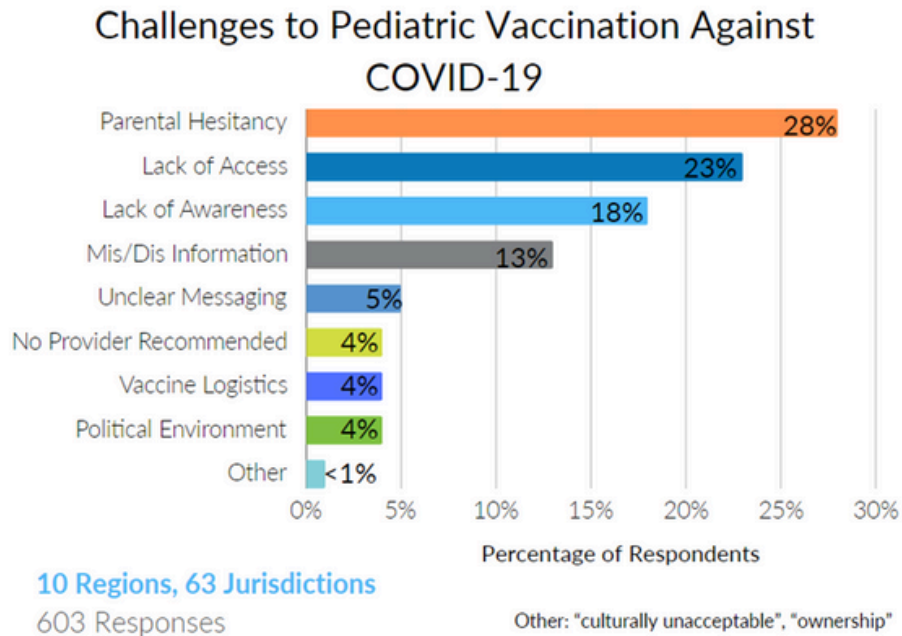
Ten AIM regions were grouped into 8 regional meetings, with 4 of the 10 regions combined into 2 meetings.

IMAGE 1: VAC Regional Meeting Locations



Each region experienced its own challenges and successes in their COVID-19 vaccination efforts. Prior to each meeting, attendees responded to a virtual pre-meeting survey to identify the most common challenges to vaccination. The top three challenges cited by all regions were parental hesitancy, lack of access, and lack of awareness of the importance of vaccinating children against COVID-19. Across the 10 regions the pre-meeting survey had 209 responses from among the 315 VAC meeting attendees, for a response rate of 66 percent. The cumulative results are below:

CHART 2: Attendee-identified Challenges to Pediatric Vaccination Against COVID-19



Each regional meeting was unique, but a few common themes surfaced across the jurisdictions.

USAPI

The first VAC meeting was held in Honolulu, Hawai'i, March 8-10, 2023, with Hawai'i, Guam, American Samoa, the Republic of the Marshall Islands (RMI), Palau, and the Commonwealth of the Northern Mariana Islands (CNMI). The Federated States of Micronesia were invited to attend but could not attend due to a conflict. The U.S. Affiliated Pacific Islands (USAPI) meeting was unique among the regional meetings, as each jurisdiction was invited to present on their unique challenges and COVID-19 vaccination efforts. The USAPI jurisdictions closed their borders at the start of the pandemic, which allowed them to plan their vaccination efforts before the jurisdictions experienced large numbers of COVID-19 cases. RMI had to plan for plane and boat transportation to reach their outer islands. The travel time by boat to the furthest island is a 3-day trip. This meant finding a way to keep vaccine temperatures regulated and vaccines stable in choppy waters for long periods of time. The RMI immunization staff and volunteers were able to vaccinate 83 percent of their population. Other territories in the USAPI faced similar situations, with similarly successful vaccination rates.

For many of the USAPI attendees, the VAC meeting was their first in-person meeting since the start of the pandemic. They greatly valued the opportunity to come together to reconnect, share stories, and debrief from and process this extremely difficult time in their lives. Attendees also expressed their thanks for holding the meeting in Hawai'i, as they felt doing so acknowledged and respected their unique cultures and needs.

Southern States, Cities, and Territories

The Beaches, Southeast, Southwest, and Frontier meetings were unique in naming the political environment as one of the top five challenges to pediatric COVID-19 vaccination. This became clear in the jurisdiction breakouts when teams were developing action plans. Many jurisdictions had to become creative with their goals to help get high-ranking elected leaders to sign off on COVID-19-related projects. Some states shared that they are not permitted to promote COVID-19 vaccinations to the public and, therefore, have significant challenges in improving their coverage rates for children. A few of these jurisdictions are looking to form immunization coalitions or utilize their existing coalitions to help move the work forward. Two states are utilizing their state chapters of AAP to help distribute educational materials on the importance of vaccination for young children to providers and parents. The partnerships developed in the southern states are vital to moving the work forward in the current environment.

One southern outlier is Puerto Rico, which has one of the highest pediatric COVID-19 vaccine coverage rates. The attendee from Puerto Rico attributed this to a school mandate and vaccinations being administered in vaccination clinics rather than in private medical offices.

Middle America

The Great Lakes and Heartlands meetings listed access as their number one challenge to getting children vaccinated against COVID-19. These jurisdictions have large rural populations, and some communities do not have a doctor within the area. Many of these jurisdictions see pharmacists as key partners in the vaccination effort.

Pharmacists and community-based organizations became a focus of most of these jurisdictions' goals. A few of these jurisdictions are working to add pharmacists to their Vaccines for Children (VFC) programs and retain provisions of [the Public Readiness and Emergency Preparedness \(PREP\) Act](#) that permit pharmacists and pharmacy staff to vaccinate children ages 3 years and older. They believe this will help to mitigate the access issues they are facing.

The Coasts

The West, Mid-Atlantic, and Northeast meetings had the jurisdictions with the highest vaccination rates. In some of these jurisdictions, COVID-19 vaccination coverage rates for 6-month through 4-year-olds surpassed their vaccination rates for older children. A focus of these discussions was the role school nurses could have in helping to get children vaccinated. Many of these jurisdictions brought a school nurse representative as part of their jurisdiction team. School nurses were identified as the bridge between parents and medical information. In most school districts, they are the trusted source of medical information, and they often make the decisions regarding school admission based on vaccination status. There was some discussion on making the COVID-19 vaccination required for school attendance, which attendees felt could help with vaccine uptake.

Many of the coastal jurisdictions had access and supply issues, especially for the younger populations. The challenges with messaging to parents of 6-month to 4-year-olds were discussed as major barriers to vaccination, as messaging early in the pandemic suggested children did not become significantly ill from COVID-19. Once vaccines became available, the demand was not there, in part because of that earlier messaging. This is still a challenge jurisdictions in these regions are trying to overcome.

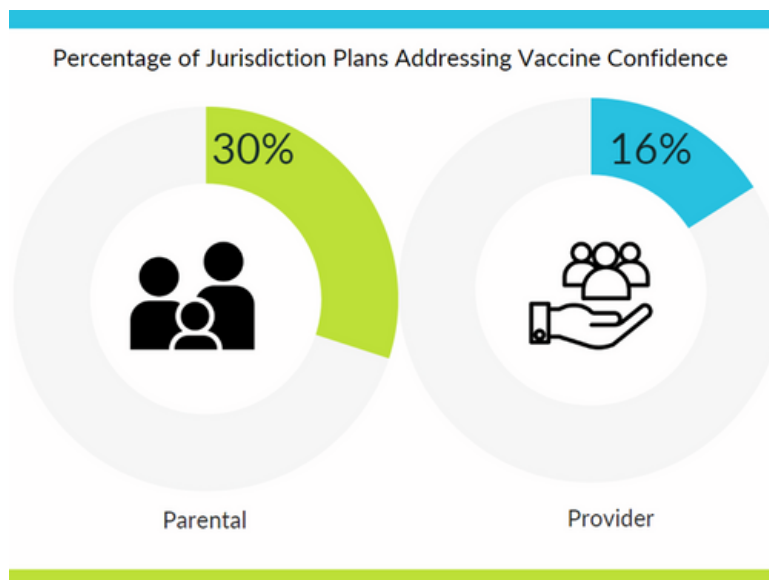
Themes

VAC attendees were surveyed before their meetings and asked to identify major barriers to the successful vaccination of children against COVID-19. While each jurisdiction and region faced its unique challenges, some common themes emerged from the survey and across the regional meeting discussions: address vaccine confidence in parents and providers, identify strategies to expand access to COVID-19 vaccinations in non-traditional settings, provide educational support to help address the lack of awareness of the importance of COVID-19 protection for children, address state policies that create barriers to vaccination, and develop strong partnerships within jurisdictions to help all vaccination partners in their efforts to protect children. Jurisdiction teams created strategies to address these common challenges.

Vaccine Confidence

Many factors impact vaccine decision-making, including cultural, social, political, and vaccine-specific factors. The COVID-19 pandemic and the development of the COVID-19 vaccines demonstrated that all these factors have an impact on vaccination rates, especially those of children ages 5 years and younger. The messaging around COVID-19 vaccines for children was a difficult one. Early messaging that children were essentially unaffected by COVID-19 gave the impression that children did not need to be vaccinated, even when it became apparent that Omicron variants posed health threats to children. This likely contributed to the lack of vaccine confidence among both parents and providers.

CHART 3: Percentage of Jurisdiction Plans Addressing Vaccine Confidence



The VAC attendees discussed strategies to address vaccine confidence among both parents and providers. In the jurisdiction action plans, 30 percent of teams created goals to address vaccine confidence in parents. These goals included:

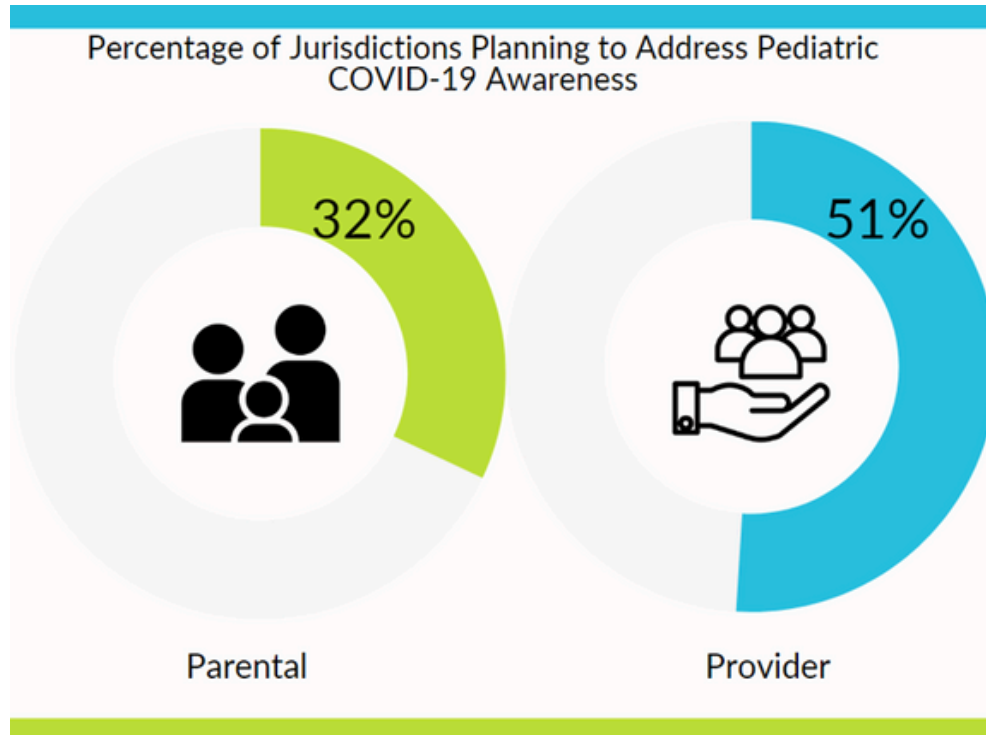
- Increasing the volume of COVID-19 vaccine messaging specific to children 5 years and younger
- Identifying educational outreach opportunities like creating a flyer to hand out at the 4-month well-child visit with information on starting the COVID-19 vaccination series at the 6-month well-child visit
- Creating partnerships with new mom groups/first-time parent groups to provide resources
- Creating materials to address misinformation and disinformation in rural communities with a catchphrase

Strategies to address vaccine confidence in providers were created in 16 percent of the plans. Jurisdictions plan to create learning opportunities for providers on how to talk to parents about the importance of vaccines, survey providers to find out what specific barriers they are facing and create mandatory provider quality improvement (QI) projects to help raise immunization rates.

Vaccine Awareness

The rollout of COVID-19 vaccines started in December 2020 through a phased approach by health conditions and age. The vaccines became available for 6-month through 4-year-old children on June 18, 2022. The late rollout of vaccines for young children, along with the early messaging that COVID-19 was not serious in children, are factors that led to a lack of awareness of the importance of children getting vaccinated against COVID-19. Teams voiced their beliefs that both parents and providers share this thought process, which was only exacerbated by the World Health Organization's Strategic Advisory Group of Experts on Immunization ([WHO SAGE](#)) update in March 2023 stating, "Countries should consider their specific context in deciding whether to continue vaccinating low-risk groups, like healthy children and adolescents, while not compromising the routine vaccines that are so crucial for the health and well-being of this age group." Many interpreted this to mean that it was not important to vaccinate children. Because of these issues, some providers are wary of contentious conversations and may be unwilling to make a strong recommendation, be unsure of how to refute arguments that children do not need to be protected from COVID-19, or feel unable to keep up with changing federal recommendations and guidance. This sentiment, shared by many medical providers at the VAC meetings, is seen as a major barrier to vaccinating children.

CHART 4: Percentage of Jurisdictions Planning to Address Pediatric COVID-19 Awareness



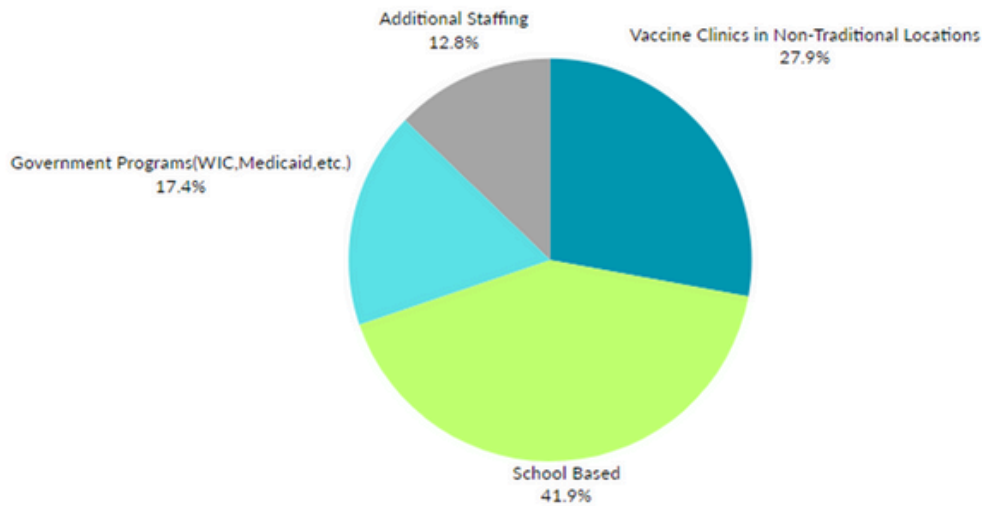
Several jurisdictions agreed to focus on developing educational materials to help address the lack of awareness of the importance of COVID-19 vaccinations for children. Thirty-two of the 63 jurisdictions (51 percent) created goals to develop educational resources targeted to providers and 32 percent of the jurisdictions plan to create educational resources geared towards parents. The teams intend for these resources to reach providers and parents in all settings. Some jurisdictions plan to reach out to school nurses to become a resource for parents and to provide COVID-19 vaccine information. One jurisdiction mentioned a desire to partner with residency programs to provide education on the importance of the COVID-19 vaccines and other childhood vaccinations.

Vaccine Access

Many jurisdictions, particularly those with provider deserts where a vaccinating provider is not located within a 15-minute drive of a child, highlighted ongoing issues with limited pediatric access to COVID-19 vaccines and growing concerns that access disparities would worsen with the shift of COVID-19 vaccines to the commercial market. While the availability of COVID-19 vaccines is widespread for most adults and older children, those younger than 5 years have more limited access. Some estimated that only 40 percent of VFC program providers stocked and administered COVID-19 vaccines for their pediatric patients at the time of the meetings. Also, few pharmacists are permitted to vaccinate children between 6-months and 36-months of age. The lack of clarity around the commercialization process for the COVID-19 vaccines was an additional concern and thought to have the potential to exacerbate access barriers.

CHART 5: Percentage of Jurisdiction Plans Addressing Vaccine Access

Percentage of Jurisdiction Plans Addressing Vaccine Access



Many jurisdictions focused their goals on creating strategies to address access issues. A few created goals around providing additional staffing to administer vaccines. Several are looking to provide vaccines in non-traditional settings like places of worship, schools, parks, and local retail locations. About 50% of the jurisdictions created goals to provide vaccinations in school settings and to partner with government programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) or Medicaid to help with awareness of non-traditional sites for vaccination clinics.

Pharmacist Involvement

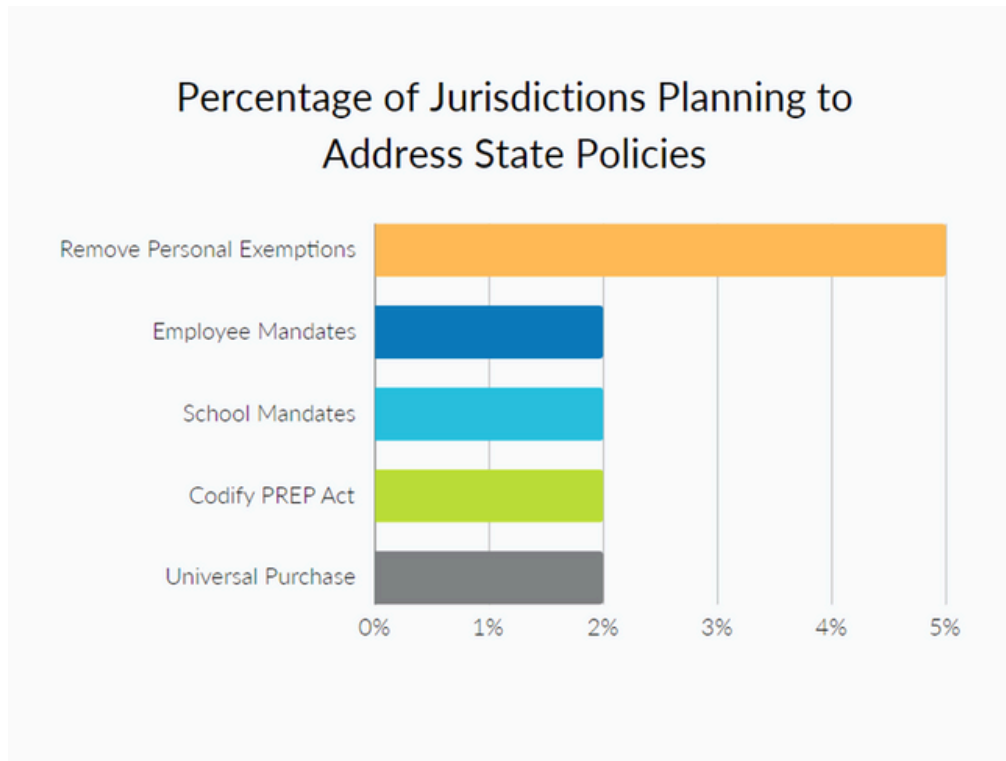
The distribution and administration of COVID-19 vaccines required coordination of existing public health services at an enormous scale within a very short timeframe. Pharmacists became an integral part of the administration of COVID-19 vaccines, especially once the PREP Act permitted pharmacists and pharmacy staff to vaccinate children ages 3 years and older. The CDC Morbidity and Mortality Weekly Report ([MMWR](#)) reported 15% of 6-month to 4-year-old children received their COVID-19 vaccinations at pharmacies. Given that most pharmacists are unable to vaccinate children younger than age 3, their contribution to the pediatric COVID-19 vaccination efforts has been significant.

Representatives from pharmacies were among the VAC meeting attendees and their role in vaccination efforts was discussed. At the Northeast/Mid-Atlantic Regional Meeting in Portland, ME, the attendees heard from an immunization program manager and a pharmacist about the partnership to enroll pharmacies in the VFC program. Twenty-two percent of jurisdictions created goals around pharmacy involvement in pediatric COVID-19 and routine childhood vaccination efforts.

Vaccination Policy

Jurisdictions highlighted a variety of ongoing challenges in their work to improve COVID-19 vaccination rates among children, including “pandemic fatigue,” the state or local political environment, and limited workforce capacity. Three jurisdictions have long-term goals of removing “personal vaccine exemptions” to help raise vaccination rates. Other potential policy levers include becoming a universal vaccine purchase state, creating school and employee vaccine mandates, and codifying elements of the PREP Act at the state level to allow for the expansion of ages pharmacists are permitted to vaccinate.

CHART 6: Percentage of Jurisdictions Planning to Address State Policies



Partnership Development/Coalition Building

Partnerships are a vital part of effective public health campaigns. Partnerships help to efficiently use resources; provide financial and technical support; facilitate research, data collection and analytics; support project implementation; and coordinate action. The partnerships established and leveraged during the COVID-19 pandemic response and vaccination efforts brought together government, nonprofit, and for-profit organizations to help share resources and vaccinate communities. During the VAC meetings, the topic of partnerships was discussed by all jurisdictions. The jurisdictions are looking to expand their partnerships across sectors and use them to help mobilize messaging campaigns, vaccination clinics, and vaccination awareness in their communities. In addition to partnership expansion and development, several jurisdictions would like to establish immunization coalitions to help organize these efforts and bring together immunization partners in their jurisdictions for a unified mission.

Jurisdictions are looking to explore partnerships with traditional and non-traditional partners. One state team is working closely with their school nurses and considering partnerships with local businesses to promote vaccination of young children. Other jurisdictions are looking to establish immunization coalitions to bring together partners with the mission of raising childhood vaccination rates. One jurisdiction mentioned a partnership with home health groups to work with new mom populations through a program that brings medical care and supplies to moms in the first few weeks postpartum. They plan to provide vaccine education and resources on where to get those babies vaccinated against COVID-19 starting at 6 months of age. These strategies all work with other community groups in close contact with the targeted population.

Lessons Learned

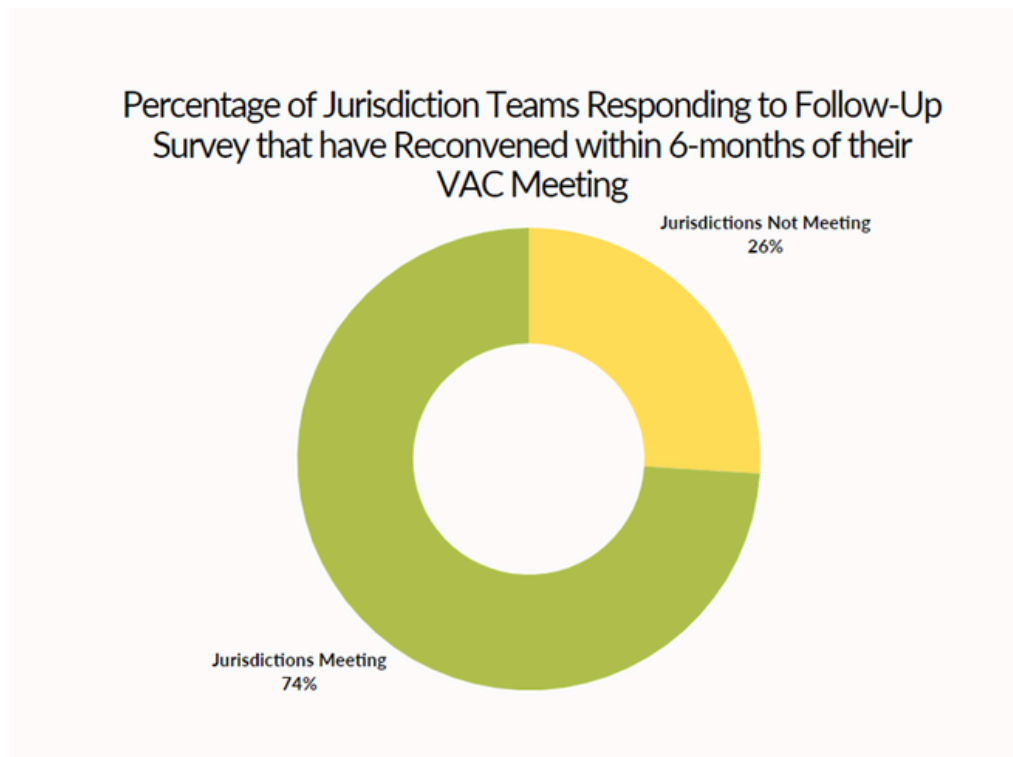
The VAC teams ranged from 1 to 10 participants. The meetings were held between March and May, which was a challenge for some jurisdictions as their legislative sessions were ongoing and many immunization partners needed to be in their jurisdictions. The partners attempted to engage members of the National Medical Association (NMA), the National Hispanic Medical Association (NHMA), and the American Academy of Family Physicians (AAFP) with limited success. While conversations were held with the three organizations at the national level, engaging local members proved challenging. Many attempts were made in each jurisdiction to have a broad representation. Another challenge for the meeting attendees was that the timing of the CDC Cooperative Agreement application period coincided with some meeting dates. The immunization program managers were able to make time to attend the VAC meeting, but this did come up in the meeting evaluations as a cause of stress.

An unexpected outcome of the VAC meetings was the creation of a coalition of more than 300 immunization stakeholders across 63 jurisdictions comprising all 50 states, 6 major cities, and 7 U.S. territories or federated states. These VAC members can be leveraged to continue the work of improving childhood vaccinations, as well as other vaccine-related initiatives. Several of the VAC teams continue to meet to discuss their action plans and other childhood immunization issues surfacing in their jurisdiction. The groups used the partners at the table to start plans for RSV monoclonal antibody roll-out and develop ways to improve upon their childhood vaccination rates in addition to the COVID-19 vaccination activities. The teams have become a valued resource for the jurisdictions.

After the VAC

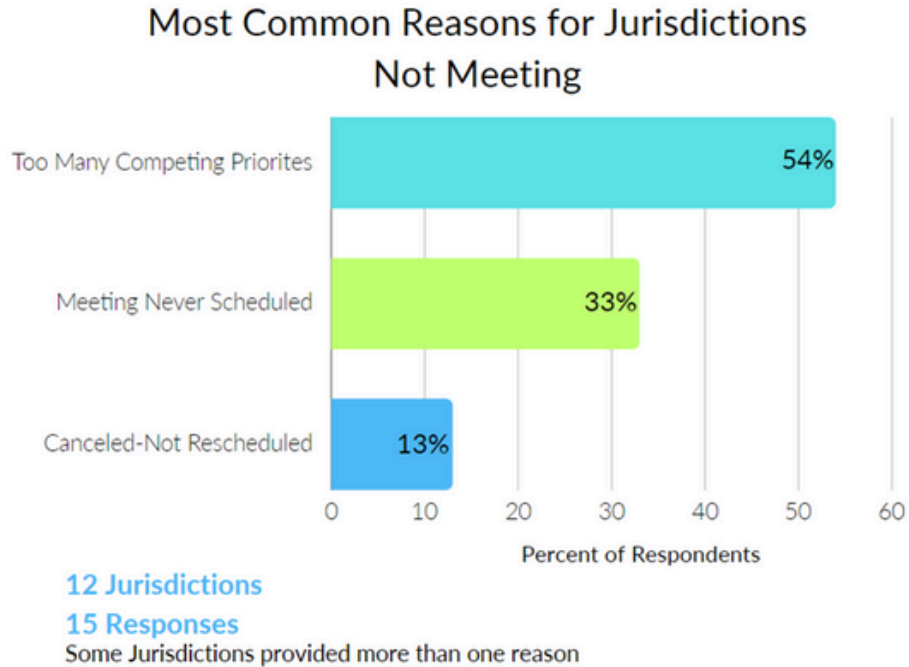
AIM surveyed VAC meeting attendees six months after their respective VAC meetings to understand which teams continued to meet, which teams had not met and why, and what resources teams need to continue the work planned during the VAC meetings. At least one attendee responded to the survey from 50 of the 63 jurisdictions in attendance (79%). Of the jurisdictions responding, 37 (74%) had reconvened at least once since their regional meeting, with 22 (59%) of those jurisdictions reconvening three or more times.

CHART 7: Percentage of Jurisdiction Teams Responding to Follow-Up Survey that have Reconvened within 6-months of their VAC Meeting



Thirteen (26%) of responding jurisdictions did not reconvene in the six months after their VAC meeting. The most common reasons cited for not reconvening were that the meeting was canceled and not rescheduled, no one scheduled the first meeting and that meeting participants had too many competing priorities.

CHART 8: Most Common Reasons for Jurisdictions Not Meeting



AIM is helping the VAC teams remain connected and continue their work through a listserv, publishing ongoing VAC network newsletters, and developing a repository of resources for VAC attendees so they can stay connected and informed and provide technical assistance to one another. Through a no-cost extension of the CDC grant funding, AIM provides ongoing technical support to the jurisdictions as they navigate through changes in vaccine financing and distribution while working to improve vaccination rates for all children.

VAC meetings have been the catalyst for ongoing work in the jurisdictions. Since their VAC meetings, teams have reported the following activities related to pediatric COVID-19 vaccination:

- Partnership with Maternal and Child Health to conduct vaccination outreach on school campuses
- Messaging to parents and providers through educational materials and print and digital media
- Creating or revitalizing immunization coalitions
- Collaborating with subject matter experts and community partners to raise awareness
- Restarting state vaccination task force
- Advertising campaigns that message COVID-19 as a routine immunization
- Hosting pediatric grand rounds and webinars that discuss the importance of pediatric COVID-19 vaccination
- Collaboration with state chapters of the American Academy of Pediatrics and the National Hispanic Medical Association to reach Latino communities
- Connecting regional public health to regional Medicaid agencies to cooperate on vaccination efforts
- Partnering with pharmacists to start a VFC and pharmacists pilot program

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- Amplifying communications from partners to help expand reach of messaging
 - Educating pharmacists on codes for billing and payment for COVID-19 vaccinations
 - Messaging COVID-19, influenza, and RSV vaccinations to raise awareness
 - Adding representatives from payer systems to work on common messaging, including representatives from payer quality improvement
 - Conducted train-the-trainer sessions for public health nurses to improve vaccination rates
 - Working with immunization coalitions to prepare for upcoming legislative sessions
 - Working to improve vaccination opportunities in public schools
 - Developing maintenance of certification programs for providers that participate in COVID-19 and other respiratory disease quality improvement projects
 - Ongoing collaboration with Chapter Immunization Representatives of the American Academy of Pediatrics
 - Messaging on the importance of vaccinations through school nurse communications
 - Providing COVID-19 vaccinations through mobile clinics with advertising through social media
 - Targeting outreach to providers in vaccine deserts who were not enrolled in the COVID-19 vaccination program for children
 - Launching child immunization access surveys to understand local challenges to providing vaccinations to children
 - Creation of a state Vaccine Access Cooperative that meets monthly and includes relevant partners to share resources and updates regarding immunization practices
 - Strategizing on how to connect with newborn nurseries and daycare centers to message the importance of vaccination
 - Training home visitors on building vaccine confidence
 - Increased use of pop-up community vaccination clinics for all ages
 - Planning a statewide immunization access summit to discuss options for removing barriers to vaccination and developing an improved vaccine finance and delivery system

Meeting participants have requested additional resources and information, including:

- Administrative assistance to help schedule and host ongoing meetings
- Legislative appropriations to provide additional population health staff for Medicaid
- Vaccines for All program that provides all vaccines to all people regardless of age or insurance status
- Changes to commercial COVID-19 logistics, including smaller minimum orders, lower pricing
- Assistance with payment barriers on the national level
- Educational materials on prevention of long-term consequences of COVID-19 for parents of newborns and daycare attendees
- Connections to other jurisdictions to share effective ideas
- Continued funding for this work
- Clarity on VFC rules, especially regarding borrowing of vaccine doses
- Sample vaccination consent forms
- Future meeting opportunities
- VFC program resources for pharmacists
- More providers willing to host vaccination clinics
- Information on grant funding opportunities to start a coalition and set up a 501(c)(3)

Conclusion and Considerations for the Future

Over the course of three months AIM, AcademyHealth, and NASHP were able to convene over 315 vaccine partners across 63 jurisdictions representing immunization program managers, representatives from the AAP, the AAFP, state pharmacist associations, Medicaid programs, immunization coalitions, school health, and other partners. These one-and-one-half-day meetings were spent identifying challenges and potential solutions, sharing ideas, developing strategies, creating action plans, and building relationships that can be leveraged for other initiatives. The teams generated action plans to highlight the importance of improving access to COVID-19 vaccines, especially for young children, improving provider and parental awareness of the need for children to be protected against COVID-19, and the critical importance of building parental vaccine confidence.

AIM has created a [resource repository](#) for VAC attendees that includes the presentations given at the VAC regional meetings, links to the jurisdiction profile documents, and resources developed by AIM for use by jurisdictions. AIM is also working to develop a listserv to connect VAC attendees and help facilitate communication and exchange of ideas and resources.

In October 2023, AIM, NASHP, and AcademyHealth began work on a new 3-year CDC-funded collaborative effort, the Vaccine Information Sharing and Education Resource (VISER) Network - a monthly cross-agency, cross-sector learning network meeting with a focus on sharing promising and best practices to improve vaccination rates across the lifespan, disseminating evidence-based information, and discussing emerging challenges related to preventing vaccine-preventable conditions. Additionally, the three organizations will support up to six cross-agency state teams with in-depth technical assistance in creating agreements to share data between their immunization information system and their Medicaid program.

The model of the Vaccine Access Cooperative has proven successful in creating jurisdictional teams with cross-agency collaboration, as well as creating an ongoing partnership between AIM, NASHP, and AcademyHealth. AIM plans to replicate the VAC model for an Adult VAC project in calendar year 2024. AIM is tremendously grateful for the support of the VAC partners and the CDC, without which these efforts could not have been possible.