

Welcome to:

Respiratory Virus Season and Health Equity: Information about Respiratory Syncytial Virus (RSV), COVID-19, and Flu

**Hosted by the Centers for Disease Control and Prevention's (CDC)
Office of Health Equity (OHE) and National Center for Immunization and
Respiratory Diseases (NCIRD)**

Agenda for Meeting

- **Moderator messages – Sarah Anderson**
- **Introduction to Health Equity and OHE – Dr. Leandris Liburd**
- **Respiratory Virus Information – Dr. Mo Patel**
 - Prevention including vaccines, treatment
 - Health equity messages
- **Health equity updates on response – Dr. Jennifer Nelson**
- **Partner presentations on innovations**
 - UNIDOSUS
 - National Urban League
 - The Partnership for Inclusive Disaster Strategies
 - EverThrive Illinois
- **Q/A**



Logistics and Accessibility Information

- Slides will be shared with participants following the webinar.
- Please feel free to put any questions you have into the Q&A box at the bottom of your Zoom screen. Q&As will only be visible to participants if the question is answered. We likely will not have time to get to every question, but the slides will include numerous resources and ways for you to contact CDC if you require further assistance.
- CART captions:
<https://www.streamtext.net/player?event=14435RespiratoryVirusSeasonResponseandHealthEquity>
- ASL Interpretation and Spanish Simultaneous Translation are available. Click the "Interpretation button" at the bottom of your Zoom screen.

This information will be put in the chat.



Introduction to CDC's Office of Health Equity

Leandris C. Liburd, PhD, MPH
Acting Director, Office of Health Equity

What is Health Equity?

- Health equity is when everyone has the opportunity to be as healthy as possible.
- Achieving this requires ongoing societal efforts to:
 - Address historical and contemporary injustices;
 - Overcome economic, social, and other obstacles to health and health care; and
 - Eliminate preventable health disparities.



CDC Office of Health Equity (OHE)

Mission and Vision

- **Mission:** The Office of Health Equity exists to ensure health equity is embedded in an all-of-public health approach to overcoming persistent health disparities and health inequities across a range of population groups that disproportionately experience poor health outcomes.
- **Vision:** All people have the opportunity to attain the highest level of health possible.



Celebrating 35 Years of Baking
HEALTH EQUITY
Into Public Health

<https://www.cdc.gov/healthequity/>

Please share your resources!

OHE is committed to engaging with internal and external partners to advance health equity.

If you have any examples of tools, resources, or successes as part of your health equity work related respiratory virus season, please submit them in the Q&A box.

Connect With Us!

- **[Subscribe to Health Equity Partner Updates](#)**: Subscribe to this email list for updates and information about events related to the CDC Office of Health Equity.
- **[Health Equity Matters](#)**: quarterly e-newsletter that shares news, perspectives, and progress related to minority health and health equity.
- **[Health Matters for Women](#)**: monthly e-newsletter that provides information on what is happening in women's health around CDC and other agencies.
- **[Conversations in Health Equity](#)**: blog devoted to increasing awareness of health inequities and promoting national, state, and local efforts to reduce health disparities and achieve health equity.
- Engage with us on **(Twitter) @CDCHealthEquity** and **LinkedIn @CDCHealthEquity**



Stay tuned for more Office of Health Equity partner calls !



Respiratory Virus Information

Manisha (Mo) Patel, MD, MS, MBA (CAPT, USPHS)
Chief Medical Officer
National Center for Immunization and Respiratory Diseases

We have made great progress since the beginning of the COVID-19 pandemic



**Robust National,
State, and Local
Surveillance**



**New and Updated
Tools**



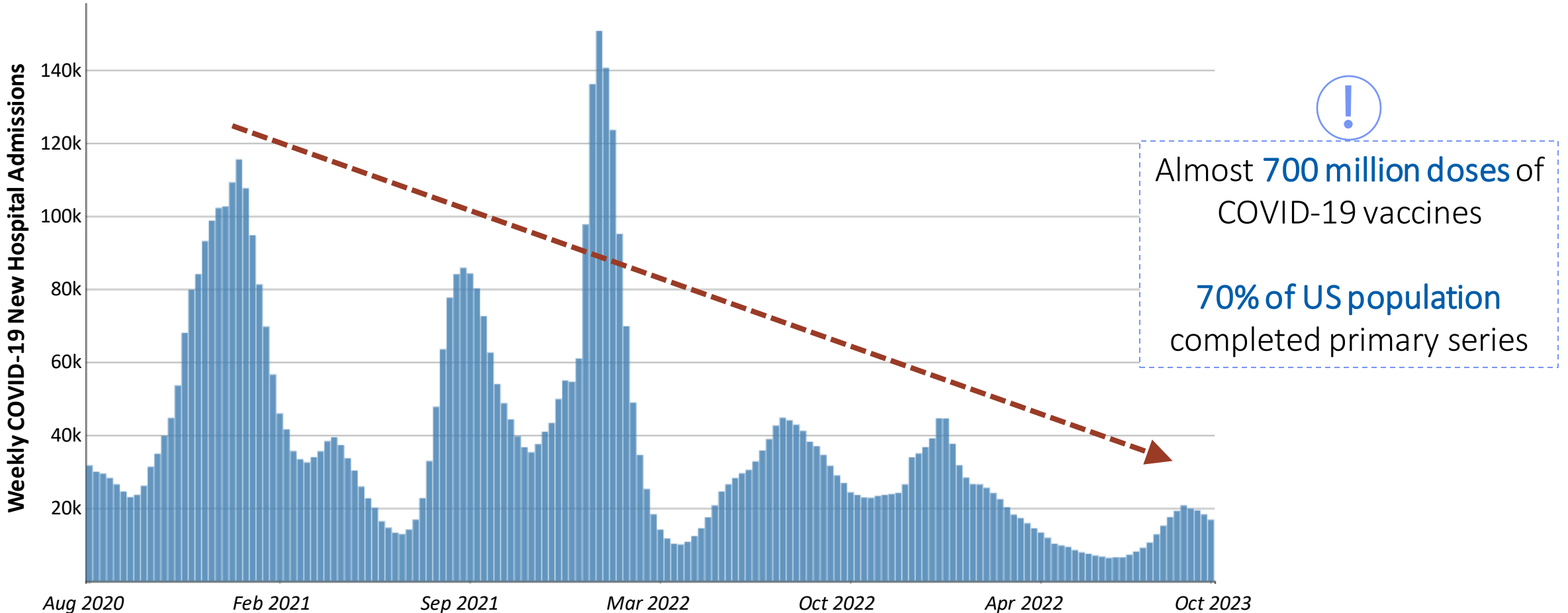
**Innovation
Pipelines**



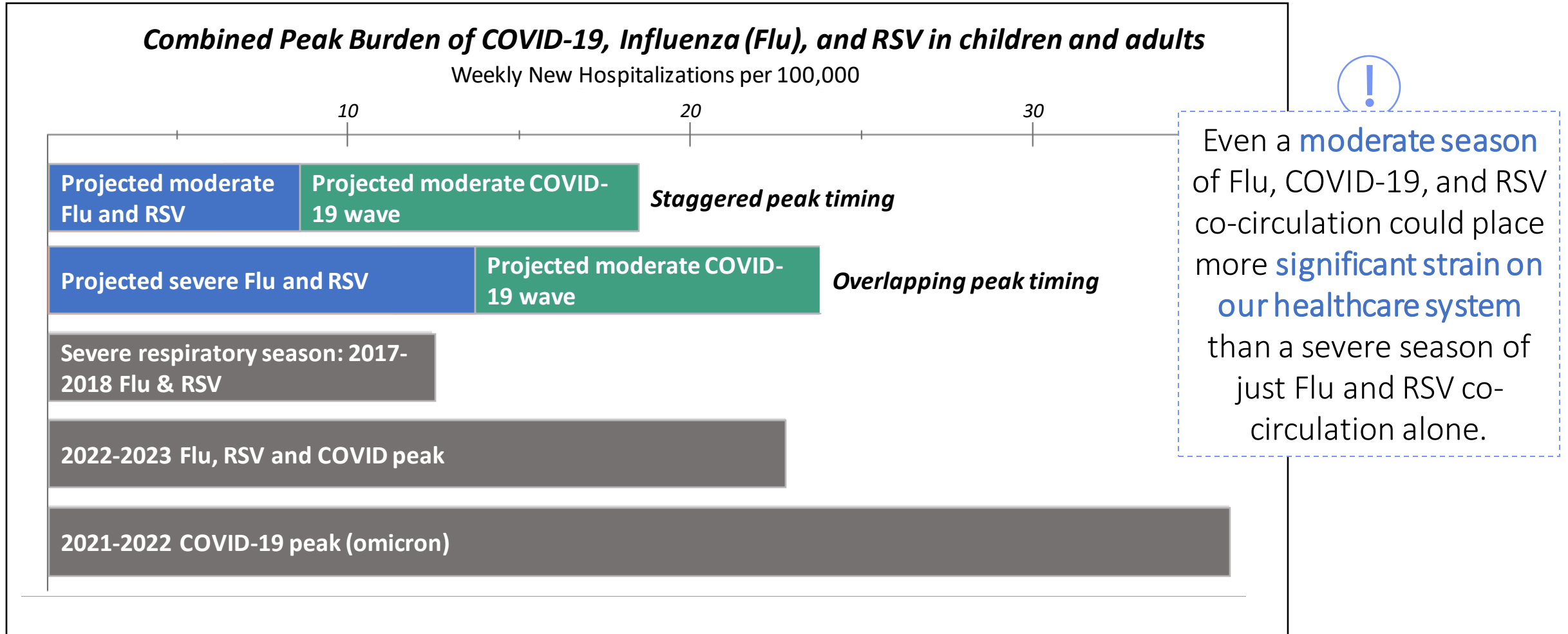
**Expanded
Partnerships and
Engagement**

COVID-19 vaccination was largest campaign in US history

COVID-19 New Hospital Admissions, by Week in the US



CDC expects a similar number of hospitalizations this season as last year nationally, but likely more than pre-pandemic years



This season, there are more ways than ever to protect the health of our patients



Safe, updated vaccines – For the first time ever, immunizations are available for all three major fall and winter respiratory diseases: Influenza (Flu), COVID-19, and Respiratory Syncytial Virus (RSV).



Widely available effective treatments – Treatments available for Flu and COVID-19 can reduce severe illness, hospitalization, and death.



Rapid antigen tests – These tests, some of which can be used at home, can quickly detect respiratory viruses so there are no delays in getting treatment and taking steps to protect our people and their families.



Everyday actions – Covering coughs and sneezes, frequent handwashing, wearing masks, improving air quality, and staying home when sick can help reduce the spread of respiratory viruses.

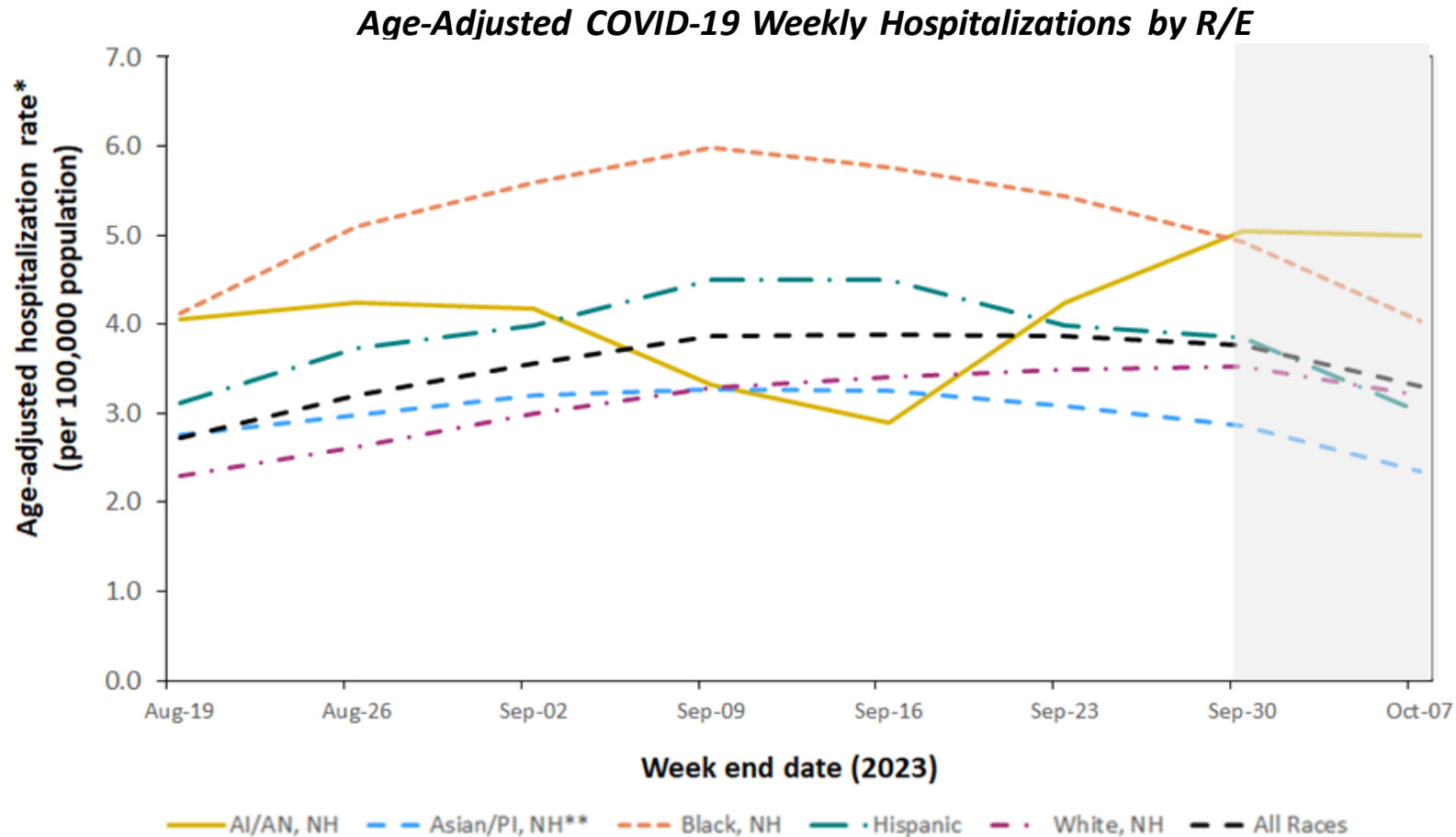
Fall/Winter 2023-2024 Vaccine Recommendations

- **COVID-19 Vaccine:** Updated COVID-19 vaccine recommended for all persons 6 months and older
 - Children 6 months through 4 years and immunocompromised people may need additional doses
- **Flu Vaccine:** Recommended for persons 6 months and older
 - Children 6 months through 8 years may need 1 additional dose
 - People 65 and older should get a higher dose, recombinant, or adjuvanted flu vaccine
- **RSV Vaccine for Older Adults:** Adults 60 and older may receive RSV vaccination using shared clinical decision-making
- **RSV Immunizations:** Two options are recommended to protect infants against RSV:
 - **Maternal RSV vaccination** at 32-26 weeks of gestation *OR*
 - **Nirsevimab (long-term monoclonal antibody)**
 - Infants younger than 8 months during – or entering - RSV season
 - Some children 8 through 19 months with increased risk for severe RSV



YOU are your communities' most trusted partner for information.

Why vaccinate against COVID?



! Higher hospitalization rates for black, non-Hispanic population

NH= Non-Hispanic, AI= American Indian, AN= Alaska Native; **Asian race includes Pacific Islander (PI).

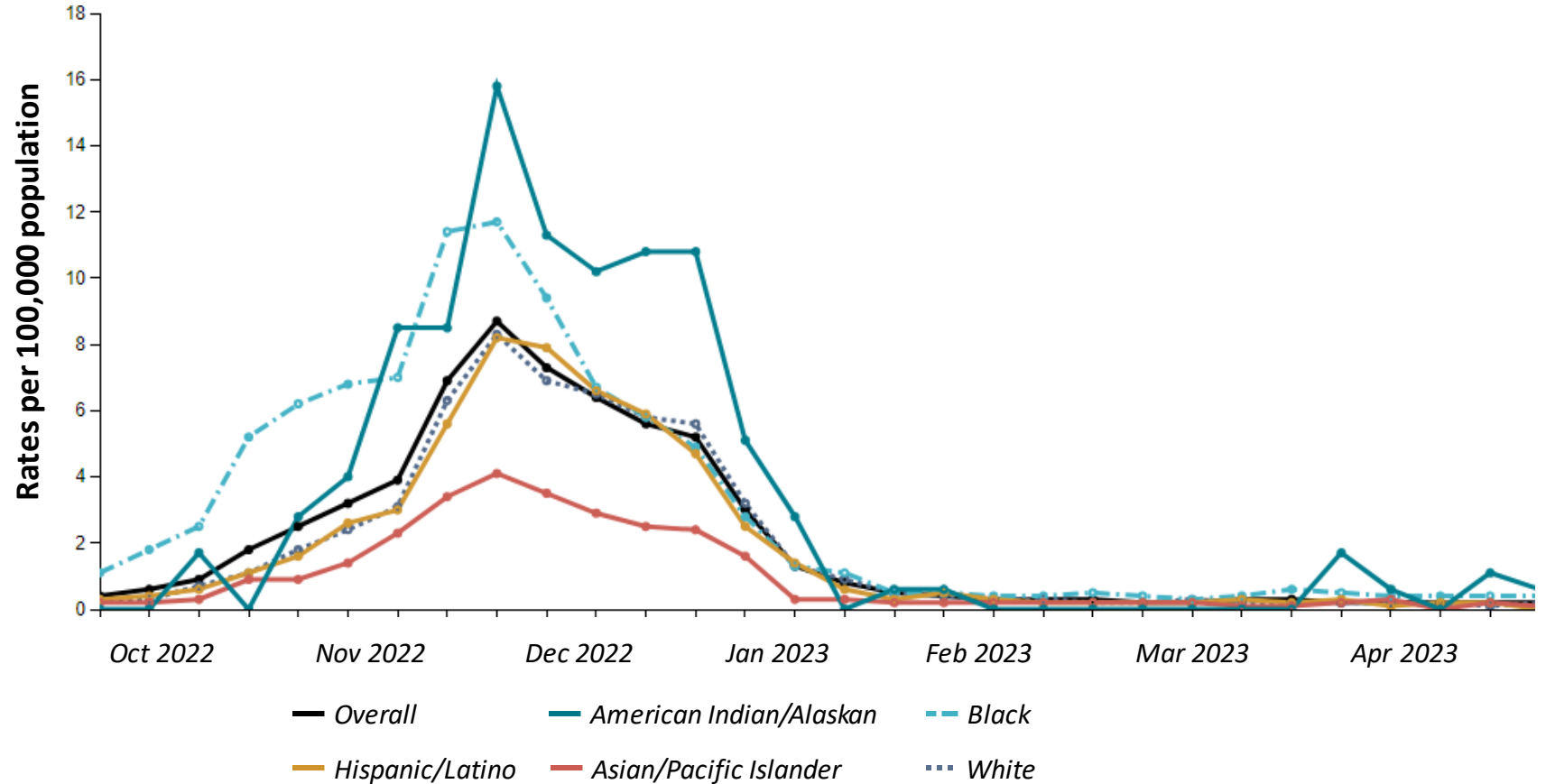
*3 week moving average

Data accessed October 11, 2023. The COVID-NET hospitalization data are preliminary and subject to change as more data become available. Case counts and rates for recent hospital admissions are subject to data lags. As data are received, prior case counts and rates are updated accordingly. [Coronavirus Disease 2019 \(COVID-19\)-Associated Hospitalization Surveillance Network \(COVID-NET\)](https://www.cdc.gov/coronavirus/2019-ncov/associated-hospitalization-surveillance-network.html)

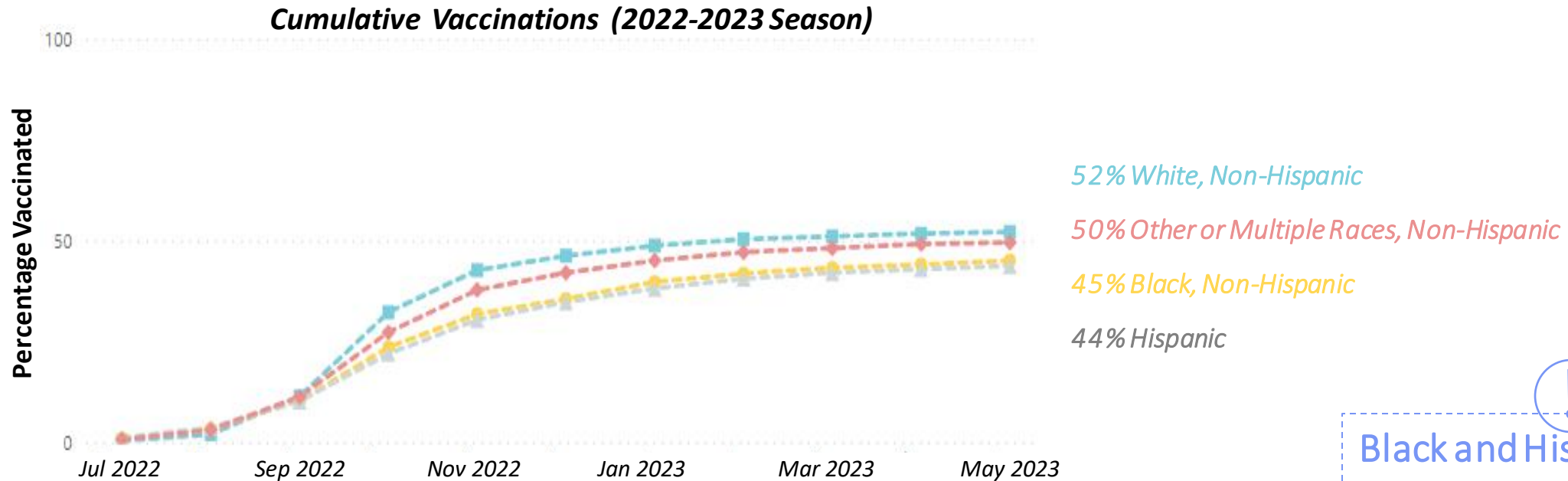
Why vaccinate against Flu?

Weekly Flu Hospitalization Rates (2022-2023 Season)

! Higher hospitalization rates for black and AI/AN populations



Why vaccinate against Flu? (1)

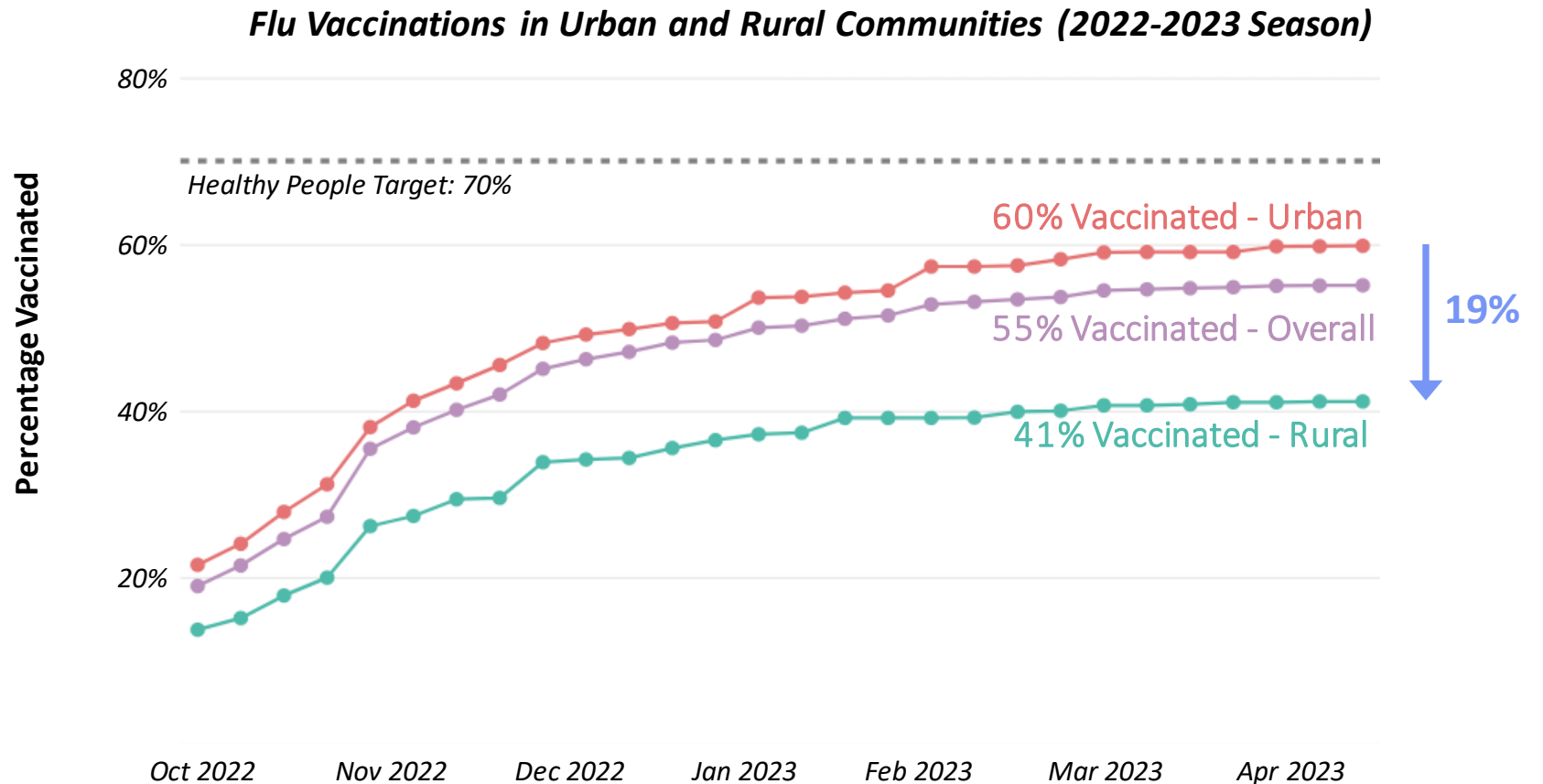


!

Black and Hispanic people have **7-8% lower** Flu vaccine coverage than white, Hispanic people

Why vaccinate against Flu? (2)

!
Children in rural areas have **19% lower** Flu vaccine coverage than children in urban areas



Why vaccinate against RSV?

- National studies of death certificates found higher rates of RSV-associated deaths among non-Hispanic Black children compared with non-Hispanic White infants and children aged 1–4 years¹
- ICU admission rates for RSV among Non-Hispanic Black infants <6 months old were 1.2–1.6x higher than among Non-Hispanic White infants²
- RSV hospitalization rates 4–10x higher among Alaska Native and American Indian children ages <24 months than the rate in the general population³
 - This study was limited to specific populations and might not be broadly representative of risk in all Alaska Native and American Indian children

The benefits of Flu, COVID-19, and RSV immunizations outweigh the risks

- Side effects are generally mild and resolve within a few days
 - Serious adverse events after Flu, COVID-19 and RSV immunizations are rare
- COVID-19 vaccination before infection reduces the likelihood of Long COVID by 30 – 40% across all ages
- The risk of cardiac complications, including myocarditis, in adolescent males was 1.8 – 5.6 times higher after COVID-19 infection than after COVID-19 vaccination



Almost 700 million people have been vaccinated against COVID-19 and billions against Flu. We are more confident than ever in the safety of these vaccines.

“CDC Resources to Prepare for Flu, COVID-19, and RSV”



Protect Your Patients This Flu Season
Pharmacist Guide and Talking Points

FIGHT FLU



Adults Are at High Risk for Severe RSV Illness

Respiratory Syncytial Virus, or RSV, is a common virus that affects the lungs and breathing passages.

RSV is available to adults 60 and over. It is important to see if vaccination is available against severe illness.

Adults 60 and over are at highest risk for severe illness.

Adults with heart or lung disease and immune systems conditions are at higher risk.

Adults with chronic conditions like COPD, asthma, and diabetes are at higher risk.

Adults with other health conditions like heart or lung disease and immune systems conditions are at higher risk.

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EACH YEAR RSV causes serious illness in older adults

60,000–160,000 hospitalizations

6,000–10,000 deaths



www.cdc.gov/RSV



Flu: A Guide for Parents

Influenza (flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. Flu is different from a cold and usually comes on suddenly. Each year flu causes millions of illnesses, hundreds of thousands of hospitalizations, and tens of thousands of deaths in the United States.

Flu can be very dangerous for children. CDC estimates that between 2010–2011, between 5,000 and 21,000 children younger than 5 years old have been hospitalized from flu each year in the U.S. Flu vaccine is safe and helps protect children from flu.

What parents should know

How serious is flu?

While flu illness can vary from mild to severe, children often need medical care because of flu. Children younger than 5 years old and children of any age with certain long-term health problems are at increased risk of flu complications like pneumonia, bronchitis, sinus and ear infections. Some health problems that are known to make children more vulnerable to flu include asthma, diabetes, and disorders of the brain or nervous system.

How does flu spread?

Flu viruses are thought to spread mainly by droplets made when someone with flu coughs, sneezes or talks. These droplets can land in the mouths or noses of people nearby. A person also can get flu by touching something that has flu virus on it and then touching their mouth, nose, or eyes.

What are flu symptoms?

Flu symptoms can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, feeling tired and sometimes sweating and diarrhea (more common in children than adults). Some people with flu will not have a fever.

Protect your child

How can I protect my child from flu?

The first and best way to protect against flu is to get a yearly flu vaccine for yourself and your child.

- Flu vaccination is recommended for everyone 6 months and older every year. Flu shots and nasal spray flu vaccines are both options for most children.

- It's especially important that young children and children with certain long-term health problems get vaccinated.

- Carers of children at higher risk of flu complications should get a flu vaccine. (Children younger than 6 months are at higher risk for serious flu complications, but they won't get a flu vaccine.)

- Pregnant people should get a flu vaccine to protect themselves and their baby from flu. Research shows that flu vaccination during pregnancy can protect the baby from flu for several months after birth.

- Flu viruses are constantly changing so flu vaccines are updated often to protect against the flu viruses that research indicates are most likely to cause illness during the upcoming flu season.

Are flu vaccines safe?

Flu vaccines have an excellent safety record. Millions of people have safely received flu vaccines for decades. Flu shots and nasal spray flu vaccines are both options for vaccination. Different types of flu vaccines are licensed for different ages. Each person should get one that is appropriate for their age. CDC and the American Academy of Pediatrics recommend an annual flu vaccine for all children 6 months and older.

What are the benefits of getting a flu vaccine?

- A flu vaccine can keep you and your child from getting sick. When vaccine effectiveness (including viruses not matched) flu vaccination has been shown to reduce risk of getting sick with flu by about 42 to 63%.

- Flu vaccines can keep your child from being hospitalized for flu in the pediatric intensive care unit. One recent study showed that flu vaccine reduced children's risk of flu-related pediatric intensive care unit admissions by 76%.

- Flu vaccine can be life saving in children. A study using data from recent flu seasons found that flu vaccine reduced the risk of flu-associated death by half among children with higher risk medical conditions.



Key takeaways for this fall and winter virus season

- We are in our strongest position yet to protect our patients this respiratory season—through immunizations, rapid tests, effective treatments, and other preventive actions to help protect people and their families against Flu, COVID-19, and RSV.
- Immunization against Flu, COVID-19, and RSV remains the safest and most effective **protection** for reducing the risk of hospitalizations, long-term health impacts, and death, so our people should stay current on their vaccinations.
- As immunity wanes over time and viruses evolve, these **new and updated immunizations will be critical tools** to fight Flu, COVID-19, and RSV this fall and winter virus season.

Thank you!

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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NCIRD **ISD**
Immunization
Services Division



Protecting individuals and communities from vaccine-preventable diseases

An Overview to ISD's Health Equity Work, 2023

Jennifer M. Nelson, MD, MPH, FAAP, DipABLM
LCDR, U.S. Public Health Service
Sr. Advisor for Health Equity
Immunization Services Division

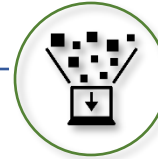
Immunization Services Division Strategic Goals



Increase Vaccine Access



Promote Vaccine Confidence & Demand



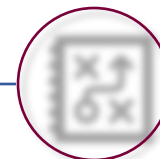
Enhance Data, Research, and Evaluation



Strengthen Program Support for Partners



Improve Vaccine Equity



Enhance Vaccination Response Readiness



ISD Goals and Strategies (1)



Increase Vaccine Access

- Use data to identify **areas and populations** of concern
- Improve vaccine access for **low-coverage areas** across urban, suburban, and rural communities
- Increase investments to promote **cost-free access to adult** vaccination
- Improve on successes for the **Vaccines For Children (VFC)** Program

ISD Goals and Strategies (2)



Promote Vaccine Confidence & Demand

- Work with partners to build **vaccine confidence and demand** in populations with low coverage
- Provide **technical assistance and support** to partners on building vaccine confidence
- Analyze data and conduct research to understand the **characteristics and drivers** of vaccine confidence
- Explore and implement creative strategies to **mitigate mis/disinformation**

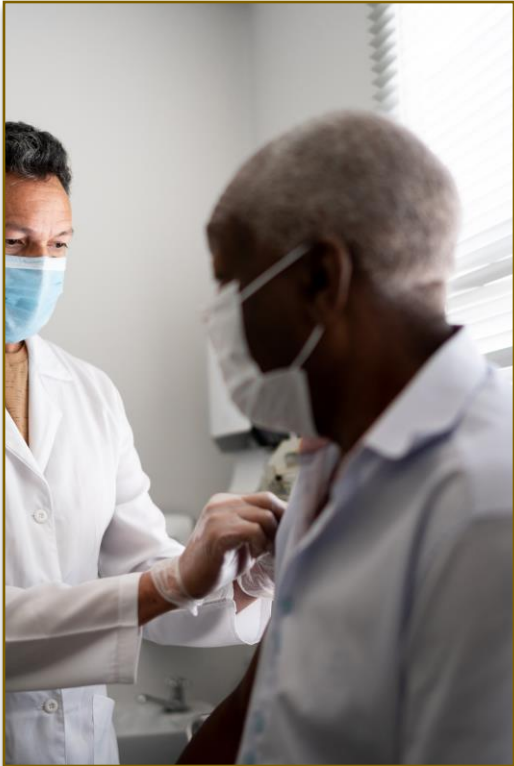
ISD Goals and Strategies (3)



Strengthen Program Support for Partners

- Strengthen technical assistance and resources to **build partner capacity** including on data and vaccine confidence and demand, reducing disparities, and improving access for all
- Promote increased **collaboration and information sharing** across partners
- Identify, sustain, and scale evidence-based **interventions across partners**
- Work with a wide range of partners to develop **innovative programs** to improve vaccine coverage

ISD Goals and Strategies (4)



Improve Vaccine Equity

- Lead, coordinate, and amplify governmental and partner efforts to **reduce vaccination disparities**
- Expand research to **uncover drivers of vaccine coverage** by population and geography
- **Prioritize equity** in the planning, allocation, and implementation of ISD resources
- Use data to identify and implement opportunities **to increase uptake in populations** experiencing vaccination disparities

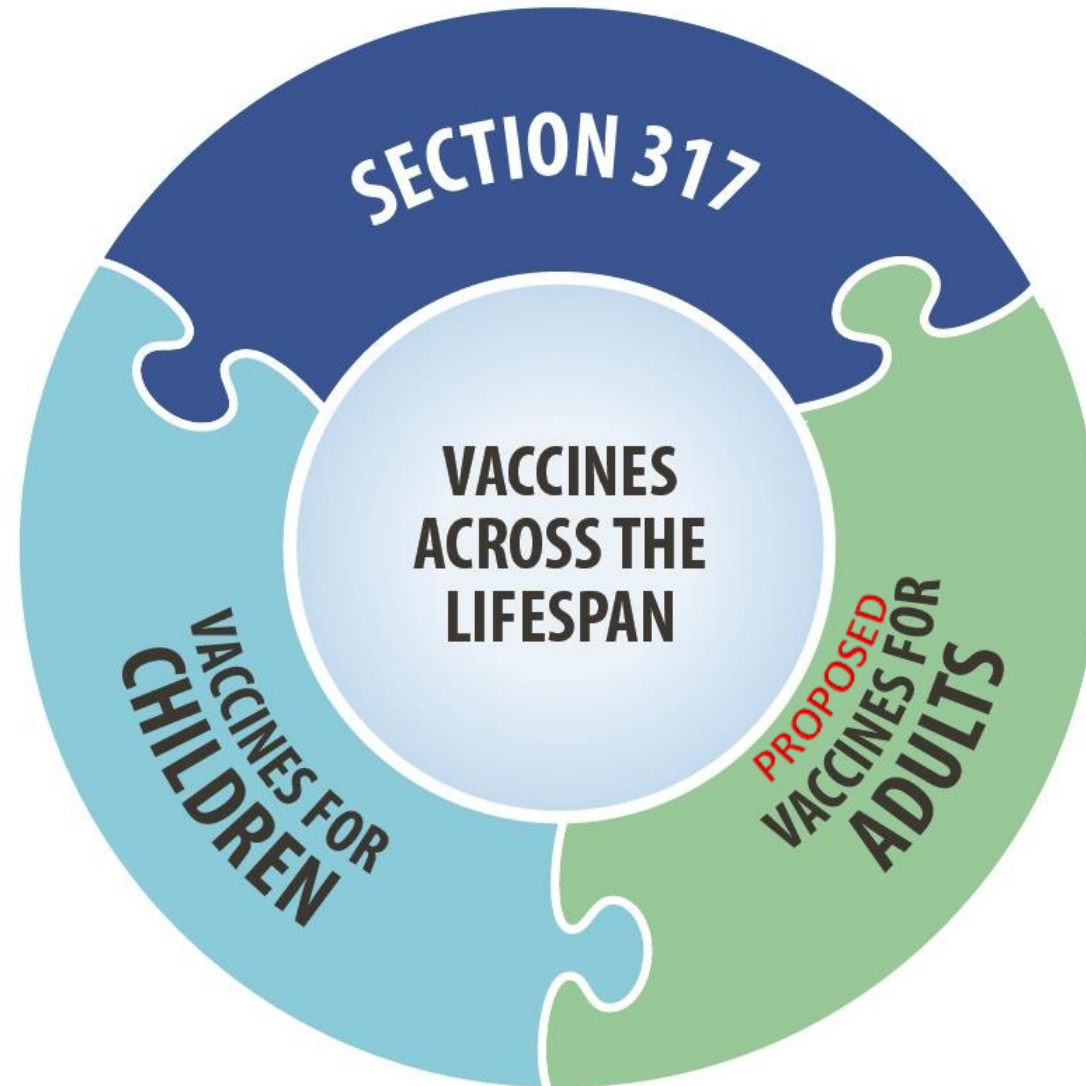
ISD Goals and Strategies (5)



Enhance Vaccination Response Readiness

- Use data to identify **at-risk communities** and predict emerging threats
- Collaborate to develop, maintain, and improve **emergency response data and interoperability** of information systems
- Coordinate, build capacity, and enhance **readiness capabilities** at the federal, state, and local level
- Build **strength and resilience** across the immunization workforce

Comprehensive Immunization Program



Timeline of Key ISD Health Equity Initiatives

Vaccines for Children

Vaccines By Age

Pregnancy	6 months	4-6 years
Newborns	7-11 months	7-10 years
1-2 months	12-23 months	11-12 years
4 months	2-3 years	13-18 years



Vaccines for Adults (proposed)



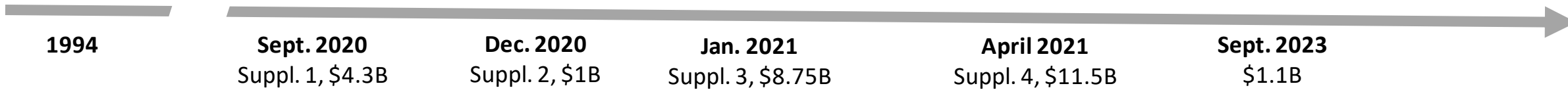
Federal Retail Pharmacy Program (FRPP)*
(February 2021)



Dialysis Partners Program*
(March 2021)



Federal Entities*



*Temporary



Vaccines for Children

Vaccines By Age



Pregnancy

6 months

4 - 6 years

Newborns

7 - 11 months

7 -10 years

1 - 2 months

12- 23 months

11 - 12 years

4 months

2 - 3 years

13 - 18 years

Vaccines for Children

Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.

CDC estimates that vaccination of children born between 1994 and 2021 will:

prevent **472 million** illnesses
(29.8 million hospitalizations)




more than the current
population of the entire U.S.A.

help avoid
1,052,000
deaths




greater than the
population of Seattle, WA

save nearly **\$2.2 trillion** in total societal costs
(that includes \$479 billion in direct costs)




more than \$5,000 for each American

Updated 2021 analysis using methods from "Benefits from Immunization during the Vaccines for Children Program Era—United States, 1994-2021"



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

www.cdc.gov/vaccines/vfcprogram/

NCIRDWTLIC | 10/28/22

Program:

- ✓ Federally-funded program (est. 1994)
- ✓ Provides no-cost vaccines to eligible children

Key Outcomes:

- ✓ Promoted **integration of immunization** into routine pediatric care
- ✓ Increased **vaccination rates** across all races, ethnicities, and income groups
- ✓ Reduced **vaccine inequities** among children

VFC Program Eligibility

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

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



VFC eligibility by age group (Population Estimates Survey, FY 2023)

<1 year	1 to 2 years	3 to 6 years	7 to 18 years	Total
53.5%	54.8%	54.3%	53.2%	53.6%

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

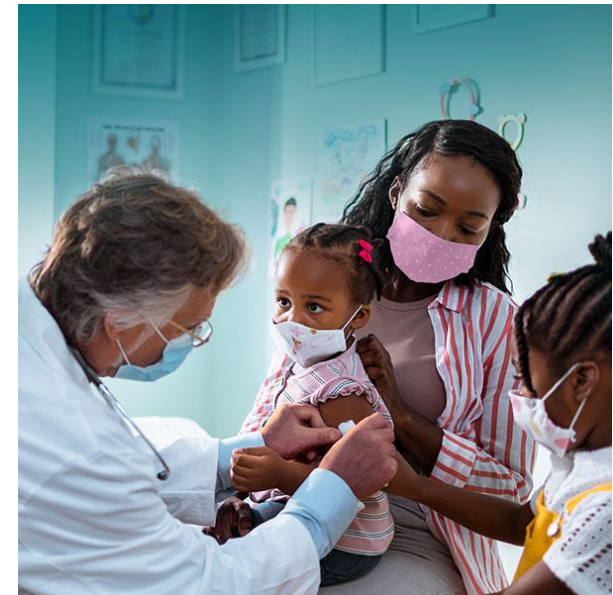
VFC Program Benefits

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



VFC Program Reach

- \$5.5 billion program
- CDC distributes more than **76M doses** of pediatric vaccine each year, the vast majority of which is purchased through VFC (Avg of 2017–2019)
- Approximately **600,000 routine vaccine shipments/year**
- Nearly **38,000 VFC provider** locations across **61 VFC awardee** jurisdictions
 - Pediatric providers (~86% based on 2017 University of Colorado of sample of AAP members)
 - Other private providers (family practice, sub-specialties)
 - Public health clinics, FQHCs, RHCs, CHCs, MHCs, IHS clinics
 - School health clinics
 - Hospitals
 - Small # of pharmacies



Partnering for Vaccine Equity (P4VE) & Other ISD Partnerships



Partnering for Vaccine Equity (P4VE)



Program:

- ✓ CARES Act (\$6.7B)
- ✓ Supports equitable COVID-19 vaccination
- ✓ 500+ partners

Key Outcomes:

- ✓ **862** healthcare organizations and **502,745** clinicians reached using new strategies and resources
- ✓ **181** nation-wide educational campaigns
 - **199,223** trusted messengers
 - **43** languages and dialects
- ✓ **1.06 M** vaccine-promoting communication products
 - **406 M** people reached via social media
- ✓ **2.09 M** people attended promotional events



1.84 Million
COVID-19 [any dose or booster] or flu vaccines administered
at partnership vaccination sites

P4VE

Jurisdictions

64 State, Territorial, Local, and Tribal Immunization Programs
(additional \$6.7B)

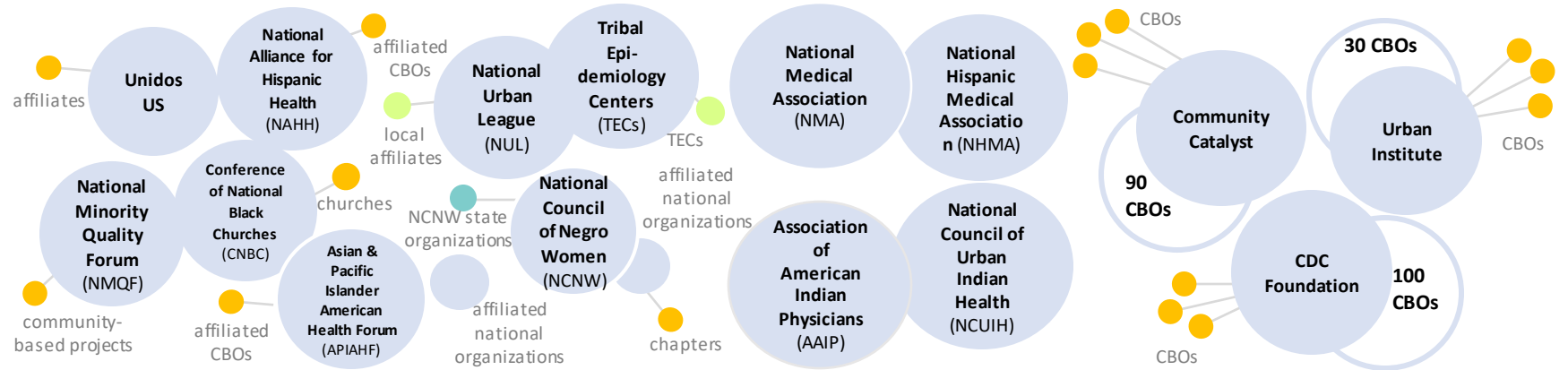


National, State, and Local Partners

National Organizations
(\$62.7M)

Medical & Professional Associations
(\$8.9M)

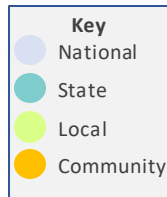
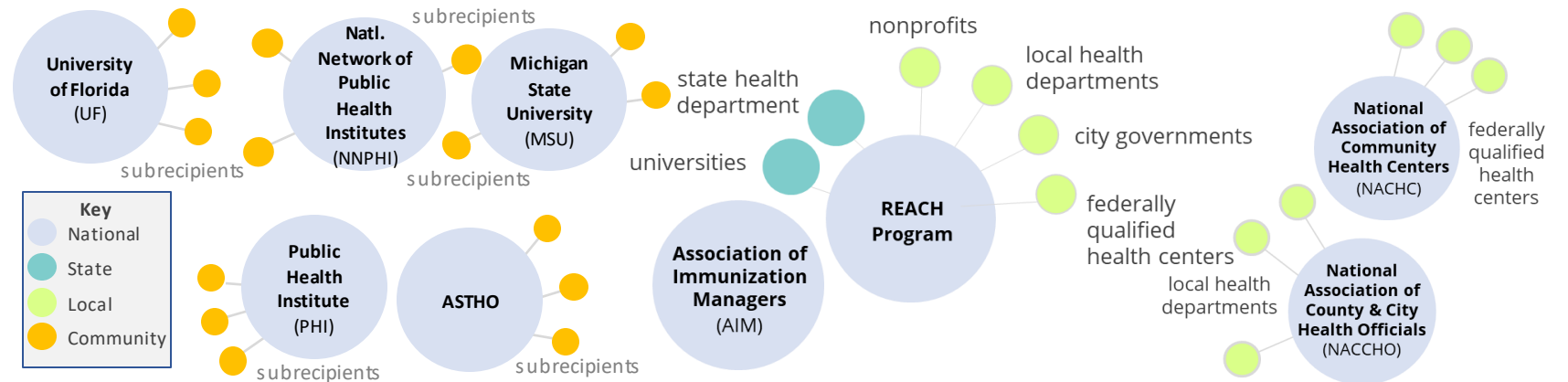
Community-Based Organizations
(\$86.3M)



Academic Institutions & Other Entities
(\$36.9M)

CDC Programs & Immunization Partners
(\$26.7M+)

Other Health Entities (\$18M)



Note: Efforts for racial/ethnic minority groups only; does not include efforts for other disproportionately affected adult populations



**Get Your
Flu Vaccine For Me**

THE
**VACCINE
EQUITY
PROJECT**

Pwoje Egalite Nan Va
疫苗公平项目
El Proyecto de
Equidad de Vacunas

 National Network
of Public Health Institutes

Example ISD Partnerships

State and Local



Association of
Immunization
Managers

Professional Association & Non-Profit



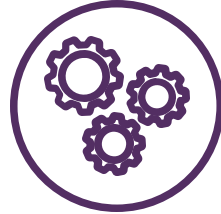
Academia & Research



We support our partners a variety of ways.



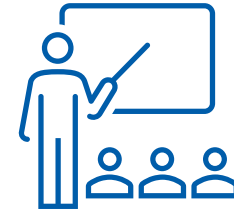
Provide technical assistance and capacity-building support to funded partners



Monitor and evaluate workplan activities to ensure they are on track and meeting objectives



Support the **administrative components** of funding mechanisms

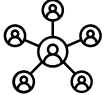


Facilitate learning opportunities around strategies to improve vaccine access, confidence, and equity

Our partners support vaccine equity and access

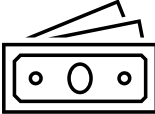
What our partners do

- Host **community outreach events** to spread awareness
- Work within communities to train and leverage **trusted messengers**
- Partner with vaccine providers to identify locations and hold **vaccine clinics**
- Develop **educational materials** and launch **communications campaigns** to promote vaccination
- Evaluate and disseminate **best practices**



What our partners DON'T do

- Purchase vaccines
- Give shots to the community
- Conduct clinical services



Our partners reach many priority populations.



Healthcare Professionals



People with Disabilities



Older Adults



Pregnant People



Rural Populations



Patients of Community Health Centers



People in Long-Term Care Facilities



People with Chronic Conditions



Refugee, Immigrant, & Migrant Groups



Racial & Ethnic Minority Groups

Our partners work in non-traditional settings



“Barbershops hold a special place in the Black community. They are a long-standing community hub seen as a safe place for raw, honest conversation – [including health discussions](#) – while getting a haircut.”
- RAO Community Health



“We did vaccination clinics at parks, we did them at apartment complexes, we did them in parking lots, and at churches.”
- Latino Health Access



“The Hispanic Center provided bus passes for people coming to the mobile vaccination site in the center’s parking lot.”
- The Hispanic Center of Western Michigan

Our partners have made important strides in vaccine access, confidence, and equity.



2.3 Million

Vaccinations from **clinics** held in partnership with vaccine providers



294,644

Trusted messengers conducting vaccine outreach in their communities



14.1 Million

Clinicians and healthcare personnel received education and communication materials



P U E N T E

PROGRAMA DE ACCESO



B R I D G E

ACCESS PROGRAM



CDC's Bridge Access Program

- Provides **no-cost** COVID-19 vaccines to uninsured and underinsured adults
- All CDC-recommended **COVID-19 vaccines** are included
- End by **December 31, 2024.**



Protégete con una vacuna contra el COVID-19 sin costo alguno para ti.

Encuentra una vacuna contra el COVID-19 en [Vacunas.gov](https://www.vacunas.gov)



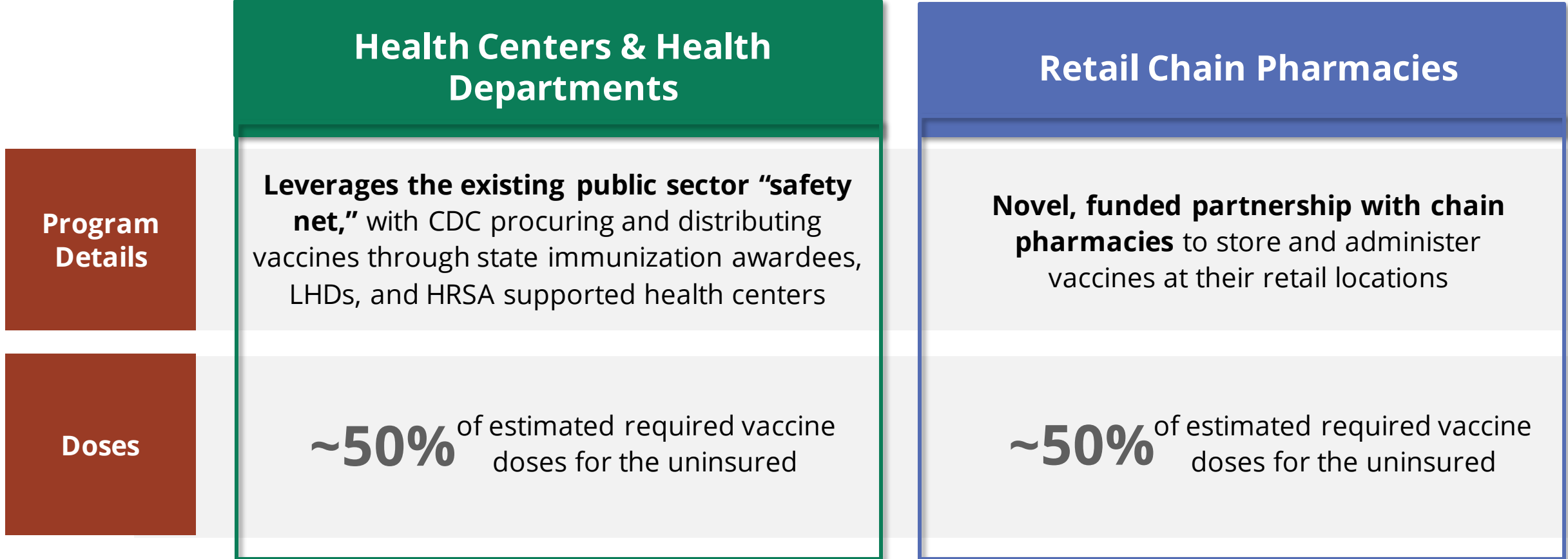
Who Can Get a No-Cost COVID-19 Vaccine Through the Bridge Program?

Adults 18 years and older without health insurance

-and-

Adults with health insurance that does not cover all COVID-19 vaccine costs (only at Bridge Access Program sites that are in-network for their health insurance)

Bridge Access Program: The Two-Part Solution to “Bridge” the Gap in Access



LHD: Local Health Department
HRSA: Health Resources and Services Administration

Partnerships Are Critical to Successful Implementation

PHARMACIES

Pharmacies are a primary point of vaccine access for the majority of adults and many children.

JURISDICTIONS

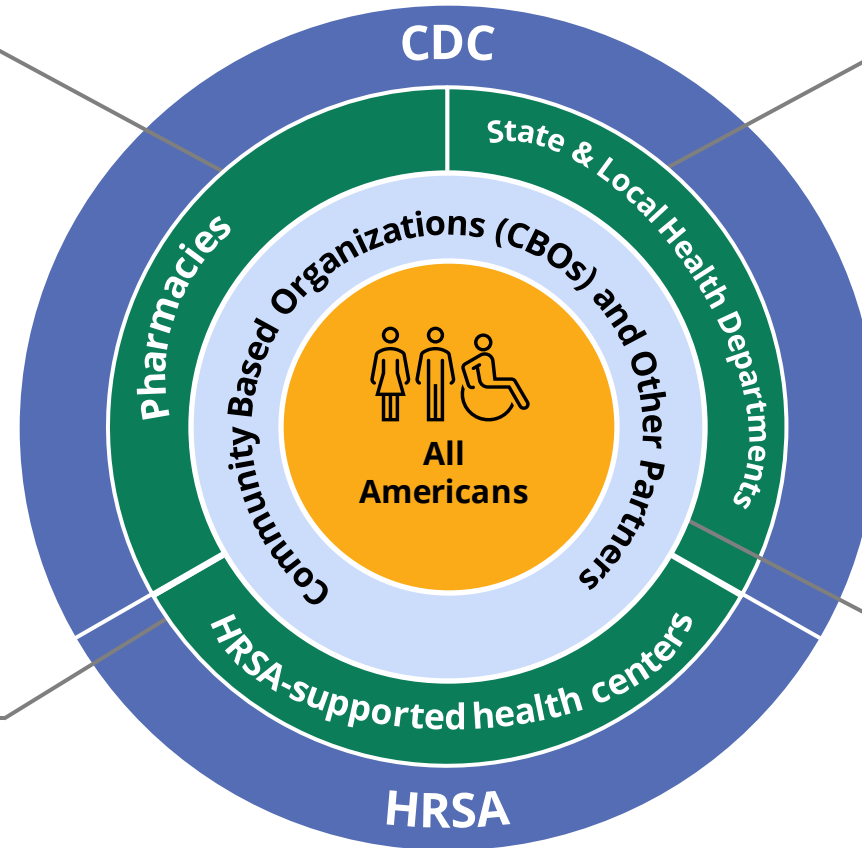
State and local immunization programs and their associated public health infrastructure have served as instrumental partners in vaccine distribution for decades.

HEALTH CENTERS

HRSA-supported health centers have established relationships with the populations they serve and help overcome access barriers.

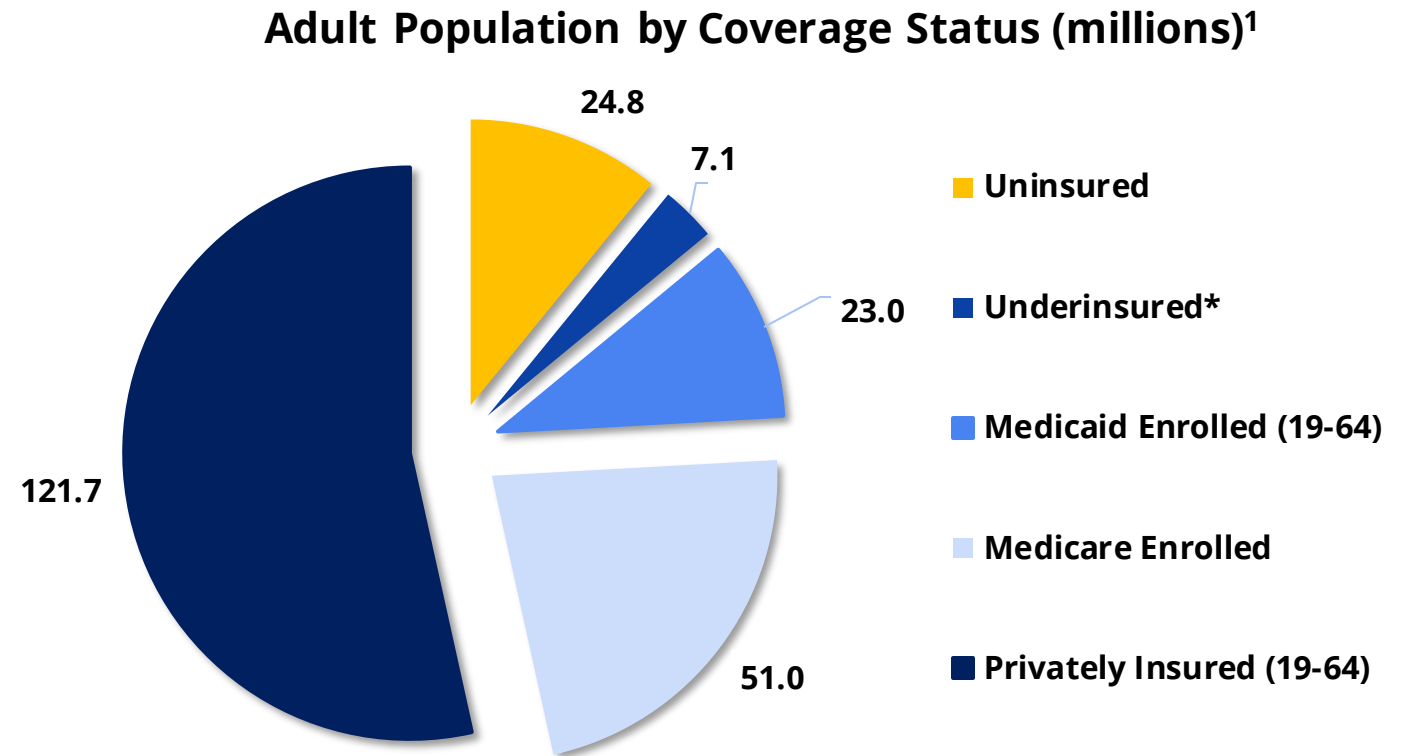
PARTNERS

Community-based organizations and other partners offer critical help in raising awareness of opportunities for COVID-19 vaccination and serve as trusted and welcome messengers among the communities they serve.



Why Do We Need the Bridge Access Program for COVID-19 Vaccines?

There are **25-30 million adults (ages 18-64) without insurance**, and additional adults whose insurance does not provide no-cost coverage for COVID-19 vaccines after these products were commercialized.

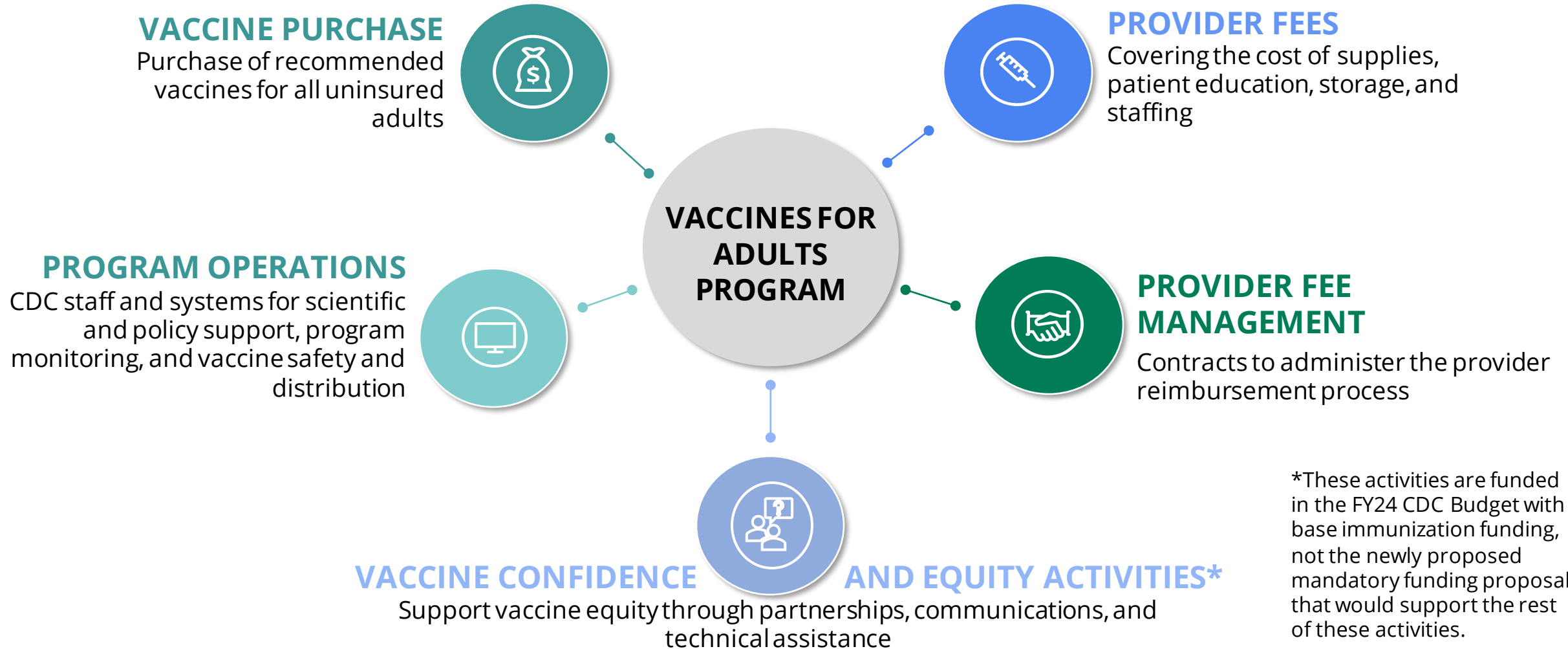


*Underinsured is defined here as related to vaccination coverage.
1/ Data are internal CDC estimates.

**But the Bridge Access Program is
temporary**



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





Thank You



**Centers for Disease
Control and Prevention**
National Center for Immunization
and Respiratory Diseases

Partner Presentations – Community Innovations

- UNIDOSUS
- National Urban League
- The Partnership for Inclusive Disaster Strategies
- EverThrive Illinois

Partner Presentations: UNIDOSUS

Pedro D. Martinez, MPH
Director, Health

Esperanza Hope for All

- *Esperanza* Hope for All focuses on mitigating the health, economic, and education impacts of the COVID-19 pandemic on Latinos.
- The "Air Game" includes a national COVID-19 and Flu Awareness Campaign, providing culturally and linguistically appropriate information to Latinos through multimedia channels.
 - The public health campaign aims to inform communities, build trust and confidence in vaccines, fight misinformation, and increase vaccine access for Latinos.
 - Key strategies include a mobile vaccine education tour, multimedia advertising, countering mis/disinformation, content-creator engagement, and utilizing influencers.
- The "Ground Game" involves investing and training trusted messengers in the Affiliate Network, establishing vaccination sites, and building partnerships to reach hard-to-reach communities.
 - Over 578,000 COVID-19 and 66,000 Flu vaccinations have been administered through this program, with significant community engagement and media partnerships.
- <https://unidosus.org/esperanzahopeforall/>

Partner Presentations: National Urban League

Lydia Isaac

Vice President, Health Equity & Policy





NATIONAL URBAN LEAGUE

	2021	2022	2023 YTD**
Coalition Members	556	229	125
Non-traditional Vaccine Sites	331	275	76
Trusted Messengers Supported	29,693*	2,272	1007
Individuals assisted to get vaccinated	284,144*	13,133	3838
Community organizing activities executed	N/A	N/A	23

#ALLINAGAINSTCOVID



Partner Presentations: The Partnership for Inclusive Disaster Strategies

Shaylin Sluzalis & Germán Parodi
Co-Executive Directors



The Partnership for Inclusive Disaster Strategies



Your Disability & Disaster Hub

www.disasterstrategies.org

- [Daily COVID-19 Disability Rights and Disasters Calls](#) since Feb 28, 2020
- [Disability Information and Access Line \(DIAL\)](#)
- [Aging and Disability Vaccine Collaborative \(ADVC\)](#)
- [Project Accessible Life-saving Integrated Vaccine Equity \(ALIVE\)](#)
- [Strategies for Equitable Access to Vaccinations and Inclusive Disaster Response](#)
- [Disability Vaccine Access Opportunities Center \(DVAO\)](#)

Strengthening community resilience

- Convener for local disability organizations, advocates, emergency managers, public health officials, federal, state/territorial and local government agencies, first responders, and allies across the country.

Partner Presentations: EverThrive Illinois

Ceci Tipiani-Fuentes

Associate Director of Immunizations



EverThrive Illinois

Strategies for Information Dissemination

Social Media Campaign

- Simultaneous campaign activation (COVID-19 & Flu)
- Bilingual social media ads
- Public Health Emergency Fact Sheet

Stakeholder Partnerships

- Coordination with the Chicago Department of Public Health
- Partner with SGA Youth & Family Services to expand reach to priority areas
- Community-based organizations (e.g. food pantries, shelters, local businesses)

Community Outreach


- Seven community health workers
- Neighborhood focus on those with high uninsured adults and areas with low COVID-19 adult booster rates
- Community input on resources

Questions and Answers



Bridge Access Program Communication Resources

Centers for Disease Control and Prevention
Communications Toolkit for Partners



In September 2023, CDC launched the Bridge Access Program following the FDA authorization of the updated 2023-24 COVID-19 vaccines and the commercialization of these products. Most people living in the U.S. still have access to no-cost COVID-19 vaccines through their private health insurance, Medicare and Medicaid plans. However, there are 25-30 million adults without health insurance and additional adults whose insurance does not cover all COVID-19 vaccine costs.

CDC's Bridge Access Program will temporarily provide no-cost COVID-19 vaccines to adults without health insurance and adults with insurance that does not cover all COVID-19 vaccine costs. CDC has contracted with more than 20,000 retail pharmacy locations nationwide to provide no-cost COVID-19 vaccines. CDC will additionally ship and fund administration of vaccines at safety-net, public health providers designated by state and local health departments – which can include more than 1,400 HRSA-supported health centers and 12,000 other vaccine providers. Providers participating in the Bridge Access Program are contractually obligated to add vaccine availability to [vaccines.gov](https://www.vaccines.gov). We expect reported availability to increase in the coming days.

Community based organizations and immunization partners play a critical role to help expand equitable access COVID-19 vaccines through this program. Learn more: [cdc.gov/vaccines/programs/bridge](https://www.cdc.gov/vaccines/programs/bridge)

Supporting Messages

COVID-19 vaccine distribution changed in September 2023.

- CDC recommends that all adults stay up to date with COVID-19 vaccines.
- The distribution of COVID-19 vaccines changed in the Fall of 2023 when these products moved onto the commercial market.
- COVID-19 vaccines are still covered at no cost for most people living in the U.S. through their private health insurance, Medicare and Medicaid plans.
- However, there are 25-30 million adults without insurance and additional adults whose insurance will not provide no-cost COVID-19 vaccines after the commercialization of these products.

Toolkit



Call Center (CDC-INFO)

How to Get COVID-19 Vaccines at No Cost to You

COVID-19 vaccine distribution is changing in September 2023 after FDA and CDC take action. **Here is how you can get vaccinated at no cost after this change takes place.**

No-cost COVID-19 vaccines available for everyone starting Sept. 15, 2023

For Children

Is your child insured?

- Yes they have health insurance: Does their insurance require a **copay** for in-network coverage of COVID-19 vaccines?
 - NO: Their COVID-19 vaccine will be no cost to you. Check that your provider takes their insurance.
 - YES: Their COVID-19 vaccine will be no cost to you through CDC's Vaccines for Children (VFC) Program! Ask your child's doctor if they are a VFC provider or contact your state or local health department to find a VFC provider.
- No they don't have insurance: Ask your child's doctor if they are a VFC provider or contact your state or local health department to find a VFC provider.

For Adults

Are you insured?

- Yes I have health insurance: Does your insurance require a **copay** for in-network coverage of COVID-19 vaccines?
 - NO: Your COVID-19 vaccine will be no cost to you. Check that your provider takes your insurance.
 - YES: Your COVID-19 vaccine will be no cost to you through CDC's Bridge Access Program.
- No I don't have insurance: Your COVID-19 vaccine will be no cost to you through CDC's Bridge Access Program.

Where can you go for no-cost COVID-19 vaccines?

- Local health providers*!
- Select pharmacy chains*
- HRSA-supported health centers*!

You can find a location that offers no-cost COVID-19 vaccines on [vaccines.gov](https://www.vaccines.gov) when the program launches.


Community events or pop-up sites with these groups

*Providers must be enrolled in your health department's 317 program and participating in CDC's Bridge Access Program.
 *Negotiations with pharmacies are ongoing. Participating pharmacies are not final until negotiations are finished.
 †Members of Federally-recognized Tribes can also get no-cost COVID-19 vaccines at Indian Health Service, Tribal or Urban Indian Health Program facilities, regardless of the provider's enrollment status with CDC's Bridge Access Program.
 ‡All children who are members of Federally-recognized Tribes can also get no-cost COVID-19 vaccines through the Vaccines for Children Program.

Questions or want to learn more? Visit the Bridge Access Program website or email PolicyISDBridge@cdc.gov


Print Resources

You may be eligible to get vaccinated for COVID-19 at no cost if you're uninsured or your plan doesn't cover it. Visit [Vaccines.gov](https://www.vaccines.gov) or click the link in our bio.



Protect yourself and your green thumb with a COVID-19 vaccine at no cost to you.

Find a COVID-19 vaccine at [Vaccines.gov](https://www.vaccines.gov)



Social Media

Please share your resources

OHE is committed to engaging with internal and external partners to advance health equity.

If you have any examples of tools, resources, or successes as part of your health equity work related respiratory virus season, please submit them in the Q&A box.

Feedback Survey

- The survey appear after the webinar ends.
- The survey is optional.
- Three questions:
 - 1. How well did this webinar explain CDC's role in supporting equity in this respiratory virus season?
 - 2. How well did the webinar explain CDC partners' roles in supporting equity in this respiratory virus season?
 - 3. Tell us more! Please share any additional comments or suggestions on how we can improve our programming, including future topics for our health equity partner calls.

Thank you!

Respiratory virus and health equity resources and additional information will be sent to participants via email.

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



CDC Health Equity Resources

- [Health Equity - Office of Health Equity - CDC](#)
- [Health Equity Guiding Principles for Inclusive Communication | Gateway to Health Communication | CDC](#)
- [Health Equity Video Series | Health Equity | CDC](#)
- [Health Equity In Action | Health Equity \(cdc.gov\)](#)
- [CDC's CORE Commitment to Health Equity | Health Equity | CDC](#)
- [Foundations of Health Equity Training Plan - CDC TRAIN - an affiliate of the TRAIN Learning Network powered by the Public Health Foundation](#)

Respiratory Virus Resources – General Information

- [CDC Respiratory Virus Updates | CDC](#)
- [Protect yourself from COVID-19, Flu, and RSV \(cdc.gov\)](#)
- [Coronavirus Disease 2019 \(COVID-19\) | CDC](#)
- [Influenza \(Flu\) | CDC](#)
- [RSV \(Respiratory Syncytial Virus\) | CDC](#)

Respiratory Virus Resource Toolkits

Resources to Prepare for Flu, COVID-19, and RSV | CDC: Toolkits for specific audiences:

- Healthcare Providers
- Older Adults
- Adults with Limited Vaccine Access
- Pregnant People
- Parents
- Children
- People with Disabilities
- Racial and Ethnic Minority Groups
- Tribal Communities
- Refugee, immigrant, and migrant populations

Vaccine Equity Resources

- [Bridge Access Program | CDC](#)
- [VFC: Vaccines for Children Program | CDC](#)[Partnering for Vaccine Equity | CDC](#)
- [Partnering for Vaccine Equity | CDC](#)
- [How the Social Vulnerability Index \(SVI\) Provides Insights into Vaccination Coverage Inequities | Blogs | CDC](#)

Respiratory Virus Data by Demographics

- Respiratory Virus Hospitalization Surveillance Network: [RESP-NET Interactive Dashboard | CDC](#)
- COVID Data Tracker: [CDC COVID Data Tracker: Home](#)
- Weekly flu activity data is available online: [Weekly U.S. Influenza Surveillance Report | CDC](#)