Speaker 1: Welcome, and thank you for joining today's conference, Special White House on COVID 19 Briefing. Before we begin, please ensure you have opened the Zoom chat by using the associated icon located at the bottom of your screen. And please note that all audio connections are muted at this time to minimize background noise. You may submit a written question throughout the presentation, and these will be addressed during the Q and A. To submit a written question, select the Q and A panel icon from the bottom of your screen, type your question, and send. If you require technical assistance, please send a chat to the event producer. With that, I'll turn the conference over to David Gonzalez Rice. Please go ahead.

David Gonzalez ...: Thank you so much. Good afternoon, everyone. On behalf of Secretary Marsha Fudge here at HUD, I just want to thank you all for joining us today for this very important briefing. I'm feeling especially grateful today. My five year old son got his second COVID 19 vaccine shot this morning at a community health center clinic in our neighborhood. And here at HUD, we know how critical it is for vaccine outreach, education, and clinics to reach people where they live, where they work, and where they go to school. So thank you to our presenters today, and to all of you who keep that critical work going on a daily basis, week in and week out. So today we're going to hear from Dr. Cameron Webb, the White House Senior Policy Advisor for Equity, and then from Paula Fields, Vice President of Programs for the School-based Health Alliance, as well as speakers from the Los Angeles County Development Authority, from Centro CHA, from the Long Beach Department of Health and Human Services, and the Long Beach Center for Economic Inclusion. And then from Bob Burns the Director of the National Center for Health in Public Housing.

So we have a really great panel of experts for you today. Really looking forward to hearing from all of them. Now, it's my pleasure to introduce Dr. Cameron Webb, Senior Policy Advisor for Equity on the White House COVID Response Team. Previously, Dr. Webb has been Assistant Professor of Medicine and Public Health Sciences, and Director of Health Policy and Equity At The University of Virginia School of Medicine. Dr. Webb has worked clinically in the university's COVID unit since the beginning of the pandemic. He's also the founding director of UVA's Health Equity Law and Policy Research Laboratory, and is a core faculty member of the university's Equity Center and Initiative for the Redress of Inequity through Community Engaged Scholarship. So really happy to have Dr. Webb with us today. As my colleague mentioned, you can put your questions for Dr. Webb in the Q and A function here, and some of the team here at HUD are going to be moderating that. Dr. Cameron Webb, I take it over to you. Thank you.

Dr. Cameron Web...: All right. Well, thank you so much, David. It's great to be with you. And I actually share in your enthusiasm right now. Actually, earlier this week, my kids had their second shot of the COVID vaccine, as well. I think as a parent, and as somebody who's been working on the front lines of this pandemic since last spring, it was definitely a special moment thinking that they may have a little bit more protection now as we head into these winter months. I think that's really

what this conversation is all about. And I have just a couple of minutes with you all this afternoon, but wanted to accomplish a couple of things, give you an update on some of the science behind the pediatric vaccines, and why I, my wife and I, made the decision to have our kids vaccinated. Hopefully that'll be helpful to you all. And also just give you a quick touch point on the broader booster's effort and the latest on this Omicron variant, because of course that's all over the news.

And so just briefly, with regard to pediatric vaccines, it was really the abundance of evidence that was what led us as parents to make the decision to get our kids vaccinated. I always differentiate. I have these roles as a parent, as a healthcare provider, but also as a policy leader. And I think in those three spaces, it all aligned that this was the right decision, and the reasons are simple. There was a great trial from Pfizer, had over 4,000 kids in the trial, a little over 3,000 who actually received the COVID vaccine. And the first thing that stood out to me was that zero of those children had severe adverse events. So there were zero instances of myocarditis, zero instances of anaphylaxis.

And so in that survey, or in that study, rather, we founded the vaccine was very safe, and that's really important to see. In fact, some of the side effects that are really common in adults that you may have experienced yourself if you were already vaccinated, things like fatigue, headaches, that arm soreness that of course everybody's familiar with, those general symptoms that people often have after the vaccines, those were significantly reduced in kids, as well. And the reason is that the dose was decreased from 30 micrograms down to 10 micrograms for kids under the age of 12. And so at that dose, we saw one-fourth or one-fifth of the side effects in terms of the general side effects, fatigue, headache, and the like, that we saw in adults. So kids had a better experience with the vaccines, had no severe side effects, which was really great to see.

But even beyond that, the next question is, well, does this vaccine still work for kids? And we found that it was over 90% effective in preventing the severe outcomes, like death and hospitalization. And I always raise that because it's really important for people to keep in mind. COVID 19 is not insignificant for kids. We've seen studies that suggest that at least one in 20 kids who get COVID can have lingering symptoms beyond a month. And if you think about the 2 million kids between the ages of five and 11 who've had COVID so far, that's a lot of kids who can have these lingering symptoms. And even beyond that, if you look at some of the other significant outcomes, you got over 2000 kids, who've had this multisystem inflammatory syndrome, or MISC, in children, which can be a longstanding challenge that they're facing. And even over a hundred kids who really tragically have passed away from COVID. And a hundred kids in that five to 11 range, again, is not insignificant. That lands it in the top 10 causes of death for kids this year.

So I think those are all some of the main reasons that you say this is certainly a significant threat to our kids, much more ... and you can compare it to things

like measles, mumps, rubella, diptheria, pertussis, varicella, or chicken pox, things you've already vaccinated kids against. This certainly fits in that group when we know that we have a safe and effective vaccine. I think that's the reason, ultimately the combination of its safety and its efficacy, is what led me to get both my six year old and my 10 year old vaccinated, and they were eager to do so. They had good experience with the vaccines, didn't have any problems. And we've got about probably around four million kids at this point, at least, who've been vaccinated out of that 28 million, kids between five and 11. And that's good news. We haven't seen any signals of severe or concerning outcomes in the early stages of this vaccination roll out.

And so there's lots more to go. We want to make sure, and my role includes, talking about equities. We want to make sure that all communities, all kids have access to these, and that's been an important part of it. So meeting families where they are, doing that, taking that approach of family vaccination is huge. School based efforts, and I know you're going to hear about that some later, really critical to this effort, and reaching people, and making sure that they have both the information they need and the access.

Just a quick word on boosters. Of course, the recent announcement was that all adults are now encouraged to get boosters. And that was actually in the setting of the last thing I'll talk about, which is the Omicron variant. Of course, there's still a lot of information to learn about this new variant. It was identified in South Africa just a couple of days ago. So right on Thanksgiving, we were getting a lot of information coming in about this variant.

The big thing to know is that it has lots of mutations, over 50 mutations, and it has 26 new mutations on the spike protein itself. And so that tells you that, as Dr. Fauci says, that's the business end of the virus. And so yeah, that can do some ... It has the potential to do some harm. So we're doing a lot of research, working with scientists all over the world to learn everything we can about how transmissible this new variant is, how sick it makes people, and its potential impact on vaccines or antibodies, the monoclonal antibodies we've been using to help keep people safe. Still a lot of information to come, but what we're doing is doing everything we can to prepare.

This is something we've been through over the last 20 months. We've had a lot of experience with these new variants, a lot of experience with new challenges along the way. And so we have kind of a rhythm. But of the key here is folks need to be vigilant, especially with the holidays, especially in the winter months where respiratory infections, viral infections are a little bit better at thriving in these months. And then especially in the cold when people are staying indoors a little bit more than they otherwise would. So with that, I'm going to pause. I'm excited to take some questions from you all, and happy to engaged for a little bit. But glad that you're here to get more information, and thanks for joining us.

Jason: Thank you so much, Dr. Webb, we really appreciate it. We've got a question for you in the Q and A. Can you speak about the safety of having the same dose for

children who turn five versus 11? I think that's the two different strength doses, depending on the age groups. If you could speak to that.

Dr. Cameron Web...: Yeah. So the dose for ages five through 11 is the 10 micrograms dose. If you're a 12 year old, it's actually ... you use the 30 micrograms dose because that's what was approved for 12 to 17. There are a couple of things there that are important to note. You often will see that there are 12 year olds who weigh more than 10 ... or way less, rather, than 10 year olds. And so, it's kind of an artificial cut point because not all 11 year olds or 12 year olds are the same. I think what was important about this study is that it was a matter of really identifying the efficacy, how effective the vaccine is with a dose reduction of one-third, down to that 10 micrograms dose. And so from a safety standpoint, using the 10 microgram dose in a five year old and in an 11 year old, the study has shown has been very safe.

One of the questions that you can ask is, would the 10 micrograms dose be just as efficacious? Would it work as well in a 15 year old, or a 16 year old, or in a 13 year old who's on the smaller side? I think for a lot of parents, they're trying to mitigate some of the potential risk that we saw with the larger doses. I think right now we have a lot of great safety data for 12 to 17 with 30 microgram dose, and great safety data for 10 micrograms for the five to 11 year old range. And so I would just say, wherever your kid falls in that age range, if they're five to 11, it's 10 micrograms. If they're 12 to 17, it's 30 micrograms. And in both instances, we've got really strong safety data to support its use.

Jasmy: Another question-

Jason: Great.

Jasmy: From the chat is, what are some of the lingering effects in children?

Dr. Cameron Web...: Well, some of the lingering effects of COVID and children ... There are quite a few. This virus causes a lot of problems. So we've seen this multi-system inflammatory syndrome, again, over 2,000 kids who've had that, and that can affect lots of different organs, hearts, lungs, kidneys, lots of different challenges. What we see more broadly in terms of what kids have, the long COVID, if you will, in kids, it's the mind fog. So that haziness, or that general fatigue that a lot of people have been concerned about. You think about how challenging that is in adults, and then you put that into a child. I think it's just so ... it's so concerning. It's so difficult for them to go through their normal routine if they're not able to think clearly, if they're not able to feel like they're getting good rest, or don't have the energy to do school. And so it's really disruptive for families more broadly.

So the symptoms are similar, the lingering or long COVID symptoms are similar, as we see in adults. But again, sometimes it's ongoing respiratory symptoms, so feeling that shortness of breath for a long time. So it's a whole range of

symptoms. But like I said, the studies that we've seen as we've been tracking this all along, and NIH is doing a lot of research on long COVID, not only in adults, but certainly in children, as well. And we're seeing that there's some percentage of kids, it looks like about 5% of kids, where we are seeing that lingering effects beyond a month.

Jason: Great. Can you talk a little bit about booster shots? So I know it was just moved to a recommendation for all adults. There's been some talk of 16 to 18. There's a few questions in the chat about will boosters become available or necessary for children below 16 or below 18. Can you just talk about sort of the strategy around boosters and what that might look like?

Dr. Cameron Web...: Yeah, it's a great question. I think the best way to describe it is all along we've just been following what the science guides us to do. And certainly in other vaccines that kids have received, we've seen there's a utility to boosters. At this point, because the studies were rooted in two doses. We don't know exactly how long, how durable that antibody response is going to be in kids. It may be that like adults, a booster at six months with the Pfizer vaccine may create a significant antibody response that leads to better protection. And if that's what we find ultimately with kids as well, then that would be welcome news. And we can certainly make sure we do everything we can to protect kids.

One way that I describe it is that for everybody, you just have to do that assessment of do I have my highest level of protection from the vaccine based on my age, based on when I was vaccinated, based on the current dynamics of the pandemic. And so we know that boosters are effective, we know that boosters safe. One question, kind of a follow along to that, Jason, is that people will say, "Do I have to get a booster every six months for the rest of my life?" And we don't expect that. I think that larger antibody response is helpful. We've seen other vaccines like the hepatitis B vaccine, or like Gardasil, where they can be three dose routines, and then you get the sustained antibody response with three doses.

We don't yet know exactly if that's going to be the case with COVID, or if it's going to require interval boosters, whether it's every one year or two years. Right now that's unknowable because, again, that length of time hasn't passed for us to do assessment. But just yesterday, the NBA has been following the antibody levels in their players, who've been vaccinated, and they saw that after certain period of time, antibody levels dropped. And then you started to see players getting COVID after some time. And so all the players whose antibody levels dropped to undetected, those were the ones who ended up getting COVID. And so that's them making the argument that boosters are also really effective. These high performing athletes, these players, and Joel Embiid, the center for the Philadelphia 76ers, was talking about how bad his course of COVID was just the other week. And so I think that it could affect anybody. Boosters are an important way to protect yourself.

Jasmy: There's another question as it relates to the flu season and whether or not it was safe to do the COVID shot and the flu shot at the same time, and if there's any difference in that recommendation for children versus adults.

Dr. Cameron Web...: Yeah. Great question. I think what we usually say clinically is that you certainly want to get your flu shot as soon as possible. We usually recommend by October 31st. But flu season is here. I will say I got both the COVID shot and the flu shot, the same day, at the same time, in same arm. And just to be honest, I was pretty wiped out the next day. I didn't have that experience with the first two shots of the COVID vaccine, but when you added in the flu shot, for me personally, I had more fatigue, or feeling a little run down the next day. Not everybody's going to have that same response. I think it's safe to do so. That's one thing that we know. I think that everybody just has to do that assessment of could I afford to feel a little run down the next couple of days, and a lot of employers are offering pay time off to do so. So it may be okay for you. For me, I had to work in the hospital the next day. And so that was a little more challenging.

So if you have the opportunity to space it out, I think that might be easier on you lifestyle-wise because you don't run as much of a risk of having the combination of fatigue that can be caused by these doses. But it certainly is safe to do both [inaudible 00:15:51] hours later going completely back to normal. But that's just more of a judgment call for you on how willing you are to have the potential for a day where you're pretty wiped out. In terms of kids, yeah, also the safety is there. One of the reasons why we recommend co-administering is because you don't always get a second chance for somebody to come in to get a shot. Parents don't always have the ability to take off time from work twice. And so, if that's the best setup for your life is to get those shots at the same time, it certainly is safe from a clinical standpoint to do so.

Jason: Great point. Can I ask about the adult boosters? Can you talk about the safety of mix and match? So I know that the CDC has now said, essentially, folks can choose. And there's a question about if you got the first two doses of Pfizer, and then got the booster with Moderna, is there any concern there, or what if you, for example, mix and match with the J and J?

Dr. Cameron Web...: Yeah. So great question. The mix and match is something that the CDC has already come out and said, it's certainly allowable. And certainly we've seen the safety is there, and it's also effective. So you get that bump in antibody response if you mix which vaccine you use. I'll tell you based on the data, well over 90% of folks who got the first two doses of Pfizer are getting Pfizer for the third. Same is true with Moderna. Well over 90%, closer to 95% who got the first two doses with Moderna get their booster with Moderna. And for Johnson and Johnson, it's a little bit of a mixed bag. You see more people who make the decision ... For a lot of people who got J and J, they got it because they wanted it to be one dose. And they see the benefit of maybe getting a dose of Pfizer or Moderna as their booster to get the benefit of both those different types. And the studies show that, that also is effective in creating an antibody response.

So, you're well served no matter how you do it. There's data to support a robust antibody response if you do mix and match. But experientially, most people [inaudible 00:17:57] Pfizer and Moderna vaccines. Certainly if you felt like you had a lot of fatigue or a lot of symptoms with one versus the other, that's the reason why some people are saying, "Oh, I'll try my luck with a different one." Moderna dose reduced their boosters. So instead of it being the same dose as the first and second shot, it's actually a half dose for the third shot. And so some people like that because they say, oh, maybe it'll be fewer side effects and less concern for things like myocarditis, even though that's a very rare side effect. So, you can mix and match from a science standpoint. It's not more beneficial to mix and match. It's as effective, or it's not inferior to using the same dose. So it's a dealer choice.

Jason: Great. And I know we've got a couple more questions. I know you're busy. So do you have time just to take a few more before we get onto the other speakers?

Dr. Cameron Web...: Yeah. Let's do it. As long as we have time, let's knock them out.

Jason: Great. Thank you so much. So there's a question about Omicron, and basically ... I guess the idea that maybe we don't know that much about it. Can you just speak to the considerations in terms of whether you should wait to get a vaccine until we know more, or whether you should be concerned right now? It seems like there aren't cases in the United States, but if there are in the future, what should people be doing?

Dr. Cameron Web...: Yeah. That's an excellent question, and that's probably the most frequent question I've gotten. Second most. The most frequent question I get is how do you pronounce it? But with regard to this variant, there's still a lot that we need to learn. But I think one thing is very clear. The benefit of getting vaccinated now far outweighs the benefit of waiting to possibly get vaccinated a little bit later on. The reason is that we expect, and early signals suggest, that there's still going to be some significant level of protection with the vaccines against Omicron. Again, this analysis is underway, but this is just the early data that we were seeing out of Israel. And we looked to that in the past in other instances. What's so neat about it is that it takes five weeks from when you get your first shot of the vaccine to get protected.

Now, understand, if you're talking about boosters, somebody who's getting a booster dose, that's a different thing. Again, it would be two weeks later that you get the full benefit from that. But either way, I think getting that higher level of antibody protection serves you really well now because it's the winter time, because upper respiratory infections thrive in this environment because people are indoors more. And if this variant spreads as fast as folks are concerned it has the potential to do, and that's based on the mutations that it has, then you don't want to wait to get that protection. You want to get that protection today. We don't have any timeline on when ... I know Moderna suggested this is something they're looking at doing, but we don't know if that would be available in February, or April, or January. Right? So it's not worth it to

wait. It's more valuable to you to get additional protection, get your highest level of protection now, before the threat arrives.

And when people say if Omicron gets here, it will, if it's not already. Right? I think that's just one of the ways that this works. [inaudible 00:21:03] about boards. There's no amount of restricting travel that's going to ultimately keep it out of the United States. It's just a matter of, is it already here? And if not, then when is it going to be here? As we're seeing in countries all over the world, the bigger question for us is, is it more transmissible? So is it going to spread faster? Is it going to make people sicker? Is it going to make it harder to treat with monoclonal antibodies, or to protect folks with vaccines? And we'll get those answers, we think, in the next few weeks.

Jasmy: There are a few more questions as it relates to boosters. If you had a breakthrough COVID case, should you wait a period of time before you get the booster? When you were talking about the mix and match, does that also apply to J and J, mixing with Moderna and Pfizer?

Dr. Cameron Web...: Yeah, that's a really good question. So in terms of breakthrough cases, the first thing I want to acknowledge, a couple of things. If you think about the vaccine at its very best, Pfizer and Moderna were around 94, 95% efficacy against the original SARS COVID two virus. So that means one out of 20 people wouldn't [inaudible 00:22:05] as much of [inaudible 00:22:06]. It may have been because they were immunocompromised, or for a range of different reasons, but one out of 20 people. For breakthrough cases, we know that after some period of time, your antibody levels decrease, and that increases the potential for these breakthroughs, if you will. But really, it's just that you don't have the level of antibody protection that would've kept you from getting COVID.

And so, I think in that instance, the first thing is if you had a case of COVID, I think it's still appropriate to wait the 90 days, the three month window that we say folks should wait before getting a booster. And that's mostly because your body has fought off this virus. You've got some level of natural immunity. We know that that starts to drop off at about three months. I've readmitted patients to the hospital three months after they had their first COVID case with another COVID case. So it happens, and I've seen it. But I think at the same time, we wait that three month window and then give the shot. And I think the same, it would be true with boosters.

But in terms of mixing matching, I don't want anybody to have the impression that they got a breakthrough because they picked the wrong vaccine. It's not that you're going to get breakthroughs more with Moderna, or more with Pfizer, or more with J and J. Picking your booster course is really more a matter of your own personal preference and choice, and that's what it comes down to.

Jason: Great. Well, thank you so much to everyone for all the wonderful questions. We know you're very busy, Dr. Webb, so thank you so much for joining us today to share this great information. I know this is evolving, so we'll continue to share

information, and hopefully we'll be able to see you again. But we really appreciate you.

Dr. Cameron Web...: Absolutely. Thanks for having me. Y'all take care.

Jason: Thank you so much.

Jasmy: Thank you.

Jason: So we have some great speakers lined up just to do a deep dive in terms of actually administering the vaccine, both at a school based level, and then at a community level. And we'll have some time left over for Q and A at the end. So please continue to ask some questions in the chat. Myself, my colleague Jasmy, and Bob Burns from the National Center for Health and Public Housing will be facilitating. Bob, do you want to introduce our first speaker today?

Bob Burns: I would love to. And before we get started, just to piggyback on what Dr. Cameron had to say, right now, in terms of community health centers, we've got about ... at least as of the 20th of November, they had already requested about 600,000 pediatric vaccine doses at 900 health centers nationwide. And there were about 6300 school-based vaccine clinics planned, and 80% of the nation's 1400 health centers planned to vaccinate five to 11 year olds. So I just want to put that out there. And I'm going to turn it over to my colleague from the School-Based Health Alliance, Paula Fields. Paula is a registered nurse with a master's in nursing. She's also the Vice President of program and Technical Assistance for the School-Based Health Alliance. She is one of our National Training and Technical Assistance partners with health centers nationally. And we're really lucky to have her with us to explain a little bit how health centers and school based health programs work together, and how they can work with communities and public housing nationwide. So, Paula, take it away.

Paula Fields: Thank you, Bob. I'm so excited to be here and talk about how we can work together to support students. I'm a nurse, a wife, a mom, a Mimi, and a fierce advocate for equitable access to healthcare for students. One innovative way to provide care is through school-based healthcare and school-based health centers. And as Bob shared, there's already multiple vaccine clinics that has happened, or that is being planned. I'll share a bit around what collaboration makes possible for students. And I always say, after being in the school-based health field for over 20 years, I don't consider myself an expert, but more of ... but really good at sharing what works for others. So today, I'll share some examples and ideas of collaboration from the field that will hopefully spark some ideas that you might want to consider in your work.

If you don't have a school-based health center, that's okay. When you hear me talk about those today, just think about your work. If you're the community health center serving public housing, working within public housing, housing the student's family or community member, it's my hope that you can take away

ideas to try out. For me, I always imagine going to school sick, or depressed, or with a toothache, and think, can I thrive, or can I get through the day? And unfortunately, that's the reality for many students in America. And that's where school-based healthcare comes in, helping students access care when they need it and where they need it. As a parent and a nurse, I remain that fierce advocate because I've seen what it makes possible from the early days of, for example, I heard earlier the hepatitis B vaccinations. Through my own child who needed care when his father nor I could leave because we were both working, and then what happens when we work together. And that's why I am such an advocate.

So let me tell you a little bit about who I work for at the School-Based Health Alliance. And we too believe that all children and adolescents deserve to thrive, but many struggle because of lack of access to healthcare. And we see school-based healthcare as one of the solutions. We are a DC based nonprofit and service the National Voice for School-Based Healthcare around policy standards, data training, and support to grow school-based healthcare centers. And the reason behind that is there are many schools with mental health providers and school nurses that are stretched thin, and supporting students by adding community sponsored school-based healthcare can result in improved access. You'll hear us talk about school-based health centers today, but it's also important to know that school-based healthcare exists on a spectrum. There's many different services. Some provide comprehensive care, such as medical, vision, dental, and others have elements that may not include all.

So when you go to the next slide, I just wanted to share a little bit about what a school-based health center is. And it's a shared commitment between the school community and the healthcare organizations working together with students and families. They provide that access where the students can get a physical or speak to a mental health counselor, and often a place where they can have their teeth and eyes checked in that safe and nurturing place without the barriers that students and families too often face. The healthcare organization, very often a health center, including those with public housing, operates school-based health centers and enters into an agreement with the school. We're often asked if school-based health centers replace existing services, and my answer is a resounding no. They do not replace, but work together to yield greater opportunities for student academic and health success.

Most school based health centers already have the ability to give vaccinations, and are doing so as part of routine care. Many participate in the Vaccine for Children's Program to provide routine immunizations to that population. And with that, when you look at school-based health centers and schools working to together with families, attendance improved, chronic conditions are better managed, behavioral health issues get quick and expert attention. And it really helps the students and their families overcome barriers to access, such as that transportation time and financial barriers.

One of the things that I wanted to share today is the research. What does that research tell us? And on the next slide, the Community Preventative Services

Task Force, which is an independent panel of experts, looked at all the available scientific evidence, and the report findings show that school-based health centers lead to improve educate outcomes around performance, and completion of school, and improved health outcomes, including the delivery of vaccinations and other preventative services.

When we look at school-based health centers across the nation, there's about 2,500 school-based health centers. And there are some higher numbers in Texas, California, New York, and my home state of West Virginia. And the next slide just shows a quick picture of what that looks like. The one misnomer here is, now we're aware that we have school-based health centers in every state, but that doesn't mean all students are served yet. School-based health centers, community health centers, and communities from across the country are collaborating with schools to address school aged children healthcare needs. And to me, that's very exciting. And when we looked at the UDS, it was interesting that 46 of community health centers who receive public housing funding also have school-based health sites.

When you look at the next slide, there are different groups that sponsors school-based health centers, but the most common one, our community health centers, are also called federally qualified health centers. And you'll notice over half of the heart represents those federally qualified health centers, and it's the fastest growing sponsorship. And that's a really good thing. Health centers serve almost 30 million Americans, and school-based health centers are serving about 6.3 million students, and partnering with school nurses, and schools, and families to administer vaccines, including COVID. We can improve the access to care, particularly for children and adolescents from families who need it.

Next, I want to share just a few resources for you to take away. We will share these resources as part of the PowerPoint, so you don't have to worry about taking a lot of notes. So again, if you have a school based health center, yay. And if you don't, that's okay, just listen for things that you think that might work in your community. Our website is listed here. That includes our staff, and all of our contact information, and a plethora of resources, and just a couple that I'm going to touch on today. The first resource is a high level school-based health center startup checklist on the next slide. This is a screenshot for you.

We talked about the Community Preventative Services Task Force findings, where school-based health centers lead or led to improved health outcomes, including delivery of vaccinations. But we recognize starting a school-based health center requires a lot of time, and we resources, and longer planning. So we wanted you to know this resource if we have folks that are thinking about wanting a school based health center. But the next two resources are something that you can use today. The first resource explores the value of school and health center collaboration at the heart of school-based health centers, and school-based healthcare is the partnership between schools, health centers, and community that give or support the services offered to the students. Powering up a partnership in your community can really seem like a big task, but it doesn't

have to. Be start small, try out some of these ideas, if any of these resonate with you.

One that I wanted to point out is in the orange box, what we're talking about today, immunization clinics. Other ideas that that folks have started with were well care visits, prevention, community health fairs, or even offering to plan a community garden. No doubt you have some really good ideas, too. With that, we have another tool called our Children's Health and Education Mapping Tool, and you can use it to identify potential community partners as you work on immunizations and beyond. You can look at the location of public schools, school-based health centers, community health centers, and other healthcare facilities. You can look at the community needs so that you can see where you might want to target new services. You can add layers of county level information around children's health, education, and other factors. And you can search, map, download and compare to national averages. So I wanted you to have this tool as well.

The next tool that we wanted to air is our website. We have a vaccine and immunization resources page. On that, we have links to national resources, school-based COVID 19 vaccinations, which I'm going to dive into one of those a little bit deeper in a minute, and then examples and resources from the field, such as a curbside immunization tool kit from Michigan, a youth podcast from Connecticut, and sample communication on materials, as well as ideas you can try on. So let's take a deeper dive and look at the NACH, the National Association for Community Health Centers and the School-Based Health Alliance thought that they developed jointly around advancing health center and school partnerships to improve COVID 19 vaccination. For community health centers with and without school-based health centers, it's packed with ideas around why to partner with schools, who to work with, such as the superintendent, planning steps, thinking outside of community health center for staffing, communications, and sample resources, and more.

One community health center reported partnering with their vaccine equity counterpart, who brought staff members to help work together and distribute that workload. They screened for social determinants of health or social influencers, and connected to other needed enabling services. Keep an eye out any day for an update to this resource to include younger children.

Last and not least, I know I've shared a lot packed in 10 minutes around school-based health as an innovative way to reach children. But one common theme that I want to share are the partnerships, and where you are, and how you make a difference every day. And that's what makes school-based healthcare possible. I always appreciate and reflect to the quote from Helen Keller, that's alone we can do so little, and together we can do so much. On the next slide, I did share our contact information so that if you think of questions after today, that you can still contact us, and we can help with that. And thank you for the opportunity and sharing around school-based healthcare and sectors.

Jason: Thank you so much. And we're going to have a little bit of time for Q and A at the end. So folks, please put any questions you have for Paula in the Q and A lot of great information and resources there. So really appreciate that. And before we get to that, I do want to introduce our last set of speakers for today from the ... Oh, here's more of the resource links. From the county of Los Angeles and Long Beach in California, we actually have a collaborative team that's worked together, that wants to share a little bit about their experience on the ground coordinating youth vaccine clinics, booster clinics, and actually doing so as part of the Jobs Plus Program. So I'm very pleased to introduce the team, including Lynette Johnson, who's the ROSS Coordinator from LACDA, and they'll be presenting, also. Again, if you have questions, just please throw it in the Q and A. We'll have a few minutes for questions with them afterwards. Lynette, take it away.

Lynette Johnson: Good morning from Long Beach, or good afternoon to the rest of the country. Like Jason said, my name's Lynette Johnson. I am the ROSS Coordinator for our Carmelitos Housing Community, which is part of the Los Angeles County Development Authority. We're actually the largest public housing site for the Los Angeles County Development Authority. The people that will be discussing our collaborative effort today is actually Jessica Quintana, the Executive Director of Centro CHA, Cynthia Escarcega, the Community Plan Specialist for Long Beach Department of Health And Human Services, and Emily Kazim from the Long Beach Center for Economic Inclusion. Next slide.

We want to give you guys some demographics on Carmelitos. The slide is actually the census track for the whole entire 90805 area code. The total population is 2,303. Carmelitos makes up 1600 of that total population of 90805. African American, 56.6%, Hispanic or Latino, 34.4%, white alone, 5.2%, Asian alone, 2.0%. Total occupied housing units in 90805 area code is 819. Carmelitos has 713 of those units. Next slide. Now we turn it over to Ariana from Centro CHA, who will take over this portion of the presentation.

Jason: And Ariana, you might just be on mute if you're talking.

Ariana: Sorry about that. I ... get the mouse to work. But good morning, everyone, or good afternoon. My name is Ariana. I'm the Community Health Justice Coordinator here at Centro CHA, taking over for Jessica Quintana. So Centro CHA is a nonprofit organization in the city of Long Beach. We do offer many services from immigration integration, youth development, workforce development, and business support. And then we were also doing COVID 19 education and outreach with the California Community Foundation and the California Department of Public Health. So we were identified as an organization to be the regional lead for the city of long beach for that grant. So we are doing a lot of, again, COVID 19 education outreach, and we have been identified with priority zip codes in the city of Long Beach, which include the 90813, 90804, and 90805, and which is why our focus was to go to the Carmelitos because that census track in particular did have the lowest vaccination rates among the community.

Next slide. And this is just a little bit, then, about the Vaccinate All 58 Campaign. Again, we are doing a lot of education outreach using various methods, whether that be door to door outreach, home banking, community canvassing, doing events. So we're trying to do that with a data driven approach, and seeing vaccination rates among community members, where are the hardest hit communities for COVID 19. And that's the framework for this campaign. Next slide. Yeah, sorry.

So this is a little bit about the different outreach that we do, whether that be door to door, we can do booth and tablings, virtual trainings, again, phone banking, text banking, email. So we're just using any medium necessary to conduct this outreach and try to reach the community through all methods. And then, I'm going to turn it over with Cindy from the Health Department to give a little bit of background for that.

Cindy: Hello. Good morning. Good afternoon. My name is Cynthia, or Cindy, from the City of Long Beach Health and Human Services Communicable Disease and Response Bureau. I am the Community Program Specialist here for the city. So Long Beach is one of three city health jurisdictions within the health department, meaning we have our own health department. We have been leading the COVID response, and with us being the second largest city in LA county with a population of approximately 466,742, it became really important for us to target our community and make sure everybody was getting an equitable ... looking at things through an equitable lens. I'm sorry.

So across the country, COVID really highlighted social determinants of health that was rooted in economic disadvantage, and how this disproportionately affected our community. So public health's role and responsibility was to mitigate these health inequalities by removing barriers and fostering accessibility. So what we did is we made all COVID vaccine free, no ID or residency status is needed for vaccination. We have six public sites, three Saturday clinics, and an evening clinic. And our model transition from a mass vaccinations when the pandemic first hit to ... we became more localized in the community, providing various clinics throughout parks that people can just walk up and receive the vaccine or testing.

We also use disaggregated data to be more intentional with the communities we reach. And in this, we saw the various numbers, and how communities of colors was really being affected and the vaccination rates and the amount of cases in certain zip codes. We saw the need to address our diverse communities as a whole, and building collaborative partnerships. So our goal was to encourage engagement with our CBOs, and also supporting the critical work they were already doing, and partnering and supporting their needs.

We also increased our own department engagement and became more involved at events and booths to answer questions the public had about vaccine hesitancy, and maybe reasons to as why there weren't getting vaccinated. Our focus then became bridging the relationship between public health,

government, and the CBOs to gain trust in hard to reach communities through COVID task force. So in the second slide, you can see some of the ... when we joined the COVID task force and began working with our CBOs, some of the events we held specifically in the Carmelitos area, the 90805, which had the lowest rate of vaccinations and highest cases. And I also have someone from our outreach team who was involved in a lot of these efforts. Her name is Morgan, and I'm going to be introducing her, Morgan.

Morgan Hamilton: Hi, everyone. My name is Morgan Hamilton, like Cindy said, and I also work with the City of Long Beach Health Department, Emergency Management. I am on that outreach team. So just to touch more on our outreach efforts, we, starting back in June, I would say, was the initial contact with COVID outreach and vaccine outreach, which we had with the Carmelitos. So we did a mobile vaccine clinic, and we also did door-to-door vaccinations. Most recently, we partnered up with the Carmelitos to engage more with the community, to increase trust, relationships, and just be there as a resource to members. We joined with the weekly food giveaways, where we offered resources, information, we talked to the residents, we were there to answer questions, or just hear their input, how they feel about the vaccine, any hesitancy they have. So, we did that.

We hosted, or we collaborated with Centro CHA during workshops where we had our very ... City of Long Beach's very own public health doctors, City Health Officer, Dr. Davis. We had one of our PHEM supervisors, Gabriela Hurtado, there to answer questions. And one of our doctors at our site was Dr. Mohammed, to just be present and offer support for the Carmelitos and just really increase the accessibility to this community in particular. So, yes. Thank you very much.

Cindy: I also want to ... I'm sorry. Can you go back? Okay, thanks. This is Cynthia again, or Cindy. I also want to share that all of these efforts were not as successful when we did them standalone. So for example, the event on the June 10th and June 16th, we had very low vaccination rates. And so it was so important to have our CBOs involved, because when we came as a collaborative effort, the rates increased dramatically, as you can see from the data right here. So in the graphs on the right, you can see from June, July, August, if they were really low, started spiking in September and October. And these were mostly due to our outreach efforts and making it accessible by bringing it ... meeting people where they're at and bringing the vaccine to make sure that people were able to get access.

So you can see right here, the results, 80.3 compared to other areas in Long Beach, which were 87.7. But in the beginning in June, those percentages were much lower, and it was like a 70% to a 80% rate. And then you can see some of the total doses administered to the Long Beach residents as of 11/29, and the breakdown of the demographics between the Latinx, African American community, Asian and other. Thank you.

Emily Kazim: Good morning, everyone, or afternoon. My name is Emily Kazim, and I work for the Long Beach Center for Economic Inclusion. And our organization is a

nonprofit that works to bring economic opportunities to all communities in Long Beach, particularly historically underserved communities. And for the last 20 months we've been focusing most of our efforts and energy on COVID 19 relief and support for our various communities. In my project, for the past several months, has been to issue rewards to North Long Beach residents for becoming fully vaccinated against COVID 19. This program not only included rewarding individuals who did their research, asked their questions, and came to the decision to become vaccinated, but we also brought equitable information and data about COVID and the vaccine to our neighbors in North Long Beach.

Throughout this time we focused on areas within our zip code, 90805, that had the lowest vaccination rates, one of which was and is the Carmelitos housing community. And over the course of our time partnering with Carmelitos and this team, we were able to issue nearly 13% of our total rewards to Carmelitos residents, most of which were youth and young parents. And if you go to the next slide, I'll talk a little bit more about this partnership. So our partnership included our lead Centro CHA, and Lynette, who was the coordinator at Carmelitos, and our organization, the Long Beach Center for Economic Inclusion, the Long Beach Health and Human Service Department. We also garnered support from our councilman, Al Austin, in the eighth district, which is the district that houses Carmelitos, and also our assembly member, Anthony Rendon, and the Central Neighborhood Health Foundation, which is a clinic that is on the Carmelitos campus, which partnered with the Long Beach Health Department to administer vaccines during our culminating event, which Ariana will touch on later.

So this partnership, as Morgan and Cindy mentioned earlier, made so much of what we did during our several months at Carmelito's possible through being present, and offering resources and information during the weekly food distributions, to hosting workshops and trainings, and then having our culminating event earlier in November, which was a huge success. So I'm going to hand it back to Ariana to talk more about our partnership.

Ariana: Thank you, Emily. Yeah, we can go to the next slide. Great. So as the other partners have discussed, I think it was very important to go into the Carmelitos community and show face, and be there with them, provide them with the information before the big event. That was very important. So Centro CHA has always used a Promotora model. In this case would be like an ambassador model, to outreach the community members because it is important and most effective that community members see people from their own community doing the work and presenting the information because they are the trusted messengers within that community. Right?

So we recruited a lot of ambassadors within the Carmelito's community, which included parents. It included seniors. We also had youth involved in this ambassador program that went around the community door to door, around the surrounding community, to the neighboring schools, to provide that information about COVID 19 and the vaccines information, and also invite them

to the big event so that we can make sure that everyone was aware of the resources there. I would add that it's important that we wanted to gear this event where it was a wraparound services. So we made sure that ambassadors knew to offer their community members all the different services that would be at the community event. Next slide.

And so Centro CHA, as some of the colleagues already touched on, we had various vaccine awareness workshops where we invited community members to come in and listen in about booster development, COVID 19, still practice safety testing. So we hosted a senior workshop that was very successful. We had about 20 participants. And the clinic from Carmelitos was actually there onsite and provided boosters for the seniors right after they received the information. So that was a very successful workshop because they were engaged. They wanted to learn more, and then they decided then and there, oh yeah, then I'm ready to get my booster shot.

And we also hosted a youth workshop in partnership with the Long Beach Health Department. And Dr. Davis was there providing information to the youth, and the youth had very important question to ask. They were really engaged, and wanted more information. So it was a great resource to have. It was a medical health professional answering the questions for the youth. As we know, they're the ones who are a little bit more skeptical. So I think that was a great resource for them. So these workshops were very important to provide the information, and then participants from the workshop could also be those trusted messengers to their families, their friends, and be like, "Well, hey, this is what I learned about the vaccine," maybe dispelling some of the myths that were circulating around the community. Next slide. I think Lynette will touch a little bit more on the testimonials.

Lynette Johnson: So, we partnered with the California State Health Department to do testimonials for our residents. And so they were able to do ... Oh, they were able to get ... and they were also able to get vaccine ... vaccine cards, gift cards from Target for their presentation. So we had 16 residents and staff, including our councilman, to do a testimonial video. And we didn't touch on actually the vaccine rate on ... Sorry, I'm digressing for a minute. We actually ... that June 10th event had about six people get vaccinated. Our November 20th event, our culminate event, had 146 residents get vaccinated. So that was a serious increase, and it was based on the partnership and collaborations we had. And so, I believe the next slide is the video on our testimonials from our residents.

Ariana: Great, thank you. And as you guys can see, I think the video testimonial was a very powerful message for the community. Seeing people from the community, seeing their community on screen in a video, I think that was a very powerful message for community members. And to just see, hey, maybe my friend did it, my mom did it, there shouldn't be anything wrong. I should do it, too, to protect my family. So yeah. All of those effort led to the Saturday, November 20th event at Carmelitos. Again, we tried to offer wraparound services. We had various different exhibitors from immigration programs to youth development

programs. We had dental services, rental assistance, and I know that the Carmelitos community also received either their turkeys or gift cards for the holidays. So this event we had ... and I believe on the other slide, we have ... Can you just go over to the next one?

Yeah, so we had 408 community members attend this event with 166 head of households registered. Centro CHA was also providing incentives for people who decided to get their first dose, and we distributed 21 gift cards of $25 to community members. And yes, we did get about 140 community members received their vaccines, 21 received their first dose, four people received their second dose, and ... no, 96 people received their booster doses, and then 19 people received their Pfizer ... 19 children received the Pfizer pediatrics. So it was a very successful event. Community members were very excited to be there participating. And then, again, with the vaccines and a lot ... we got a lot of positive feedback saying how these were really important, especially during the holidays, to be there, and the support for the community was definitely shown. And yes, that concludes our part of the presentation. Thank you.

Jason: Thank you so much. What a wonderful effort, and thank you to both of you all for presenting. I know we've only got about three minutes left here, so we do just have time for maybe a couple quick questions. Bob, do you want to throw out a question or two, and then we'll close with a really important message-

Bob Burns: Sure, for the Long Beach-

Jason: About the ... Yeah.

Bob Burns: I don't know if you guys can hear me. The question for the Long Beach team. Would door to door vaccinations target to the elderly and disabled population, or was it open to all?

Lynette Johnson: It was community wide.

Cindy: Yeah, it was community wide.

Bob Burns: Okay. And then, follow up question to that. What was most successful in reaching that 18 to 29 or 34 year old population that seems reluctant to get the vaccine across the board?

Cindy: Well, for the City of Long Beach, for us, what we've ... Again, it's working with a collaborative effort, and working with partnerships that are trusted. So for example, we've worked with the Boys and Girls Club, the YMCA, and what they would do is have their community sign up, and then send over a group either to our mobile sites, or they would arrange actually pop up events where our clinic would come out to either their parking lot or anything like that. And then we would provide, kind of like what we were describing, a Q and A to lead up to the actual event.

Bob Burns: And did you guys include a community health worker in any of your initiatives?

Cindy: Yes, we did. Our outreach is also community health workers, but we also provide either a nurse, a public health nurse, or a physician that can answer questions.

Bob Burns: Excellent. And real quick, a question for Linda at School-Based Health Alliance, do School-Based Alliance ... or do school-based clinics include public housing managers and residents as part of their outreach normally? And on the flip side, if a public housing resident group resident advisory council, or the public housing agency management, or resident services director wanted to reach out, how would they do that? Would they call the School-Based health Alliance? Would they call the local school-based clinic? And how would they find the school-based clinic?

Paula Fields: Oh, that's a really good question, and Linda, one of the easiest ways might be, if you're familiar with your local community health clinic or school-based health center, it's always great to reach out to them. If not, you can use the mapping tool to see what might be near you, and if you need us, we're happy to help just email me.

Bob Burns: Okay. Well, very good. And Jason, I don't know if you have any other questions, or if you would like me to jump into flu week. I know we could probably go on for a half hour, but looks like we're a little bit low on time here.

Jason: Yeah. Well, if you just want to close up with next week's big National Influenza Vaccination Week effort, and then we'll-

Bob Burns: Yeah, yeah. I did put in the chat, the link to the National Influenza Vaccination Week information from CDC. And that goes from December five through 11. And it's just a good time of the year to take advantage of all the promotional materials that are out there on that site to try to encourage people to get vaccination. And, as Dr. Webb mentioned earlier, if folks can do that in combination with their COVID vaccination, so much the better. It's safe, it's easy, and on a similar ... on a related note, a lot of the testing packages for COVID are now part of a package, which includes a flu test and one other test. So that combo mentality for immunizations and for testing can really save everybody time and a lot of grief. So I hope folks will take advantage of that as they will also go ahead and get their boosters going forward. And at this point, I'm going to turn it back to Jason.

Jason: Thanks so much, Bob. And thanks everyone for joining us today. I know that was a lot of information in just an hour. I'm sorry we didn't have more time for discussion. But thank you to everyone for your questions. And of course, to all of our presenters for the work that you're doing. We really appreciate you. And most of all, to our participants for the work you're doing on the ground and for joining us.

Bob Burns: And Jason?

Jason: Yes.

Bob Burns: Can I throw in one more plug? I mentioned before, there are 1400 community health centers. There are 1400 community health centers, but there ... within those 1400, there are about 11 or 12,000 locations, and as Paula mentioned, serving 30 million people nationally. So there's an awful lot of capacity there for people who are looking for either vaccinations or testing help, both with COVID and with the flu. So, please take advantage of that.

Jason: Yeah, certainly the federally qualified health centers, school-based health clinics, lots of great resources. And of course, children's hospitals, pediatric offices, local and state departments of health, pharmacies. So at this point, we know that there's still more to come, particularly with the Omicron variant, perhaps expansion of boosters to youth. And there's some consideration now of therapeutics in pill form for those who are infected. So we'll be continuing to keep you up to date. So please, if you don't already, sign up for the PIH COVID 19 bulletins. Please do so. We'll continue to get information out that way. That's called from all the HHS sources, as well from our partners. And we'll continue to put on webinars. And most of all, want to thank our partners at FPN [inaudible 01:01:44] policy management, Jasmy for helping to put this together, and Bob from the National Center for Health and Public Housing. Great partners, and again, all the presenters and participants today.

Bob Burns: Hey, Jason?

Jason: Yes.

Bob Burns: One last question that just shot in. Will the slides be available to folks?

Jason: So we're going to post the recording and all the materials on the HUD exchange, just as we do with all of the ... So you can actually ... We've done now 24 hotshot webinars this year on COVID, and you can go back and access those at any time at your leisure. So if you have colleagues that missed this and you want to tune in, or if you want to go back and maybe check out what we did last month on youth vaccines, or earlier this summer about data sharing, all of those are available, as well as our back catalog of COVID 19 bulletins. So great questions. So thank you again, everyone, for joining us, and we look forward to seeing you next time. And please, as always, feel free to send your feedback. There's a link at the bottom of the bulletins to do so. So, thank you.

Speaker 1: That concludes our conference. Thanks for using event services. You may now disconnect.