



## Prioritizing Equitable Access to COVID-19 Vaccines for Children: A Guide for State Advocates

Immunizing children against COVID-19 is an essential component of reducing its spread. As of October 2021, children under age 18 accounted for 24.8% of new COVID-19 cases, an increase in the number of child cases since the onset of the pandemic.<sup>1</sup> The Biden administration recently announced its distribution plan for children ages 5-11 once vaccines are approved for this age group.<sup>2</sup> With 48 million children under age 12 in the United States, well-planned distribution strategies are critical not only to protect the health and wellbeing of children, but also to center community needs and prioritize equity from the outset.<sup>3, 4</sup>

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of children under the age of 18 accounted for new COVID-19 cases, as of October 2021—an increase in the number of child cases since the onset of the pandemic.

State COVID-19 vaccination plans for older children (ages 12 and up) followed similar procedures that were used to distribute vaccines to adults – instead of tailoring these plans specifically to adolescents. As a result, adolescent vaccine uptake remains low (48% of 12-17-year-olds are fully vaccinated, compared to 69% of adults).<sup>5, 6, 7</sup> Although there are signs of increasing vaccination rates in communities of color, there are regions of the country that are still struggling to increase those rates for people who are disproportionately affected by the pandemic.<sup>8, 9</sup> This is primarily due to a lack of focus on equity during initial vaccination efforts.<sup>10</sup> As vaccine availability expands to young children, states must consider new approaches to tailor their vaccine distribution plans to the unique needs of this population. If states simply replicate the same vaccination strategies used for adults and adolescents, those states will be in danger of creating similar vaccination disparities in children.

Data on the health impacts of COVID-19 disaggregated by race and ethnicity are limited for children and adolescents. However, research shows that children of color are more likely to be infected and hospitalized from COVID-19.<sup>11, 12, 13, 14</sup> These findings underscore the importance of equitably inoculating children when vaccines become available. Often times, lower vaccination rates for people of all ages are considered the result of low vaccine confidence, and some officials assume low vaccine confidence is the main barrier for caregivers' vaccinating their children. However, this assumption obscures the more complex realities of the people who are pursuing vaccination and the local organizations that serve them. A lack of vaccination is often due to socioeconomic and structural forces that have perpetuated the disparate impacts on communities, and thus requires solutions that address these long-standing issues.<sup>15</sup>

To achieve equitable distribution of COVID-19 vaccines for children, states must take a critical look at their previous implementation efforts and address missed opportunities to prioritize equity in their process. This paper identifies four vaccine strategies and key actions states can take to center equity in their rollout of COVID-19 vaccines for children and achieve equitable distribution from the start.

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## Strategies to Increase Equity in COVID-19 Vaccine Distribution for Children



### **Strategy 1: Increase physical access by meeting children and caregivers where they are**

One significant lesson learned during the implementation of COVID-19 vaccine distribution is that tailored distribution efforts provided or sponsored by trusted community sources are essential for increasing physical access, vaccine uptake and trust.<sup>16, 17, 18</sup> Distributing vaccines at locations where young people live, access care, attend school and play mitigates major access barriers like transportation, and it increases trust by having community-based organizations and local health departments showing the importance and safety of the vaccine.<sup>19, 20</sup>

States should take these actions to build upon the work they have done and center equity in distribution efforts to children.



#### ***Action: Increase pediatrician and community-based distribution points, and expand hours of availability to ensure equitable vaccine access***

States have already begun to distribute COVID-19 vaccines in areas that adolescents and children frequent, such as physicians' and pediatricians' offices, schools, afterschool programs, summer camps, church groups, block parties and sporting events.<sup>21, 22, 23</sup> As vaccines come online for children ages 5-11, states should consider children's varied social and medical conditions and provide supports for things like home-based vaccination. Local health departments, community-based clinics, daycares and other access points can be leveraged to provide onsite and mobile vaccination clinics to increase accessibility. Additionally, caregivers often need to be present to provide consent for children to be vaccinated, so ensuring these clinics are available during early mornings, late evenings, and weekends will be essential to accommodating variable school and work schedules.

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In cases where providing convenient vaccination clinics may not be feasible, organizations should promote local vaccine events and distribute information regarding COVID-19 to their networks.<sup>24, 25, 26, 27</sup> This will help people who might face vaccination barriers to understand the benefits of vaccination and find convenient vaccination sites.



***Action: Update vaccine operations to ensure plans are ADA accessible and mindful of children who are homebound***

Common tools used during states' initial responses (for example, websites, commercials, telehealth platforms, rideshare programs and mobile clinics) do not always meet accessibility requirements for children with disabilities and those who are homebound.<sup>28, 29, 30, 31, 32</sup> Additionally, the logistical organization of door-to-door programs often fall under the responsibility of local health departments, which vary in their capacity to offer and coordinate mobile services.<sup>33, 34</sup> As vaccination efforts continue, states should vet their current processes to certify that those plans are ADA accessible, as well as mindful of children who are homebound and their caregivers. This is especially important for people of color or those who live in rural communities that have been most affected by the pandemic. States should also provide additional resources to local health departments to increase their capacity to implement mobile services.<sup>35</sup>



***Action: Create a streamlined, simplified grant application and award process to fund community-based organizations and local health departments***

States must streamline their grant and contract processes to get funding out efficiently and effectively. COVID-19 funding made available to community-based organizations and local health departments often includes parameters that pay for only a portion of vaccine delivery and rarely pay the full costs of vaccination efforts. In addition to directly administering vaccines, these organizations must think about the infrastructure needed to sustain distribution efforts, such as their overhead costs and workforce capacity.<sup>36</sup> Organizations must also dedicate staff to apply for these funding opportunities, which often have complex application processes.

Though pushing funding directly to community-based organizations and local health departments is helpful, rigid budgets and application procedures can

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diminish organizational flexibility, capacity, coordination and reach.<sup>37</sup> State funders should therefore vet their process with local organizations to identify areas in need of adjustment and establish simplified grant procedures, which can help prevent unduly burdening these trusted entities. State funders should also encourage national and federal funders to do the same.<sup>38,39</sup>



### **Strategy 2: Provide paid time off for caregivers**

Being able to take time away from work to obtain and recover from a COVID-19 vaccination has been a persistent need throughout the pandemic. Many people note that being unable to take paid time off is a major barrier to vaccinating themselves and their loved ones.<sup>40, 41, 42</sup> Ensuring that caregivers have access to paid time off is essential for increasing children's vaccination rates because they are responsible for their children's medical care, often transport children to their medical appointments, and are the primary caretakers in the event their children become ill.<sup>43, 44, 45, 46</sup> States should consider these responsibilities and build upon traditional paid time off policies to increase children's equitable access to COVID-19 vaccines.



#### ***Action: Increase paid time off for caregivers to get children vaccinated, and encourage the private sector to follow suit***

To ensure more children are able to get vaccinated, states should provide paid time off for employees to so they can address their children's vaccination needs. This time should include coverage for caregivers to attend vaccine appointments with their children and take care of their children if they have recovery needs. By expanding paid time off to cover medical needs for adults and their dependents, states will remove a major barrier for caregivers.<sup>47, 48</sup> Governors should also use their bully pulpit to encourage local businesses to adopt similar policies and provide incentives for employers to offer these benefits.

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### Strategy 3:

#### **Build vaccine confidence through communications tools**

Many caregivers and children themselves have questions about the safety of COVID-19 vaccines. According to a September 2021 poll, only 34% of parents plan to get their 5-11 year old vaccinated “right away.”<sup>49</sup> Common concerns raised include dealing with side effects, distrusting the speed of vaccine development, and having limited information on vaccine safety and long-term health effects for younger populations.<sup>50, 51, 52</sup>

To address these concerns, some states have developed and disseminated informational materials that speak directly about the safety of the vaccine for children; have implemented door-to-door educational campaigns; and have collaborated with sources that resonate with young people, including on social media (TikTok) or on streaming services (Netflix, Hulu).<sup>53, 54, 55</sup> Expanding on these activities can help states deploy strategic communications efforts that not only improve COVID-19 vaccine confidence in communities, but build trust with local leaders and providers as well.



#### **Action: Develop micro-targeted materials to reach specific populations**

Community-based organizations differ in their capacity to develop educational resources. So, states should take an active role in creating clear and concise materials in multiple languages that can be used to in family discussions, peer-to-peer conversations, learning curriculums, clinical settings and community events.<sup>56</sup> This will encourage information-sharing across settings and could lead to an increase in the likelihood of parents getting their children vaccinated.

States should develop resources that not only include content regarding the safety of COVID-19 vaccines for children, but also the importance of vaccinating children to reduce spread to their more vulnerable family members. Educational materials must also address questions caregivers have about where they can go to get the COVID-19 vaccines, how much the vaccine will cost (COVID vaccines are free to the public,<sup>57</sup> but there is still confusion about that fact), and what to do if their child experiences side effects after receiving the shot.

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**Action: Establish communication systems to keep local leaders informed during vaccine operations and to combat misinformation**

States should prioritize developing communication systems to transmit accurate, timely, and consistent information to local leaders, especially those who directly serve children. This includes pediatricians, school personnel, childcare workers and other child-service providers. Trusted community providers are uniquely able to immediately address concerns and increase vaccine confidence, as caregivers often consult these professionals to answer questions.<sup>58</sup> In fact, more than half of caregivers stated that they trust their primary care physician or their child’s pediatrician to provide accurate information on the vaccines.<sup>59,60</sup>

States should incorporate methods in their communication plans to share information with trusted local leaders ahead of major vaccine updates to help combat misinformation in communities. States can also reduce communication delays by prioritizing plans for rural and other hard-to-reach communities, as well as by creating materials to reach people who differ in the primary language spoken, who face visual and physical barriers, and who lack access to reliable internet.<sup>61</sup>



**Strategy 4:  
Refocus vaccine distribution efforts in communities by using data to identify vulnerable populations**

After realizing the limitations of prioritizing vaccines for adults based solely on risk factors such as age and occupation, some states have opted to invest in data collection to identify communities in need based on their social vulnerability. States have evaluated communities by using the CDC’s Social Vulnerability Index, the Department of Health and Human Services’ Minority Health Social Vulnerability Index, or other pertinent data. They then use these data to establish which neighborhoods have experienced high infection rates, low vaccination rates, and negative economic impacts due to the

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pandemic.<sup>62, 63</sup> Refocusing vaccine distribution efforts using such data has resulted in greater success at addressing the vaccination needs of communities of color or people who live in rural areas.<sup>64</sup> By strengthening their demographic data collection, states can establish more equitable distribution plans for children from the start.



***Action: Expand data collection to identify and address vaccine disparities in children***

Preliminary data suggest that disparities in vaccination rates among young people mirror the disparities observed in the broader population: As with adults, children of color experience lower vaccination rates compared to their share of the total population. Given these findings, maintaining and expanding the collection of demographic information during vaccine efforts is crucial.<sup>65, 66.</sup>  
<sup>67</sup> Currently, 44 states report COVID-19 vaccination doses administered by age, 40 states report by gender and 47 states report by race.<sup>68, 69, 70</sup>

States should actively expand their data collection efforts to capture vaccine rates by race and ethnicity, gender, sexual orientation, disability status and geography. Requiring pediatricians, schools, and other child-serving organizations to gather this information during vaccine appointments would not only help states obtain disaggregated data, but it would also allow states to develop a more informed approach to reaching the right caregivers and their children.

## Conclusion

Ensuring equitable vaccine distribution for children is essential to both protect the health and wellbeing of children and to reduce the spread of the coronavirus. States should leverage the lessons they've learned during previous COVID-19 vaccination efforts and expand upon them to ensure that the inequities seen at the beginning of 2021 do not affect campaigns to vaccinate children. This is especially crucial as we see variants of the coronavirus infecting people who are unvaccinated at alarming rates.<sup>71, 72, 73, 74</sup>

When states develop targeted vaccine distribution strategies, they must take into account longstanding racial and economic inequities and how responses to the pandemic exacerbated those inequities. By learning from previous distribution efforts and developing solutions that address short-term and long-standing structural barriers to equitable care, states have an immense opportunity to design successful strategies that center equity and begin to build a more just health care system for the future.



## Endnotes

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