



***Ensuring COVID-19 Vaccine Access, Safety,
and Utilization:
Building Vaccination Confidence in
Communities of Color***

October 21, 2020

1:00 PM – 2:30 PM Eastern



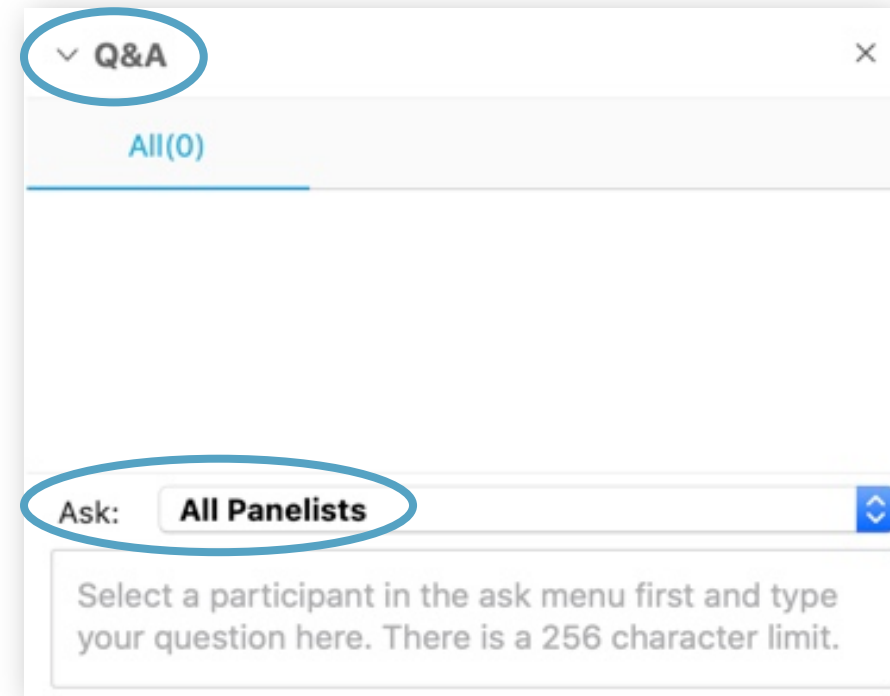
Audio

Audio is through your computer speakers or headphones.



Q&A Feature

1. At the bottom of your screen, click to open the Q&A panel
2. Type your question in the **Q&A box**
3. Select **Ask: All Panelists**
4. Hit **Enter**

A screenshot of the Q&A panel interface. The panel has a title bar with a dropdown arrow and the text 'Q&A', and a close button 'X'. Below the title bar, the text 'All(0)' is displayed. The main area is empty. At the bottom, there is a section labeled 'Ask:' followed by a dropdown menu showing 'All Panelists'. Below this, a text box contains the instruction: 'Select a participant in the ask menu first and type your question here. There is a 256 character limit.' The 'Q&A' title and the 'All Panelists' dropdown are circled in blue.

Moderator



J. Nadine Gracia, MD, MSCE

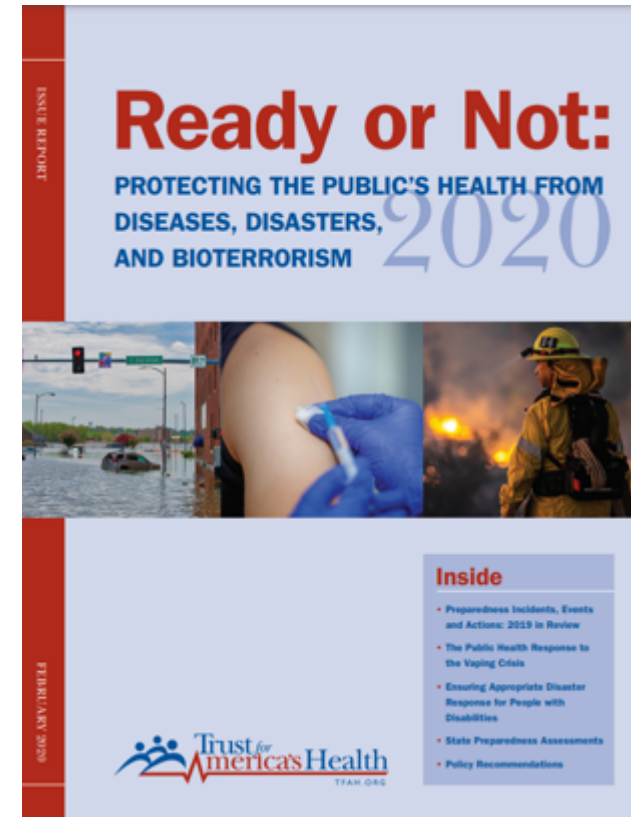
Executive Vice President
and Chief Operating Officer
Trust for America's Health

tfah.org

Trust For America's Health

Nonprofit, nonpartisan public health policy, research, and advocacy organization

- Evidence-based policies to advance a 21st century public health system
- Promote optimal health for every person and community where prevention and health equity are foundational to policymaking at all levels of society



COVID-19 Webinars and Briefings

Segment 1: *Combatting COVID-19: Why Paid Sick Leave Matters to Controlling its Spread*

Segment 2: *Protecting Older Adults from the Harms of Social Isolation and Providing a Continuum of Care During COVID-19*

Segment 3: *Mental Health and COVID-19: How the Pandemic Complicates Current Gaps in Care*

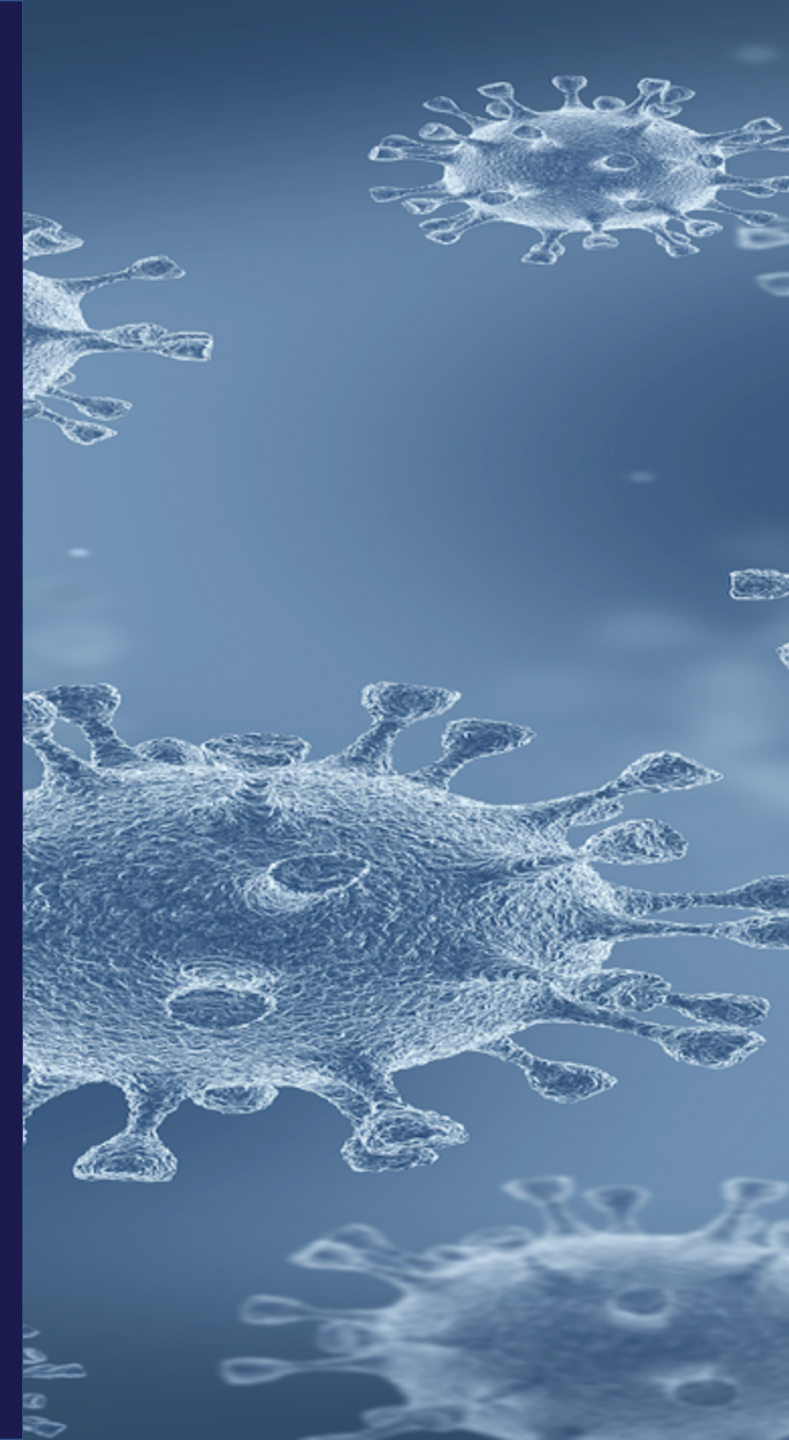
Segment 4: *COVID-19 and the Impact on Communities of Color: Our Nation's Inequities Exposed*

Segment 5: *Ensuring Health Equity During COVID-19: Addressing Housing and Homelessness*

Congressional Briefing: *Ending the Triple Pandemic: Advancing Racial Equity by Promoting Health, Economic Opportunity and Criminal Justice Reform*



<https://www.tfah.org/story/previous-recordings/>



Examples of TFAH's COVID-19 Response Efforts: Advocacy

- Emergency funding to states and localities for the public health response
- Accurate and disaggregated data to identify populations at elevated risk
- Direct federal resources to communities disproportionately impacted
- Ensure funding and planning for equitable and efficient vaccination effort
- Long-term, increased, and sustained investment in public health infrastructure and public health approaches to advance equity and address the social determinants of health



[TFAH Portal of COVID-19 Resources](#)



Blueprint for the 2021 Administration and Congress

- **Priority 1:** Invest in a more effective public health system
- **Priority 2:** Combat racism and advance health equity
- **Priority 3:** Address the social determinants of health
- **Priority 4:** Address threats to the nation's health security
- **Priority 5:** Improve health, safety, and well-being for all people across the life span



Welcome to Our Panelist



**Wayne A. I. Frederick, MD,
MBA, FACS**
President
Howard University



Julie Morita, MD
Executive Vice President
Robert Wood Johnson
Foundation



Michelle Cantu, MPH
Director for Infectious
Disease and Immunization
National Association of
County and City Health
Officials






Wayne A. I. Frederick, MD, MBA, FACS

President

Howard University

howard.edu



UNDERSTANDING AND REPAIRING MISTRUST OF THE MEDICAL ESTABLISHMENT AMONG THE BLACK COMMUNITY

October 21, 2020

Presented By:
Wayne A. I. Frederick, M.D., MBA
President



HOWARD FORWARD **2019 - 2024**

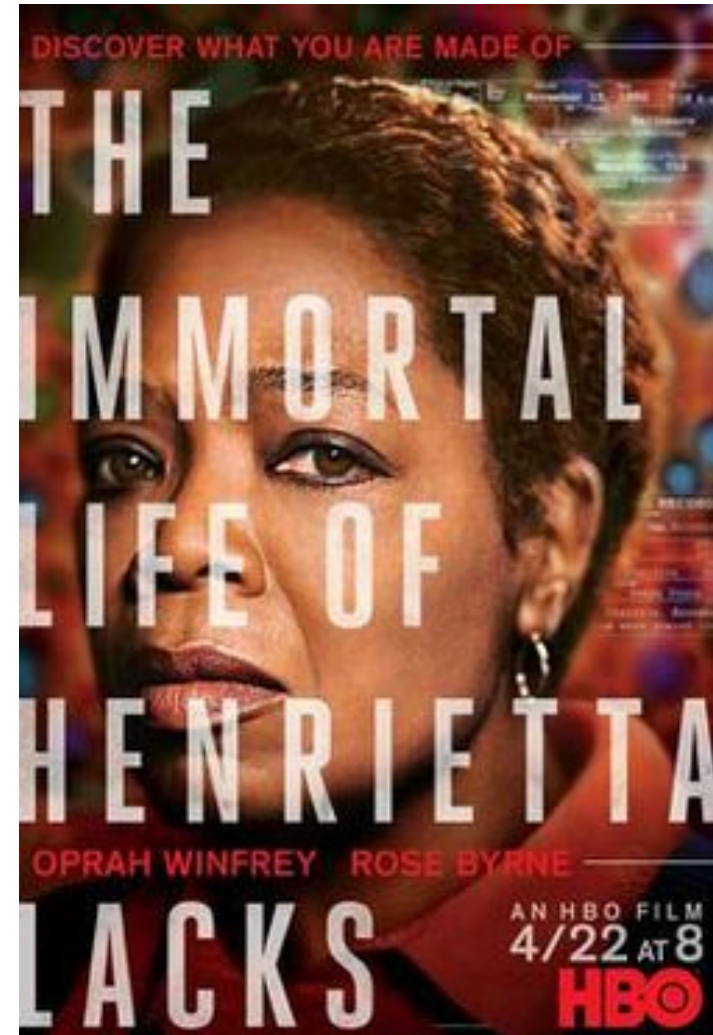
A Note of Optimism

We understand the problems our country is facing, and we can work to resolve them.



HOWARD FORWARD 2019 - 2024

The Tuskegee Experiments and Henrietta Lacks



HOWARD FORWARD 2019 - 2024

A Lack of Diversity in Vaccine Trials

- Moderna's COVID-19 vaccine trial only had 26 percent participation from communities of color, including Black or African-American, Latinx, American Indian and Alaskan Native
 - Those groups make up 32% of the population
- In clinical trials overall, African-American participation hovers around 5 percent
 - We make up 13 percent of the U.S. population



Partnerships with HBCUs for COVID testing and Vaccine Trials





Julie Morita, MD

Executive Vice President

Robert Wood Johnson Foundation

rwjf.org

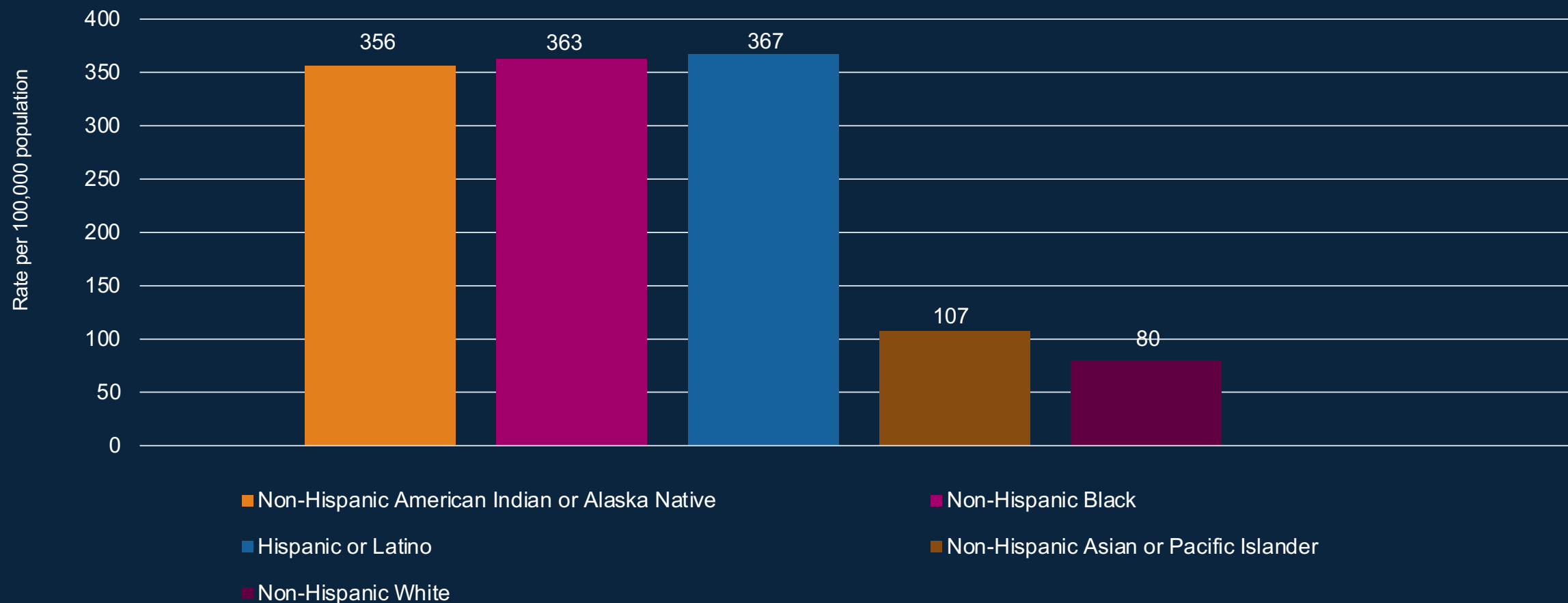
Trust for America's Health

Ensuring COVID-19 Vaccine Access, Safety, and Utilization: Building Vaccination Confidence in Communities of Color

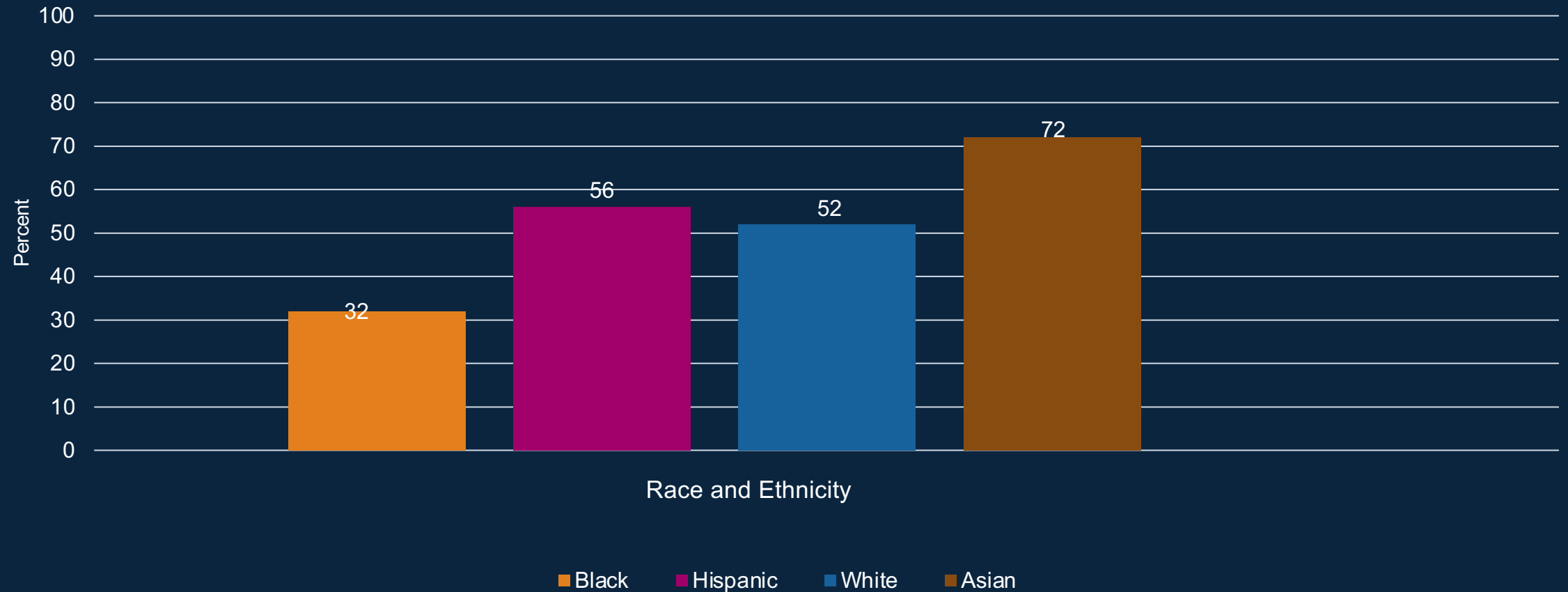
Julie Morita, M.D.
Executive Vice President



COVID-19 hospitalization rates by race and ethnicity US, March – July, 2020



Percent of US adults who would definitely/probably get a COVID-19 vaccine by race, September, 2020



Health Equity Principles for State and Local Leaders in Responding to, Reopening, and Recovering from COVID-19



Robert Wood Johnson
Foundation

"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

What Is Health Equity? And What Difference Does a Definition Make?

Robert Wood Johnson Foundation, 2017

Health Equity Principles

1. Collect, analyze and report disaggregated data.
2. Include those who are most affected in decisions, and benchmark progress based on their outcomes.
3. Establish and empower teams dedicated to racial equity.
4. Proactively fill policy gaps while advocating for more federal support.
5. Invest in public health, health care and social infrastructure.

safe places to isolate downstream consequences and insecurity. Geographic interplay between place point for more than half of [residents](#) generally fare worse are proliferating, but [11](#) reporting by gender; and (including homes, jails). Only states and cities can do more, through funding and

What progress based on

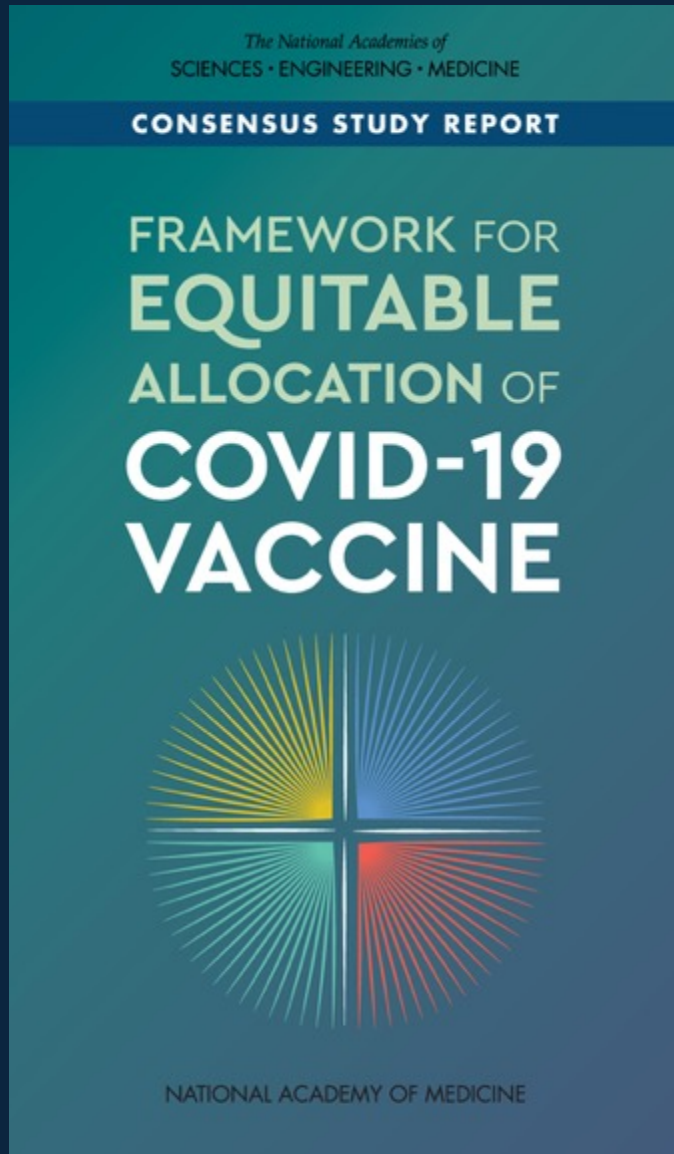
when every person, fully secure. Throughout we making sure and treatment, stable ways for residents—shape the government's

se communities community-based services, lift up culturally and linguistically possible locations for [tracers](#), who will be unities. They could who are infected are, and acceptable community health and workers' rights and measure the aggregate economic analyzed.

Are we making sure that people facing the greatest risks have access to PPE, testing and treatment, stable housing, and a way to support their families?

State and local leaders must ensure that critical health and social supports are distributed fairly, proportionate to need, and free of undue restrictions to meet the needs of all groups, including black, Latino, Asian, and Indigenous communities.

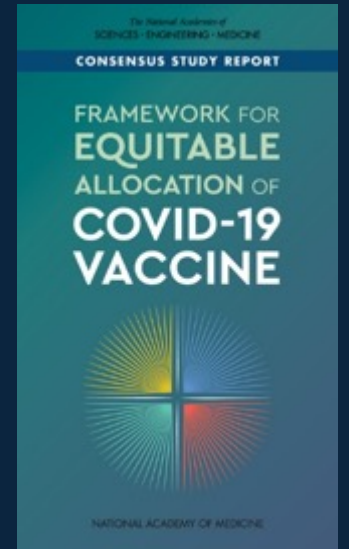
Everyone in this country should have paid sick and family leave ... comprehensive health insurance ... and jobs and social supports that enable families to meet their basic needs and invest in the future.



- NIH and CDC asked the National Academies of Sciences, Engineering and Medicine to convene experts to inform federal guidance about vaccine allocation
- Goal: Reduce severe morbidity and mortality and negative societal impact due to COVID-19
- Developed evidence-based recommendations

Recommendations for Public Health Agencies

1. Adopt the committee's framework for equitable allocation of vaccine
2. Leverage and expand the use of existing systems, structures and partnerships
3. Provide and administer vaccine at no cost to those being vaccinated
4. Create and fund a vaccine risk communication and community engagement program
5. Develop and launch a vaccine promotion campaign
6. Build an evidence base for strategies for vaccine promotion and acceptance
7. Support equitable allocation of COVID-19 vaccine globally



Federal Coordination of H1N1 Vaccine Distribution



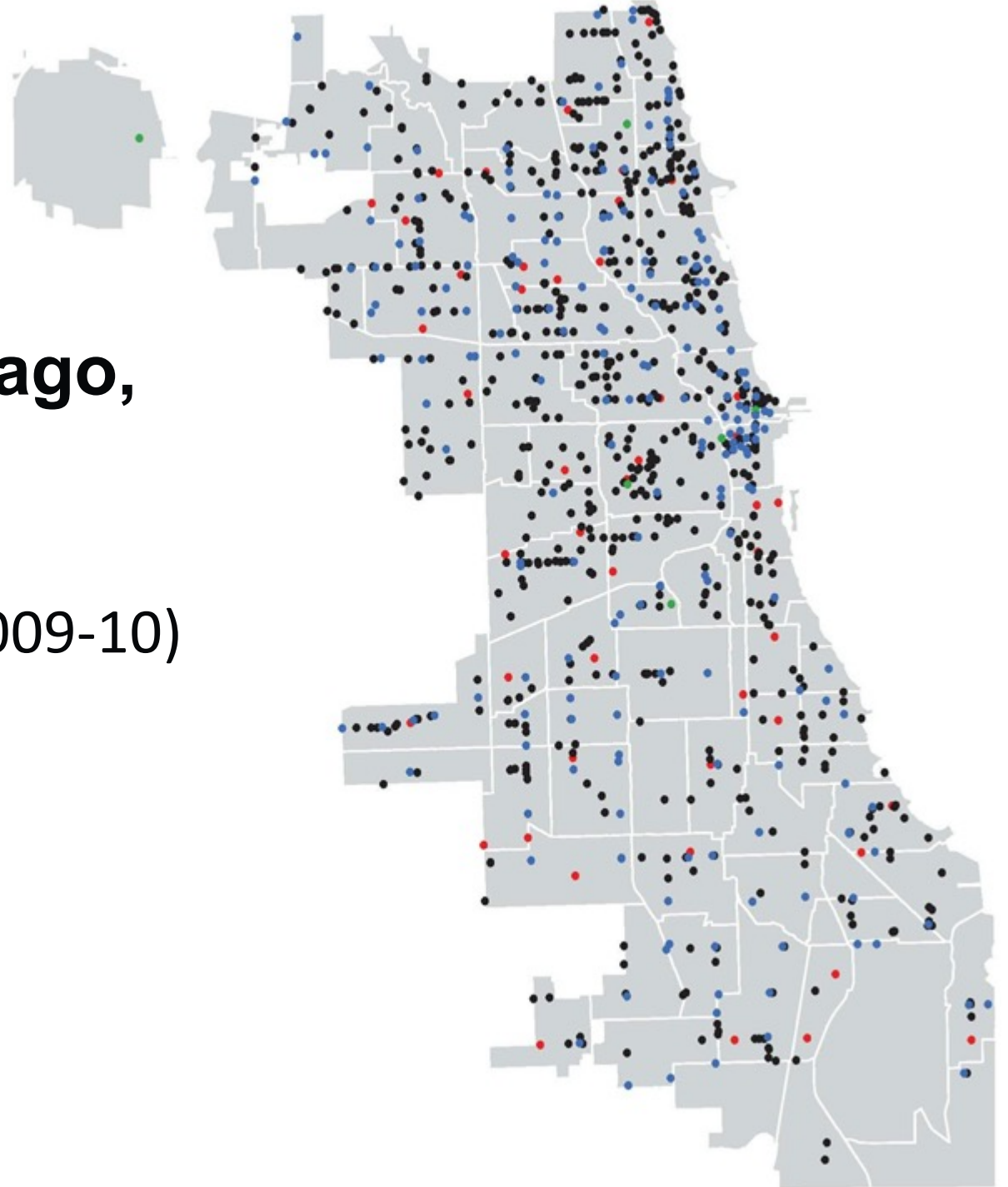
Existing Immunization Infrastructure

Vaccines for children and Section 317 Program



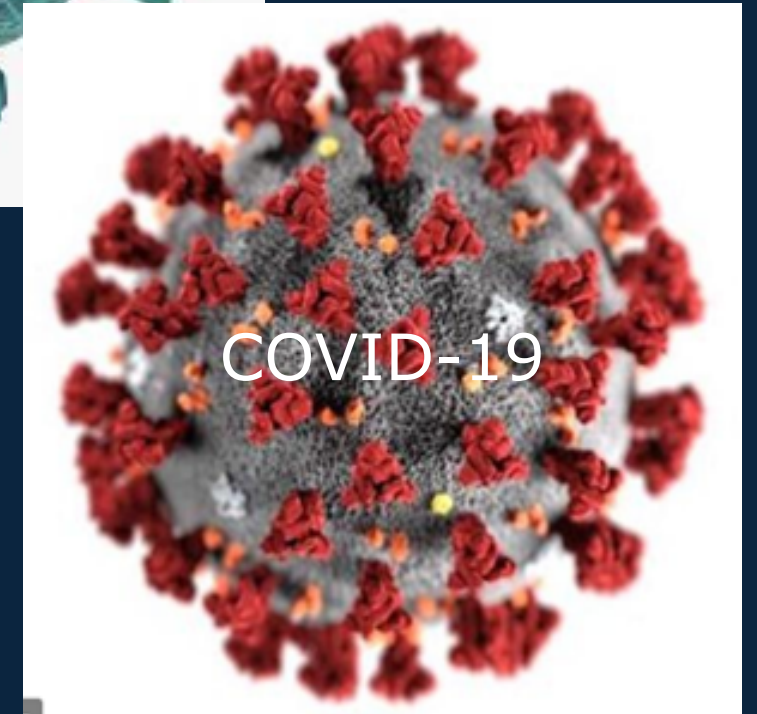
H1N1 Vaccine Sites, Chicago, 2009-2010

- Healthcare facility
- CDPH Vaccination Clinic (2009-10)
- Retail Pharmacy
- Other



Let us learn from the past to
profit by the present, and
from the present, to live
better in the future.

William Wordsworth



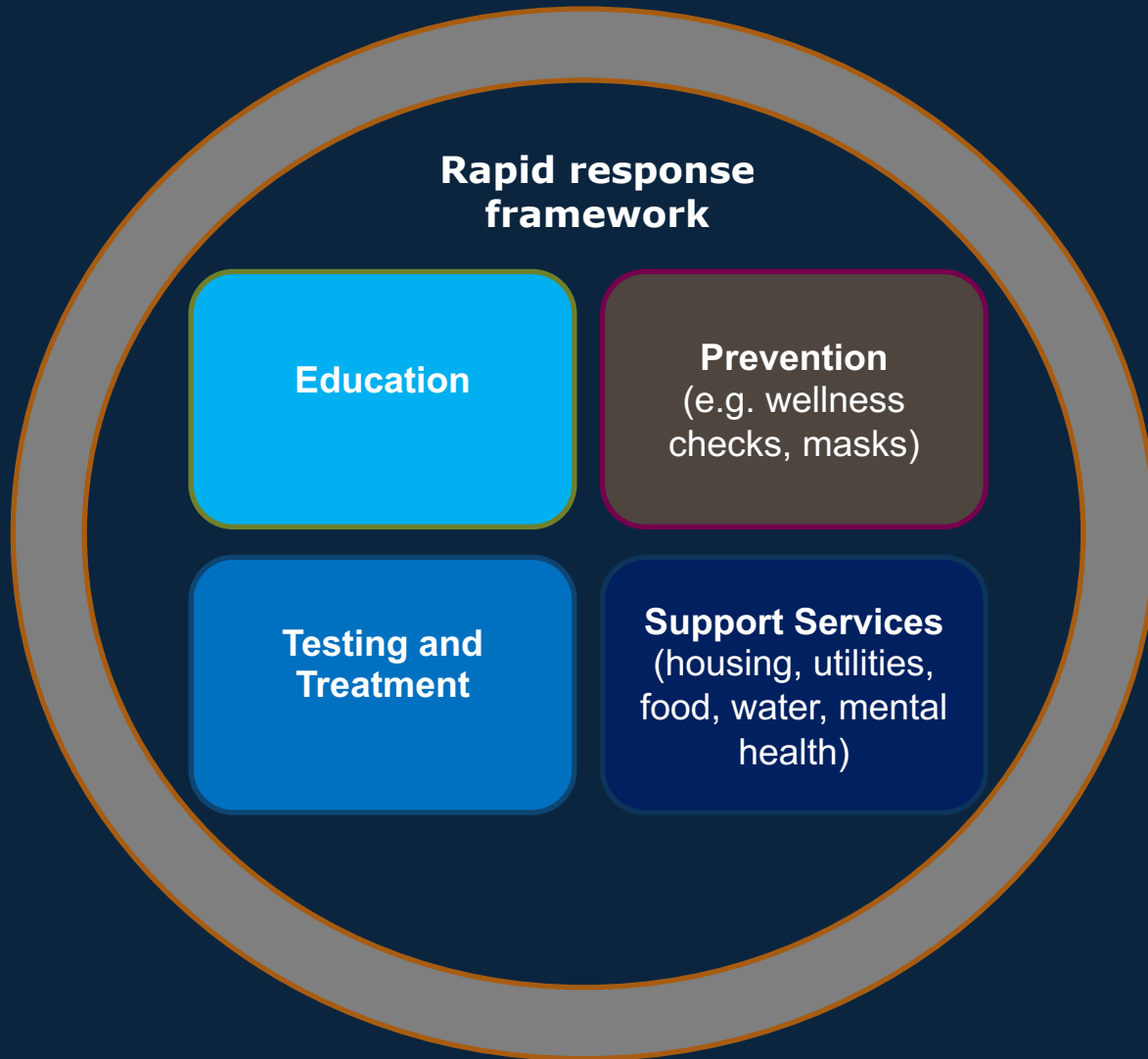


HEALTHY CHICAGO 2.0

COMMUNITY HEALTH ASSESSMENT:
INFORMING EFFORTS TO ACHIEVE HEALTH EQUITY
2016-2020



Chicago's Racial Equity Rapid Response

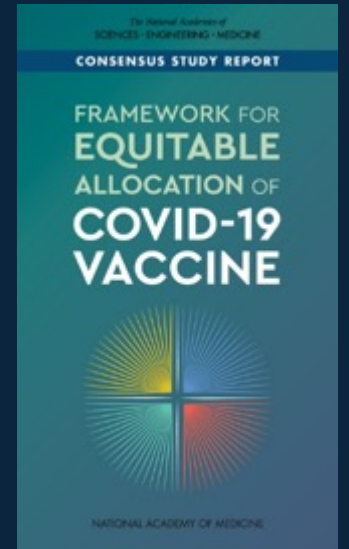


Key Enablers*

- Contextual, community-specific communication
- Mobilization of community-level organizers and leadership
- Data-driven investigative work

Recommendations for Public Health Agencies

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Communications Resources

For Public Health Professionals

The Public Health Communications Collaborative (PHCC) was formed in 2020 to coordinate and amplify public health messaging on COVID-19 and increase Americans' confidence in guidance from the Centers for Disease Control and Prevention (CDC) and state and local public health officials.

[See more information, including partners »](#)



Earning Trust

- **Communicate clearly, consistently, and transparently**
- **Engage communities of color to find solutions**
 - What are their concerns?
 - What messages and information will address their concerns?
 - Who are the appropriate messengers?

Resources for Action

ISSUE BRIEF

Health Equity Principles for State and Local Leaders in Responding to, Reopening, and Recovering from COVID-19




Robert Wood Johnson Foundation

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The National Academies of
SCIENCES • ENGINEERING • MEDICINE

CONSENSUS STUDY REPORT

FRAMEWORK FOR EQUITABLE ALLOCATION OF COVID-19 VACCINE



NATIONAL ACADEMY OF MEDICINE

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Communications Resources For Public Health Professionals

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[See more information, including partners »](#)





Michelle Cantu, MPH

**Director for Infectious Disease and Immunization
National Association of County and City Health
Officials**

naccho.org

COVID-19 Vaccine Access, Safety, and Utilization: Building Vaccine Confidence in Communities of Color













October 21, 2020

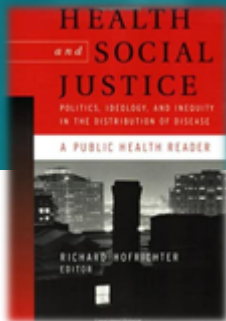
Michelle Cantu, MPH
Director, Infectious Disease and Immunization



About NACCHO

NACCHO is comprised of nearly **3,000 local health departments** across the United States. Our mission is to serve as a **leader**, **partner**, **catalyst**, and **voice** with local health departments.

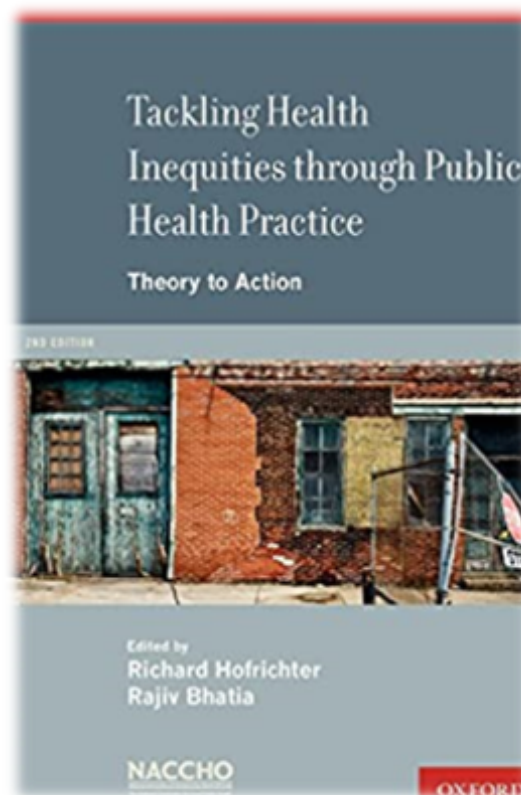
-   Advocacy
-   Partnerships
-   Funding
-   Training and education
-   Networking
-   Resources, tools, and technical assistance



NACCHO
National Association of County & City Health Officials



Maternal Child Health
Capacity for Zika Response



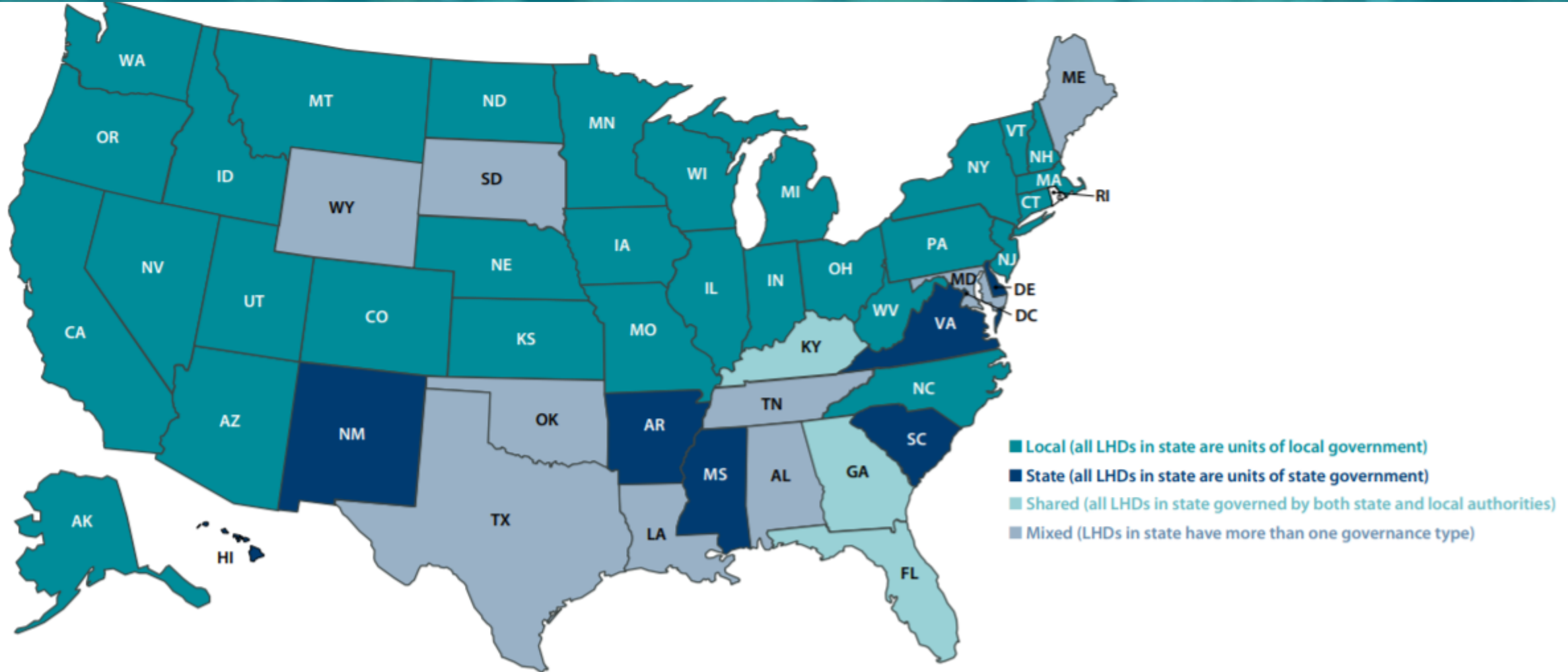
25 Year
History of
HESJ Work





The Important Role of Local Health Department Immunization Programs

Jurisdiction and Governance

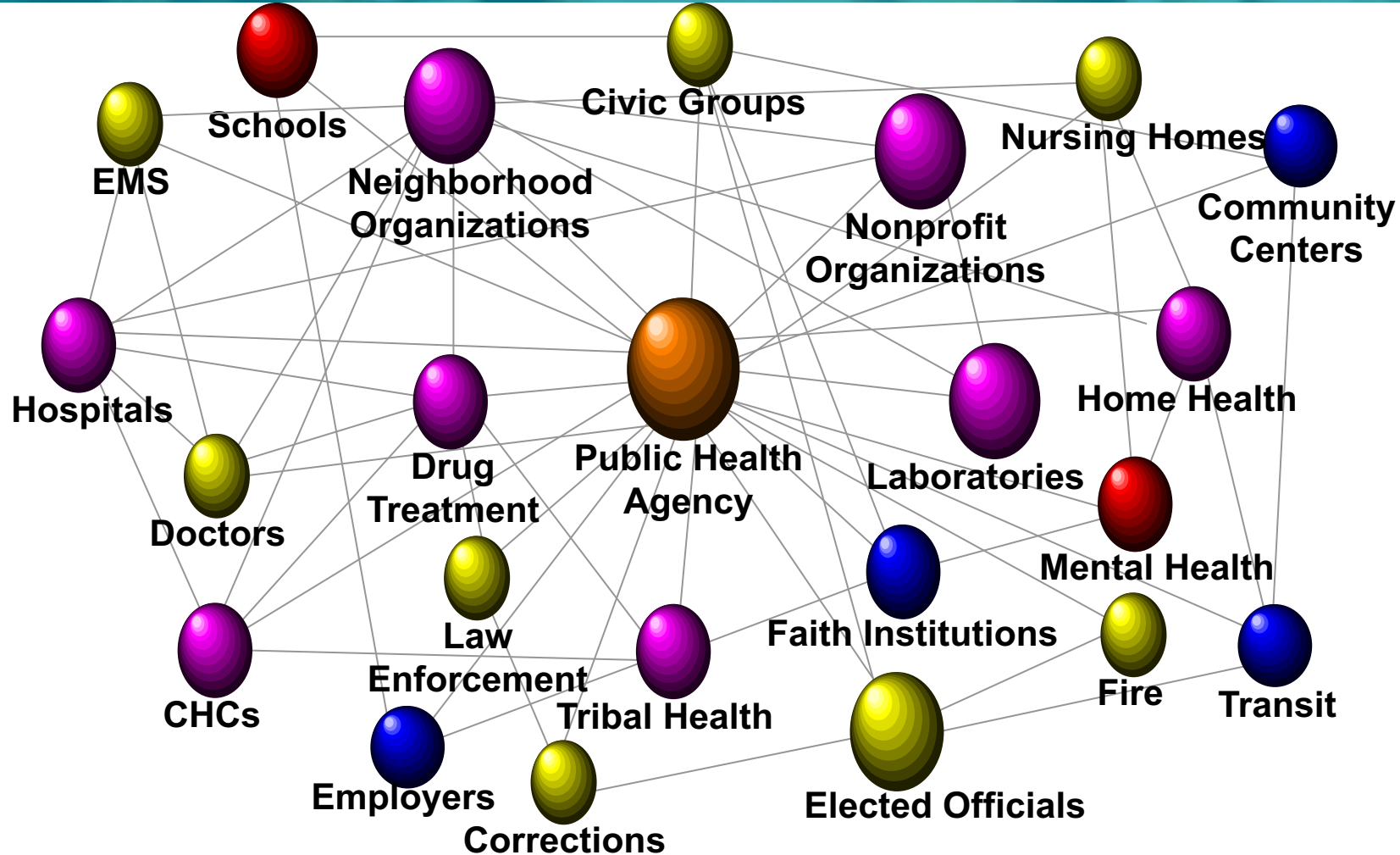


RI was excluded from the study

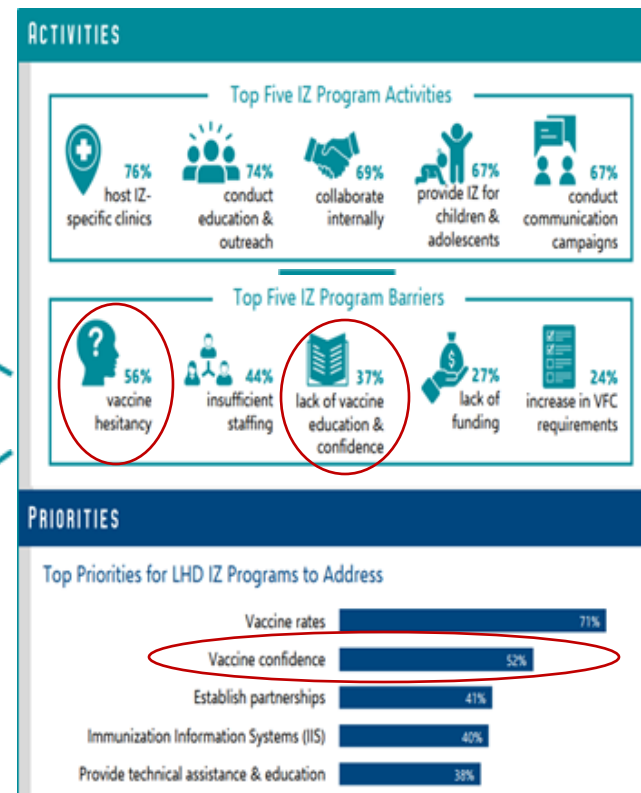
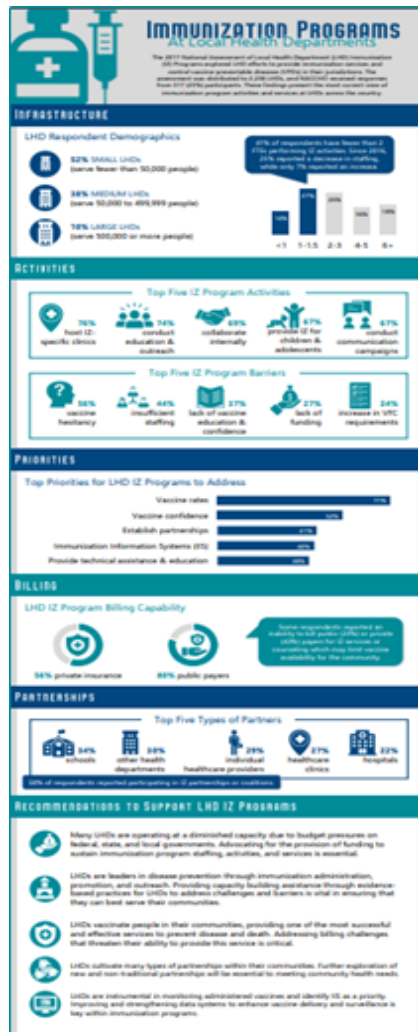
N=2,459

Source: 2019 National Profile of Local Health Departments. Retrieved September 23, 2020. [https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-](https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Information/NACCHO_2019_Profile_of_Local_Health_Departments.pdf)

Public Health System



2017 Assessment of LHD Immunization Programs



Vaccine hesitancy and lack of confidence in vaccines are significant barriers and priorities for LHD IZ programs to address.

Increasing Vaccine Confidence and Addressing Vaccine Hesitancy



Vaccinate with Confidence
Protect communities. Empower families. Stop myths.

Child vaccination coverage remains high nationally, and most parents are confident in the safety and effectiveness of vaccines. However, the spread of myths and misinformation has put some communities at risk. When misleading information circulates, vaccination coverage can fall and increase the risk for outbreaks of vaccine-preventable diseases.

A New Approach
Vaccinate with Confidence is CDC's strategic framework to strengthen vaccine confidence and prevent outbreaks of vaccine-preventable diseases in the United States. Vaccinate with Confidence will strengthen public trust in vaccines by advancing three key priorities:

- Protect Communities**
Vaccination rates remain strong nationally, but pockets of under-vaccination persist in some locations, putting communities at risk for outbreaks. CDC will support states, cities, and counties to find these communities and take steps to protect them.
- Empower Families**
Trust in vaccines is not built through a top-down approach, but through millions of conversations between parents, doctors, nurses, pharmacists, and community members. CDC will expand resources for health care professionals to support effective vaccine conversations.
- Stop Myths**
To stop misinformation from eroding public trust in vaccines, CDC will work with local partners and trusted messengers to improve confidence in vaccines among at-risk groups; establish partnerships to contain the spread of misinformation; and reach critical stakeholders to provide clear information about vaccination and the critical role it plays in protecting the public.

Confidence combines CDC's existing work with new partnerships, and activities to protect communities at risk in public trust in the life-saving protection of vaccines.

How We Get There

- Protect Communities**
CDC is supporting partners to find and protect communities at risk.
New Investments and Partnerships
Leverage CDC's Immunization and Vaccines for Children cooperative agreement to support efforts to find and respond to pockets of low vaccine coverage.
Use immunization information system data to pinpoint areas of low vaccination coverage.
Build immunization program capacity and leadership to effectively respond to outbreaks.
- Empower Families**
CDC is working with key partners to strengthen parent-provider conversations about vaccines.
New Investments and Partnerships
• Start vaccine conversations earlier, with parents of very young infants and pregnant women.
• Reduce hesitancy and improve vaccine access at the nation's community health centers.
• Develop a provider toolkit to address parents' vaccine questions during outbreaks.
- Stop Myths**
CDC is engaging local messengers and partners to contain the spread of misinformation and ensure key stakeholders have critical information about vaccines.
New Investments and Partnerships
• Work with social media companies to promote trustworthy vaccine information.
• Provide accurate, accessible information on vaccines to state policy makers.
• Engage state and local health officials to advance effective local responses to misinformation.
- Priorities for 2020 and Beyond**
CDC will prioritize the activities below to ensure that every community is protected:
• Leverage diverse data sources to find and protect communities at risk.
• Expand resources for working with local communities.
• Build and foster a culture of communication in health care practices.
• Continually improve communication strategies.
• Further invest in and collaborate with our vital partners.



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IMMUNIZATION OPPORTUNITY

RFA: Equipping Local Health Departments to Address Vaccine Hesitancy

Oct 05, 2020 | Kimberly Shupe Scott

NACCHO, with support from the Centers for Disease Control and Prevention (CDC), is pleased to provide funding for the **Equipping Local Health Departments to Address Vaccine Hesitancy** project.

The goal of this project is to provide LHDs with the resources to address vaccine hesitancy in at-risk populations or un/under-vaccinated communities. This will include placing one consultant staff in the LHD dedicated to addressing vaccine hesitancy and misinformation, building partnerships with other local organizations, and identifying areas of need to improve vaccine confidence.

Expectations

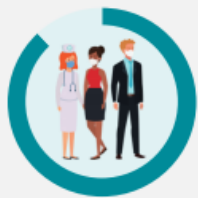
The selected LHD host sites will be expected to undertake the following activities with completion by July 31, 2021:

- Serve as a host site and partner with NACCHO to on-board one consultant staff member specifically hired to initiate/continue LHD activities to promote vaccine confidence and contain vaccine misinformation within the local jurisdiction.
- Upon notice of selection, submit a Letter of Commitment to NACCHO agreeing to complete the project activities and deliverables specified in the application.
- Identify a LHD staff person to whom the one consultant staff member will directly report.
- Plan, organize, direct, and coordinate the consultant staff member's activities and assignments including, but not limited to, those stated below:
 - Implement LHD efforts to identify at-risk communities, better understand barriers to increasing vaccine confidence, and conduct communication campaigns aimed at combating vaccine misinformation.

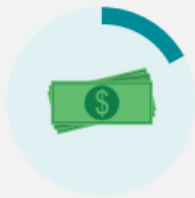
- Released RFA: October 5, 2020
- RFA Closes: October 26, 2020
- Project goal: to provide LHDs with the resources to address vaccine hesitancy in at-risk populations or un/under-vaccinated communities.
- This will include providing one additional staff in the LHD dedicated to addressing vaccine hesitancy and misinformation, building partnerships with other local organizations, and identifying areas of need to improve vaccine confidence.

The Impact of COVID-19 on LHD Immunization Programs

LHDs Redirect Resources to Respond to COVID-19



88%
reassigned IZ staff
to focus on COVID
response efforts



17%
redirected IZ funding
to support COVID
response activities

LHDs Adapt with Innovative Service Delivery Strategies

Local IZ programs that have remained open during the pandemic adopted alternative service delivery strategies including:



online and
telehealth services



adjusted appointments
and clinic schedules



home visiting
services



drive-thru
vaccination clinics

LHD IZ Activities are Impacted by COVID-19 Response

89% indicated routine IZ
activities have been impacted

Activities Most Impacted:



Immunizations (83%)



Education, outreach, training,
or partnership activities (68%)



Vaccines for Children (VFC)
services (60%)

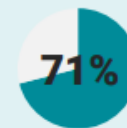


School assessments/audits (32%)

62% experienced a decline in IZ
coverage rates in their jurisdiction



Our office has had to close to the
public, making us unable to provide
IZ services to those in need.




are prepared to give
COVID vaccines, but
**they will need
resources** to do so


Local Health Department Examples


Guidelines for Expanding Immunization Delivery During COVID-19

OCTOBER 2020



Metro Denver Partnership for Health




Informing Policy. Advancing Health.

Innovative Ways to Maintain Immunization Coverage during a Pandemic

Jul 28, 2020 | Amy Friedman

To close the workshop year, NACCHO's Immunization Workgroup reflected on the priorities, activities, and emerging issues that occurred from August 2019 to July 2020. This year, due to the COVID-19 pandemic, many LHD immunization program's activities and services had to be paused or altered to focus on pandemic activities. Because of this unique time, this story from the field highlights innovative ways some of the workgroup members have worked to maintain immunization coverage in their communities during the pandemic.

The Challenge

On March 15, the President of the United States declared the COVID-19 pandemic a national emergency, leading most states to issue stay-at-home orders and social distancing requirements. As a result, many essential public health services, including immunization, were impacted.

In May, the CDC released a Mobility and



Protecting Grizzly Youth Academy Students from Flu & More

San Luis Obispo County Public Health Department (CA)

By Christine Gaiger, PHN, Supervising Public Health Nurse, Communicable Disease Manager

The Challenge

In 2009, San Luis Obispo County's first cluster of H1N1 cases occurred at the Grizzly Youth Academy, a military-style public high school, run in partnership by the California National Guard and the Grizzly Challenge Charter School. Grizzly Youth Academy is a public high school for students who have dropped out or are at risk of dropping out from traditional high schools across Central California. It's located at a National Guard camp outside San Luis Obispo city.

Two cohorts of students, ranging in age from 16 to 18 years, complete the academy each year. While many students have health coverage through Medi-Cal, some have had limited access to healthcare prior to their arrival. Logistics also make it difficult for the Academy to transport students to pharmacies or health clinics in town for vaccines or services such as tuberculosis (TB) tests. Students live in dormitories at the Academy, increasing the potential for illnesses like influenza to spread quickly.

The Solution

Following the cluster of H1N1 cases at the Academy in 2009, the Public Health Department and the Grizzly Youth Academy developed an ongoing relationship to support student health and prevent outbreaks of illness. Each year, Public Health Department nurses either visit the Academy to administer flu shots to students or provide vaccines that can be administered by staff at an on-site clinic. When San Luis Obispo County experienced a pertussis outbreak in 2010, the Public Health Department visited the Academy to provide Tdap vaccines. In time, the Department and the Academy naturally found more ways to collaborate. For example, when students had community volunteer opportunities that required a TB test, the Public Health Department worked with the Academy to test and read tests for all the students at once. When the Department's emergency preparedness team had an opportunity to participate in a statewide exercise related to anthrax response, the Grizzly Youth Academy took part in the drill and engaged students in emergency preparedness.

Schools Who Are Wise Immunize: Curbing Flu with School-Based Flu Clinics

Putnam County Department of Health (Brewster, NY)

By Kathleen L. Peracchio BSN, RN, Supervising Public Health Nurse

The Challenge

The entire population of a community can suffer the impact of a bad flu season. Influenza can result in lost work time, lost school time, and an increase in the overall burden on our healthcare system. Plus, influenza can lead to secondary infections such as pneumonia, increased risk of hospitalization, and even death.

Schools present the perfect environment for a life-size petri dish because kids share everything - their snacks, their coughs, their tissues, and their germs. Schools are in session for 180 days, approximately 36 weeks (5 days per week), and more than twenty of those weeks are during flu season! According to Dr. Ann Schuchat of the CDC, "Studies have shown that healthy children bear a significant burden

school in the county. There are over 16,000 school-aged children in Putnam County. The Putnam County Legislature provides the program funding.

We developed an action plan in partnership with each school district. Participation was sought prior to program implementation through education of the school administration, meetings with school supervisors and school nurses, Boards of Education, and Parent/Teacher Organizations (PTOs). Older students are invited, when available, to assist at clinics to increase their knowledge about flu prevention and help allay the fears of the younger students. This also helps students to fulfill their community service requirement. At the beginning of this program, information and consent forms were sent home with students via backpack. We worked closely with the schools to secure dates by the end of the previous school year and clinic dates are now posted on the school calendar. Consent forms and vaccine information statement (VIS) fact sheets are posted on the school websites.

This program allows PCDOH to repeatedly test and evaluate our ability to immunize school-aged



The Results

Our collaborative partnership serves approximately 150-200 students per cohort. With two cohorts per year, we've been able to reach 300-400 students annually, providing health education and services to a population whose health access is otherwise limited. Through our activities, the department has developed an ongoing relationship with the Grizzly Youth Academy to continue supporting students in staying healthy from flu (and much more) during a critical time in their growth and development.

The Lessons Learned

- Explore various partnership opportunities, including non-traditional partners. This collaboration developed naturally out of mutual interests and goals: both the Public Health Department and the Grizzly Youth Academy want to support students' health and prevent infectious disease.
- Partnerships should be motivating and practical. The Public Health Department works to make it practical and efficient for the Grizzly Youth Academy to provide vaccines and other supports as needed for students. The Health Department has been adaptable in recognizing the logistical constraints the Academy faces.

Policy Recommendations

- Increased programmatic funding and support
- Increased workforce and investment in workforce capacity
- Investment in infrastructure systems to ensure sustainability
- Ensuring people with lived experience are part of the process
- Strong policies where authority of public health is preserved

Vaccine Related Bills

- H.R.2862 - VACCINES Act of 2019
 - To amend the Public Health Service Act to provide for a national system for surveillance of vaccine rates, to authorize research on vaccine hesitancy, to increase public understanding of the benefits of immunizations, and for other purposes.
- S.1872 - Protecting Seniors Through Immunization Act of 2019
 - To amend title XVIII of the Social Security Act to provide information regarding vaccines for seniors as part of the Medicare & You handbook and to ensure that the treatment of cost sharing for vaccines under Medicare part D is consistent with the treatment of vaccines under Medicare part B, and for other purposes.
- H.R.8061 - Community Immunity During COVID-19 Act of 2020
 - To amend the Public Health Service Act to direct the Secretary of Health and Human Services to make grants to covered health departments to increase the rate of recommended immunizations, and for other purposes.

National Status on Public Health

COVID relief packages that have passed:

- **Phase 1** –

Coronavirus Preparedness and Response Supplemental Appropriations Act: Total \$8.3 billion

- **Phase 2** – Families First Coronavirus Response Act: Total \$183 billion

- **Phase 3** – CARES Act: Total \$2.2 trillion

- **Phase 3.5** – Paycheck Protection and Health Care Enhancement Act: Total \$484 billion



Health & Economic Recovery Omnibus Emergency Solutions Act

COVID-19 Related Bills

- H.R. 6800 The Heroes Act
- Health, Economic Assistance, Liability Protection, and School Act (HEALS ACT)
- Delivering Immediate Relief to America's Families, Schools and Small Businesses Act
-



NACCHO Requests Designated Funding in the Next COVID Relief Package



Provide \$8.4 billion for COVID-19 distribution plus \$500 million for seasonal influenza campaign operations to support the following:

- \$3 billion for workforce recruitment and training for state and local health departments.
- \$1 billion for state and local vaccination infrastructure improvements.
- \$500 million for Immunization Information Systems (IIS) data modernization.
- \$700 million for reporting on vaccine coverage, effectiveness, safety, and evaluation.
- \$1.2 billion for cold supply chain management which includes transportation, storage, equipment, and training for staff.
- \$500 million for Emergency Use Authorization regulation and oversight.
- \$500 million for outreach to priority populations, communications, and educational efforts to increase vaccine confidence and combat misinformation.
- \$1 billion for standing up additional vaccination sites.

NACCHO Requests for the Next COVID Relief Package



Broader needs of Local Health Departments to continue with this response and be strengthened more broadly for future immunization and crisis work:

- Enact and fund a **public health loan repayment program** (Strengthening the Public Health Workforce Act (S. 3737))
- Enact **\$4.5 billion** in additional annual funding for the CDC and state, local, tribal and territorial core public health infrastructure to pay for essential public health activities.

NACCHO Resources



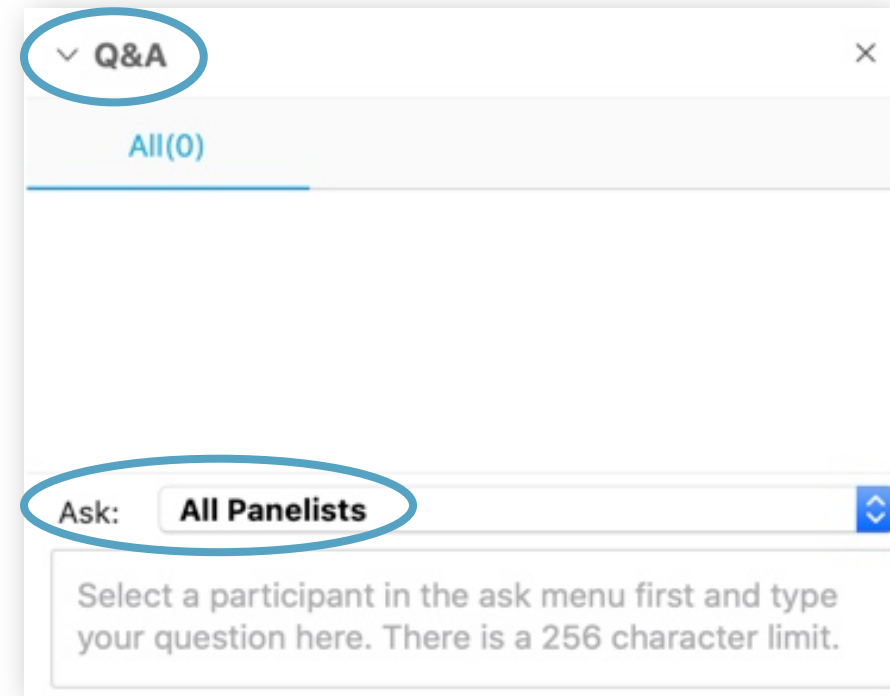
- National Profile Study - https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/NACCHO_2019_Profile_final.pdf
- NACCHO Immunization- <https://www.naccho.org/programs/community-health/infectious-disease/immunization>
- Roots of Health Inequity - <http://www.rootsofhealthinequity.org/>
- Mobilizing for Action through Planning and Partnerships (MAPP) - <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>
- Policy and Legislative Agenda – <http://naccho.org/advocacy/resources>
- Policy Statements - <http://naccho.org/advocacy/activities>
- Federal Funding info, including COVID-19 - <http://naccho.org/advocacy/funding-priorities>
- News From Washington Newsletter – <https://www.naccho.org/advocacy/news>
- Podcasts from Washington – <http://naccho.org/communications/blogs>
- Sign up for Congressional Action Network: TEXT “JoinCAN” to 50457



Michelle Cantu, MPH
Director, Infectious Disease & Immunization
National Association of County and City Health Officials
mcantu@naccho.org

Submit Questions for Our Panelists

1. At the bottom of your screen, click to open the Q&A panel
2. Type your question in the **Q&A box**
3. Select **Ask: All Panelists**
4. Hit **Enter**

A screenshot of the Q&A panel interface. At the top, there is a header "Q&A" with a dropdown arrow and a close button. Below the header, it says "All(0)". The main area is empty. At the bottom, there is a section labeled "Ask:" with a dropdown menu showing "All Panelists". Below this, there is a text input field with a placeholder message: "Select a participant in the ask menu first and type your question here. There is a 256 character limit.".

Q&A

All(0)

Ask: All Panelists

Select a participant in the ask menu first and type your question here. There is a 256 character limit.

Congressional Briefing

The State of Obesity 2020: Better Policies for a Healthier America

November 19, 2020

12:30 PM Eastern



Thank You to Our Moderator and Panelists



**J. Nadine Gracia,
MD, MSCE**

Executive Vice President
and Chief Operating Officer
Trust for America's Health

Moderator



**Wayne A. I. Frederick, MD,
MBA, FACS**

President
Howard University



Julie Morita, MD
Executive Vice President
Robert Wood Johnson
Foundation



Michelle Cantu, MPH
Director for Infectious
Disease and Immunization
National Association of
County and City Health
Officials



Thank you!

@HealthyAmerica1

The recording and slides will be available at www.tfah.org

