



# Connecting Opportunities to Vaccinate Children Against COVID-19 with the Chance to Address Basic Needs of Children and Families

*An Implementation Guide*



Association of  
Immunization  
Managers

# Overview

Over the course of the COVID-19 pandemic, the United States has seen diminished vaccine confidence and low COVID-19 vaccination coverage among children (Peck, 2022; Centers for Disease Control and Prevention, 2021). Differential access to services is a barrier to vaccine uptake. Parents' hesitancy about COVID-19 vaccines specifically and vaccines more broadly is another barrier to vaccine uptake (Alferi et al., 2021; Ruiz & Bell, 2022; Albers et al., 2022; Corben & Leask, 2016). Addressing these trends and barriers and increasing the uptake of COVID-19 vaccines for children is essential to protecting public health and advancing health equity.

The Association of Immunization Managers (AIM) identified five promising practices for improving the uptake of COVID-19 vaccination and advancing vaccine equity for children ages 6 months to 11 years.

This guide is one in a series of five guides and tip sheets about promising practices to improve children's uptake of COVID-19 vaccines. Implementation guides and tip sheets can be found on [AIM's website](#):



[Conducting Targeted Outreach to Medicaid Beneficiaries for COVID-19 Vaccines by Linking Immunization Information System and Medicaid Data](#)



[Connecting Opportunities to Vaccinate Children Against COVID-19 with the Chance to Address Basic Needs of Children and Families](#)



[Using Mobile Clinics to Vaccinate Children Against COVID-19 at Community-Based Locations](#)



[Vaccinating Children Against COVID-19 at Home](#)



[Providing Operational Support to Help Pediatric Health Care Providers Vaccinate Children Against COVID-19](#)

The information in these guides comes from participants in focus groups at the 2023 Great Lakes and Frontier/Southwest Vaccine Access Cooperative (VAC) meetings, interviews with immunization program managers and their partners, a literature review, input from AIM staff and [AIM's Legacy Council](#), and Centers for Disease Control and Prevention (CDC) project officers' review of COVID-19 immunization progress reports and suggestions on potential promising practices. Thank you to all who contributed to this work.

Key findings and lessons learned in these guides are largely based on pediatric vaccination strategies implemented during the COVID-19 public health emergency. Some of the practices were implemented with support that was linked to one-time emergency federal funds. Practices were also supported with a mix of state and local government funds and private and philanthropic funds that were available during the public health emergency.

As such, the practices may not be identically replicated moving forward, as the vaccination landscape has changed due to commercialization of COVID-19 vaccines and other factors. However, we anticipate that lessons learned during the public health emergency can inform strategies for COVID-19 vaccination after the public health emergency, vaccinations for all age groups, routine vaccinations, and future pandemic response. Therefore, this guide also provides strategies and tips to implement the practice in the post-pandemic environment.

### **Implementation context during the public health emergency (PHE) versus post-PHE**

During the COVID-19 PHE, the federal government paid for all COVID-19 vaccines. Moving forward after the PHE, both the federal government (through the Vaccines for Children [VFC] program) and health insurance plans will pay for vaccines. Jurisdictions implementing the practices after the PHE will need to consider how to support providers in billing multiple insurers and managing different stocks of vaccines when insurers only pay for certain COVID-19 vaccines.

# How to Use This Guide

This guide is comprised of three chapters that answer the “what,” “why,” and “how” of connecting opportunities to vaccinate children with the chance to address families’ basic needs. Across these chapters, you will find examples from the field, resources and tools, considerations, and lessons learned to help implement this promising practice in your own jurisdiction.

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- ✓ **feasibility** of the practice to start-up, scale, and sustain the practice over time,
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## About AIM

AIM is a nonprofit membership association comprised of the directors of the 64 federally funded state, territorial, and local public health immunization programs. AIM is dedicated to working with its partners nationwide to reduce, eliminate, or eradicate vaccine-preventable diseases. AIM also works to ensure the success of its members by providing support in their programming interests. Since 1999, AIM has enabled collaboration among immunization managers to effectively control vaccine-preventable diseases and improve immunization coverage in the United States and affiliated territories. For more information on AIM, please visit [www.immunizationmanagers.org/](http://www.immunizationmanagers.org/).

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# Chapter 1: What?

This chapter provides an overview of connecting opportunities to vaccinate children with efforts to help families meet their basic needs, such as food or diapers. This chapter also details which entities can implement this promising practice.

## Summary of Chapter 1: What?

<b>Overview of the promising practice</b>	This promising practice consists of connecting opportunities to vaccinate children with efforts to help families meet their basic needs, which vary by community and individual family.
<b>Implementing organizations</b>	Local and state health departments, community-based organizations, social service agencies, and health care providers can implement the promising practice.

## Overview of the promising practice

Jurisdictions can connect opportunities to vaccinate children with efforts to help families meet their non-monetary basic needs. Examples of basic needs include food, diapers (see the Example from the Field box about Connections™ Program below), period products, school supplies, and/or safety net program enrollment assistance. This guide focuses on in-kind resources for families and does not cover monetary incentives. Implementing organizations can provide resources to address basic needs during mass vaccination drives, mobile clinics, or during traditional vaccination appointments. Although addressing basic needs might be part of a larger mass, mobile, or in-home vaccination program, this guide focuses on the role of the immunization program to acquire and manage basic needs supplies distribution. More information on mobile clinics and in-home programs that vaccinate children is available in the related guides, [Using Mobile Clinics to Vaccinate Children Against COVID-19 at Community-Based Locations](#) and [Vaccinating Children Against COVID-19 at Home](#).



## Implementing organizations

Vaccination opportunities that address basic needs can be run by local and state health departments, community-based organizations, social service agencies, and health care providers. Examples of community-based organizations include food banks, churches, and community centers. As discussed in greater detail in Chapter 3, these entities can partner with each other to provide vaccinations and resources that address families' basic needs.



## Promising Practices to Improve Pediatric COVID-19 Immunization Rates Toolkit

Find more resources, including tip sheets and slide decks,  
to implement mobile clinics and other strategies to  
improve vaccination rates



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## Example from the Field

### **Connections™ Program Provides Diapers to Parents During Well-Child and Immunization Visits**

**Description:** The Connections™ Program provides diapers to parents and caregivers in middle Tennessee who bring their children for well-child visits, recommended immunizations, or developmental screenings.

**Contacts:** See the AIM [Immunization Program Directory](#)

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**Goal:** To promote increased engagement by parents and caregivers in routine health care services by providing diapers to support families.

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**Approach:** The Connections™ Program provides diapers through its Federally Qualified Health Center (FQHC) Clinic Connections™ partners. Clinics provide 50 diapers to parents or caregivers who bring their children for well-child visits, recommended immunizations (including COVID-19 vaccinations), or developmental screenings. Parents or caregivers can receive diapers at each of the encounters recommended in the Bright Futures/American Academy of Pediatrics periodicity schedule. They can also select their diaper size by completing a diaper survey at the clinic. The program is funded through a combination of Medicaid managed care organization funding, federal and state grants, and private donors.

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**Lessons learned:**

- Partner with trusted community-based organizations and clinics to increase uptake of services and vaccines.
- Make the program available to families regardless of insurance coverage to increase accessibility.

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**Resource:** The program created an easy-to-read [webpage](#) describing the program that allows parents or caregivers to search for a clinic near them.

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## Chapter 2: Why?

This chapter reviews the benefits of connecting opportunities to vaccinate children with efforts to help families meet their basic needs.

### Summary of Chapter 2: Why?

#### Why might my jurisdiction implement this promising practice?

Improve connections between families and healthcare providers

Support healthy childhood development and family well-being

Enroll families in vital social programs

Improve health and reduce costs for families

### Why might my jurisdiction implement this promising practice?

**Improve connections between families and healthcare providers.** Offering free resources that families need from trusted community partners can build a bridge between families and vaccination providers that otherwise may not exist. When essential resources are provided to families, immunization providers demonstrate they care about and understand families' needs. These increased connections create opportunities for families to receive childhood vaccinations or, at the very least, learn about the importance of vaccinations.

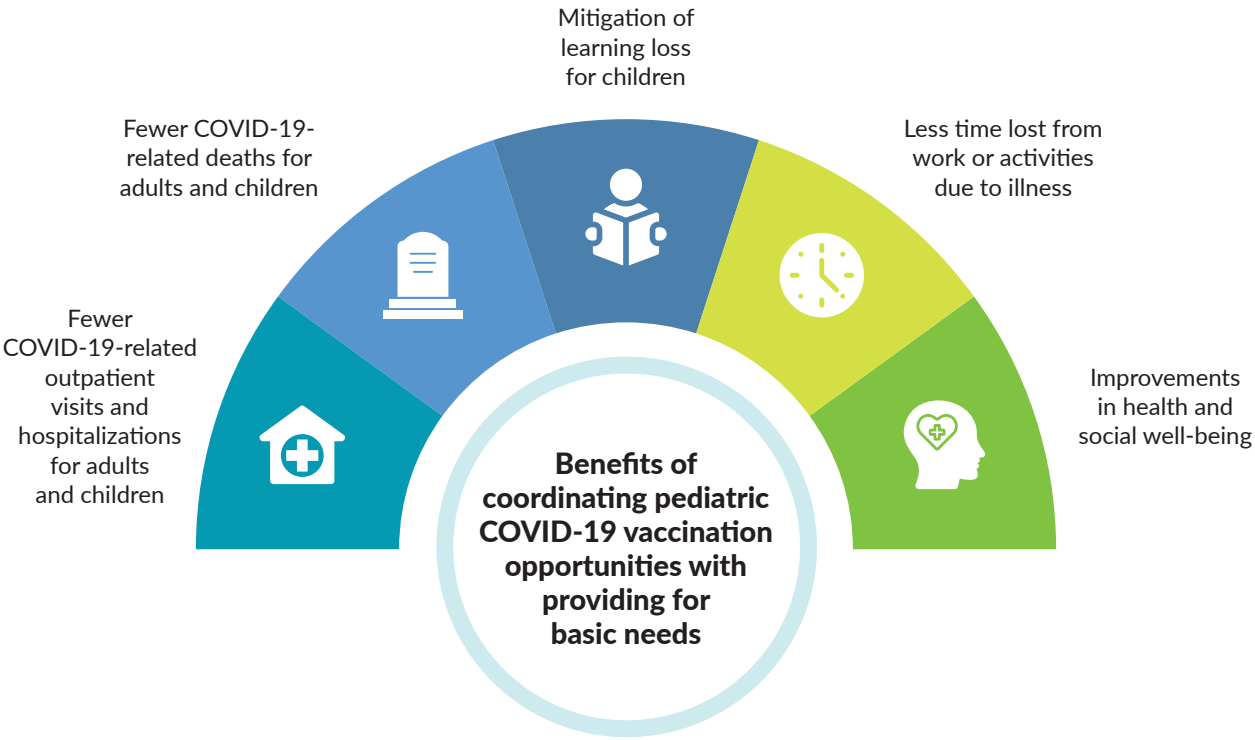
**Support healthy childhood development and family well-being.** Many families face difficulties affording food, housing, school supplies, diapers, and other resources that support their physical, social, and economic well-being. Providing essential resources can help address families' basic needs, help children to thrive in school, and free up household resources for other needs.

**Enroll families in vital social programs.** Safety net programs such as the Supplemental Nutrition Assistance Program (SNAP) and Medicaid play an important role in mitigating poverty and addressing families' health and basic needs. By including other public agencies in vaccination events, eligible families can be enrolled in these programs.



**Improve health and reduce costs for families.** By implementing this promising practice, a family could benefit from substantial cost savings. See the figure below for an overview of the promising practice’s benefits to families and communities.

**Coordinating vaccination opportunities with efforts to address basic needs can lead to better health and cost savings**



## Example from the Field



### **Pima County Health Department (PCHD) Implements a [Multi-resource Event Model](#) to Increase Access to COVID-19 Vaccines**

**Description:** PCHD in Arizona connects families with vaccines and resources at its multi-resource events.

**Contacts:** See the AIM [Immunization Program Directory](#)

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**Goal:** To reverse declining COVID-19 vaccination rates and tackle disparities in access to social and economic resources.

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**Approach:** In early summer 2021, PCHD identified census tracts with COVID-19 vaccination rates below 40 percent and implemented a multi-resource event model to improve COVID-19 vaccine access in these areas. Multi-resource events provide multiple connections to needed resources and allow event organizers to create an intentionally inviting atmosphere in the hopes of reducing barriers to vaccine access in communities with low vaccination rates. PCHD interviewed community partners and organizations to learn about community-specific COVID-19 vaccine barriers and meaningful resources that would promote vaccination. These community partners also informed the design of the event and offered their communication channels to advertise. Community health workers were integral to promoting and running the event, answering questions and concerns, and providing multilingual services. Resources offered included food, referrals to public health clinical services, rental and housing assistance, and others. Resources were also available to all community members regardless of whether they received the vaccination.

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**Lessons learned:**

- Tailor events and partner with community organizations that can support the needs of the community.
- Leverage and reinforce existing community assets and aim to mitigate the stressors of daily life.
- Use diverse trusted voices from the community to support event messaging.

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**Resource:** PCHD uses its [Facebook page](#) to share vaccination clinics and multi-resource fair locations and schedules.

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## Chapter 3: How?

This chapter lists steps to implement the promising practice and provides key considerations for implementation.

### Summary of Chapter 3: How?

<b>Step 1: Identify clinical and community partners</b>	Partnering with trusted organizations can increase acceptability of the practice in the community.
<b>Step 2: Identify a need to address</b>	Identifying community-specific needs helps jurisdictions best serve these communities. Jurisdictions can ask partners to identify needs in the community or identify partner organizations based on known needs in the community.
<b>Step 3: Choose a setting</b>	Combining vaccination with opportunities to address basic needs can occur in traditional clinic locations or in the community to best meet people where they are.
<b>Step 4: Determine key considerations for implementation</b>	
<b>Feasibility</b>	Existing campaigns, resources, and local partnerships can help to start up, sustain, and scale the practice.
<b>Costs</b>	Consider all the administrative and actual costs upfront to help determine if the practice is feasible to implement.
<b>Environmental factors</b>	Opportunities or events to vaccinate children against COVID-19 require understanding how organized groups and state and local governments' spending might affect implementation of these initiatives or events.
<b>Other resources to implement this practice</b>	See the list of existing resources to support implementation of this practice.

## Step 1: Identify clinical and community partners

Partner with trusted clinical and community partners to provide vaccinations and resources. Ask other agencies in the state or local government, such as Supplemental Nutrition Program for Women, Infants, and Children (WIC), for their recommendations on trusted community partners. Partnering with local clinical and community partners can do the following:

- Increase community trust
- Help identify community needs (see Step 2 for more information)
- Provide resources

Different communities might see clinical providers differently. For example, in a jurisdiction in the Southwest, some communities saw fire departments as a trusted source of vaccination. By contrast, some immigrant communities in a jurisdiction in the Mountain West avoided attending vaccination events staffed by people in uniform for fear that these officials had connections to U.S. Immigration and Customs Enforcement. Also, in this jurisdiction, local pharmacists were seen by some residents as being competent and were trusted and preferred over pharmacists from other communities.

### Key Partners to Consider When Implementing this Practice

**The key to implementing this practice is to identify and engage entities that can help with the planning, promotion, and/or execution of the practice**

- [Community health centers](#)
- District school health representatives (e.g., [National Association of School Nurses](#))
- [Health Department WIC programs](#)
- Hospitals
- [Immunization coalitions](#) (e.g., [Indiana Immunization Coalition](#))
- Jurisdictional-based councils for supporting children and families
- [Local diaper bank organizations](#)
- [Local food bank organizations](#)
- [Local period supply programs](#)
- [State and tribal child support agencies](#)

Jurisdictions can also leverage the expertise of community partners to provide resources that meet families' basic needs. For example, to meet food needs in a jurisdiction in the Mountain West, the state's Department of Public Health partnered with a large regional food bank, which created food boxes for families to pick up after receiving COVID-19 vaccinations.

## Step 2: Identify a need to address

Know your audience. When implementing this practice in different areas, it is important to understand what the needs of the local communities are so resources meet their needs. Some ways to identify which need(s) to address include the following:

- Survey and listen to community members
- Leverage relationships with established community leaders, community-based organizations, and social service agencies that have already identified the needs
- Use data to understand community needs (for example, data from screenings to assess patient's needs for social services)

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*“The biggest obstacle for people getting vaccinated [will be] if they’re thinking about where they’re going to sleep at night or how they’re going to take their kids to school in the morning or what their kids are going to eat for breakfast the next day.”*

Houston Equity-First Vaccine Initiative partner

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As part of the [Equity-First Vaccination Initiative](#), a community-based organization uses community health workers and local community leaders to conduct outreach and education about COVID-19 vaccines. These community health workers spend about 20 hours a week visiting community partners and talking with residents about their concerns, many of which are about meeting their basic needs. These community health workers used their knowledge of community needs and frequented community locations to help a community-based organization plan an event to meet families' needs by providing vaccinations and free haircuts, food, and more, at a convenient location.

### Step 3: Choose a setting

Select a setting where you will provide vaccinations while addressing basic needs. Events can take place in the community or in traditional clinic settings.

In the community	Traditional clinic locations
<ul style="list-style-type: none"> <li>Organize mobile vaccination units to visit locations convenient to community members.</li> <li>Host vaccination clinics at community organizations' headquarters or community events that address basic needs.</li> </ul>	<ul style="list-style-type: none"> <li>Partner with an organization that can deliver items, such as food bags, diapers, or gift cards for food or groceries, to the clinic.</li> <li>Explore what social services or programs might be located in or near clinics to help coordinate items and events.</li> </ul>

Providing vaccinations and resources in the community can meet people where they are to support their health and social needs. For example, in California, [CalOptima, a Medi-Cal plan, partnered with Orange County](#) to provide plan members aged 14 years and older who were experiencing homelessness with nonmonetary \$25 gift cards to fast food restaurants for receiving up to two doses of a COVID-19 vaccine. CalOptima provided the gift cards to Orange County, which distributed them during the county's vaccination events. Events could include mobile clinics outside of homeless shelters or in areas with larger populations of people experiencing homelessness to increase accessibility.

Providing vaccinations and resources in traditional clinic locations can leverage existing clinical visits or co-located services to provide vaccinations and resources. For example, in a jurisdiction in the South Central region, WIC clinics review vaccination records with parents and caregivers and screen for social needs during appointments. WIC clinics that are co-located with health centers refer children to the health centers for COVID-19 vaccinations.

**Partnering with Diaper Banks to Increase Childhood Vaccination Rates and Improve Access**

Find answers to commonly asked questions regarding partnerships between immunization programs and diaper banks

Find more resources in AIM's Promising Practices to Improve Pediatric COVID-19 Immunization Rates Toolkit.

The infographic includes a Q&A section with the following content:

**Q&A**

**Partnering with Diaper Banks to Increase Childhood Vaccination Rates and Improve Access**  
Improving Vaccine Confidence from the Bottom Up

The Association of Immunization Managers (AIM) partnered with the National Diaper Bank Network (NDBN) to identify and promote promising practices to foster non-traditional partnerships between immunization programs and diaper banks. The resource provides answers to commonly asked questions regarding immunization and diaper bank partnerships to improve vaccination rates.

**What are diaper banks and who is the National Diaper Bank Network?**

- Diaper banks collect, store, and distribute donated diapers, period supplies, and other basic necessities to individuals, children, and families in need.
- The NDBN is composed of more than 300 bank members that serve urban, suburban, and rural communities across all 50 states, Puerto Rico, and the District of Columbia.
- The NDBN acts as a membership organization that connects and supports the network of diaper banks across the U.S.
- Community-based diaper banks directly serve communities through agency, non-profit, and government organizations, including Asian American, Native Hawaiian, Pacific Islander, Black and African American, American Indian, Alaska Native, Latinx, and rural communities.

**The NDBN's member directory can be used to find nearby diaper banks.**  
<https://nadb.org/member-directory>

**How can diaper banks partner with immunization programs to provide diapers and vaccines through community events, clinics, mobile clinics, or community clinics?**

- Mobile Diaper Clinics:** An NDBN member in Tennessee has developed and tested a mobile program called **Diaper Clinics** that can be implemented in any community with a diaper bank, public health care provider, community clinic, or a trusted health care center (PHCC), managed care organization (MCO), and a trusted department of health.
- Event entry:** From the Association of Material & Child Health Programs (AMCHP), researchers have a repository of practices and policies in the national and state-level bank.

**How can diaper banks increase confidence in vaccines?**

- Diaper bank staff and volunteers are trusted individuals that connect directly with the communities in which they serve.
- Diaper banks can promote research-based information about routine and respiratory viral infections, COVID-19, and other vaccines for children and adolescents. They can distribute both printed and social media messages to clients to help ease public awareness and acceptance of vaccines.

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AIM Promising Practices to Improve Pediatric COVID-19 Immunization Rates Toolkit



## Step 4: Determine key considerations for implementation

When jurisdictions are planning opportunities or events to vaccinate children against COVID-19 and provide resources to address their basic needs, it is important to consider the: **feasibility** of the practice to start up, scale, and sustain the practice over time, **costs** related to implementing the practice in the post-pandemic environment, and **environmental factors** which include the policy, environment, and funding landscape.

### Feasibility

The basic needs practice potentially requires fewer resources to start up, sustain, and scale because jurisdictions can incorporate the practice into existing infrastructure and partner with organizations that can provide basic needs resources at low or no cost. The figure below summarizes the level of resources and complexity required to start up, sustain, and scale the practices, and includes information on how the practice can advance vaccine equity.

	Start up	Scale	Sustain	
<b>Practice 2: Basic needs</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"><li>• <b>Resources:</b> Low level to start up, scale, and sustain because jurisdictions can partner with organizations that donate basic needs resources, or with existing vaccine programs.</li><li>• <b>Complexity:</b> Not complex if a jurisdiction works with partners to implement.</li><li>• <b>Equity:</b> This practice can advance equity by tailoring the basic needs and vaccine programs to the unique needs of specific medically underserved communities.</li></ul>

= Qualitative analysis of literature, interview, and focus group data indicate that the practice requires a high level of resources and is complex to implement.

= Qualitative analysis of literature, interview, and focus group data indicate that the practice requires a low level of resources and is not complex to implement.

Jurisdictions can mitigate the cost and resources needed by using existing infrastructure, campaigns, and local partnerships to implement, sustain, and scale the practices. For example, immunization program managers can add the basic needs practice to existing methods of delivering vaccinations, such as by offering a basic needs resource with a mobile clinic or an at-home vaccination program. Alternatively, an existing program that offers basic needs resources can invite vaccination providers to administer vaccines in its setting. For example, a community-based organization or social service agency may partner with a vaccination program that parks a mobile clinic in its parking lot or creates a pop-up clinic inside its building. Jurisdictions can also save costs by partnering with organizations that already have funding to provide basic needs resources at low or no cost. Personnel costs to administer and promote the campaign could be reduced through partnership with community health workers, a trusted network of health champions already embedded in communities. Regardless of the approach, capitalizing on existing resources, networks, and partnerships will aid in making this practice feasible in the post-pandemic environment.

## Costs

The COVID-19 public health emergency greatly affected the cost of implementing practices such as connecting opportunities to vaccinate children against COVID-19 with the chance to address basic needs. For example, during the COVID-19 pandemic, jurisdictions might have implemented the basic needs practice using government funding that offered a large number of allowances and the flexibility to purchase basic needs resources.

In the post-PHE environment, jurisdictions may not have the flexibility to purchase basic needs supplies using government funding and should consider all the administrative and actual costs upfront to help determine if the practice is feasible to implement in the current environment. The key to implementing this practice is to capitalize on existing infrastructure and engage partners to supply the basic needs resources. Jurisdictions may prioritize building and maintaining long-term relationships with these partners as these relationships are investments in the jurisdiction's long-term public health infrastructure.

### Cost categories

Below are categories of costs immunization program managers may consider as they are calculating the cost of the promising practice for their own jurisdiction. This does not include the cost of vaccine, staff time for vaccine administration, and vaccine storage and handling, as we assume most immunization programs would not engage in vaccine administration unless facilitated through jurisdiction-led at-home, mass, or mobile clinic scenarios.

1. Program administration
2. Basic needs
3. Resource distribution

The tables that follow provide considerations and factors that affect cost for each category.

### Program administration

Costs may include: salaries for program director and/or managers

Considerations	Factors that affect cost
<p>? <b>How many managers will you need based on the size of your program?</b></p> <p>? <b>What is the current demand for qualified staff?</b></p>	<ul style="list-style-type: none"><li>• Hourly rates for staff time will vary by jurisdiction.</li><li>• The Bureau of Labor Statistics estimates the salary of a manager in the United States to be approximately \$62.50/hour, or \$93.75/hour when accounting for fringe benefits (BLS 2022). Rates may be higher during periods of increased demand.</li><li>• Program administration may involve collaborating with other public health department staff leadership, establishing critical partnerships, identifying disproportionality impacted communities, and strategically selecting sites (CDC, 2023a).</li></ul>

## Basic needs

Costs may include: cost of items that address basic needs (e.g., food, diapers, school supplies)

Considerations	Factors that affect cost
<ul style="list-style-type: none"><li>? <b>Who can we partner with to supply basic needs?</b></li><li>? <b>Can we receive donations of supplies to address basic needs?</b></li></ul>	<ul style="list-style-type: none"><li>• Public health emergency funding guidelines offered greater flexibility to purchase basic needs resources, and this flexibility may no longer be available.</li><li>• Under different funding environments, immunization programs will need to rely more on partners to support the provision of basic needs resources.</li></ul>

## Resource distribution

Costs may include: staff capacity and time to organize and distribute resources

Considerations	Factors that affect cost
<ul style="list-style-type: none"><li>? <b>What support can our partners provide for resources distribution?</b></li></ul>	<ul style="list-style-type: none"><li>• Hourly rates for staff time will vary by jurisdiction.</li><li>• The General Services Administration (GSA) authorized reimbursement for privately owned vehicles is slightly lower, at \$0.66/mile as of January 1, 2023 (GSA, 2023).</li></ul>

### How much would it cost to implement this practice in your jurisdiction?

AIM has hypothetical examples available for jurisdictions to use as a starting point to calculate the potential costs to implement this practice. Actual expenses for your immunization program will vary widely based on program specifics and if/how you engage with vaccine purchase and administration. Find the examples and the detailed technical economic analysis in the Evaluation of Five Promising Practices Used During the COVID-19 Public Health Emergency to Improve Pediatric COVID-19 Immunization Rates technical report (available in the [Promising Practices to Improve Pediatric COVID-19 Immunization Rates Toolkit](#)).

## Environmental factors

Jurisdictions connecting opportunities to vaccinate children with efforts to help families meet their basic needs will need to navigate the environmental, including funding and policy, landscape, which can help or challenge the implementation of the practice. The table below provides examples of factors that organizations may consider when implementing this promising practice.

Policy, environmental or funding issue	Questions for implementers to consider	Example(s) of policy or environmental factor affecting the practice	Action steps
Organized groups supporting or hindering the implementation of the activity	<ul style="list-style-type: none"> <li>• How can organized groups in our jurisdiction help implement multi-resource events to improve vaccination rates in certain communities?</li> <li>• What measures can we take to make sure families and children feel comfortable and safe when receiving vaccinations?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Stanislaus Asian American Community Resource</a>, a community organization working to support the wellness of the Asian American community in Stanislaus County, California, organized COVID-19 vaccination clinics that included free food for people who received vaccinations.</li> </ul>	<ul style="list-style-type: none"> <li>○ Identify organizations in your jurisdiction that can help implement and promote multi-resource events to improve vaccination rates in certain communities.</li> </ul>
State and local governments' decision to use public funding to host vaccine and multi-resource events	<ul style="list-style-type: none"> <li>• How does our state's <a href="#">health department governance structure</a> (centralized, decentralized, mixed structure, or shared structure) affect my jurisdiction's <a href="#">ability to allocate funding</a> to support public health activities, such as hosting multi-resource events?</li> <li>• Which government agencies in my jurisdiction (state, county, local) can decide to allocate funding to support public health activities, such as hosting multi-resource events?</li> </ul>	<ul style="list-style-type: none"> <li>• The <a href="#">Connecticut Public Health Department</a> used public funds and partnered with local organizations to implement a summerlong event called <a href="#">Summer on Us</a> that offered resources, including free food from restaurants, to individuals and families who got vaccinated.</li> </ul>	<ul style="list-style-type: none"> <li>○ Consult <a href="#">this webpage on state health department governance structures</a> from the CDC to understand your state's public health governance structure.</li> <li>○ Engage state lawmakers through education policies related to public funding (see <a href="#">AIM's Immunization Program Policy Resource Guide</a>)</li> </ul>

## Other resources to implement this practice

Below are resources for partnering to vaccinate children against COVID-19 with the chance to address basic needs:

### AIM

- [Promising Practices to Improve Pediatric COVID-19 Immunization Rates Toolkit](#): In this toolkit, find more resources, including tip sheets and slide decks, to implement five promising strategies to improve vaccination rates.
- [Evaluation of Five Promising Practices Used During the COVID-19 Public Health Emergency to Improve Pediatric COVID-19 Immunization Rates Technical Report](#) (available in the [Promising Practices to Improve Pediatric COVID-19 Immunization Rates Toolkit](#)): This technical report includes detailed information about this study, including feasibility, policy, and costs analyses of each practice.

- [Partnering with Diaper Banks to Increase Childhood Vaccination Rates and Improve Access Q&A:](#) This resource from AIM and the National Diaper Bank Network provides answers to commonly asked questions regarding immunization stakeholder and partnership strategies to improve immunization rates.
- [COVID-19 Resource Guide:](#) This guide compiles existing communications messaging and materials that you can use to support immunization program outreach.
- [COVID-19 Vaccines: Vaccine Safety FAQs, Dispelling Vaccine Myths:](#) This PowerPoint slide set was developed by iREACH Subject Matter Experts to answer frequently asked questions about COVID-19 vaccine safety and dispel common myths about COVID-19 vaccines.
- [How Can Community-Based Organizations Help Support the COVID-19 Vaccination Effort?:](#) This resource provides community-based organizations (CBOs) with tools to assist in stopping the spread of COVID-19.
- [Immunization Program Policy Toolkit:](#) This toolkit is designed to equip immunization programs with the tools and information necessary to appropriately and effectively engage with elected officials.
- [School Located Vaccination Clinics Toolkit:](#) This toolkit from AIM and the National Association of School Nurses offers resources for schools and immunization partners that can support and simplify SLV operations during a pandemic.
- [Vaccine Confidence Connect the Dots:](#) This guide provides immunization programs with the tools and information necessary to promote vaccine confidence across the nation and its territories.

## CDC

- [12 COVID-19 Vaccination Strategies for Your Community:](#) This field guide presents 12 COVID-19 vaccination strategies adapted from evidence-based practices implemented nationwide to help increase vaccine confidence and uptake.
- [VFC Operations Guide:](#) This guide reflects VFC program policies, processes, and requirements.
- [VFC Vaccine Price List:](#) This website provides vaccine contract prices and lists the private sector vaccine prices for general information.

## Immunize.org

- [Ask the Experts: COVID-19:](#) This page is frequently updated with answers to questions about COVID-19 vaccine products, recommendations, and more.

## Other

- [Autism Society of America's Guide to Accessible Vaccination:](#) This guide provides tips on how to reduce barriers to vaccination and increase vaccination equity and uptake among the Autism community.
- [Centers for Medicare & Medicaid Services Toolkit of Vaccine Coverage and Administration for Medicaid and Children's Health Insurance Program Individuals:](#) This vaccine toolkit equips states with the tools necessary to meet the needs of people with Medicaid and the Children's Health Insurance Program (CHIP) coverage. The kit helps states understand coverage, cost-sharing, and payment for vaccines, including vaccines administered as part of the Inflation Reduction Act (IRA) under Medicaid, CHIP, and the Basic Health Program (BHP).



# Appendix: Tips for Connecting Opportunities to Vaccinate Children Against COVID-19 with the Chance to Address Basic Needs of Children and Families



When implementing partnerships that connect opportunities to vaccinate children against COVID-19 with the chance to address families' basic needs (such as food, diapers, school supplies, period products, or safety net programs enrollment assistance), jurisdictions should consider their communities' local context and the cost and feasibility.



## Leverage local community leaders' and partners' knowledge and influence

- Employ partners and local community leaders, who have strong relationships with the community, to help your department understand what the community needs and to provide assistance meeting those needs.
- Use local partners and community leaders as trusted messengers to provide vaccine education and raise awareness about the opportunities to receive vaccinations and resources.



## Consider the cost and feasibility to start up, scale, and sustain the practice

- Understand expenses will vary widely based on jurisdiction specifics and use of existing staff, infrastructure, funding support, and partnerships.
- Mitigate costs by using existing resources, campaigns, and local partnerships to implement, sustain, and scale the practice.



## Understand the policy and funding landscape

- Consider your jurisdiction's [health department governance structure](#) (centralized, decentralized, mixed structure, or shared structure) and how it could affect your jurisdiction's [ability to allocate funding](#) to support public health activities, such as hosting multi-resource events.
- Understand which government agencies in your jurisdiction (state, county, local) can decide to allocate funding to support public health functions.

In the post-pandemic environment jurisdictions may have less funding to support activities, such as the purchase of basic needs supplies. Each jurisdiction will need to consider their funding landscape and capitalize on existing infrastructure and engage local partners to execute the practice.

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