


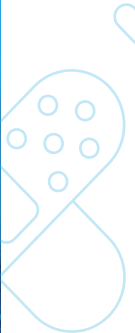
2023

# STATE OF THE IMMUNION

VACCINATE YOUR FAMILY



**COVID-19 DEVASTATED OUR COUNTRY. OVER 1 MILLION PEOPLE LOST THEIR LIVES, AND THE ECONOMY HAS YET TO FULLY RECOVER. BUT THROUGHOUT THE PANDEMIC, THE SPIRIT OF THE U.S. PEOPLE HAS SHONE THROUGH.**



Despite headlines drawing attention to those who refused to be vaccinated, over 90% of adults in the U.S. have now received at least one dose of the COVID-19 vaccine,<sup>1</sup> preventing an estimated 3.2 million additional deaths.<sup>2</sup>

While this is incredible progress on reducing the impact of COVID-19 infections, we have much work to do to blunt the other effects of a global pandemic.

This year has proven that COVID-19 is not the only dangerous vaccine-preventable disease we face. Outbreaks of mpox (also known as monkeypox),<sup>3</sup>

measles, whooping cough, flu, and even polio are happening across the country. Vaccination rates have fallen for both children and adults here in the U.S. and across the globe, increasing the likelihood that a single case brought into the U.S. will result in a widespread outbreak.

Policymakers must act now to not just end the COVID-19 pandemic, but also to prevent future outbreaks of vaccine-preventable diseases. We can work together to form a more perfect state of our ImmUnion by:

1

**ENSURING EVERYONE IN THE U.S. CAN RECEIVE RECOMMENDED VACCINES.**

2

**STRENGTHENING THE VACCINE ECOSYSTEM TO ELIMINATE VACCINATION BARRIERS.**

3

**MAINTAINING A FAIR COMPENSATION PROGRAM FOR PEOPLE INJURED BY VACCINES.**

4

**HELPING TO REIGNITE A CULTURE OF IMMUNIZATION.**

In this report, Vaccinate Your Family will examine the nuances of these barriers and explore potential solutions.



**20 MILLION LIVES SAVED**

In the first year they were available, COVID-19 vaccines saved 20 million lives worldwide and billions in societal costs.<sup>4</sup>



# Ensuring Everyone Who Wants a Vaccine Can Get a Vaccine

Congress and President Biden took a major step toward vaccine equity in 2022 with the passage of the *Inflation Reduction Act (IRA)*. **For the first time, all Medicare and Medicaid beneficiaries will be able to receive all recommended vaccines at no cost to themselves.** Medicare coverage of all routinely recommended vaccines began in January of this year and Medicaid will follow suit in October 2023.


Before the *IRA*, Medicare beneficiaries could have a co-pay of up to \$100 for some recommended vaccines, including shingles and Tdap (the vaccine

that protects against tetanus, diphtheria, and pertussis, also known as whooping cough).<sup>4</sup> Many seniors are on fixed incomes, making any copay difficult. But protecting seniors against vaccine-preventable diseases is critical given their increased risk for poorer outcomes.<sup>5</sup>

At the same time, less than half of state Medicaid programs covered all recommended vaccines for adults<sup>6</sup> and could also charge a copay for these immunizations, pricing vaccines out of reach for millions of patients.

## MAJOR VICTORY!

Under the Inflation Reduction Act, both Medicare and Medicaid will cover ALL recommended vaccines at no cost to patients.



**LOW MATERNAL VACCINATION RATES LEAVE MOTHERS AND BABIES AT RISK**



~50% of pregnant people did not receive a flu shot

>50% of pregnant people did not receive a Tdap vaccine

45% received first two doses of COVID-19 vaccine



60% did not receive boosters

Not receiving these recommended vaccines leaves mothers and their infants more vulnerable to flu, whooping cough, COVID-19 and potentially serious complications including adverse birth outcomes, preterm birth and even death.<sup>iii</sup>



We are especially hopeful that full Medicaid coverage of vaccines will increase maternal vaccination rates. Medicaid covers 42 percent of pregnancies in the United States,<sup>7</sup> yet maternal vaccination rates are dangerously low.<sup>8</sup> Removing a financial barrier for this population will help ensure life-saving protection for both the pregnant person and their child.

Once people who are eligible for Medicaid are fully covered later this year, 27.5 million uninsured working adults will still lack access to vaccines.<sup>9</sup> During the COVID-19 public health emergency declaration, the federal government covered the cost of COVID-19

The U.S. spends

**\$26.5 BILLION**

annually treating adults for four vaccine-preventable diseases: **flu, shingles, whooping cough, and pneumococcal disease.**<sup>ii</sup>

vaccines and boosters for everyone, regardless of insurance status. As a result, over 90 percent of adults in the U.S. have been able to receive at least one dose of a COVID-19 vaccine.<sup>10</sup> When the public health emergency declaration expires, however, uninsured adults will once again have to pay full price for COVID-19 vaccines, as well as all other routinely recommended vaccines against diseases such as flu, shingles, whooping cough, or pneumococcal disease. Without public or private insurance, a flu vaccine can cost up to \$95 at a major chain pharmacy,<sup>11</sup> while a human papillomavirus (HPV) vaccine is \$261, creating a significant financial barrier to immunization.

The Presidential Budget, beginning in Fiscal Year 2023, therefore included a request to create the Vaccines for Adults (VFA) program to provide recommended immunizations to uninsured adults at no cost. The VFA is meant to follow the example of the Vaccines for Children program (VFC). Since 1994, the VFC has provided vaccines at no cost to children who are Medicaid-eligible, uninsured, underinsured, or indigent. Childhood vaccines have prevented

an estimated 472 million illnesses, 29.8 million hospitalizations, and 1 million deaths and has saved roughly \$479 billion in direct costs and \$2.2 trillion in total societal costs.<sup>12</sup>

**However, gaps remain. Having private insurance is still the top determinant in whether children receive recommended immunizations.**

A study of flu vaccination rates found that only

**14%**

of uninsured adults received a flu shot,

compared to **37%** of those with insurance.<sup>13</sup>

**IN THE PAST THIRTY YEARS, CHILDHOOD VACCINES HAVE PREVENTED:**



**472 MILLION**  
**ILLNESSES**

That's about **1,994** illnesses prevented **per hour**.



**29.8 MILLION**  
**HOSPITALIZATIONS**

That's about **3,022** hospitalizations prevented **per day**.



**1 MILLION**  
**LIVES SAVED**

That's about **710** early deaths prevented **per week**.

Clearly, financial barriers to vaccines are just the first step in improving access. Congress can strengthen the VFC program by expanding eligibility to children in each state's Children's Health Insurance Program (CHIP), allowing more locations to participate in the program, and by better reimbursing providers for the education and counselling that often accompanies vaccine administration.

**WE CAN ALSO CREATE THE VFA IN A WAY THAT PROACTIVELY ADDRESSES THESE ANTICIPATED BARRIERS BY:**



Allowing pharmacists and other community providers to become vaccinators.



Incentivizing provider participation through adequate reimbursement, including time for vaccine counseling.



Educating the public on the need for, and the safety of, vaccines.



Supporting community-based organizations and trusted messengers to reach the uninsured.



Ensuring eligibility regardless of immigration status.

Clearly, we have made great progress toward protecting people of all ages in the U.S. from vaccine-preventable diseases in the past year. Now is the time to finish the work begun in the last Congress and ensure no one remains unvaccinated due to their inability to pay for or access a vaccine.

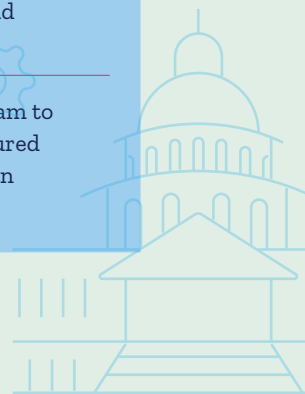
# WE ARE FAILING UNINSURED CHILDREN.

Before the COVID-19 pandemic, roughly 3% of uninsured children received no vaccines.<sup>v</sup> That number doubled during the pandemic, while the number of privately insured children who received no vaccines remained steady at less than one percent.<sup>vi</sup>



**WHAT CONGRESS CAN DO:**

- Assist the Centers for Medicare & Medicaid Services (CMS) in a smooth transition to vaccines at no cost for both Medicare and Medicaid patients, including promoting the new benefit to constituents.
- Improve the Vaccines for Children program (VFC) by streamlining enrollment and incentivizing provider participation.
- Create a "Vaccines for Adults" program to provide vaccines at no cost to uninsured individuals and to expand vaccination opportunities for the uninsured.



# Understanding—and Funding—the Vaccine Ecosystem



## COMMUNICATION

- ← NATIONAL & LOCAL IMMUNIZATION ORGANIZATIONS
- ← MEDICAL PROFESSIONAL SOCIETIES
- ← SOCIAL MEDIA COMPANIES
- ← NATIONAL MEDIA

## POLICY

- ← PRESIDENTIAL ADMINISTRATION
- ← CONGRESS
- ← CENTERS FOR DISEASE CONTROL AND PREVENTION
- ← FOOD & DRUG ADMINISTRATION
- ← INDEPENDENT ADVISORY COMMITTEES

## COMMUNITY

- ← LOCAL IMMUNIZATION COALITIONS
- ← CIVIL AND SOCIAL GROUPS
- ← FAITH-BASED AND SERVICE GROUPS
- ← LOCAL MEDIA
- ← LOCAL GOVERNMENT OFFICIALS
- ← COMMUNITY-BASED ORGANIZATIONS AND LEADERS

The expansion of both Medicare and Medicaid coverage, and the potential development of a Vaccines for Adults program, are important steps forward in protecting all adults from vaccine-preventable diseases. Unfortunately, as we have detailed above, financial access to vaccines alone does not increase vaccination rates.

Getting a single person vaccinated requires a complex network of policy and communication solutions. Currently, there is only one source of funding that addresses all of these barriers: CDC's Section 317 funds.

Section 317 funds (named after the section of the Public Health Services Act where they are authorized) provides the majority of vaccine funding to 64 awardees, including each of the 50 states, eight current and former territories, and six large cities.



**SECTION 317 FUNDING ALLOWS AWARDEES TO:**



Coordinate delivery of vaccines purchased through the Vaccines for Children program (VFC).



Manage, purchase, and administer vaccines for uninsured adults.



Respond to public health emergencies, including monitoring and containing disease outbreaks.



Staff vaccination clinics.



Educate providers about new and routine vaccines.



Monitor vaccine storage and handling.



Conduct outreach communication campaigns.

While we are grateful that Congress increased funding for Section 317 in recent years, the program remains woefully underfunded. Public health departments must now handle COVID-19 immunizations and boosters, catch up on the millions of routine vaccines missed during pandemic related shutdowns,<sup>13</sup> administer mpox vaccines, and contend with the re-emergence of polio, whooping cough, and measles. Without increased funding, the U.S. will never win the battle against vaccine-preventable diseases.

**PUBLIC HEALTH IS ALWAYS DEALING WITH THE UNEXPECTED**

317 funds must cover a broad array of vaccination needs in 64 states, territories, and large cities. Yet just one outbreak of a vaccine-preventable disease in a single community can mean funds are depleted for routine immunization, clinic staff and hours, and communication campaigns across the country.

**2017 HEPATITIS A & MEASLES**

SECTION 317 CONGRESSIONAL APPROPRIATION:

**\$606,792,000**

San Diego County, California spent nearly **\$12.5 million** to respond to a major Hepatitis A outbreak.<sup>vii</sup>

Minnesota experienced a measles outbreak that cost state and local health departments **\$1.3 million**.<sup>viii</sup>

**2018 FLU**

SECTION 317 CONGRESSIONAL APPROPRIATION:

**\$610,847,000**

The 2017-18 flu season was particularly bad, resulting in **52,000 deaths**. Flu costs the US an estimated **\$3.2 billion** in direct medical costs and another **\$8 billion** in indirect costs.<sup>ix</sup>

**2019 MEASLES**

SECTION 317 CONGRESSIONAL APPROPRIATION:

**\$610,847,000**

Measles outbreaks resulted in over **1,000 cases**. One outbreak in Washington State required a **\$2.3 million** public health response<sup>x</sup> while New York City spent **\$8.4 million** to respond to its measles outbreak.<sup>xi</sup>

**2020 COVID-19**

SECTION 317 CONGRESSIONAL APPROPRIATION:

**\$615,847,000**

The U.S. government has spent **\$4.5 trillion** to combat COVID-19 and its effects on the economy.<sup>xii</sup> Public health departments had to address COVID-19 while carrying out routine vaccination efforts.

**2021 COVID-19**

SECTION 317 CONGRESSIONAL APPROPRIATION:

**\$613,847,000**

**2022 MEASLES, MPOX, FLU**

SECTION 317 CONGRESSIONAL APPROPRIATION:

**\$650,797,000**

In addition to COVID, outbreaks of measles, mpox (monkeypox), and polio as well as a severe flu season have taxed resources. Exact costs will be available later this year.



Congress must create, and adequately fund, a separate line item to support both IHS and provide CDC with funds to disperse to those Nations who operate their own healthcare systems.

To compound these challenges, there is no specific funding for Indian Health Service (IHS) immunization programs or those run by Tribal Nations themselves.

This is especially troubling given that, due to lack of access to care and high rates of poverty, American Indians and Indigenous Americans have significantly higher rates of serious chronic health conditions such as heart disease, obesity, and diabetes than the general population.<sup>14</sup> All of these conditions put people at higher risk of complications from infectious diseases. Not surprisingly, this community faced more deaths and hospitalizations due to COVID-19 than any other ethnic group.<sup>15</sup> In order to address this disparity, **Congress must create, and adequately fund, a separate line item to support both IHS and provide CDC with funds to disperse to those Nations who operate their own healthcare systems.**

To use these funds in the most efficient way possible, **public health departments need access to accurate and timely data.** Data helps immunization professionals and healthcare providers address current vaccination needs, plan awareness and outreach campaigns, and evaluate the effectiveness of past campaigns. Providers also need to know which vaccines a patient has previously received, especially in cases where patients do not have their own personal immunization records.

Public health departments use platforms known as Immunization Information Systems (IIS) or immunization registries for these data. These are confidential, population-based computerized systems that record all vaccines administered by participating providers to individuals living in a specific area. Almost every state and many large cities operate their own IIS, but there is no one national IIS.



The recent outbreak of polio in New York State highlights the need for better information sharing so that patients and providers can determine whether individuals are protected by vaccines (in this case, polio), and public health officials can locate areas of low vaccination and plan accordingly.

Of course, immunization programs cannot exist without qualified staff. Public health workers have faced tremendous challenges over the past few years, including increasing mistrust and outright hostility toward vaccination providers and public health staff. Additionally, public health professionals are often underpaid when compared to their counterparts in the private sector. We must recruit and retain qualified professionals in public health. We are pleased that the Fiscal Year 2023 Omnibus Appropriations bill included student loan forgiveness for public health professionals. Congress must ensure that this provision is enacted as quickly as possible.

Together, we can ensure a robust vaccine ecosystem that supports our public health workforce in better protecting the U.S. against deadly and economically devastating disease outbreaks.



#### WHAT CAN CONGRESS DO?

- ◆ Fully fund the Section 317 programs at \$1.13 billion.
- ◆ Create a specific funding line for Indian Health Service's and Tribal Nations' immunization activities.
- ◆ Modernize Immunization Information Systems (IIS) to allow for easier and more secure data sharing.
- ◆ Quickly implement student loan forgiveness for public health professionals.



# Addressing Rare Instances of Vaccine Injury

The U.S. recommends vaccines for the vast majority of people not just because they are effective, but also because they are extensively tested and monitored for their safety.

Most side effects from vaccines are mild, including things like sore arms or fevers as the immune system learns how to fight the disease against which a person is being vaccinated. In very rare cases, however, people can experience serious reactions.

The Vaccine Injury Compensation Program (VICP) allows those injured by vaccines to receive financial compensation. The VICP system is designed to be quicker and easier to navigate than a traditional court system, and it requires a lower burden of proof.

However, the system needs to be updated.

VICP was most recently amended in 2016 through the *21st Century CURES Act*, which included a provision to expand eligibility for injuries, either to the pregnant person or live born child, from vaccines given during pregnancy. However, given the increased number of vaccines available to adults since the program's introduction in the 1980s, all adults should be eligible to file a claim. Awards must also be increased to reflect today's growing cost of living. Finally, with expanded eligibility, both the number of judges and the resources for the Department of Justice must be increased to ensure claims are still handled quickly and efficiently.



SERIOUS VACCINE SIDE EFFECTS ARE RARE.

There are only:


2 REPORTED INJURIES

FOR

1 MILLION

doses of vaccines administered.

Over half of the claims are due to shoulder injury from the administration of a vaccine, not the vaccine itself.<sup>xv</sup>





#### WHAT CAN CONGRESS DO?

- ➔ Reform the Vaccine Injury Compensation Program to ensure more fair and timely compensation for children and adults.
- ➔ Transition COVID-19 vaccines from the Countermeasures Injury Compensation Program (CICP) to the Vaccine Injury Compensation Program (VICP).

As of the writing of this report, COVID-19 vaccines are covered under a different but similar program, the Countermeasures Injury Compensation Program (CICP). CICP was created for interventions developed in response to an epidemic, pandemic, or security threat. Vaccines routinely recommended to children are eligible under VICP (adults who receive flu and Tdap vaccines are also covered under VICP). Yet policymakers have yet to transition COVID-19 vaccines from the CICP to VICP. This is problematic, since CICP does not have the same clear-cut

evidence procedures as VICP and has not been transparent about its process or its awards. CICP is not functioning well for a vaccine recommended for everyone 6 months and older. As of November 1, 2022, of over 7,500 claims filed with CICP only nine have been determined eligible for compensation while 55 have been denied.<sup>16</sup> Many of these claims are simply awaiting more information to be filed, but that wait would be remedied by rules in VICP. Policymakers should therefore quickly transition COVID-19 vaccines from the CICP to the VICP.



# Reigniting a Culture of Immunization

After two years of the COVID-19 pandemic and the disruption it caused to everyday life, many people in the U.S. are experiencing “pandemic fatigue” and are less likely to follow public health recommendations such as COVID-19 booster shots and masking.<sup>17</sup> Still others are unable to access the vaccines they would like to receive as federal and state immunization efforts are rolled back. This is especially troubling as we now face additional outbreaks of mpox, polio, whooping cough, and measles, as well as the worst flu season in at least ten years.

Now, more than ever, Congress must use science-based information to make vaccine and public health policy, share reliable sources of information about vaccines, and help constituents distinguish good information from bad.

One of our key partners in this effort is community-based organizations (CBOs). According to the American Public Health Association,<sup>18</sup> CBOs are defined as groups driven by community residents.




 WE ARE HELPING COMMUNITIES

FIND THE INFORMATION THEY NEED TO MAKE THE RIGHT DECISION FOR THEMSELVES AND THEIR FAMILIES. WITH CAREFUL ATTENTION TO EACH COMMUNITY'S UNIQUE NEEDS, WE CAN BUILD A LASTING APPRECIATION FOR GOOD HEALTH.


– Dr. Johnnetta Betsch Cole,  
at the launch of  
Good Health WINS


## ACCORDING TO THE AMERICAN PUBLIC HEALTH ASSOCIATION, A COMMUNITY-BASED ORGANIZATION IS ONE WHERE:

 The majority of the governing body and staff consists of local residents.

 The main operating offices are in the community.

 Priority issue areas are identified and defined by residents.

 Solutions to address priority issues are developed with residents.

 Program design, implementation, and evaluation components have residents intimately involved and in leadership positions.

Since the 1990s, research has shown that including CBOs in public health campaigns from start to finish dramatically increases the effectiveness of these campaigns.<sup>19</sup> Public health officials must partner in meaningful ways with CBOs to build confidence in vaccines and increase vaccination opportunities.

CBOs are often reliant on government grants; however, these grants are often inconsistent and rely on metrics that make it difficult for CBOs to compete. A recent report issued by Vaccinate Your Family and Día de la Mujer Latina<sup>20</sup> of COVID-19 vaccine-related grants found that, as Congress authorized billions of dollars in much-needed aid throughout the pandemic, much of these funds went to larger organizations and not CBOs, who often lacked the internal infrastructure and resources to compete with larger groups.<sup>21</sup>



### COMMUNITY PARTNERSHIPS WORK

Good Health WINs, a partnership between the National Council of Negro Women, Vaccinate Your Family, and Trust for America's Health, hosted nearly **1,500 vaccination education events** in its first year, reaching **750,000 people** with science-based information.<sup>xvi</sup>

Between April 2021 and March 2022, the COVID-19 vaccination disparity between White and Black Americans fell from

**14%** to **5%**

due in large part to programs such as Good Health WINs.





In 2021 the Society for Women’s Health Research and several CBO experts, including Vaccinate Your Family, collaborated on a report laying out a roadmap to authentic community engagement.<sup>22</sup> The report heavily emphasized the need to work with community members, leaders, and organizations to understand the community’s existing network and needs before planning a program to increase vaccine confidence or immunization rates.

Too often, national or even state-level organizations swoop into neighborhoods to implement “solutions” before consulting with the very people impacted by these programs. While many groups use the term “community engagement,” few are aware of what constitutes an effective community engagement plan, which requires an in-depth listening of their needs. Others who are existing members of the community, such as larger hospital or medical systems and universities, may understand the issues within their neighborhoods but are not trusted for reasons ranging from historic and systemic racism to recent acquisitions by or mergers with outside entities.

While we cannot legislate vaccine confidence, working with partners such as CBOs to share accurate,

science-based information can and does increase vaccine confidence and drown out misinformation. We encourage Members of Congress to reach out to these organizations to learn from their communities’ experiences and collaborate on increasing vaccination rates.

Now, more than ever, we need legislators and their staff to understand and share information on vaccine safety and science. We know it is not possible to know responses to all of the vaccine myths circulating online, which is why many organizations, including Vaccinate Your Family, have created special webpages constantly updated with answers to the recent questions and concerns constituents may have about immunizations for themselves and their loved ones.

— VISIT [VACCINATEYOURFAMILY.ORG](https://vaccinateyourfamily.org) FOR THE LATEST INFORMATION ON THE SAFETY AND EFFECTIVENESS OF VACCINES.







### WHAT CONGRESS CAN DO:

- ▶ Include language in funding bills to ensure Community-Based Organizations (CBOs) are prioritized in federal grant processes.
- ▶ Re-evaluate grant application and awarding criteria to ensure a level playing field for CBOs.
- ▶ Share information about which vaccines individuals need, how to pay for them, and where to get them on websites such as [vaccines.gov](https://www.vaccines.gov) and [vaccinateyourfamily.org/paying-for-vaccines](https://www.vaccinateyourfamily.org/paying-for-vaccines).
- ▶ Add links to science-based information to your Congressional website, including both government sites like [vaccines.gov](https://www.vaccines.gov), but also nonprofit websites that have been certified by the World Health Organization (WHO) as credible sources of vaccine information.
- ▶ Show your support for vaccines on social media.
- ▶ Learn and share how your constituents have been affected by vaccine-preventable diseases.



# The State of Our ImmUnion is Up to Us

As the nation emerges from the COVID-19 pandemic, we must take action to prevent future outbreaks and pandemics by ensuring equitable access to all vaccines, rebuilding our immunization infrastructure, and countering misinformation.

## WE URGE CONGRESS TO:

- Ensure implementation of full coverage of vaccines in Medicare and Medicaid.
- Strengthen the Vaccines for Children Program to include children in CHIP programs and increase participating providers.
- Create a Vaccines for Adults program for uninsured individuals.
- Increase funding for 317 Immunization Programs.
- Create a line item in the Indian Health Service for immunization and provide additional funds to the Tribal Nations who run their own healthcare systems.
- Modernize Immunization Information Systems to allow for easier, more secure, data sharing.
- Implement the student loan forgiveness provisions for public health professionals contained in the Fiscal Year 2022 Omnibus Appropriations bill.
- Refine the Vaccine Injury Compensation Program (VICP) to ensure fairness for both children and adults injured by vaccines.
- Move COVID-19 vaccines from the Countermeasures Injury Compensation Program (CICP) to the VICP.
- Ensure the involvement of Community-Based Organizations (CBOs) in vaccine outreach efforts and in grantmaking processes.
- Show your support of vaccines on your websites, social media, and speaking platforms.



## ADDITIONAL RESOURCES

The World Health Organization's (WHO) Vaccine Safety Net has certified Vaccinate Your Family's website, confirming that it provides credible information on vaccine safety.

Please visit our website for more information: [vaccinateyourfamily.org/questions-aboutvaccines/questions-and-answers-aboutcovid-19-vaccines](https://vaccinateyourfamily.org/questions-aboutvaccines/questions-and-answers-aboutcovid-19-vaccines)

### Which vaccines my family needs?

[vaccinateyourfamily.org/which-vaccines-does-my-family-need/](https://vaccinateyourfamily.org/which-vaccines-does-my-family-need/)

### Paying for vaccines

[vaccinateyourfamily.org/payingfor-vaccines](https://vaccinateyourfamily.org/payingfor-vaccines)

### Vaccine safety

[vaccinateyourfamily.org/vaccine-safety](https://vaccinateyourfamily.org/vaccine-safety)

### Personal stories of people impacted by vaccine-preventable diseases

[vaccinateyourfamily.org/personal-stories](https://vaccinateyourfamily.org/personal-stories)

### Information in Spanish

[vaccinateyourfamily.org/en-espanol](https://vaccinateyourfamily.org/en-espanol)

## POLICY RESOURCES FROM OUR PARTNERS

**317 Coalition** is solely focused on advocating for increased federal funding for the National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention.

**Adult Vaccine Access Coalition** is a partnership working to enact federal policy solutions to increase access to and uptake rate of adult vaccinations.

**American Academy of Pediatrics** offers an overview of recent disease outbreaks and vaccination rates among children, along with resources for vaccine education.

**American Immunization Registry Association** promotes the development and implementation of immunization information systems to ensure healthy communities.

**Association of Immunization Managers** enables immunization program managers to work together to effectively prevent and control vaccine-preventable diseases and improve immunization coverage in the United States and its territories.

**Association of State and Territorial Health Officials** is the national nonprofit organization representing public health agencies in the United States, the U.S. Territories, the District of Columbia and their employees.

**Coalition to Stop Flu** advocates for increased federal funding and proactive policy solutions to stop flu deaths in our lifetime.

**Immunization Coalitions Network** of the Immunization Action Coalition offers a searchable database to locate state and local immunization coalitions and a host of state policy resources.



**National Association of County & City Health Officials** is comprised of over 2,800 Local Health Departments across the United States.

**Trust for America's Health** is a non-profit, non-partisan organization that promotes optimal health for every person and community and makes the prevention of illness and injury a national priority.

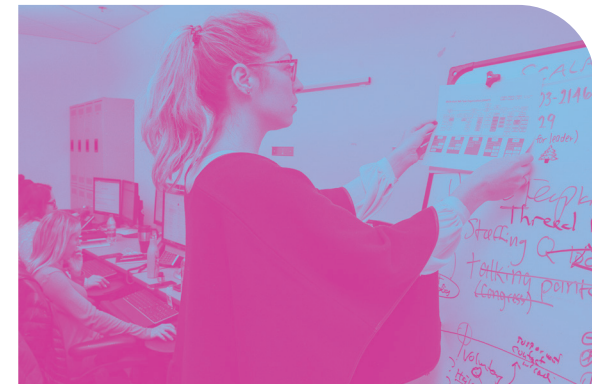
## OUR COMMUNITY PARTNERS

**Good Health WINS**, a project of the **National Council of Negro Women**, Vaccinate Your Family, and Trust for America's Health works to reduce health disparities, increase vaccination opportunities and vaccination education, and identify the drivers of vaccine hesitancy.

**Día de la Mujer Latina** promotes healthy behaviors within the underserved Latino community by providing culturally and linguistically proficient education, facilitating early detection screening, and offering culturally appropriate preventative care interventions.

## ENDNOTES

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