

ACF and CDC Early Childhood Vaccine Priority – OHS Follow-Up Conversation

Moderator: Dr. Futrell, the floor is yours.

Dr. Bernadine Futrell: Thank you so much. Hello everyone, and welcome to the Office of Head Start's, the Administration for Children and Families, and the Center for Disease Control Early Childhood vaccine priority follow-up discussion. I am Dr. Bernadine Futrell. I am the director of the Office of Head Start, and I'm honored to be with you today. It's now been more than a year since the lights went out. And as you know, we have been navigating our way out of it. I know that Head Start and the child care community is strong and resilient, as I have seen it firsthand as a Head Start baby enrolled in Head Start. I've been a part of it as a Head Start assistant teacher, and I've learned so much from this community during my career, and most recently, my work at the National Head Start Association. My heart is grateful and thankful to each of you for the work that you do every day as Head Start, and now, as you have become public health leaders in your community. Today, our community is at a point of significant impact. This is a moment of hope and celebration for the future, and also a reflection and remembrance for all that we have lost in the past. We know that the American Rescue Plan and the COVID-19 vaccines can help end the pandemic and reduce the numbers of lives lost during COVID-19. And we also know that the Head Start and Early Head Start community holds job critical to the continued functioning of our society and are at potential occupational risks for exposure to COVID-19. We also know that getting vaccinated as soon as the opportunity is available is an important way for our Head Start community to stay safe and reduce the risk of getting fiercely ill from COVID 19.

As many of you know, on March the 2nd, 2021, the President issued a directive that directs all COVID-19 vaccination providers who are administering vaccines purchased by the US government to make available and make a priority for those who work in Head Start and Early Head Start programs, as well as child care and other pre-K settings. This means that in addition to the existing state and local COVID-19 vaccine sites, Head Start teachers and staff, and others, across the nation can sign up for an appointment at over 9,000 pharmacy locations. I also want to just take a moment here to say, even after our Head Start staff are vaccinated, there will be a need to continue prevention measures for the foreseeable future, including wearing our masks, staying physically distant, and other important prevention strategies. We're going to get started in today's conversation. It is designed as a follow up from a great conversation we had last week. In addition to the information we're going to expand on from the CDC, we are going to briefly address some COVID 19 – I'm sorry – COVID vaccine information, explore how our Head Start program can best support the work to help vaccinate staff, and how programs can use their Head Start dollars to support the vaccine efforts. And we will engage in the Q&A to address your questions. We do plan to share information as soon as we get it and often. You will get a downloaded version of this presentation on ECLKC next week, and on the 24th, we will have another webinar with the National Center on Health, Behavioral Health, and Safety that is designed to dig a little deeper into the current information that we have, to explore the

vaccine, how the vaccines work, and the safety, and it will also give us an opportunity to have additional conversations about the science behind the vaccines and answer some FAQ to help our great Head Start community make the best decisions for themselves and their families. Now, please join me as we begin this conversation with our great team of presenters today, to help us unpack this complex topic. I am thankful for this moment to be with you all today and to lead in partnership with a great team, the Office of Head Start. Today, you're going to hear from Ann Linehan, who is the deputy director of the Office of Head Start, Dr. Kathleen Ethier, who is from the CDC, and Dr. Marco Beltran, who is the co-lead for COVID-19 response team for the Office of Head Start, as well as our senior program specialist for health. With that, it is my pleasure to turn this over to Dr. Beltran. Thank you.

Dr. Marco Beltran: Thank you, Dr. Futrell. So, we know that our Head Start programs are working hard to help protect children, families, and their staff, and to slow the spread of COVID-19 by using CDC's guidance to be able to operate their programs. We know that a comprehensive multi-pronged approach for COVID-19 prevention strategies might help slow transmission in our programs. And we, the Office of Head Start, will continue to help programs by providing fine space information for them to make decisions about providing in-person services, reopening, and continuing operations, by figuring out how to implement the most effective risk reduction strategies that include screening in order to ensure that children, families, and staff who are sick stay home; hand hygiene, which continues to be critical and reducing the spread of germs; masks to reduce respiratory spread, appropriate distancing – and I'd like to remind folks to be physically distant, but socially engaged – cleaning, sanitizing, and disinfecting to minimize the amount of germs in the environment; ventilation strategies to help bring in more fresh air from the outdoors into indoor environments, and vaccines. And a quick note, for those that do not know, on March 12th, the CDC – the CDC just released their new guidance for operating child care programs during COVID-19. Just Google “CDC child care guidance,” and it should be the first thing that pops up in the link search.

Next slide. So, a little bit more about vaccines. We know that COVID-19 vaccination is the safest way to protect individuals and the people they live with and work from getting COVID-19. Most people are planning to get the back – to get vaccinated with the COVID 19 vaccines, but some people may want a little bit more information before they do that. So, as we try to figure out how to help out our Head Start staff get vaccinated, we want to encourage you to take time to listen to the concerns of staff and help find answers to their questions. You can help staff and family members in your Head Start program become confident in making the right decisions for themselves. What we know is that vaccines will help stop the spread of the virus and all vaccines help the body make up a supply of memory cells that will remember how to fight the virus in the future. In turn, the FDA has approved the Moderna, Pfizer, and Johnson and Johnson COVID-19 vaccines. Although the vaccines are new, the process for ensuring vaccine safety is not. All vaccines must meet strict safety standards before the FDA approves them for the public. Many thousands of people of different ages and races volunteered for clinical trials to test the COVID-19 vaccines. All three vaccines, which are currently being given, have proven to be very effective, particularly against protecting people from getting extremely sick or requiring hospitalization. The Moderna and the Pfizer vaccines require two doses, as many of

you know, spaced several weeks apart to be fully effective. The Johnson and Johnson vaccine works with just one dose instead of two. Public health and medical providers are strongly urging people to take whatever vaccine they're able to get, as the most important thing that we know is to get everybody vaccinated. Once vaccinated, it is recommended to continue to follow the public health strategies that I mentioned in the previous slide. So, it's easy to be confused by all the information that's circulating, some of which may be conflicting. CDC has done a wonderful site to counter many of the common myths that are taking place. Two such myths that I want to kind of highlight is that COVID vaccines will not give you COVID-19 and that people who have gotten sick with COVID-19 may still benefit from getting vaccinated. Next slide. I now want to turn it over to Dr. Kathleen Ethier. Dr. Ethier is the lead for the Teacher, School Staff, and Child Care Workers Vaccination Program at the CDC. She has helped our early care and education community understand the program via a webinar that was held last week, and we wanted her here to help us deliver that message to our Head Start community. So, we are very thrilled to have her, and to help us understand the program. Dr. Ethier?

Dr. Kathleen Ethier: Thank you so much. and I'm just really thrilled to be here to continue this partnership with the Administration for Children's and Families, as well as with the Heads – with all of the Head Start folks here. It's just been a privilege. Next slide please. So, the goals of the program this month are really to help those school staff, Head Start staff, child care staff, who are ready to be vaccinated to available vaccine. And we're doing that in a couple of ways. As mentioned, the directive and the President's announcement indicated that all states should open up their eligibility to Head Start and child care staff. And for the most part, that has happened. All but I think five states at this point are completely open to Head Start and child care workers who would like to be vaccinated. We also have the pathway through our federal retail pharmacy program, which I'll talk a little bit more about in a few moments. And, they are, regardless of what state you're in, you will have access to vaccination in one of 9,000 federal pharmacy program partners. So, we can talk some more about how to access appointments through – through that program. But for the month of March, teachers, school staff, Head Start staff, and child care workers will be prioritized for appointments at the 9,000 – more than 9,000 federal pharmacy program partners. We're doing our work in a variety of ways. And so, we are working with our other federal partners, including ACF and the Department of Education, as well as our nonfederal partners, which include all of you, to get the word out, to answer any questions that you might have, and to really support getting, as we said, those folks who are vaccine-ready into the places where they can – they can find vaccination. We're also developing communication tools, and we can provide links to all of that. I will show you some of the resources we've developed, and we can provide links to those. But another really important aspect of our work is to build vaccine confidence among those who might be hesitant to be vaccinated. And so, Marco talked a little bit about, you know, some of the information around the safety and the efficacy of the vaccines available, but we know that, you know, there's more work to do than just providing that information. And so, really, we want to work with you to help your – your staff, you yourselves, and then, any of the folks that you work with who might have concerns about vaccination, to really answer those questions, and to hopefully move them along in the process towards vaccination.

Another really important aspect of the work that we're doing is to understand whether or not we're being effective. So, are we able to reach folks where they are and to get them to the places where they can get vaccines? And so, we'll be doing – we're using a variety of data sources, but we'll also be doing some surveys to ask folks directly, “Have you been vaccinated, and if not, why? Is it that there's a barrier involved in – getting an appointment – or is there some hesitance? Are you really not sure whether or not vaccination is something that you want to do?” And so, we'll be gathering some data over the course of the month to try to really understand, are we being effective? Next slide please. So, these are some, just, a few of the resources that we have available to help people along. So, we have a website that provides some basic information about the program, and how, excuse me, how you can link to find an appointment. And then we have our toolkit, and our toolkit is really meant for groups who are running a program, who wants to get information out to their staff, who want to provide information about – that might support confidence in getting vaccinated, and then, who wants to build momentum around getting your staff vaccinated. So, there's stickers, there's posters, there's social media ... There's a whole host of things that you can then provide to others to help bring them along. We ask that, among other things, which I'll talk about, but we have provided social media and hashtag. And so, we would love for you to promote the program, to put – to put up on social media, you know, your success stories, and to really help us build momentum over the course of the month. Next slide please. So, I jumped the gun a little bit in terms of how you can help, but really, the most important thing is to ask you to communicate with your members and constituents through all of your regular channels. To promote this program, we have a Head Start specific hashtag, “#SleeveUp4Head Start.” We would love for you all to start using that hashtag and to really promote and share the resources, and then, to get on social media and talk about your success, because really, that's the most important thing that we can do is to just really spread the word. Next slide, please.

So, I'm gonna spend a little bit of time talking about the federal retail pharmacy program, because I understand that this isn't – it's an unusual program, but it's also been unbelievably valuable in supplementing what states have been able to do in terms of really pushing forward on getting folks vaccinated. So, in the federal retail pharmacy program, there are 21 national pharmacy partners, many of whom are pharmacy companies that you recognize, and they have been providing vaccines. They have – really provides us a network of over 40,000 store locations. Right now, we're at about 10,000 store locations that have – that are part of the program, but that will continue to grow over time. And in fact, when we made the announcement of the directive on March 2nd, at that point, we had just gone from about 7,000 partners to 9,000 partners. We're up over 10,000 partners in just these doing 10 days. So, this will continue to grow, and it's being implemented in incrementally based on supply. So, as we – as we increase the supply of vaccine that's available, the program will continue to grow. This network is not only providing space in retail pharmacies for people to go and get vaccinated, but it also – also offers the opportunity to do mobile and offsite vaccination support. And so, you know, as the program grows, and as we kind of are able to identify places where we can move the program, we have this opportunity to also do some mobile and offsite support. Next slide, please. This is just a list of the federal pharmacy partners. You'll recognize many of the names, I think. And then the networks that they're using. Next slide, please. So, just to revisit

again, what the directive asked us to do was to prioritize all un-booked vaccination slots to include teachers, school staff, Head Start, and child care workers. And so, while over the last week, pharmacies have been kind of finishing up all of their existing appointments for first and second doses and the clinics within the communities that they're supporting, at the same time, we've been transitioning over to make sure that – that appointments for these target populations are prioritized. And then, we also need to make sure that all doses on hand are administered. So, the pharmacies may choose to expand schedules for slots that aren't booked to – that are not currently booked to present for those for existing the priority groups provided by jurisdictions. And so, all of the screeners and the schedules scheduler should all be updated by now. You should be able to go on and see that you are prioritized for appointments moving forward.

Next slide please. And so, here's really the question that I think we hear most often, “How do we schedule a vaccine appointment?” So, you can get to – you can go on to the federal retail pharmacy program website to see which pharmacies are participating in your state. Most pharmacy partners are using an online scheduling system to schedule vaccination appointments for those eligible. So, you can then check your local pharmacies website to sign up. You can also visit vaccinefinder.org to find out where vaccine is available in your community. And then, finally, you can visit your state health department's website to find additional providers in your area. Next slide please. So, I think we're training it at this point over – back over to Marco.

Ann Linehan: Actually, I think ... This is Ann Linehan, and I think that I take it from here, so, thank you so much.

Kathleen: Sorry about that.

Ann: That's OK. I am so happy to have the next several slides because this is really where the rubber meets the road. This is about local leadership. And I feel so strongly, having been a Head Start director for a decade before I came into federal service, that the ability for a local leadership to impact change during this time, I think is tremendous. The power that you have to support your staff in that pathway to getting that first shot. I have to say, this is one of the proudest times working for the federal government, what they have done. I think the work that CDC has done, Congress appropriating funds, the President coming out and saying, “We want to do it. We want to prioritize our Head Start staff.” To me, this is – the federal government has done its best – government has done its best in teeing us up at the local level for success. And I – and I just can't stress that enough. We're going to take a look at ... If we could take a look at the next slide, the vaccine hesitancy, we all know that there are people who are nervous. Who ... It could be from a family history, it could be their own medical experiences, and we have seen from community to community – identifying your trusted leaders. And most recently, we have seen a plethora of local church leaders, who have even opened up their houses – their places of worship – for vaccine sites, building confidence. For some communities, it could be the football coach on the Head Start – on the high school team. I think that there's so many ways – having that Head Start director or that health manager take a selfie after the shot been taken and put it on your local website – I think there is so much that the local Head Start

leadership team can do to make this a special experience and build the hesitancy, I mean, and mitigate the hesitancy that so many staff may feel. And I think, look, we all know with our own experiences, vaccines can react differently with different people. And I think we want to be real about what the expectations are. And say, “Hey, look, if you felt like your arm is falling off, 10 people didn't feel that way.” Again, being real with people, setting real expectations.

Again, I want to ... The toolkit the CDC has published, that I think we've got to go – we're going to take a look at that next. If we could take a look at toolkit, incredible resource. I mean, these are – these are things that you can download and use in your community with your staff, with your parents ... I mean, this is – this is an incredible gift, that you need to value yourselves. But again, I think it's supporting your efforts in ensuring that the messages that you get are the right messages. And, you know, we know at the end of the day, relationships matter, and it's all about communication. So, Marco, I wonder if you could like pull out some things that you really think are important and invented in the tool kit.

Marco: Yeah, Ann, so I've been thinking a lot about the toolkit and just kind of trying to figure out how – how it can be helpful to the Head Start community. So, I wanted to, after looking at it, I wanted to tie in what some of our programs are doing and how it's kind of reflected in the toolkit. So, one of the things that's really important is that we know our communities and groups that are – many of the communities and groups that our programs are located in have been disproportionately affected by COVID-19 infections and severe outcomes. And we also know that some might have been – some staff might have had previous experiences that affect their trust and confidence in the health system. So, one of the things that's really important is to figure out some of the – some of the messages that we're kind of talking about and try to adapt them so that they will resonate with the program and the community that their programs are in. So, you know what works best for your staff, and to help do this we have tried – we have heard from some of the programs that they've used their health service managers or their RNs to help deliver and adapt the messages. One of the things that we keep hearing is that the staff trusts these individuals and look to them to help provide them accurate information, which is similar to what you were talking about, building that confidence and identifying those people who can deliver the messages for you. So, besides using their health service managers, some programs are reaching out to their local health clinics and other – health departments. They have become an effective tool – the health departments and the clinics – in educating staff via articles, blog posts, and social media messages. Some programs are tailoring information for staff and have either developed their own graphics or use the CDC graphics. They've had – they've incorporated the graphics into the social media posts, and some folks have developed their own button, and staff are excited to receive the button after they've received the vaccine, similar to the “I voted” kind of sticker. As you indicated, communication has been key to help build confidence among staff, and we strongly encourage programs to share regular updates on local community COVID-19 vaccination efforts through in-person or virtual staff or town hall type of meetings. A staff newsletter, for example, or an e-blast, or whatever regular communication you're having with teacher's or staff unions, for example, might be useful. In one situation, during the town hall type of meeting, the director discovered the difficulties that staff were having signing up for the vaccine. So, they put together a team of folks that were

responsible for signing up their staff and scheduling their appointments. We encourage you all to have open discussions with your staff, create and publicize a feedback mechanism for staff members to ask questions about COVID-19 vaccination, and/or try to get some insight into their thoughts, the staff's thoughts, about getting a vaccine.

So, we know that programs have developed – some programs have developed a survey to figure out what to figure out the number of folks in their programs that are planning on getting the vaccine, those that are on the fence about getting the vaccine and are planning to get one. They've used this information to develop their strategies/campaigns. And in one case, they noticed that the issue was related to folks being concerned about vaccine safety and how the vaccines were developed. So, what they did is they concentrated their strategy around developing key messages that address this and identified reliable members in the community to help explain vaccine safety. For those seeking ideas, we really strongly encourage you to go to MyPeers and engage with other programs who are also engaging in this dialogue and hear from them to try to figure out how they're coming up with strategies to help build this confidence within their staff. And if you've developed a brief program that is working for you, it would be really beneficial to other programs that are starting to share that information so that they might learn and be able to develop something for their programs.

Ann: So, I think Marco, that's sort of just slides into the next situation. And it's really talking about ... You talked about the tools, you know, we have the things that CDC have posted that is so valuable. We also have a lot of information on – on our own website, ECLKC, but here's the other piece that I think is so critical: You have the Head Start dollars to support this effort. We know that staff are not going to be charged for the vaccine, but there are ways in which you can facilitate them getting there, ensuring that they have paid time off. What if they have a reaction – sick leave or other paid leave? If they experienced side effects ... Transportation to the vaccination locations ... We have some directors that have, and I see a lot of frustration in the questions about, "We're trying to get – it's so hard to schedule an appointment." We have some local directors and health managers who have gone down to the retail pharmacies or the local – the independent – including the independent pharmacies, and have basically said, "Hey, can you set aside a whole day, and I will do the booking for, you know, whatever the staff, I'll get them there." So, there are lots of ways that money can support the success of assessments.

Now, I'll say with a little bit of caution, this is not an exhaustive list. You may think of other creative ways where Head Start dollars could support this vaccine efforts. But one thing I just want to say today, as you all know, when you spend money, make sure you have a policy or statement that supports and justifies the expenditures. And that's just keeping you safe. But I think that, again, supportive that the money is absolutely fantastic. If you're moving on to the next slide, and I always ... I was so excited when we were going to do this one. I have to say, I want a disqualifier right now. There are many other programs. These are the programs that we heard about first. But take a look at across the country where our grantees are becoming vaccination sites, and these are small grantees, big grantees, middle-sized grantees, they're rural areas. So, we can see becoming a vaccination slide is even taking on a greater responsibility, but it's really been, and again, nothing is guaranteed that your staff is going to

get – are going to get vaccinated. But again, we understand that every grantee is in a different place. We're just asking that you develop strategies that really will facilitate staff in your community getting the vaccinations. And in fact, there was one community action agency that's not here, in Chelsea, Massachusetts, 83% of their staff already have their first shot. That's just incredible. I also think it builds on an incredible strength that our Head Start community has. Nobody builds better community partnerships than you do. And I think you can leverage those skills that you've had over the years. And we think, you know, the, the retail pharmacy program is a great place to develop a relationship with, again, as well as other trusted people in the community. And I'm going to speak to the sports world and the religious world. So, and I ... And again, I want to show you is actually a site – CMS site, if you could go to the next slide, where you can actually find out how to become a vaccination site. And I think the website is up in the right-hand corner, and I don't know, Marco any comments on that, or is that enough for that – for that particular slide?

Marco: That's enough for that particular slide, Ann.

Ann: OK. So, I just want to ... I just want to flip to the next slide, because this is – this is a great example with a little bit more context. This is a small rural program in Northern Montana. They reached out to their local – it was an independent pharmacy, and they got the pharmacy to come to the Head Start site and vaccinate all staff. Small grantee, major accomplishment, all the staff gets vaccinated. And then we'd take a look at, you know, maybe a bigger cap – and a bigger Head Start grantee, not a cap, but let's go to the next one. Here we have LACOE, which is, I think, they're one of our largest – this is Los Angeles County of Education – one of our largest grantees in the country, and they were able to establish early on a LACOE COVID response team. The office was able to start advocating for early childhood workforce to be a priority and considered essential workers. This resulted in the Department of Health including LACOE in the country's massive plan – in the county's massive plan for vaccination. That is pretty cool. And as a result, LACOE Head Start Early Learning Division quickly responded to the call for support, building awareness and distributing codes for all Head Start staff in LA County, well beyond their own grantee, in California state preschool program. So, I think you see the power of even a small grantee in Montana, rural community, doing incredible things. And then, you see a mega grantee, like LACOE, that really has even reached to make change beyond their own Head Start population. And again, you see the hashtag. We hope that's populated a million times over because spreading the word matters to people, and it helps build the confidence across the country. And I am so convinced that if anyone can move the needle on this – and we will see most of our Head Start staff have that first shot by the end of March – Head Start can do it. The leadership can do it at the local level. So, thank you. I'm so happy to be part of this today.

Marco: Great, thanks Ann. And so, now, I'm gonna start with some questions for Kathleen related to the program. Kathleen, can you – can you tell us, or can you give us an idea, and especially cause you've been working with other offices at ACF and with our – with our Department of ED, what areas of support should we focus on to help our Head Start program staff get vaccinated?

Kathleen: So, I think really focusing on communication is probably one of the most important things that we can do, both in terms of making sure that people know about the program, making sure that they know that for the month of March, they've been prioritized, and really encouraging people to just keep trying. I think, you know, we've heard that there are – that there were some access issues with people trying to get appointments and then not being able to, and just encouraging people to keep trying. More vaccine supply that we were able to get out to the state and through the federal pharmacy program, the easier it will be to get appointments. I also ... For the folks who have tried to get appointment through the pharmacy program in the last week, many of them were finishing up existing appointments that they already had. And so, we're hoping that this week, we will see a dramatic increase in the availability of appointments through the federal pharmacy program, but to just keep trying, to hang in there. I mean, I think as we've – as we've talked about, we are at the beginning of the end. If we can hang in there and continue to do our best. So, that kind of – that kind of communication is incredibly important. Also feeding back up – back through you all, back to us at CDC – issues you were having, questions that you have, and issues around vaccine confidence that – that you think we should know about. So, that kind of communication that we're getting to have today, and we'll hopefully continue to have, I think is incredibly important. So, use the resources we have available, talk to as many people, promote the program. Those are, I think, the things that we can do – the best things we can do right now.

Marco: Great, you've addressed a lot of the questions that were coming in actually, related to, people feeling frustrated or saying that they're struggling with getting the vaccine. So, thank you for doing that. What ... You've mentioned that for us, if we're – if we're having difficulty or something's going on, like, to get information to CDC, how can we reach CDC, or how can CDC reach us, to provide us with the most up to date information on the program?

Kathleen: So, we'll continue to push things out in terms of, getting information out to you. We'll continue to work. We're gonna ... I'm hoping that this partnership between CDC and ACF lasts for a long – long time. We ... One of the best things you can do is just to continue to check CDC's website, CDC.gov is a great source of information, not just on this particular program, but on a whole array of information that would – that we hope is of use to folks.

If you have questions or concerns, you are welcome to reach out to CDC-Info. So, you can – you can call in or get in through our website, and that's a way of letting folks know that – that you're having issues. And then, I think, through your Head Start programs, if there are – if they're continued questions, you can get more information about where to go to get those questions answered. And we'll just continue to communicate throughout the month, and in the time following.

Marco: Kathleen, I ... This question kind of popped up before the webinar that I – that I heard you speaking at last week, and it's kind of popping up again. So, I'm hoping you're able to answer it. Does the priority for child care workers extend to Head Start employees working in administrative support positions outside of the child care setting?

Kathleen: So, a couple of things. One is that we want everyone who works in child care settings who is in interaction with each other and interaction – or interaction with children to get vaccinated. The language is very broad, and especially through the pharmacy program, is based on self-attestation, which is that you do not have to show any documentation of where you work when you make an appointment. So, you simply say that you are affiliated with Head Start or a child care program, and that should make you eligible. If there are, if you have problems with that, we – the pharmacy programs should be wide open at this point in terms of eligibility, but they work within state systems. So, if you're having trouble, you know, check on what your state eligibility is and whether there are requirements for state eligibility, but that should not be an issue with the pharmacies. You should be able to access appointments without documentation. So, I think, you know, we have purposefully left our definition somewhat broad because I think there is a lot of – there's a lot of, you know, kind of determination on a program by program basis, that I think it makes as much sense for you all to decide on the ground who has – who in a child care or a Head Start program who's having interaction with others that would make the – would make the organization safer if they were vaccinated.

Marco: Here's the one kind of a follow up.

Ann: If I could get [Inaudible] ... Marco. And I think what we have said, Kathleen, when we have spoken to grantees, cause this is always a question that comes up. I really think, you know, because program designs – organizational structures are so different from organizations, and I think we're saying you don't want a rule from us. You don't want us to set the parameters. You know who is essential to the operations of Head Start, Early Head Start, you know, child care partnership program and [Inaudible]. This is not sort of Big Brother looking over. I think you make the decisions that that allows staff who have, you know, interactions across a broad spectrum of services and activities that we engage our Head Start children and families in.

Marco: Ann and Kathleen, actually, I was going to follow up with, and hopefully you'll be able to answer this question, Kathleen, because I think it's kind of ties into some of the questions that are coming in around the variations between states and their requirements and the pharmacy program. Can you – can you speak to that at all? Like, is there a difference or not?

Kathleen: So, you know, the pharmacy program works very closely with the state program in each state. And so, was working within the same eligibility as the state program, but when we put this directive in place that directed the prioritization of the federal retail pharmacy program partners for the target populations for this month. And so, it's just taken a little while for the state to get to the same – to all of the same place in terms of eligibility. So, it opened up the eligibility for the pharmacy program nationwide, and the states have been moving along. We still have a couple of states that are not completely – where they haven't expanded eligibility completely, but they're all moving in that direction. And so, while they are – they have been hand in hand up until this point and are for the most part hand in hand, and we hope will continue to be, there are some differences. And then, also in terms of eligibility versus prioritization. So, for the month of March, the pharmacy partners are prioritizing child care workers, Head Start staff, teachers, and other school staff for this month.

And there may be some states that are also prioritizing, but it's – that was not part of the directive. The directive was about everybody opening up eligibility. The pharmacy program, prioritizing. And so, you know, by the end of the month, we're hoping that they'll be hand in hand again in that all – all populations targeted in this directive will all be eligible, and that eligibility will remain. I hope that answers the question.

Marco: It does, thank you.

Ann: Marco, I have an easy question, and I don't know the answer to the easy question except for, you know, some people are saying, “Hey, where can we send our success stories?” And I know that we have a place on ECLKC that you can say anything you want – a complaint or story. Or do we have anything specifically set up for this or should we just encourage them to use that portal on our – ECLKC?

Marco: So, actually ... So, right now ... So, we're encouraging folks to use the hashtag that was mentioned. So, it's “#Sleeveup4HeadStart.” In addition to that, we're working on our strategy, our social media strategy, so, hopefully by next week, we're going to start – you're going to start to see some activity on Facebook, on Twitter, and also on the ECLKC with a little bit more information about what you can do if you want to highlight some of the work that you're engaging in. If you want – if you're so excited about getting that information to us now, you can send it via the ECLKC, and we will be – we will get it. And then, we will, you know, we can figure out ways that we can share it with other folks that might benefit from it.

Ann: I think there was another question. Go ahead.

Kathleen: This is Kathleen. And I also just wanted to mention that if you use the hashtag “#Sleeveup4HeadStart,” we at CDC, we are collecting social media examples and building a social media wall. So, you might see yourself on our social media wall, if that's a good thing, I hope it is. But we are collecting, we're kind of scouring all of the social media platforms to see if the hashtags being used and want to highlight those over the course of the month.

Ann: I think also along those lines, Kathleen, while we want to always hear the good stories and the successes, we also are very sensitive to if someone has a bad experience with one of the pharmacies on the retail pharmacy list, we want to know about that too. And when I say bad experience, I'm not talking about a sore arm, but if people are not treated with dignity, if people are asked a lot of questions, which are not appropriate, or if they would just up and outright reject someone, we're very sensitive to that. So, if there is an incident or something that you said, “That just didn't sound right. That didn't feel right,” we want to know that too. Marco, there's also one question that, you know, when we talked about the funds and how it could support staff, I knew someone would ask, “Well, could we use the funds to, you know, help facilitate parent's vaccines?” And what I would say is the answer is no. However, all of the things that you're doing in your public media campaign at your local level are going to have a spillover effect. If you're doing webinars or trainings or workshops about, you know, vaccine safety or availability or whatever you're doing to help support your staff, parents can hear that and receive the materials, but we just can't speak specifically, say, you know, I'm going to pay

parents a \$15 incentive, you know, to get their vaccine. That is a little bit overt. But I think there are a lot of things that you're doing in general for your staff that are going to benefit your payments.

Marco: And Kathleen could correct me if I'm wrong, but my understanding is that as it relates to vaccines, the vaccines are free. Agencies or institutions can charge an administrative fee, but what we understand to be clear is that if folks don't have the money to pay or is not covered by the insurance for that administrative fee, that a lot of those fees are waived. Is that correct Kathleen?

Kathleen: That's correct.

Ann: You know what, I don't know that we can answer this, but I do want to, and I know that Dr. Futrell is going to say something a little later about, you know, whether or not staff – programs can require the vaccines. But clearly there's a lot of interests within local communities, local Head Start programs, and even us at the regional level – at the national level and regional level saying, "Gee, I wonder now, the program that got 83% of their staff vaccinated, that must've been because they knew that they made appointments and they got them," but people are saying, "What kind of ... Could we survey our, you know, our staff?" And I know that they're also things around HIPAA – HIPAA rules and regulations, but is there any general advice that you could give folks about kind of wanting to gather some data about this at the local level, or is it guided by the local policy? You know, personnel policies, procedures, and state and local regulations?

Marco: So, I'll jump in, Ann. So, that was kind of the – some of the examples that I was talking about. Our peer program says that they've engaged in the survey of their staff to try to figure out what their strategy is going to be. The recommendation is to make sure that you're – that you are meeting your program policies and procedures. In some cases, depending on where your agency is located, you might have to go through an IRB board, or you might have to engage others to make sure that the survey that you're using is appropriate to use and that you're not invalid – you're not contradicting anything that or you're not doing something that you shouldn't be doing. So, using the survey is a tool that some folks are using. So, I don't think that it stops them from doing that. You just kinda need to make sure that you can do it within your program and your program structure.

Ann: And Marco, would it make a difference if it were anonymous and voluntary?

Marco: I think it would facilitate. I mean, I know that some individuals do that and it facilitates the process of getting that approved of they're going through like an IRB board, having some other entity kind of validate the questions for them. So, I mean, to that point, which you're trying to do is kind of where your staff are as a whole and trying to move the needle towards getting more folks vaccinated like that. That's where we want to head. So, if that survey, whether it's anonymous or not, allows you to do that, I think that can be a very useful tool.

Ann: You know, someone asked us to kind of expand the parameters even more for that Head Start staff, and what we mean by that. And someone did, and I'm glad they asked the question, you know? "What about those of us who are on contracts to provide TTA to local grantees?" And I think we're really talking about folks at the local level who are working in those local programs – working with those families on a regular daily basis. This is not something that we could stretch to say, you know, it covers our TA system. That is not what this is intended for. Although we hope that they get, you know, they get in line and get there and whatever they can. And Marco, I don't know if you want to comment on that.

Marco: No, I think you said it Ann. But, you know, Ann can I ask you a question? I was thinking about, as we were talking about engaging our programs and our teachers and staff, what I did hear some folks that were struggling with is, with some of our programs who are working with unions, they had – they had some really interesting strategies. The most – the most fruitful strategy that I heard for programs talk about was working with the union from the very beginning, having them part – having them part of the whole, you know, as they were engaging in the survey, part of the survey discussion, part of what was going to be done with the survey, part of developing the key messages. Is there anything else that we can offer that would be of benefit to programs to kind of think about if they're in that situation?

Ann: Oh, wow. I don't know that I could expand it much more than what you have offered Marco. I don't know. And maybe we need to think about it, and if we could be more helpful, we could – we could post something, you know, post it on ECLKC. And I don't know if Dr. Futrell or Kathleen have any thoughts.

Marco: I do have – I do have one final question for Kathleen. Just because of, you know, I'm so happy that you're with us because you have experience working with, as I indicated earlier, with the Department of ED. In your work with them, have you – have you heard of anything that they're doing that would benefit us as it relates to addressing barriers? I know Ann kind of started talking about it, but is there anything that you've heard that we haven't talked about that might be of benefit to us?

Kathleen: No, nothing comes quickly tonight. I would say that – and I don't know whether it's because, you know, both CDC and ACF are within the same department – you guys have done such an amazing job making sure that you're communicating constantly to your partners, getting information out. I think I've actually been using you all as the example for them on really hard to get information out and how to provide it and how to provide it in a way that is most useful. So, if you haven't patted yourselves in the back, let me do that for you. I'm good. The child care and Head Start community is just so amazing and so connected and really doing just a fantastic job in being open and communicating and listening and answering questions. So, I've been really impressed. I've enjoyed it so much. Getting to know all of the folks that you've been talking to and to be able to provide information. So, I think just continuing to do what you're doing, I think, is how barriers get broken down.

Marco: Hey, Kathleen, I misspoke.

Ann: Marco, I'd like to put another plug in for MyPeers. I know you brought it up earlier. They had some questions saying, you know, advice for coming the vaccine side. I mean, I think we put out for them just on these slides. and I know this is a website – CMS, but I also think getting on MyPeers and saying, "Hey, you know," if it's the health manager or the directors on MyPeers saying, "Anyone done it, how do you do it? And what are the obstacles?" And I think the same for the whole survey thing. I think MyPeers is such an incredible resource for the Head Start community to exchange ideas.

Marco: I agree. I agree. And Kathleen, I misspoke, actually, this one question pop up that I really want to make sure that it gets addressed before we move on. Will child care priority – will the child care priority go away at the end of March? And if so, will child care staff lose their opportunity for vaccination?

Kathleen: So, that's a great question because I want to make sure that it's clear. So, once eligibility is open – so, once you are eligible within the federal pharmacy program or in your state program, eligibility remains. So, from here out, anybody who works in any of your programs will be eligible. What will go away at the end of the month is the federal retail pharmacy program prioritizing appointments for teachers, school staff, Head Start staff, and child care workers. So, we ... And I think, you know, we are excited that we've been able to set aside those appointments in the pharmacy program, but I think we are anticipating that with supply increasing, we will, you know, I think opening it up for everyone, I think it's going to get easier as time goes on. So, I'm really glad that we're prioritizing for the month of March, but eligibility will remain.

Marco: Great. Thank you, and I'm going to pivot a little bit, and I want to ask Dr. Futrell a couple of questions, and it's tied to a lot of the questions that are coming in. So, I'm going to – I'm going to paraphrase a little bit. The first question is, "Will the Office of Head Start require that staff get the COVID-19 vaccine?"

Dr. Futrell: Thank you. Thank you, Dr. Beltran. And thank you for that question, and as we kind of shared in the beginning, we are working hard to get information out as we know it. And we also know the information is coming very, very fast, but in keeping our commitment to share information with you as we get it and to share it often, I can respond verbally to this question and also just kind of set the stage that you'll get more written guidance here in the next few weeks. But at a high level, the COVID vaccine for individuals are not required under the federal law. The decision to require a vaccine still remains with programs or employer specific decisions, and it's again, also subject to applicable federal and state laws. Programs should consider guidance from the CDC and as well as the Occupational Safety and Health Administration, as well as their state and local guidance and making that decision. At this time, we do not know if any state vaccine laws related to the COVID 19 vaccines.

And if I could, I want also to share a little bit around – what I'm seeing also is whether or not grantees can require staff to get the vaccine. Again, we understand that the Head Start communities and some health care workers are essential employees, and with that, a state or local government or employer, for example, may require or mandate that workers be

vaccinated as a matter of state or other law. Head Start/Early Head Start grantees, like other employees, may decide to require employees to obtain this vaccine. If it relates to the staff members position in a program, it is necessary for program operations. We will say if a grantee chooses to require a vaccine for staff, it is important to develop supportive policies and procedures that take into consideration requests for reasonable accommodations for employees with disabilities, medical conditions, or other specific religious beliefs and practices. And we also encourage grantees to consult the U.S. Equal Employment Opportunity Commission and the CDC for further information. Again, we will share more information writing once we are able to share. Marco, if I could, I'd like to just kind of move us to looking forward.

Marco: Yes, please.

Dr. Futrell: Thank you so much. And again, this is the moment that Head Start was created for. I want to just start by really just saying thank you to Dr. Ethier and Dr. Beltran and all of you who are on the line listening into this conversation. We are really grateful for your attendance. It really speaks to, as mentioned earlier, the role of Head Start in kind of moving in our community as leaders, and it's also helpful for us to hear from you. We thank you for all the great questions. We're watching them as they come in, so we can provide more specific information and guidance out to you. As I close, I just wanted to say that, you know, this is a moment that Head Start was created for. We know that it has been challenging, but we're called to lead again, as we did in 1965 when Head Start was born out of the Civil Rights Movement and the War on Poverty. And so, with the passage of American Rescue Plan, the availability of the vaccine, even the restoration of trust with our public health leaders, we're at a place now where we have new tools and resources, as we continue to fight against the – against the pandemic and other factors that are coming towards us.

So, for us at OHS, we're really moved because this is a good framework for us to get back to Head Start, to get back to it, focus on comprehensive services, and to continue to support mitigation efforts, spread information about the vaccine, but also to lift up our role as the Head Start community and economic mobility, school readiness, community building, and health equity. So, as we close, we want to just remind you all to come back on March 24th for the follow-up webinar, where we will go in deeper. And also, we'll continue to share information as we find out, as the vaccine information is very exciting. We're very moved by it, but it is also coming very fast. So, that's our commitment to you. And with that, we want to thank you all for joining and we look forward to continued conversations and getting back to our Head Start. Thank you.