

[Technical Advisory Group

Review of Criteria #9

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Criteria #9

The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver



Current Uptake

- The National Academy for State Health Policy reported that, on average, 50% of adolescents 12 to 17 years old (who have been eligible for vaccination longer than 5 to 11 year olds) have received the COVID-19 vaccine (November 2021).
- Current uptake in Washington's kids:
 - Ages 5-11: 33.4% 1 dose, 25.6% fully vaccinated
 - Ages 12-15: 57.5% 1 dose and 52.0% fully vaccinated
 - Ages 16-17: 66.1% 1 dose, 60.2% fully vaccinated

Kaiser Family Foundation COVID19 Vaccine Monitor Survey Data



Vaccine acceptance and possible barriers

- November 2021 survey found that 31% of parents of 12 to 17 year olds expressed concern about taking time off of work for their child to be vaccinated and recover from any side effects.
- 22% of parents expressed concern that they "won't be able to get their child vaccinated at a place they trust".
- September 2021 survey found that about a third of parents (34%) say they will vaccinate their 5-11 year old child "right away" once a vaccine is authorized for their age group.



Parental response to possible barriers

- A KFF survey from July August 2021 asked parents about barriers to vaccination:
- 18% said they might have to pay an out-of-pocket cost to get the COVID-19 vaccine for their child
- 17% of parents noted they will have difficulty travelling to a place to get their child vaccinated
- 24% of parents expressed concern they would not be able to get the vaccine for their child from a place they trust
 - The federal government is providing COVID vaccine free of charge to everyone 5 years and older living in the United States, regardless of immigration or insurance status.

Black, Hispanic, And Lower Income Parents Most Concerned About Issues Accessing COVID-19 Vaccines For Their Children

Percent who say they are concerned about each of the following:



NOTE: Among parents or guardians of children between the ages of 5 and 17 who have not gotten the COVID-19 vaccine. See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor: Winter Update on Parents' Views (November 8-23, 2021) • Download PNG

KFF COVID-19 Vaccine Monitor

Changing access-related concerns

- KFF survey asked parents the same questions in a July August 2021 survey and again in November 2021. Responses to access-related barriers changed:
 - The percent of Black parents expressing concern about needing to take time off of work to get their child vaccinated rose from 34% to 43%
 - Decreased slightly for Hispanic and White parents
 - The percent of Hispanic parents expressing concern over travel decreased from 40% to 34%
 - The percent of Black parents concerned around access at a place they trust went up 1% while Hispanic and White parents expressing this concern declined (10% and 3% respectively)
- The November survey also showed that those families making less than \$40,000 expressed significantly higher rates of concern around access-related barriers

Literature Review



Literature review

- Research frequently identifies two barriers to vaccination; structural and attitude-related barriers.
- Researchers reported numerous structural barriers to providing COVID-19 vaccination for children, including barriers for caregivers including:
 - Need for computer and internet access and technical savviness (for accessing appointments)
 - Transportation
 - Concerns about record sharing (e.g. with Immigration and Customs Enforcement)

Literature Review

- Communities of color disproportionately impacted by COVID-19 are more likely to report burdens for vaccine compliance, which has the potential to exacerbate existing inequities.
- Researchers have also emphasized that, "structural racism can undermine [adolescent and young adult] success in remaining free from COVID-19, including limiting vaccine access and uptake."
- It is well-documented that communities of color have been disproportionately impacted by the COVID-19 pandemic and have experienced higher rates of illness, hospitalization, and death. These inequities are not inherent to a person's identity, but rather the result of multiple social determinants of health, including racism, access to and use of healthcare, occupation and employment, and socioeconomic status.

Literature review

- General research on routine childhood vaccinations have also found systemic and structural barriers to compliance with the recommended immunization schedule, similar to research on COVID19 vaccine.
- Research related to the vaccine for human papillomavirus (HPV), which is also a multi-series and administered to older ages outside of regular wellness visits, have found multiple factors associated with low compliance.
 - Ability to locate a clinic and appointment
 - Lack of a medical home
 - Reliance on caregivers (e.g. for decision making and appointments)
 - Inconvenience of vaccine schedule

Literature Review

- A systematic review of 61 articles examining barriers to completing multi-dose vaccine series (e.g., HPV, Hepatitis A, Hepatitis B, Varicella) found that completion rates ranged from 27% to 90% and were impacted by a variety of factors.
- Other research has found that "being unaware of or forgetting about the need for additional doses" is a barrier to completing multidose vaccine series.

Literature Review: In Summary

Overall, the available research suggests the following:

- Structural and systemic barriers exist for families accessing both routine childhood vaccines and the COVID19 vaccine
- Communities disproportionately impacted by COVID19 also experience higher rates of systemic and structural barriers to COVID19 vaccination
- Black and Hispanic parents express higher rates of structural barriers (e.g. transportation, time off work) to accessing COVID19 vaccine for their child
- Availability of appointments and access through trusted providers is a concern for families regarding COVID19 vaccine

Informal Survey

Washington State Board of Health and Department of Health Informal Survey of Washington Parents



SBOH / DOH Survey

- The Board and Department distributed a survey from January 21st February 2nd 2022 seeking input on this criteria from Washington parents, families, and caregivers.
- The survey was distributed electronically to the general public and was available in English and Spanish.
- The survey was also distributed through the Department of Health's COVID19 Vaccine Implementation Collaborative in both English and Spanish.
- The survey received over 90,000 responses.
- The survey sought to identify themes of specific structural barriers that parents and caregivers of school age children might face. The survey was designed to identify supplemental qualitative information.

What we heard

- Transportation, required travel over 30 minutes to vaccine appointments in rural parts of state
- Parents indicate they want to be present for appointment
- Availability of appointments
 - Specifically weekend appointments
- Shared decision-making challenges for separated parent households
- Many respondents indicated they had no barriers to a new school requirement



Washington State Board of Health

What We Heard (cont'd)

- Unsure of how burdensome without knowing about boosters
- The need to schedule multiple appointments for multiple children
 - Many respondents indicated it is challenging to find multiple appointments at the same time for their child
- Judgement from others
- Special needs child requires specific care setting or home visit



Summary

- Structural barriers exist for parents and caregivers to obtain required documentation for a new school immunization requirement.
- Parents in communities disproportionately impacted by COVID19 experience higher rates of systemic and structural barriers to vaccination.
- Concerns regarding transportation, time off of work for appointments/side effects, and availability of appointments are consistent across sources.
- Structural barriers for school immunization requirements are not unique to COVID19 vaccine.

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References

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