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August 19, 2021

President Joseph R. Biden
The White House
1600 Pennsylvania Avenue NW
Washington, D.C. 20500

Honorable Xavier Becerra
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

White House COVID-19 Response Team
The White House
1600 Pennsylvania Avenue NW
Washington, D.C. 20500

Dear President Biden, Secretary Becerra, and White House COVID-19 Response Team,

I am writing from First Focus on Children, a bipartisan children's advocacy organization dedicated to making children and families a priority in federal budget and policy decisions, to thank the Administration for the work you have done to date to increase youth vaccination rates against COVID-19, and to continue to urge you to create a plan for getting children of all ages vaccinated against COVID-19 as equitably and effectively as possible when a vaccine is approved for their respective ages.

As I wrote to you in an [April 2021 letter](#), children have suffered immeasurably during the COVID-19 crisis, from school and child care closures; increases in mental health needs; tens of thousands of children having lost a parent or caregiver to COVID-19; more children living in poverty; and increasing numbers of children going hungry. We must continue working to ensure that they are protected from the virus as soon as possible, and this will be done in part by planning now for an equitable and tailored vaccine distribution plan for all children.

We appreciate the work the Administration is currently doing to increase youth vaccination, including creating the Student Corps to engage young people to become ambassadors to their peers and communities for vaccine information, partnering with celebrities and other respected voices on outreach efforts, and encouraging school districts to host vaccination clinics. My office has also been working with staff in the White House on youth vaccination and we look forward to continuing that work and communication.

We expect even greater challenges in vaccinating young children than there were for adults and adolescents, and we are already seeing concerning trends in several areas. There have been 4.4 million total confirmed cases of COVID-19 in children in the United States, and over the last two weeks there was a five percent increase in the number of child COVID-19 cases, representing 18 percent of COVID-

19 cases in that time period^[1]. In children 14 years of age and younger, Black children are 2.5 times more likely to die from COVID-19 than white children, and Hispanic children are nearly three times more likely to die from COVID-19 than white children. In April 2021, 33 percent of 16-17 year-olds who had received at least one dose of the COVID-19 vaccine were white, 24 percent were Black, and 11 percent were Hispanic^[2], despite COVID-19 having a disproportionate impact on children and adults of color. As of July 21, 2021, 47 percent of 16-17 year-olds and 36 percent of 12-15 year-olds had received at least one dose of COVID-19 vaccine. The geographic disparities are also great: in three states over 60 percent of children ages 12-17 have received at least one dose, but in 18 states 30 percent or fewer have received at least one dose^[3].

A May survey found that 30 percent of parents with children under age 18 reported that they would get their child vaccinated “right away” once a COVID-19 vaccine is authorized and available for their child’s age group, and two-thirds would wait or definitely not get their child vaccinated^[4]. To overcome this vaccine hesitancy in families, we must continue to provide accurate and truthful information. Unfortunately, this outreach has become increasingly politicized. We recently saw Tennessee fire its top vaccine official and dangerously pull back on promoting vaccines of all kinds for children, including the COVID-19 vaccine^[5]. This politicization of children’s health concerns us not just for the children of Tennessee, but for children across the country as misinformation about vaccines spreads.

Some of the unique challenges facing us as vaccines become available to more children include distribution methods and locations to reach children equitably, vaccine-hesitant caregivers, racial and other inequities in vaccine distribution and use, the perception that COVID-19 does not affect children, and the politicization of vaccines and public health. We need to ensure that vaccines reach children in all circumstances, including children with disabilities and chronic conditions, immigrant children and children of immigrants, and children living in congregate care settings and juvenile detention.

We urge you to increase outreach to currently-eligible children and their caregivers, and to create a plan now for reaching younger children when the vaccine is determined to be safe and effective for them. This plan must have an explicit goal to eliminate racial and other disparities in children’s vaccinations at all ages. The federal government funds and manages many programs for children through which contact could be made to their families. Some of these programs include:

- Medicaid
- Children’s Health Insurance Program
- Special Supplemental Nutrition Program for Women, Infants, and Children
- Maternal, Infant, and Early Childhood Home Visiting Program
- Head Start, Early Head Start, and other early learning programs
- Child welfare
- Supplemental Nutrition Assistance Program
- Temporary Assistance for Needy Families Program
- McKinney-Vento Education for Homeless Children and Youth Program
- Runaway and Homeless Youth Programs
- Office of Refugee Resettlement facilities and providers for unaccompanied children
- Indian Health Services programs
- Low Income Home Energy Assistance Program
- Juvenile Justice programs

The federal government can use existing programs and infrastructure to share information and reach children and their families. There are many ways to reach parents and caretakers of children including through text messaging and through known and proven outreach programs like Parent Mentors, Navigators, and community health workers or promotoras. Additionally, the experience that a number of agencies within the federal government have in reaching populations that are more difficult to access

could be leveraged to help in this effort as well. Some of these include the Internal Revenue Service and specifically the work it is currently doing to reach families with children for the Child Tax Credit improvements, the Census Bureau, the United States Postal Service, the U.S. Department of Education, and the U.S. Department of Agriculture. We also urge you to include children in any new funding and programs the federal government implements related to COVID-19 vaccination. For example, the Department of Health and Human Services recently announced \$121 million for community-based efforts to increase COVID-19 vaccination^[7]. This effort and others like it must specifically address children and their unique needs.

In an April 2021 study, adolescents and parents of adolescents who did not indicate that they “definitely will get the vaccine” for themselves or their children said that the factors that would most increase their intent to vaccinate were having more information and the safety and efficacy of the COVID-19 vaccine^[6]. Parents of younger children are likely to need outreach and education to make them feel confident in the decision to vaccinate their children. The federal government should create listening sessions for caregivers to learn about their concerns and effective ways to address them, as well as a public education and communications campaign to provide needed information to families in order to allow them to make informed decisions and to fight back against misinformation that they may be seeing.

We thank you for the ongoing work you are doing to share information and encourage all children currently eligible for a COVID-19 vaccine to get one. We encourage you to consider additional ways of reaching families of younger children as we prepare for them to become eligible for the vaccine. Preparation now is important as we combat the spread of misinformation and prepare equitable access to vaccines for all eligible children. We look forward to continuing to work with you, and please consider us a resource for you in this work.

Sincerely,



Bruce Lesley
President

Cc: U.S. Vice President Harris
CDC Director Rochelle Walensky
U.S. Surgeon General Vivek Murthy
Dr. Marcella Nunez-Smith
Jeff Zients

^[1] Academy of Pediatrics, “Children and COVID-19: State-Level Data Report,” August 12, 2021
<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>

^[2] Scherer AM, Gedlinske AM, Parker AM, et al. Acceptability of Adolescent COVID-19 Vaccination Among Adolescents and Parents of Adolescents — United States, April 15-23 2021. MMWR Morb Mortal Wkly Rep 2021;70:997-1003.

https://www.cdc.gov/mmwr/volumes/70/wr/mm7028e1.htm#T1_down

^[3] Academy of Pediatrics, “Children and COVID-19 Vaccination Trends AAP Analysis of Data Posted by the Centers for Disease Control and Prevention as of July 21, 2021” July 21, 2021

<https://downloads.aap.org/AAP/PDF/Child%20Vaccinations%20Reports%20US%20Cumulative%20and%20Weekly%20July%202021.pdf>

[4] Hamel, Liz, Lunna Lopes, Grace Sparks, Mellisha Stokes, and Mollyann Brodie, “KFF COVID-19 Vaccine Monitor: April 2021,” Kaiser Family Foundation, April 2021.

<https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-april-2021/>

[5] Kelman, Brett, “Tennessee postpones vaccine summit as it continues to backtrack,” *Nashville Tennessean*, Jul. 19, 2021

<https://www.tennessean.com/story/news/health/2021/07/19/tennessee-postpones-covid-vaccine-summit-continues-backtrack/8015668002/>

[6] Scherer AM, Gedlinske AM, Parker AM, et al. Acceptability of Adolescent COVID-19 Vaccination Among Adolescents and Parents of Adolescents — United States, April 15-23 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:997-1003.

https://www.cdc.gov/mmwr/volumes/70/wr/mm7028e1.htm#T1_down

[7] Department of Health and Human Services. “Biden-Harris Administration Provides \$121 Million in American Rescue Plan Funds to Support Local Community-Based Efforts to Increase COVID-19 Vaccinations in Underserved Communities”

[8] *Understanding the Disparities Data*. The COVKID Project, updated March 18, 2021.

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[9] Bixler D, Miller AD, Mattison CP, et al. *SARS-CoV-2–Associated Deaths Among Persons Aged <21 Years — United States*, February 12–July 31, 2020. *MMWR Morbidity and Mortality Weekly Report* 2020;69:1324–1329.

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[10] Dorn, Stan & Rebecca Gordon. *The Catastrophic Cost of Uninsurance: COVID-19 Cases and Deaths Closely Tied to America’s Health Coverage Gaps*. Families USA, 2021. https://www.familiesusa.org/wp-content/uploads/2021/03/COV-2021-64_Loss-of-Lives-Report.pdf

[11] Keisler-Starkey, Katherine & Lisa N. Bunch. *Health Insurance Coverage in the United States: 2019*. United States Census Bureau, Sept 2020. <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-271.pdf>