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**Before the  
UNITED STATES CONGRESS  
HOUSE COMMITTEE ON WAYS & MEANS  
HEALTH SUBCOMMITTEE**

**Hearing on  
THE PATH FORWARD ON COVID-19 IMMUNIZATIONS**

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For the hearing on  
The Path Forward on COVID-19 Immunizations**

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**I. Introduction**

Chairman Doggett, Ranking Member Nunes, Chairman Neal, Ranking Member Brady, and members of the Subcommittee, thank you for the opportunity to testify before you today. My name is Dr. Kimberly Avila Edwards, and I currently serve as Director of Advocacy and External Affairs for Dell Children's Medical Center, which is a part of Ascension Texas and Associate Chair for Advocacy in the Dell Medical School Department of Pediatrics. Dell Medical School is the academic medical partner of Ascension Texas. On behalf of our patients, our communities, and our ministries, Ascension appreciates your work to identify challenges, especially for underserved communities, and shape the path forward on successful COVID-19 vaccination efforts.

**II. Background**

As we have seen over the past two months, the effort to vaccinate all Americans holds the promise of restoring a sense of normalcy, and it is crucial that we have an intentional focus on reaching those experiencing poverty, those who are vulnerable, and those who are hesitant to get vaccinated. We have known for far too long that social determinants of health have a greater impact on a person's health and quality of life than even the clinical care they receive. Social determinants of health include access to educational, economic, and job opportunities, the availability of resources to meet daily needs (safe housing, food, utilities), access and transportation options, language access and literacy, and more. The COVID-19 pandemic has shone a spotlight on how much these social determinants impact an individual's access to medical care and health outcomes, and must be addressed with the utmost urgency in vaccination efforts to ensure that these efforts reach the most at-risk individuals. No single health system, provider, or community partner has solved or can solve entirely for these factors in the COVID-19 vaccine rollout, but Ascension has been working to do our part by being intentional about bridging gaps in access and information that we know exist. As we continue our vaccination efforts, we know solutions must be multifactorial, driven through state, local, and community partnerships, and we are eager to continue leveraging our strengths to live out our Mission and deliver broad, equitable, and expeditious vaccinations. In my testimony, I am going to focus on how the COVID-19 experience has highlighted the impact of social determinants of health, how our vaccination efforts within Ascension Texas and Ascension nationally have focused on equitably prioritizing socially and clinically vulnerable community members, and how our recommendations to promote expeditious and equitable vaccination efforts can contribute to addressing the challenges facing our communities.

Ascension Texas is a Ministry of Ascension, one of the nation's leading non profit and Catholic health systems with a focus on delivering compassionate, personalized care to all, with special attention to persons experiencing poverty and those most vulnerable. In FY2020, Ascension provided \$2.4 billion in care of persons experiencing poverty and other community benefit programs. Ascension includes more than 160,000 associates and 40,000 aligned providers. Our national health system operates more than 2,600 sites of care – including 145 hospitals and more than 40 senior living facilities – in 19 states and the District of Columbia.

Ascension Texas operates Ascension Providence in Waco and Ascension Seton, which includes Dell Children's Medical Center of Central Texas, the region's only comprehensive children's hospital and pediatric Level I trauma center, and Dell Seton Medical Center at The University of Texas, the region's only Level I trauma center for adults. Ascension Seton partners with Dell Medical School at The University of Texas at Austin and shares a common vision of transforming healthcare through a focus on quality and value. Our system of care includes 14 hospitals, more than 100 clinics, and 13,000 associates across central Texas. Ascension Seton has had the privilege to serve central Texas for over 115 years, and we plan to continue for another 115 years to provide the highest level of care for all with special attention to people experiencing poverty and those most vulnerable.

I am a pediatrician by training, with almost 20 years of experience caring for children in the greater Austin area, and since 2018 I have had the honor of serving as a member of the Ascension Texas team. Ascension's Mission calls us to care for those in need and to be advocates for a compassionate and just society through our actions and our words. In accordance with our Mission, I've served as past President and am a current Executive Board member of the Texas Pediatric Society, the state chapter of the American Academy of Pediatrics, current chair of the Texas Medical Association Committee on Child and Adolescent Health, and a district officer for District VII of the American Academy of Pediatrics. My Ascension colleagues and I are also committed to serving all persons, with special attention to those who are experiencing poverty and are vulnerable. Since 2018, I have served as a practicing general pediatrician as well as the former Medical Director of Children's Health Express, Dell Children's mobile clinic serving uninsured children. Our mobile clinic provides comprehensive medical care, serving as the primary medical home for uninsured children in our community, while also providing wraparound services to address social determinants of health needs. Children's Health Express offers behavioral health services—an area of need that was present before but exacerbated by the COVID-19 pandemic.

### **III. The COVID-19 Experience Has Highlighted the Impacts and Importance of Addressing Social Determinants of Health**

Over the past year, COVID-19 has touched every one of our lives, though some have certainly been impacted far more than others. In my testimony, I am able to share anecdotes from my experiences, personally, and provide data collected by Dell Children's and Ascension Seton regarding our experience with caring for COVID-19 patients.

Other states and regions may have different experiences with COVID-19, and we can offer what we have experienced, observed, and measured at Ascension Texas throughout the pandemic, in which we have seen a dramatic impact of COVID-19 on Hispanic patients. At Dell Children's Medical Center, we performed nearly 11,000 COVID-19 tests between March of 2020 and January 11, 2021.<sup>1</sup> Of those, just over 4% came back positive. While Hispanics make up roughly 35% of Austin's population<sup>2</sup>, Hispanic

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<sup>1</sup> Updated figures can be provided to the Committee upon request but were unavailable beyond this date as a result of the recent weather emergencies in Texas.

<sup>2</sup> 2010 US Census Data.

patients represent 63.7% (293) of positive tests. Of the 108,623 COVID-19 tests run at all Ascension Seton Facilities, 8.1% of tests were positive. Stratified by race, 1.6% of positive results were in community members who self-identified Asian American, 8.3% in Blacks, and 75% in whites. Stratified by ethnicity, Hispanic patients represented 53.4% of COVID-19 positive tests run within the Ascension Seton system. Among our Pediatric Intensive Care Unit (PICU) admissions for COVID-19 patients, 87.5% were Hispanic. While we know children have not been impacted as much as adults, we have seen a disproportionate impact with Hispanic children. In terms of adults, 56.2% of Intensive Care Unit admissions (1170 out of 3582) have been Hispanic patients. By comparison in our state, the Hispanic population makes up 40% of Texas's population while they account for 53% of our COVID-19 deaths.

While this data reflects Ascension's experience in Austin, it certainly aligns with nationwide findings. One study in the journal *Pediatrics* found that, in comparison to non-Hispanic white children (7.3%), non-Hispanic Black (30%) and Hispanic (46.4%) children had higher rates of SARS-CoV-2 infection. Further, positivity rates among Hispanic children increased over time, but not among other racial/ethnic groups.<sup>3</sup> An August 2020 report<sup>4</sup> from the U.S. Centers for Disease Control and Prevention (CDC) found that Hispanic and Black children are more likely to be hospitalized due to coronavirus than white children. This report also found Hispanic children were hospitalized for coronavirus at the highest rate, 16.4 per 100,000 people, followed by Black children at 10.5 per 100,000. In contrast, white children were hospitalized at a rate of 2.1 per 100,000. The CDC also reported higher rates of multisystem inflammatory syndrome, or MIS-C, in these populations. According to the CDC<sup>5</sup>, the majority (69% of the 2,060 confirmed cases) of MIS-C patients to date have been Hispanic or Non-Hispanic Black. Additional studies into MIS-C are needed to learn why certain racial or ethnic groups may be affected in greater numbers and what risk factors may contribute to this phenomenon.

To achieve equity in patient care and outcomes, we must identify and respond to the root causes of these disparities. We recognize this Committee is focusing on these issues in other contexts, as well, and applaud you for doing so. With respect to COVID-19, the underlying causes for such disparate rates of infection and severe illness seem to be multifactorial and include, but are not limited to structural factors (such as multigenerational homes and co-location or employment in congregate settings that may prevent practicing of social distancing), comparatively less access to health insurance and care, increased comorbid conditions, limited resources, language barriers, and immigration status and correlated fears, which can collectively impede maintenance of regular care or a reliable supply of medications and food at home, and bias and discrimination which may lead to distrust of the healthcare system and delays in seeking care. Persons of color are also disproportionately over-represented in 'essential' service industries that require travel and face-to-face interactions.<sup>6</sup> For those employed in these positions, teleworking and 'sheltering in place' are often not feasible. And persons of color have a higher reliance on public transportation and are more likely to live in multigenerational homes or crowded settings.<sup>7</sup> Hispanics, in particular, also have higher burdens of multiple chronic conditions and

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<sup>3</sup> *Pediatrics: Racial/Ethnic and Socioeconomic Disparities of SARS-CoV-2 Infection Among Children* published online August 5, 2020.

<https://pediatrics.aappublications.org/content/pediatrics/early/2020/08/03/peds.2020-009951.full.pdf>

<sup>4</sup> CDC, *Hospitalization Rates and Characteristics of Children Aged <18 Years Hospitalized with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, March 1–July 25, 2020*, August 14, 2020. Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932e3.htm>

<sup>5</sup> CDC, *Health Department-Reported Cases of Multisystem Inflammatory Syndrome in Children (MIS-C) in the United States*, available at: <https://www.cdc.gov/mis-c/cases/index.html>

<sup>6</sup> U.S. Bureau of Labor Statistics. *Labor force characteristics by race and ethnicity*, 2018. Available from URL: <https://www.bls.gov/opub/reports/race-and-ethnicity/2018/home.htm>

<sup>7</sup> See, e.g., CDC, *Health Equity Considerations and Racial and Ethnic Minority Groups*, Updated Feb. 12, 2021. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

may experience suboptimal control of these conditions, exacerbating susceptibility to SARS-CoV-2 infection and severity of illness if infected.<sup>8</sup>

Our data show that Hispanics admitted with laboratory-confirmed COVID-19 experience significant challenges with social determinants of health. In a chart review, conducted by Rush Sanchez, et al., for 275 laboratory-confirmed COVID-19 patients admitted at Dell Seton Medical Center from March 29, 2020, to June 22, 2020, it was found that the majority were Hispanic (78%) and more than 35% of patients had not seen a primary care provider in the previous year. In addition, most were unfunded (43%) or publically funded (41%) with high social needs. Forty four (44%) percent of patients endorsed inability to afford medications/healthcare services in the past year, thirty eight percent (38%) of patients endorsed housing instability, 34% utility insecurity, 30% food insecurity, and 23% transportation insecurity.<sup>9</sup> These social determinants of health needs are consistent with the greatest social determinant health needs my team and I on Children’s Health Express have identified in our patients’ families: 1) food insecurity, 2) utility insecurity, and 3) transportation insecurity.

As a pediatrician and a mother, I am particularly concerned that these disparities are harming future generations of the Hispanic community in our region because SARS-CoV-2 is directly and disproportionately affecting so many of our Hispanic children: the highest rate of COVID-19 associated hospitalization is among Hispanic children—children who look like me and 40% of our Texas population. While the COVID-19 pandemic exposed the disproportionate, preexisting frailty and vulnerability to poor health outcomes that have existed for generations of key population groups, including Austin’s Hispanic community, I am proud of how our healthcare ministry has responded to the needs of our community since the beginning of the pandemic. And there is always more to do. This response has included maintaining and enhancing access to care for all members of our community through services including, but not limited to: new virtual care offerings; a 24/7 COVID-19 hotline; continued availability of our mobile clinic; network-wide language services; online sharing of resources and information as well as participating in Spanish-language town halls and media efforts; availability of COVID-19 Frequently Asked Questions (FAQs) in ten languages, representing the top two to three languages in each of Ascension’s markets, as well as translation services; in-person care for those suffering from this virus; and donations of masks and hand sanitizer to some of the most vulnerable members of our community. These services have been provided in accordance with our charity care policy and without regard to any individual’s ability to pay. Now we are committed to preventing future illness by playing an active role in COVID-19 vaccine distribution efforts.

#### **IV. Ascension and Ascension Texas Vaccination Efforts Focusing on Socially and Clinically Vulnerable Community Members**

As a Mission-driven organization, we live out our commitment each day to serve all persons, with special attention to those who are experiencing poverty and the most vulnerable. As we began to see the promise of vaccines on the horizon, Ascension stood up both state-based and system-wide cross-functional “all hands on deck” teams to begin the process of assessing what we would need in order to successfully communicate, educate, and vaccinate our clinicians, associates, patients, and broader community members across our entire system consistent with CDC guidelines. Beyond the myriad logistical requirements and resources these teams identified and secured, including sub-zero

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<sup>8</sup> See, e.g., Quiñones AR, Botoseneanu A, Markwardt S, Nagel CL, Newsom JT, Dorr DA, Allore HG. *Racial/ethnic differences in multimorbidity development and chronic disease accumulation for middle-aged adults*. PLoS One. 2019 Jun 17;14(6):e0218462. doi: 10.1371/journal.pone.0218462. PMID: 31206556; PMCID: PMC6576751.

<sup>9</sup> ABSTRACT:Ruth Sanchez, Sabah Akbani, Dekoia Burton, Audrey Han, Mihailo Miljanic, Ayane Rossano, Whitney Williams, Saurin Gandhi, Snehal Patel, MD, FACP. *Social Characteristics and Structural Vulnerabilities Underlined by COVID-19 at a Safety-Net Hospital in Austin, Texas*.

freezers and mobile clinics we could repurpose, Ascension also developed and distributed tools for reaching hesitant and vulnerable populations. These tools include internal guidance regarding equitable vaccine distribution to help implement and supplement the recommendations and requirements established by the CDC and across the 19 states in which we have a footprint, as well as externally facing educational and communications strategies and materials, a variety of FAQ documents, and platforms for sharing best practices and raising questions or concerns.

Ascension also recognized very early on that identifying and successfully vaccinating our most vulnerable and most hesitant populations would require, above all, robust data and appropriate analysis. To reach these individuals, we need to know who and where they are. So from the outset of this process, we endeavored to identify who among our clinicians, patients, and community members were most vulnerable (as defined by the CDC<sup>10</sup>), were most susceptible to COVID-19, and were most likely to be hesitant about getting the vaccine. We took a close look at our associate and patient populations, as well as the broader communities in which we operate. We then reached out directly to many of these individuals to learn from them about the root causes of vaccine hesitancy and understand how we might address their concerns and encourage them to get vaccinated.

As a result of this purposeful, data-driven, and holistic review, we have developed some key learnings, highlighted below, about the populations Ascension is best positioned to help equitably vaccinate, provided we have access to ample supply and are allowed to continue playing a role in the vaccination effort—both independently and with community partners. We have tracked our vaccination efforts to identify successes and developed best practices for reaching our patients and community members. We have also gained meaningful insights into which parts of our populations have the greatest concerns or hesitancy and what steps we can take to successfully address those concerns, as detailed further below.

#### *Ascension Vaccination Rates and Reach Into Vulnerable Communities*

Through February 22, 2021, Ascension has administered more than 477,000 total COVID-19 vaccination doses, including first and second doses, reaching associates, patients, and community members. Following CDC and state requirements, Ascension began our systemwide vaccination efforts by focusing primarily on vaccinating frontline clinicians then moving on to other healthcare providers and associates. To date, out of more than 200,000 employed and aligned associates, nearly 120,000 have received at least one dose of the currently available two-dose regimens and almost 105,000 have received both doses (for a total of roughly 225,000 doses administered to associates). Over the past few weeks, as we have been able to expand beyond our associate population, we have administered more than 180,000 doses to community members (including roughly 127,000 first doses and 53,000 second doses).<sup>11</sup> Of those doses administered to our established patient population for whom we have clinical data, 98.1% have been administered to individuals who are aged 65 and over or who qualify as high risk for COVID-19 infection. The remaining doses have been primarily administered to essential and frontline workers, including teachers, police officers, EMTs, and other critical infrastructure personnel.

While we are pleased with our vaccination efforts to date, we are confident based on experience and patient characteristics that allowing us to reach a broader pool of our community members would result

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<sup>10</sup> See, CDC, *Social Vulnerability Index*, available at: <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html> Note: The CDC's SVI uses U.S. Census data to determine the social vulnerability of every census tract. The CDC SVI ranks each tract on 15 social factors and groups them into four related themes. Individuals considered "most socially vulnerable" are those living in census tracts identified by the CDC as having the "highest" levels of social vulnerability.

<sup>11</sup> While the **total** number of doses administered includes those administered to associates and patients in Indiana (which equals roughly 73,000 doses), these doses are not currently captured in Ascension's associate or patient electronic health records, so they are not specifically captured in the data broken out here.

in increased access to vaccinations for those most at risk for COVID-19 as well as those who are considered socially vulnerable (per the CDC). To date, out of the roughly two million established patients within our Ascension Medical Group, 1.7 million (82%) are at increased clinical risk for COVID-19—defined as patients aged 65 or older or those who have clinical conditions that increase their risk from COVID, as defined by the CDC.<sup>12</sup> A full 330,000 (or **15.3%**) of our patients are also considered to be among the most socially vulnerable populations, according to CDC’s Social Vulnerability Index (SVI).

The current data on our vaccinated patients’ race and ethnicity is largely inadequate, so we are using our data science resources to fill the gaps necessary to locate, reach out to, and vaccinate vulnerable patients. Despite our best efforts to collect complete data on race and ethnicity of those we are vaccinating, there are sensitive and complex challenges—across both provider collection and patient reporting. In some cases, states have not yet put in place consistent data collection requirements. We are pleased that Texas began requiring collection of race and ethnicity data, effective February 4, which will help us ensure vaccines are reaching those who might need the most support in obtaining access. In the absence of complete data regarding race and ethnicity, we have used the CDC’s SVI as a proxy as one way to help us identify community members who likely face social barriers to equitable vaccine access. Though not a perfect proxy, SVI serves as a tool to help us assess our success in equitably reaching community members who are likely facing social risk factors including poverty, crowded housing, and lack of transportation, among others. We are relying on this proxy, in large part, to fill gaps in the currently available data. By carefully tracking data related to our vaccination efforts, we are working to ensure we are successfully maintaining equity in our vaccination efforts. As we focus on reaching out to vulnerable populations, we are seeing a lower uptake of vaccinations in the most vulnerable, which we expect is due to hesitancy amongst these populations, based on findings discussed further below. But tracking this data is allowing us to measure our nationwide and state-level efforts in delivering on our Mission to reach these populations. And where we observe shortfalls or variations across markets, we are able to leverage the internal structures mentioned above to share best practices, mobilize resources, and improve community outreach, where necessary.

We also know there is much more to do, and we are well-positioned to do even more for those most in need. If we look across the more than 18 million patients Ascension providers have had the privilege to care for within the last three years, more than half of these individuals—9.8 million—are at increased clinical risk for COVID-19, while roughly 3.3 million are among the most socially vulnerable. Thus, if provided the doses necessary to do so, we are confident Ascension could reach millions of hard to reach individuals—independently or in partnership with state, local, and community partners—to provide them with access to COVID-19 vaccines.

Ascension is not only positioned to equitably vaccinate more of our community members, we can do so while providing a positive overall experience for all those we are able to reach. Based on internal survey data, 96% of our vaccinated patients report a positive experience with scheduling their vaccine through Ascension and a full 99.7% of our vaccinated patients report a positive experience with receiving their vaccine. Patients’ comments have been overwhelmingly positive—often discussing feelings of safety, the kindness of caregivers and staff, and the personalized nature of their experience—while negative comments have generally focused on scheduling challenges and second dose reactions. These extraordinary numbers demonstrate the commitment of my colleagues to both excellence and service.

Finally, we have been working to ensure our processes are efficient. Across all of our states, Ascension has received roughly 575,000 total doses to date. We have administered more than 477,000 of these

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<sup>12</sup> See, CDC, *People with Certain Medical Conditions*, Updated Feb. 22, 2021. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

doses. We currently have more than 70,500 appointments currently scheduled, so the remaining doses are kept in inventory to vaccinate those patients, for new associates and those associates not yet vaccinated, and for unforeseen, unexpected, or emergency circumstances (*e.g.*, power loss or other unintentional or unavoidable supply degradation, or otherwise). In Texas, we have received 50,400 total doses to date. We have administered roughly 47,000 of these doses and we currently have about 4,000 upcoming vaccinations currently scheduled.

### *Ascension Efforts to Address Vaccine Hesitancy*

While vaccine supply currently remains the major barrier to higher vaccination rates across all populations, we are also leveraging and improving our data measurement and analytic capabilities to improve vaccination rates among those most vulnerable by identifying and addressing root causes of vaccine hesitancy. In order to address this nationwide issue, we have put together a national workgroup focused on developing and implementing outreach strategies for engaging with specific vaccine hesitant populations, including diverse groups. We have focused efforts on certain populations including: Black and African Americans; Hispanic; both religious and non-religious individuals; seniors; rural populations; and other-abled populations, including those who are experiencing homelessness, are marginalized, vulnerable, or lacking access and trust for health providers and health literacy.

We are using ongoing vaccine sentiment trend reports, surveys, published stories and articles, market research, and community conversations to help understand the unique questions and concerns of each of these various groups. A key finding is the role clinicians can play in impacting hesitant individuals' likelihood of receiving a vaccine: when asked about their likelihood of getting vaccinated, we observed that almost 9 percent of hesitant respondents indicated they were more likely to get vaccinated when the vaccine was recommended by a nurse or doctor.<sup>13</sup> In combination with education, information, and input from other community leaders and peers, a recommendation from a nurse or doctor is an important strategy for overcoming hesitancy, and we are confident these numbers can and will continue to grow.

To leverage what we have learned to date and act in meaningful ways to combat hesitancy, we have asked Ascension subject matter experts to partner with trusted community influencers, including physicians, health care workers, faith and business leaders, and public servants, across our ministry markets who can help serve as credible sources to amplify accurate information and authentic, culturally sensitive, and linguistically appropriate messages to vaccine hesitant populations, including communities of color. Ascension's marketing and communications teams have created public education and information materials, as well as social media content and FAQs that speak directly to the leading questions and specific health and safety concerns raised by individuals and communities. We have also focused on conducting culturally competent community engagement to increase awareness of the importance of COVID-19 vaccination and working to dispel myths and counter misinformation about vaccinations. Because we observed that Black or African American patients are half as likely to get vaccinated, compared to white patients, we have developed resources to educate associates about historical and systemic injustice so that our associates understand and empathize with vaccine hesitancy among some diverse groups. We are using the power of storytelling through news stories, social media posts, vaccine selfies, and testimonials to share personal experiences of those who have been vaccinated, or worked through doubts, to help inspire others to consider vaccination and see that it's safe.

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<sup>13</sup> Results of Bayesian regression analysis on whether likelihood to vaccinate increases with the recommendation of a doctor or nurse after controlling for gender, age, race, ethnicity, residence in a nursing home or assisted living facility, medical conditions, essential worker status, insurance payer, social vulnerability as measured by the CDC's SVI, and the political leaning of the county of residence.



The COVID-19 pandemic has demonstrated how crucial vaccines are for controlling the spread of infectious diseases, generally. Of concern, routine childhood vaccinations during the pandemic have decreased 25% compared to the same period last year. The reduction in vaccination rates has primarily been the result of fewer parents taking their children to see their healthcare provider, but even prior to the pandemic, there were increasing numbers of families hesitant to vaccinate their children. This highlights the need to address not only COVID-19 vaccination hesitancy but also the need to improve administration and reduce barriers, including vaccine hesitancy, around all routine childhood vaccines. The lower immunization rates among children pose a risk for a secondary infectious disease outbreak, like measles, during the pandemic. To address this, we have been encouraging parents to bring children to see their healthcare provider and prioritizing childhood vaccinations within the pediatric medical home as part of comprehensive well-child check-ups.

*Ascension Texas Learnings: Community Partnerships Are Critical to Equitable Mass Vaccinations*

I have personally had the privilege of working directly on our community vaccination efforts in Texas, where we have partnered with a bipartisan group of county governments, healthcare providers, and community partners representing the Travis County Metropolitan Statistical Area to equitably vaccinate our community members. Collectively, as the vaccine supply chain permits, we stand ready to deliver up to 50,000 doses of COVID-19 vaccine a week, on an on-going basis. Within this partnership, our strategy is to use a mass drive-thru vaccination clinic that will provide 10,000 vaccines per day, or more, to people from across our respective communities, and in particular populations most adversely impacted by the coronavirus pandemic. Through this particular partnership, our goal is to vaccinate at least 800,000 people from all across our area by July 1, 2021. This community vaccination effort requires roughly 50,000 vaccines a week starting in early March. To be clear, grocery stores, health clinics, pharmacies, and other vaccination sites will also be necessary as part of a community strategy to vaccinate every person who wants a vaccine. However, this effort alone will not be sufficient. To meet this ambitious but necessary goal we need to innovate and collaborate in new ways. Fortunately, due to our collaborative COVID-19 vaccination efforts and learnings to date, we are well positioned to take this to scale and achieve the aggressive goals outlined above.

We have piloted this drive-thru model and know it works—both in terms of logistics and the kind of planning, outreach, and supportive services necessary to include and reach vulnerable community members. To date, we have successfully piloted two drive-thru vaccination clinics. The vaccine recipients served at these clinics were largely people of color from the hardest hit parts of Travis County. We proved we can reach our vulnerable community members, provide safe and accessible vaccinations, and can do so efficiently to scale up over time. On January 9, 2021, Travis County, CommUnityCare (a Federally Qualified Health Center), Ascension Seton, Dell Children’s, and other community leaders held Travis County’s first mass drive-thru vaccine clinic in Southeast Travis County. We had a goal of vaccinating 600 people and, because of our skilled pharmacy team, we were able to draw extra doses and exceed our goal by vaccinating 641 individuals. On Saturday, February 6, we held our second-dose drive-thru clinic and provided 660 doses, which included a number of first doses as well. The drive-thru clinic showed what can be achieved when our community comes together. At the beginning of our second clinic, when patients eagerly arrived before their appointment times and waited in line for a vaccine, the wait was up to 46 minutes from entry into the lot for check-in through departure. After quickly moving the initial rush through, patient flow times were reduced to about 19 minutes and stayed consistent throughout the day.

Our model achieves the goal of getting vaccines in arms as soon as possible, and addresses some of the underlying equity challenges that have been present in vaccine distribution. This has been possible

through strong partnerships and collaborative efforts drawing upon our collective resources, which has made it possible to have onsite bilingual doctors, nurses, and non-clinical volunteers to communicate effectively across populations. Ascension Seton, Dell Children’s Medical Center, and Dell Medical School Department of Pediatrics medical staff volunteered to provide vaccines. CommUnityCare and Austin Public Health shared vaccines and provided data entry. Travis County Constable Precinct 4 provided their precinct headquarters to use as the site location. Our emergency service district staff was on site to respond if needed. Travis County emergency management staff provided expertise, necessary resources, and the command structure. We had over 150 local community groups and members, like the AFL-CIO, school district staff and so many others across Travis County show up to volunteer and check-in people, help complete paperwork, and direct traffic. We demonstrated that a drive-thru clinic can quickly, effectively, and efficiently provide COVID-19 vaccination to the community in a safe and comfortable environment.

Ascension Texas and our partners are ready to scale-up this operation. Our coalition includes bipartisan leadership of County Judges from Travis, Bastrop, Hays and Caldwell, with two Democrats and two Republicans. We have identified a willing community partner to provide an appropriate location, the Circuit of the Americas (a 3.426-mile motor racing track and entertainment venue), where we can consistently provide 10,000 or more vaccinations a day. Importantly, we are bringing a seasoned team of experts who are ready to provide more shots in arms. We stand ready, willing, and able to assist getting to the national goal of providing 1.5 million vaccinations a day to keep our people safe and to help alleviate the devastating impacts COVID-19 has had on America. Our partnership’s most significant barrier today, as is the case across the entire country, is access to doses. As we step back and look across all of Ascension, we have achieved similar successes in vaccinating our clinicians and community members in other local ministries, though additional barriers must still be overcome.

## **V. Recommendations to Promote Expedient and Equitable Vaccination Efforts**

The path forward on immunizations will be an all out effort requiring strong public-private partnerships, and we will continue to work tirelessly as a partner in our greater Central Texas community, and across all of our Ministries, to ensure all Americans have reliable information from trusted resources and equitable access to COVID-19 vaccines. We are grateful for the collaborative engagement we have experienced to date with our state and local health departments, local elected leaders as well as our community service partners and fellow healthcare providers. Yet as we observe a trend across many states that appears focused on moving vaccines away from health systems and into freestanding pharmacies, grocery stores, and large venue events, we want you and our partners to know we have the capabilities, community relationships, patient trust, and commitment to remain engaged in this effort. We want to maximize and share these capabilities to deliver on our commitments to patients and communities.

As Congress continues evaluating opportunities to improve the COVID-19 vaccination effort—both in the immediate and long term—Ascension strongly recommends a combination of policy options, where appropriate, and direct engagement with local, state, and federal leaders to help remove obstacles that limit vaccinators’ awareness of vaccine supply, simplify data sharing, and streamline distribution by allowing qualifying health systems to receive vaccine supply directly from the manufacturer. Ensuring vaccinators have the same advance notice as states do with respect to incoming doses will allow more efficient supply management and reduce administrative burdens associated with scheduling and rescheduling. Greater consistency and more reliability in supply, which could be supported through direct engagement between qualifying systems and manufacturers, would similarly reduce burden and promote greater efficiency. And simplified or uniform state and federal reporting requirements would

eliminate the administrative burden arising out of the duplicate and triplicate reporting systems we currently operate within.

We would also encourage Congress to work with the Administration to establish a national blueprint for states and health departments that outlines a set of consistent pathways through which healthcare systems can continue to partner and contribute to vaccination efforts. These pathways can, and often already do, include operating community vaccination clinics, supporting mass vaccination efforts (*e.g.*, providing clinicians to serve as vaccinators, lending ultra cold storage, and providing vaccine or other personal protective equipment (PPE) supply), establishing and running vaccination clinics in underserved and rural communities where we have longstanding trust and relationships, filling gaps where needed in communities we serve (*e.g.*, identifying and filling “Vaccine Deserts” or “Pharmacy Deserts”), and continued vaccination of healthcare providers, new hires, and patients (including vaccination of inpatient, surgical, and emergency department (ED) discharges in line with clinical standards of care).

We also encourage Congress to work with manufacturers and the FDA to ensure COVID-19 vaccine trials include children of all ages; pediatric trials must be completed as quickly as possible and must be representative of racial, ethnic, and cultural groups that have been disproportionately affected by the pandemic or who have underlying conditions putting them at increased risk for severe infection.

Finally, as we look to a post-pandemic world and continue to await COVID-19 vaccines for children, it will remain critical for policymakers and healthcare providers to focus efforts on addressing mental and behavioral health challenges that have been exacerbated by the pandemic. Emotional and behavioral health challenges among children were of growing concern before the COVID-19 pandemic. Beyond the harm caused by COVID-19 itself, the uncertainty, duration, isolation, and loss of family members during the pandemic has increased anxiety and depression in children. A higher proportion of children’s emergency department (ED) visits since mid-March 2020 has been related to children’s increased mental health struggles than in 2019<sup>14</sup> and a significantly higher rate of suicide ideation and suicide attempts has been seen.<sup>15</sup> We must keep the well-being of our future generations in the forefront of policy making and not allow the “end” of the pandemic to be the “end” of policymaking to address its consequences.

## **VI. Conclusion**

Thank you again for the opportunity to testify today. Ascension appreciates the Subcommittee’s efforts to fully assess and address these important issues, and we are honored to serve as a resource today and in the future. I personally appreciate your focus on ensuring the continued nationwide vaccine rollout effort remains equitable, accessible, and successful for all Americans. The barriers that social determinants of health create for many individuals, both in terms of accessing care and achieving equitable health outcomes, have been recognized for years. It is incumbent on all of us today to focus urgently on addressing the inequities exposed by the COVID-19 pandemic and effort to vaccinate the public. We know there is an immediate need to ensure vaccination efforts are appropriately accounting for social determinants of health and actively reaching those community members most at-risk for COVID-19. Ascension remains eager to continue working with state, local, and community partners and leveraging our strengths to live out our Mission by delivering broad, equitable, and expeditious vaccinations.

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<sup>14</sup>Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic – United States, January 1–October 17, 2020. MMWR 2020;69:1675–80. DOI: <http://dx.doi.org/10.15585/mmwr.mm6945a3>

<sup>15</sup> Hill RM, Rufino K, Kurian S, Saxena J, Saxena K, Williams L. Suicide ideation and attempts in a pediatric emergency department before and during COVID-19. *Pediatrics*. 2020; doi: 10.1542/peds.2020-029280, <https://pediatrics.aappublications.org/content/pediatrics/early/2020/12/15/peds.2020-029280.full.pdf>