ONE HUNDRED SEVENTEENTH CONGRESS

Congress of the United States House of Representatives

COMMITTEE ON ENERGY AND COMMERCE 2125 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, DC 20515-6115

> Majority (202) 225-2927 Minority (202) 225-3641

June 11, 2021

J. Nadine Gracia, M.D., M.S.C.E. Executive Vice President and Chief Operating Officer Trust for America's Health 1730 M Street NW, Suite 900 Washington, DC 20036

Dear Dr. Gracia:

Thank you for appearing before the Subcommittee on Oversight and Investigations on Wednesday, May 26, 2021, at the hearing entitled "A Shot at Normalcy: Building COVID-19 Vaccine Confidence." I appreciate the time and effort you gave as a witness before the Committee on Energy and Commerce.

Pursuant to Rule 3 of the Committee on Energy and Commerce, members are permitted to submit additional questions to the witnesses for their responses, which will be included in the hearing record. Attached are questions directed to you from certain members of the Committee. In preparing your answers to these questions, please address your response to the member who has submitted the questions in the space provided.

To facilitate the printing of the hearing record, please submit your responses to these questions no later than the close of business on Friday, June 25, 2021. As previously noted, this transmittal letter and your responses, as well as the responses from the other witnesses appearing at the hearing, will all be included in the hearing record. Your written responses should be transmitted by e-mail in the Word document provided to Austin Flack, Policy Analyst, at austin.flack@mail.house.gov. To help in maintaining the proper format for hearing records, please use the document provided to complete your responses.

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Thank you for your prompt attention to this request. If you need additional information or have other questions, please contact Austin Flack with the Committee staff at (202) 225-2927.

Sincerely,

Frank Pallone, Jr.

Chairman

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cc: The Honorable Cathy McMorris Rodgers

Ranking Member

Committee on Energy and Commerce

The Honorable Diana DeGette

Chair

Subcommittee on Oversight and Investigations

The Honorable H. Morgan Griffith

Ranking Member

Subcommittee on Oversight and Investigations

Attachment—Additional Questions for the Record

Subcommittee on Oversight and Investigations
Hearing on
"A Shot at Normalcy: Building COVID-19 Vaccine Confidence"
May 26, 2021

J. Nadine Gracia, M.D., M.S.C.E., Executive Vice President and Chief Operating Officer, Trust for America's Health

The Honorable Frank Pallone, Jr. (D-NJ)

1. You mentioned in your testimony that more federal resources appear to be increasing access to vaccinations within communities of color. How have these federal resources, including those deployed under the American Rescue Plan, helped to address access gaps and promote the overall COVID-19 vaccination campaign in the United States?

Thank you for this question. Federal funding has made a tremendous difference as it relates to increasing vaccination efforts in all communities throughout the United States, but specifically communities of color. With funding in large part from the American Rescue Plan, the U.S. Department of Health and Human Services (HHS) is investing nearly \$10 billion to expand access to vaccines and better serve communities of color, rural areas, low-income populations, and other underserved communities in the COVID-19 response¹. As a result of this funding, \$6 billion is going to community health centers to expand vaccine access to underserved communities in addition to testing and treatment for COVID-19. This funding is also helping to increase vaccine confidence across the country, especially in communities of color. HHS, through the Centers for Disease Control and Prevention (CDC), is investing \$3 billion to support local efforts to increase vaccine acceptance, uptake, and equity. This funding is going directly to states, territories, and some large cities, enabling them to support local health departments and community-based organizations in launching new programs and initiatives intended to increase vaccine access, acceptance, and uptake. This funding is focused on reaching communities hit hardest by the pandemic, including those with a high social vulnerability index, communities of color, and rural areas.² HHS also just announced the first round of

¹ FACT SHEET: Biden Administration Announces Historic \$10 Billion Investment to Expand Access to COVID-19 Vaccines and Build Vaccine Confidence in Hardest-Hit and Highest-Risk Communities. White House, March 25, 2021. https://www.whitehouse.gov/briefing-room/statements-releases/2021/03/25/fact-sheet-biden-administration-announces-historic-10-billion-investment-to-expand-access-to-covid-19-vaccines-and-build-vaccine-confidence-in-hardest-hit-and-highest-risk-communities/

funding from the American Rescue Plan Act to develop and support a community-based workforce that will engage in locally tailored efforts to build vaccine confidence and vaccination in underserved communities.³ As a result of these collective efforts, vaccine confidence in communities of color has already gone up significantly, moving this country closer to post-pandemic life.^{4,5,6}

The Honorable Diana DeGette (D-CO)

1. As we approach the Biden Administration's July 4th target date for administering at least one COVID-19 vaccine dose to 70 percent of American adults, what are your top recommendations for ways the federal government can continue encouraging COVID-19 vaccine uptake during the second half of 2021?

Based on recent polling, vaccine confidence is growing nationwide, but there is still work to be done. As of June 15, CDC data show that roughly over 64 percent of adults have received at least one dose of a COVID-19 vaccine while over 54 percent of adults have been fully vaccinated, but vaccination rates vary widely by location. We are seeing a tragic bifurcation in the country, where infections and hospitalization rates are significantly higher in states with lower vaccination rates. To continue to strive to achieve the Administration's goal, we recommend the following:

• Continue to provide funding for and outreach to the areas in the country with the lowest vaccination rates. For example, vaccine confidence remains lower in rural counties, while residents of these counties have higher rates of disability, chronic medical conditions, lack of insurance and less access to care. We should not give up on these communities. Research led by the de Beaumont Foundation found that individuals who have concerns about the vaccine, including conservative voters, could change their minds if they received appropriate information from a doctor, pharmacist or other medical professional they knew and trusted. Trusted messengers, such as faith and community leaders must be engaged, informed, and empowered to lead their communities toward vaccination. States need to make sure that vaccination is as easy as possible by enabling vaccination at worksites, schools, pharmacies, mobile clinics, and individual healthcare providers.

³ HRSA, Community-Based Workforce for COVID-19 Vaccine Outreach. June 14, 2021. https://www.hrsa.gov/coronavirus/community-based-workforce

⁴ Yahoo Finance, 'Vaccine confidence has gone up significantly' in communities of color: Doctor'. https://finance.yahoo.com/news/vaccine-confidence-has-gone-up-significantly-in-communities-of-color-123547038.html

⁵ Axios/Ipsos Poll, May 2021. topline-axios-coronavirus-index-W45.pdf (ipsos.com)

⁶ KFF COVID-19 Vaccine Monitor: May 2021. https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-may-2021/

⁷ https://covid.cdc.gov/covid-data-tracker/#vaccinations

- Continue to prioritize homebound older adults and individuals with disabilities. These recommendations can be found in Trust for America's Health's (TFAH) issue brief, 8 released in March 2021 providing recommendations to ensure that this population and their caregivers are prioritized in accessing the COVID-19 vaccine. Innovative programs and partnerships are emerging across the country, but these need to be maintained through funding and reimbursement.
- Continue addressing the root causes of hesitancy. The root causes of vaccine hesitancy are numerous, from simple lack of information to the detrimental impact of vaccine misinformation. We applaud Representatives Schrier and Burgess for her leadership on the passage of and funding for the VACCINES Act, which will aid research into vaccine hesitancy and support public education campaigns on vaccines. We must continue to prioritize this research and ongoing public education, communications, and social media efforts to impede misinformation before it has a chance to take hold. Risk communications is also a major challenge during any public health emergency when the science and understanding of the situation are rapidly changing. Last year, TFAH began a collaboration with the CDC Foundation, the de Beaumont Foundation, and public health partners to form the Public Health Communications Collaborative (PHCC). The PHCC coordinates and amplifies public health messaging on COVID-19 to increase confidence in public health guidance and help public health agencies answer tough questions from their constituents.
- Eliminate real or perceived barriers to vaccination. According to Kaiser Family Foundation's polling, some steps that could convince those who are "waiting and seeing" to get the vaccine includes full FDA approval of a vaccine; paid time off from work to get vaccinated and recover from side effects; financial incentives; and free transportation to a vaccination site. Ocngress should guarantee permanent, job-protected paid leave, so that all workers can access a vaccine, quarantine, stay home when sick, or care for a sick loved one without fear of losing their job or paycheck.

The Honorable Gus Bilirakis (R-FL)

1. Should the goal of the U.S.'s COVID-19 vaccine efforts be herd immunity – why or why not?

A primary goal of COVID-19 vaccine immunization efforts is to prevent COVID-19 infection, illness and death in people who receive the vaccine. An additional goal is to limit or stop

⁸ Trust for America's Health. Ensuring Access to COVID-19 Vaccines for Older Adults and People with Disabilities Who Are Homebound: Recommendations and Considerations for Federal, State, and Local Agencies and their Partners. https://www.tfah.org/report-details/covid19-vaccine-access-older-adults-people-with-disabilities-homebound/

⁹ Public Health Communications Collaborative (About). https://publichealthcollaborative.org/about/

¹⁰ KFF COVID-19 Vaccine Monitor: May 2021 | KFF

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transmission of infection more broadly in communities through high immunity levels that limit the ability of the virus to spread. The advantage of herd immunity is that it limits risk of illness for everyone, including those for whom the vaccine has not been effective as well as those who are not immunized. In the long term, herd immunity also limits ongoing circulation of the virus and thus the opportunity for the development of additional viral mutations and variants. Since vaccinations offer effective prevention against infection and those who are vaccinate can safely return to schools and workplaces, we should strive to vaccinate the largest number of people. Herd immunity can be a useful marker for estimating when enough people will be vaccinated to greatly reduce the possibility of infection. But the ultimate goal of the vaccine efforts is ending the pandemic.

2. What are the most important messages to send to the public on COVID-19 vaccines?

I believe the most important messages to send to the public about the COVID-19 vaccines is that they are safe, free, effective, and accessible to all who want one. The vaccine is our key to unlocking the country and ensuring a path out of this deadly pandemic.