# Meet our Keynote Speakers!

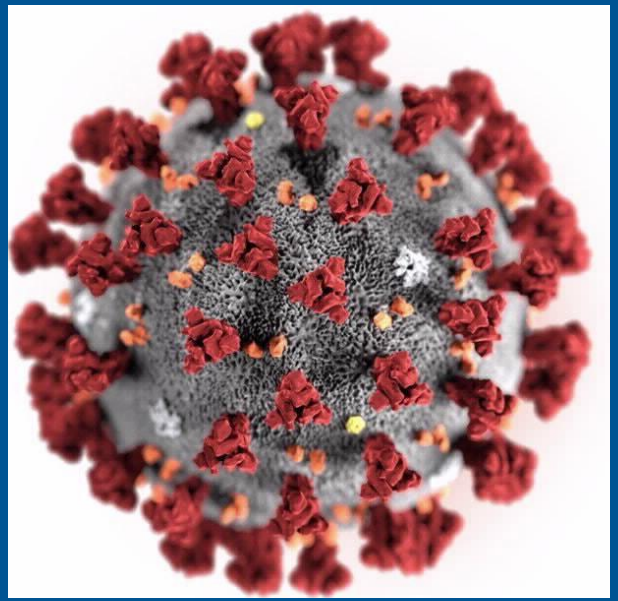
Rhea Boyd, MD, MPH, FAAP

Ayanna Bennett, MD, MPH, FAAP

Tiffani J. Johnson, MD, MSc, FAAP

Todd Wolynn, MD, MMM, FAAP

# COVID-19 & EQUITY
# IN THE PUBLIC HEALTH RESPONSE



Advocating for Children Together
CME Conference

September 12, 2020

Ayanna Bennett, MD, MPH, FAAP

Incident Commander for Health,

San Francisco COVID Command Center

# DISCLOSURE

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# COUNTY COVID-19 COMPARISONS

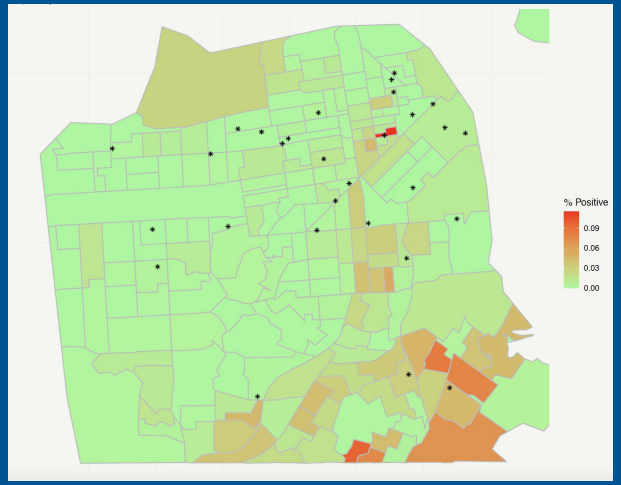
| City | County | State | Cases/1000 | Deaths/100,000 | Tests/1000 |
|---|---|---|---|---|---|
| San Francisco | San Francisco | CA | 8.0 | 7.0 | 3.61 |
| Seattle | King | WA | 6.9 | 29.2 | 2.22 |
| Atlanta | Fulton | GA | 17.1 | 37.4 | NA |
| Los Angeles | Los Angeles | CA | 18.5 | 45.1 | 1.62 |
| Baltimore | Baltimore City | MD | 14.2 | 47.0 | 3.48 |
| Miami | Miami-Dade | FL | 45.5 | 62.3 | NA |
| Denver | Denver | CO | 15.8 | 66.8 | 2.42 |
| DC | DC | DC | 17.5 | 83.4 | 4.93 |
| Philadelphia | Philadelphia | PA | 19.4 | 106.8 | 1.99 |
| Boston | Suffolk | MA | 26.6 | 131.7 | NA |
| New York City | New York City | NY | 26.9 | 280.4 | 2.69 |

Source: JHU CSSE (https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6) and local County DPH

Updated August 3, 2020

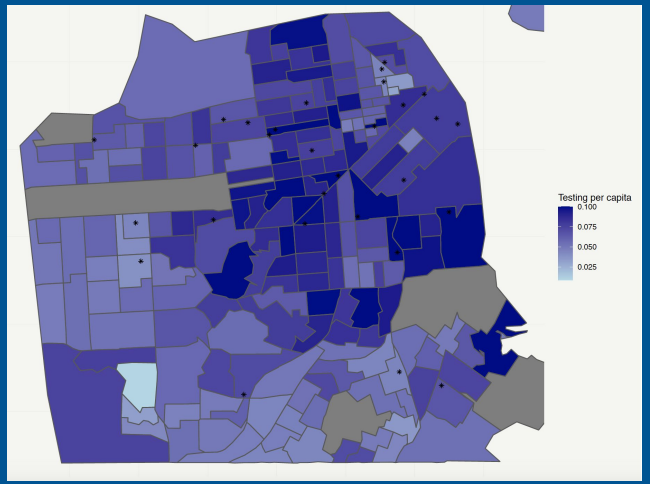
# CASE RATES AND TESTING BY GEOGRAPHY

- **Risk and resources are not equally distributed**
- High prevalence of COVID cases in Southeast
- Testing resources are mostly in the Northeast




**COVID Prevalence by census tract**

*= testing site



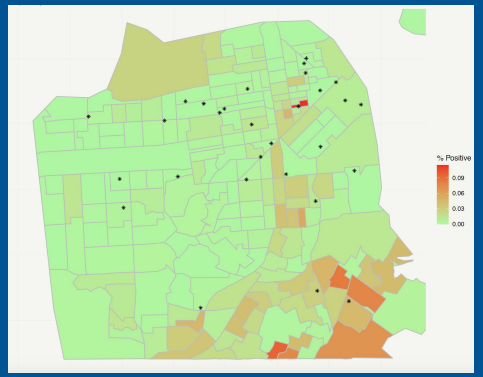

**Testing per capita by census tract**

*= testing site

# EQUITY EFFORTS

- Equity Officer in EOC Command Staff
- Convened community groups around
- Health Advisory highlighting structural barriers as source of risk
- Increased language capacity in Contact Tracing team
- Partner with community for outreach, materials distribution
- Contract CBOs to be contact tracers and health educators
- Neighborhood-based planning for resources

# BURDEN OF COVID IS ON LATINX COMMUNITIES

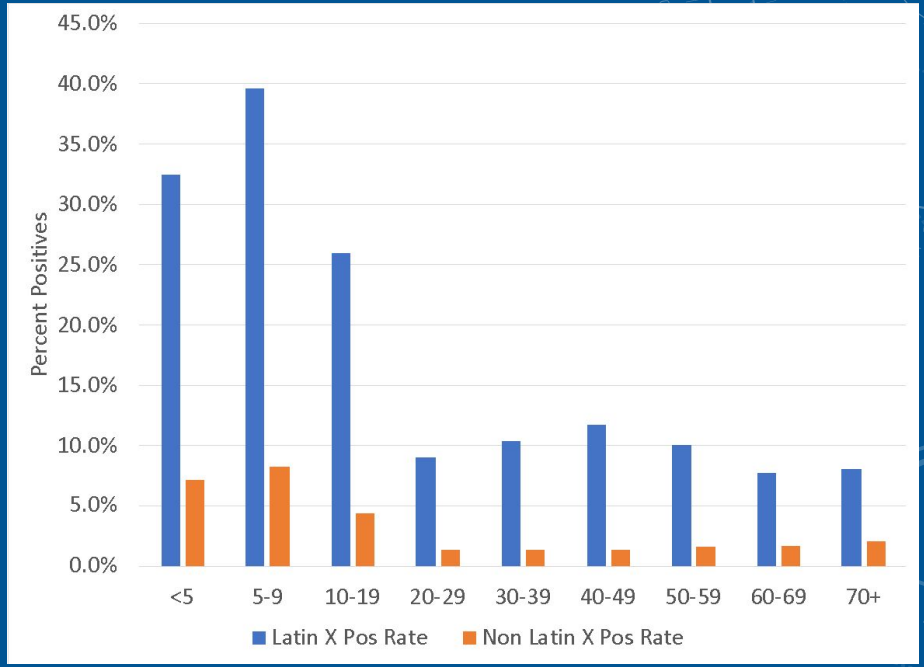



Latinx = 15% of SF population

| Neighborhood | Percent Positives that are LatinX |
|---|---|
| Mission | 77.5% |
| Excelsior | 75.7% |
| Portola | 73.2% |
| Bernal Heights | 63.0% |
| Tenderloin | 59.5% |
| Bayview Hunters Point | 59.2% |
| Outer Mission | 59.0% |
| Visitacion Valley | 58.7% |
| Potrero Hill | 51.0% |
| Glen Park | 50.0% |
| McLaren Park | 50.0% |
| Nob Hill | 50.0% |

# CHARACTERISTICS OF LATINX CASES

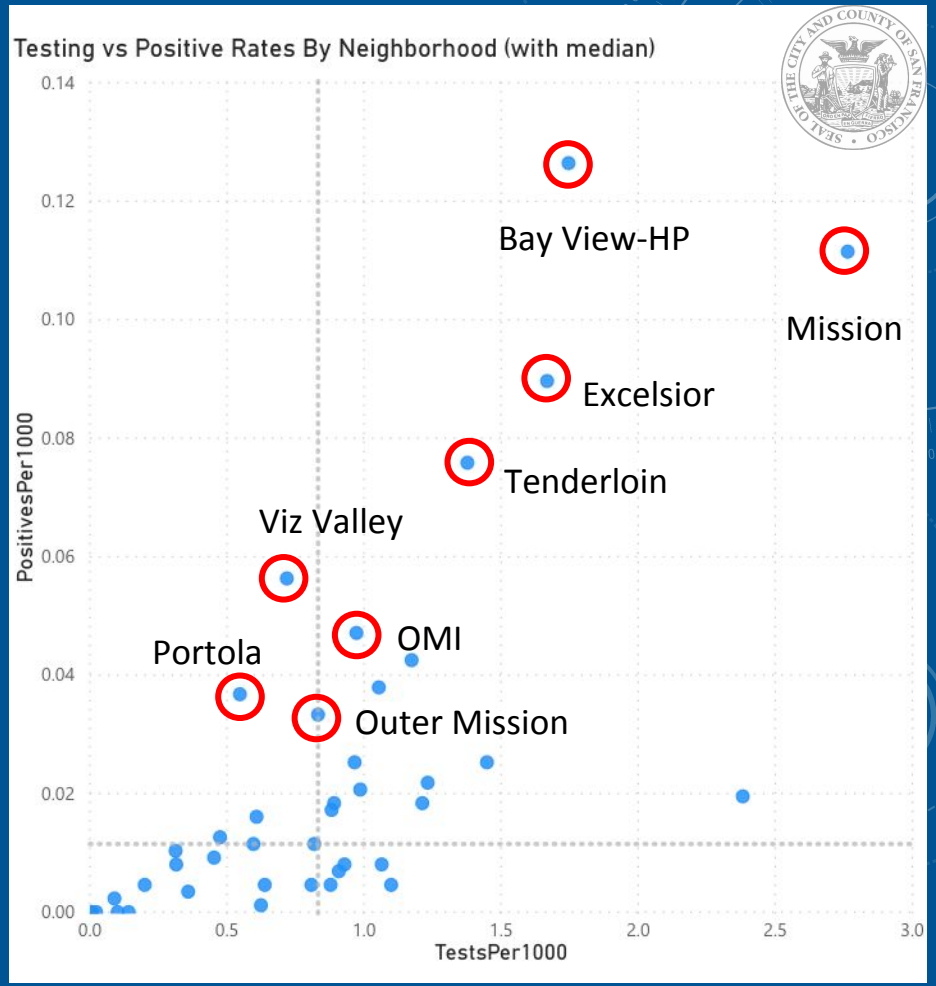
| | Latinx (1696) | All (3688) |
|---|---|---|
| Food service | 18% (20% live in household>5) | 10.2% |
| Cleaning | 7.6% | 4.1% |
| Construction | 5.6% | 3.4% |



# RETHINKING RESOURCES

General resources may not reach Latinx residents who need us to be:

- Family inclusive
- Worker-focused
- Messages dispersed rather than neighborhood-concentrated
- Community organizers rather than just service providers
- CBOs to reach undocumented workers
- Very low-barrier testing not impeded by transportation or insurance



# LATINX CAMPAIGN WITH THE LATINO TASK FORCE


# LESSONS LEARNED OR REMEMBERED

- Racism is geographic □ place-based focus
- Unequal impact should be expected
- Community organizers can be important partners
- Long-standing barriers to care should shape resource allocation

California AAP
Advocating for Children Together
September 12, 2020

# ADDRESSING RACISM AS A PUBLIC HEALTH CRISIS

**Tiffani J. Johnson, MD, MSc, FAAP**
Department of Emergency Medicine
University of California, Davis

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# STRATEGIES TO PROVIDE EQUITABLE CARE DURING COVID-19

Society for Maternal Fetal Medicine

## Health Equity, *Defined*

When **every person** has the opportunity to attain their **full health potential.**

When **no one** is **disadvantaged** from achieving this potential because of social position or other socially determined circumstances.



### Why Racism is Important in COVID-19


## IMPACTS

### Emerging Inequities in COVID-19

Increased rates of hospitalization and death in **Black, Hispanic and Native American communities**

Higher prevalence of COVID-19 disease among those of **low socioeconomic status**

Higher risk of infection in **prisons, group homes and residential treatment facilities**

Notable increase in xenophobia and bias towards **Asian Americans**

### COVID-Specific Threats to Health Equity

**Living and working circumstances make social distancing** challenging for some (e.g. undocumented people, the LGBTQ community), survivors of IPV.

**Inequitable access** to COVID-19 **testing.**

**Undocumented immigrants and uninsured people** have **limited access to public safety nets.**

**Challenges Accessing Telehealth**

To accommodate social distancing, many health care services are being **offered via computer or telephone.** Yet, some people may have **difficulty accessing services this way** (e.g. people with disabilities or people without broadband internet access).

**Stress, time constraints, fatigue** and **fear** increase the **risk of biased behavior** among health care providers and among the general public.

## STRATEGIES

### Confront Bias with Proven Upstander Techniques

**Direct**
Directly address biased behavior. Advise the person that their behavior is biased or ask them to clarify their meaning/intent.

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Disrupt a biased interaction by mentioning or doing something unrelated. Consider using when there is a concern for violence.

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### Increase Access to Community-Based Testing

### Design and Conduct Studies with Community Input and Participation from Inception

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**Advocate:** Ask policymakers to ensure that **all pregnant people have access to care, that health care workers have the resources they need to stay safe, and that pregnant people are included in COVID-19 research.**

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### Remain Vigilant in Collecting Clinical, Quality & Safety Metrics

Data should be stratified by age, race, ethnicity, gender/gender identity, payor, employment status, and preferred language.

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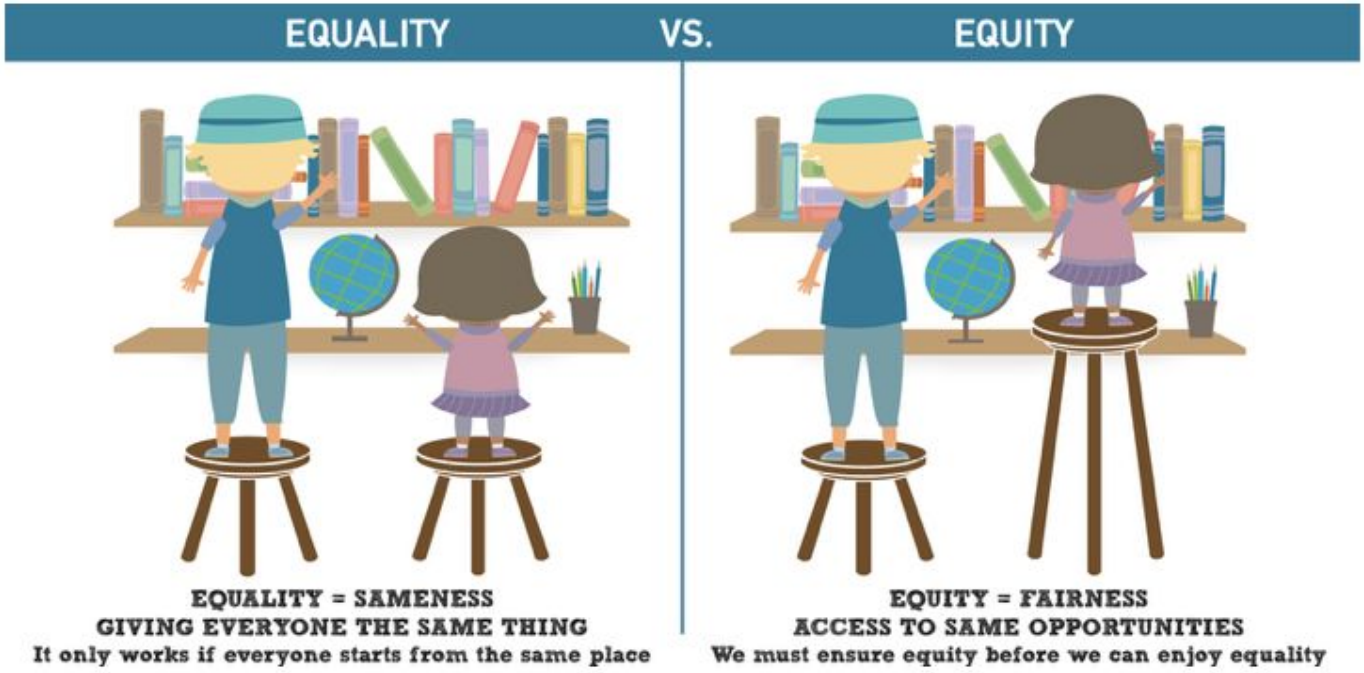

EQUALITY
VS.
EQUITY
EQUALITY = SAMENESS
GIVING EVERYONE THE SAME THING
It only works if everyone starts from the same place
EQUITY = FAIRNESS
ACCESS TO SAME OPPORTUNITIES
We must ensure equity before we can enjoy equality

X


The REAL
Pandemic
is RACISM

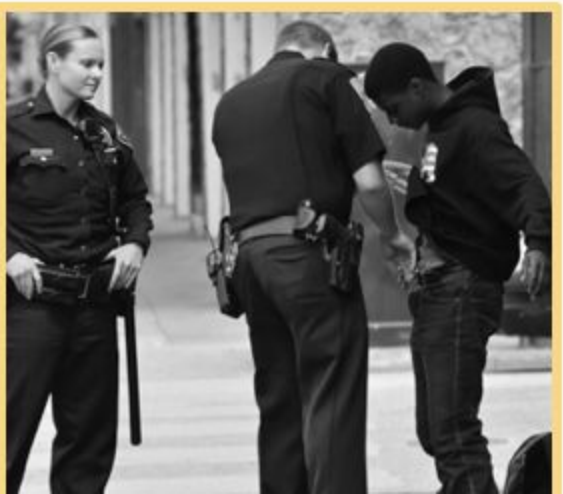
LIVE

LEARN

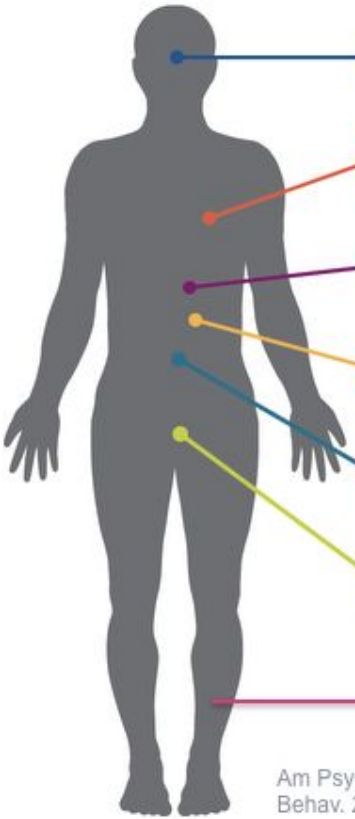


HAVE

RIGHTS



# Impact of Racism on Health Outcomes



**BRAIN**
Difficulty concentrating, anxiety, depression, irritability, mind fog

**CV**
Higher cholesterol, risk of HTN, MI, & stroke

**Immune System**
Dysregulation of immune function & inflammatory response

**Endocrine**
Elevated HbgA1C, waist circumference, BMI

**Epigenetics**
DNA methylation, shortened chromosomes

**Reproductive Health**
Maternal child health disaprities

**Musculoskeletal**
Inflammation, tension, aches, pains

Am Psychol. 1999,54(10):805-816; Annu Rev Psychol. 2007,58:201-25; Soc Sci Med. 2000,51(11):1639-53; Pharm Biochem Behav. 2007,86(2):246-62; Ann Behav Med. 2006,32(1):1-9; Am J Pub Health. 2003,93(2):243-8.

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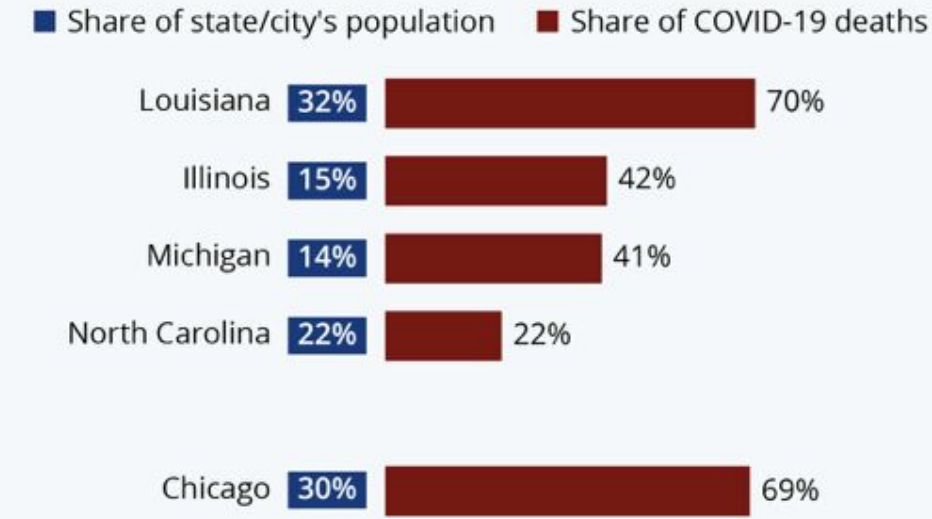
# COVID-19's Devastating Impact On African Americans

African American share of state/city populations and COVID-19 deaths (as of Apr 06, 2020)




Sources: 2010 Census, respective state/city health departments

Morbidity and Mortality Weekly Report

# Hospitalization Rates and Characteristics of Children Aged <18 Years Hospitalized with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, March 1–July 25, 2020

Lindsay Kim, MD[1,2]; Michael Whitaker, MPH[1,3]; Alissa O'Halloran, MSPH[1];

Morbidity and Mortality Weekly Report

# COVID-19–Associated Multisystem Inflammatory Syndrome in Children — United States, March–July 2020

Shana Godfred-Cato, DO[1]; Bobbi Bryant, MPH[1,2]; Jessica Leung, MPH[1]; Matthew E. Oster, MD[1]; Laura Conklin, MD[1]; Joseph Abrams, PhD[1];

PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

# Racial/Ethnic and Socioeconomic Disparities of SARS-CoV-2 Infection Among Children

Monika K. Goyal, MD, MSCE, Joelle N. Simpson, MD, MPH, Meleah D. Boyle, MPH, Gia M. Badolato, MPH, Meghan Delaney, DO, MPH, Robert McCarter, ScD, Denice Cora-Bramble, MD, MBA

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# Impact of Cognitive Load on Implicit Bias

## Johnson, Acad Emerg Med, 2017

Academic Emergency Medicine

ORIGINAL CONTRIBUTION

# The Impact of Cognitive Stressors in the Emergency Department on Physician Implicit Racial Bias

Tiffani J. Johnson, MD, MSc, Robert W. Hickey, MD, Galen E. Switzer, PhD, Elizabeth Miller, MD, PhD, Daniel G. Winger, MS, Margaret Nguyen, MD, Richard A. Saladino, MD, and Leslie R. M. Hausmann, PhD

## Abstract

***Objectives:*** The emergency department (ED) is characterized by stressors (e.g., fatigue, stress, time pressure, and complex decision-making) that can pose challenges to delivering high-quality, equitable care. Although it has been suggested that characteristics of the ED may exacerbate reliance on cognitive heuristics, no research has directly investigated whether stressors in the ED impact physician racial bias, a common heuristic. We seek to determine if physicians have different levels of implicit racial bias post-ED shift versus preshift and to examine associations between demographics and cognitive stressors with bias.

***Methods:*** This repeated-measures study of resident physicians in a pediatric ED used electronic pre- and postshift assessments of implicit racial bias, demographics, and cognitive stressors. Implicit bias was measured using the Race Implicit Association Test (IAT). Linear regression models compared differences in IAT scores pre- to postshift and determined associations between participant demographics and cognitive stressors with postshift IAT and pre- to postshift difference scores.

***Results:*** Participants (n = 91) displayed moderate prowhite/antiblack bias on preshift (mean ± SD = 0.50 ± 0.34, d = 1.48) and postshift (mean ± SD = 0.55 ± 0.39, d = 1.40) IAT scores. Overall, IAT scores did not differ preshift to postshift (mean increase = 0.05, 95% CI = −0.02 to 0.14, d = 0.13). Subanalyses revealed increased pre- to postshift bias among participants working when the ED was more overcrowded (mean increase = 0.09, 95% CI = 0.01 to 0.17, d = 0.24) and among those caring for >10 patients (mean increase = 0.17, 95% CI = 0.05 to 0.27, d = 0.47). Residents' demographics (including specialty), fatigue, busyness, stressfulness, and number of shifts were not associated with postshift IAT or difference scores. In multivariable models, ED overcrowding was associated with greater postshift bias (coefficient = 0.11 per 1 unit of NEDOCS score, SE = 0.05, 95% CI = 0.00 to 0.21).

From the Division of Pediatric Emergency Medicine, PolicyLab, and Center for Perinatal and Pediatric Health Disparities Research, Children's Hospital of Philadelphia, and the Department of Pediatrics, University of Pennsylvania School of Medicine (TJJ), Philadelphia, PA; the Division of Pediatric Emergency Medicine, Department of Pediatrics (RWH, RAS), the Division of General Internal Medicine, Department of Medicine (GES, LMH), the Division of Adolescent and Young Adult Medicine, Department of Pediatrics (EM), and Clinical and Translational Science Institute (DGW), University of Pittsburgh, Pittsburgh, PA; the Department of Emergency Medicine, Rady Children's Hospital San Diego (MN), San Diego, CA; and the Veterans Affairs Pittsburgh Healthcare System, Center for Health Equity Research and Promotion (GES, LMH), Pittsburgh, PA.

Received July 20, 2015; revision received October 9, 2015; accepted October 17, 2015.

Findings reported in this article were presented as an oral abstract at the Eastern Society for Pediatric Research Annual Meeting, Philadelphia, PA, April 2014; and the Pediatric Academic Societies Meeting, Vancouver, British Columbia, Canada, May 2014. No complete reports or full data in the form of tables or figures have been distributed to conferences attendees or journalists.

This research was conducted while Dr. Johnson was a fellow at the Children's Hospital of Pittsburgh and supported by a grant from the Agency for Healthcare Research and Quality (T32 HS 017587). Data analysis and manuscript preparation was completed while Dr. Johnson was funded by the National Heart, Lung, and Blood Institute (K12 HL109009). The project was also supported by the University of Pittsburgh Clinical and Translational Science Institute (CTSI) through the National Institutes of Health through grant UL1-TR-000005. The sponsoring agencies had no role in the design and conduct of the study; in the collection, management, analysis, and interpretation of the data; or in the preparation, review, or approval of the manuscript. The content of this article is

# Results

## Among Participants caring for >10 patients

| Before Shift | | After Shift | | Change (After-Before) | | | |
|---|---|---|---|---|---|---|---|
| Mean | SD | Mean | SD | Mean | 95% CI | P value | Cohen's D |
| 0.46 | 0.33 | 0.63 | 0.39 | 0.17 | 0.05,0.27 | 0.006 | 0.47 |

## Among participants working when ED overcrowded

| Before Shift | | After Shift | | Change (After-Before) | | | |
|---|---|---|---|---|---|---|---|
| Mean | SD | Mean | SD | Mean | 95% CI | P value | Cohen's D |
| 0.48 | 0.34 | 0.57 | 0.35 | 0.09 | 0.15,0.17 | 0.03 | 0.24 |

# Bias Towards Children

## Johnson, Acad Ped, 2017

DISPARITIES

## Comparison of Physician Implicit Racial Bias Toward Adults Versus Children

*Tiffani J. Johnson, MD, MSc; Daniel G. Winger, MS; Robert W. Hickey, MD; Galen E. Switzer, PhD; Elizabeth Miller, MD, PhD; Margaret B. Nguyen, MD; Richard A. Saladino, MD; Leslie R. M. Hausmann, PhD*


# THE TREATMENT PLAN:

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**Racism**

**Social Determinants of Health** including access to healthcare, food, housing, and education

**Co-Morbid Conditions**

**COVID-19** Incidence & Outcomes

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# Groundbreaking AAP Policy Statement on Racism

## Trent, Pediatrics, 2019

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

# The Impact of Racism on Child and Adolescent Health

Marna Trent, MD, MPH, FAAP, FSAHM,[a] Danielle G. Dooley, MD, MPhil, FAAP,[b] Jacqueline Dougé, MD, MPH, FAAP,[c] SECTION ON ADOLESCENT HEALTH, COUNCIL ON COMMUNITY PEDIATRICS, COMMITTEE ON ADOLESCENCE

The American Academy of Pediatrics is committed to addressing the factors that affect child and adolescent health with a focus on issues that may leave some children more vulnerable than others. Racism is a social determinant of health that has a profound impact on the health status of children, adolescents, emerging adults, and their families. Although progress has been made toward racial equality and equity, the evidence to support the continued negative impact of racism on health and well-being through implicit and explicit biases, institutional structures, and interpersonal relationships is clear. The objective of this policy statement is to provide an evidence-based document focused on the role of racism in child and adolescent development and health outcomes. By acknowledging the role of racism in child and adolescent health, pediatricians and other pediatric health professionals will be able to proactively engage in strategies to optimize clinical care, workforce development, professional education, systems engagement, and research in a manner designed to reduce the health effects of structural, personally mediated, and internalized racism and improve the health and well-being of all children, adolescents, emerging adults, and their families.

abstract

[a]Division of Adolescent and Young Adult Medicine, Department of Pediatrics, School of Medicine, Johns Hopkins University, Baltimore, Maryland; [b]Division of General Pediatrics and Community Health and Child Health Advocacy Institute, Children's National Health System, Washington, District of Columbia; and [c]Medical Director, Howard County Health Department, Columbia, Maryland

Drs Trent, Dooley, and Dougé worked together as a writing team to develop this manuscript outline, conduct the literature search, develop the stated policies, incorporate perspectives and feedback from American Academy of Pediatrics leadership, and draft the final version of the manuscript; and all authors approved the final manuscript as submitted.



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The guidance in this statement does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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DOI: https://doi.org/10.1542/peds.2019-1765

Address correspondence to Marna Trent, MD. E-mail: mtrent2@jhmi.edu

**To cite:** Trent M, Dooley DG, Dougé J; AAP SECTION ON ADOLESCENT HEALTH; AAP COUNCIL ON COMMUNITY PEDIATRICS; AAP COMMITTEE ON ADOLESCENCE. The Impact of Racism on Child and Adolescent Health. *Pediatrics* 2019;144(2):e20191765

# Take a Closer Look at Your Institution/Practice

- What policies, procedures, and regulations are in place that may inadvertently uphold structures of racism and perpetuate inequities?
- What are some aspects of the organizational culture that may undermine relationships with patients and families from underrepresented backgrounds?
- What is your organization/practice doing to make equity and anti-racism a strategic priority?

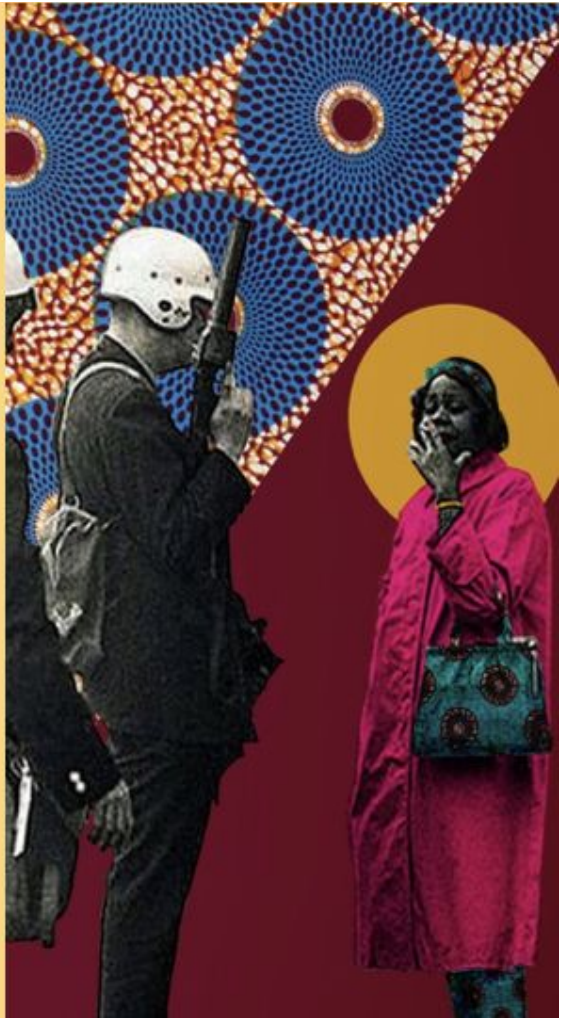
# Medical & Graduate Medical Education

# Workforce Diversity

# Leadership & Accountability

# Research & Quality Improvement

# Anti-Black Police Violence



## Addressing Law Enforcement Violence as a

1. Eliminate policies and practices that facilitate disproportionate violence against specific populations (including laws criminalizing these populations)
2. Institute robust law enforcement accountability measures
3. Increase investment in promoting racial and economic equity to address social determinants of health
4. Implement community-based alternatives to addressing harms and preventing trauma
5. Work with public health officials to comprehensively document law enforcement contact, violence, and injuries

APHA
AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.

*APHA Policy Number 201811, 2018*

Pre-publication Release

PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

# The Death of George Floyd: Bending the Arc of History Towards Justice for Generations of Children

Benard P. Dreyer, MD, Maria Trent, MD, MPH, Ashaunta T. Anderson, MD, George L. Askew, MD, Rhea Boyd, MD, MPH, Tumaini R. Coker, MD, MBA, Tamera Coyne-Beasley, MD, MPH, Elena Fuentes-Afflick, MD, MPH, Tiffani Johnson, MD, Fernando Mendoza, MD, Diana Montoya-Williams, MD, Suzette O. Oyeku, MD, MPH, Patricia Poitevien, MD, MSc, Adiaha A.I. Spinks-Franklin, MD, MPH, Olivia W. Thomas, MD, Leslie Walker-Harding, MD, Earnestine Willis, MD, Joseph L. Wright, MD, MPH, Stephen Berman, MD, Jay Berkelhamer, MD, Renee R. Jenkins, MD, Colleen Kraft, MD, MBA, Judith Palfrey, MD, James M. Perrin, MD, Fernando Stein, MD

**DOI:** 10.1542/peds.2020-009639

**Journal:** *Pediatrics*

**Article Type:** Pediatrics Perspectives

**Citation:** Dreyer BP, Trent M, Anderson AT, et al. The death of George Floyd: bending the arc of history towards justice for generations of children. *Pediatrics.* 2020; doi: 10.1542/peds.2020-009639



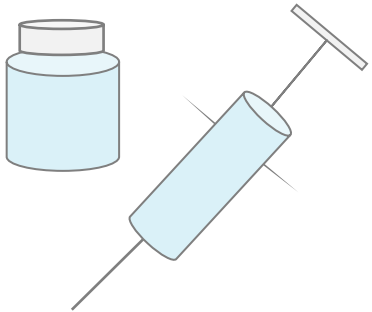
- **End policing of minor infractions** and harmless activities in communities of color.
- **Establish effective civilian oversight of police** and police actions with real power.
- **Strengthen and monitor local police "use of force" policies**, especially use of potentially deadly force, including choke-holds.
- **End the militarization of police** departments by cutting off the supply of federal military weaponry which often leads to increased killing of civilians.
- **Demand swift investigation and prosecution** of cases such as George Floyd's that is independent of local police departments and with no incentive to protect the police
- **Prioritize government spending** on community health, mental health, education and housing rather than on funding the police department.

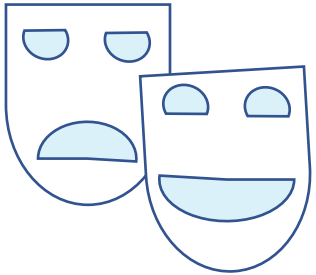
# Defund the Police??

- **Establish Truth and Reconciliation Commissions** to learn from residents about the harms inflicted by police, and to use what they learn to modify recruitment, hiring, training, and policing practices to eradicate police brutality and police bias.
- **Redefine public safety** by dedicating more of the city's budget to youth, family services, restorative justice, and cultural programs than to policing.
- **Replace police with social workers and community health workers** to respond to calls for assistance in non-life-threatening circumstances, such as mental health crises, school truancy, neighborhood disturbances, and homelessness.

PUBLIC HEALTH
ADVOCATES


“In a racist society it is not enough to be non-racist, we must be anti-racist.”





# Vaccine Confidence & Acceptance
# A 2020 Pediatric Imperative
# If not us, who? If not now, when?

September 12th, 2020

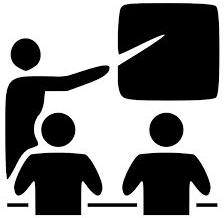
Todd Wolynn MD, MMM, IBCLC, FAAP @DrToddWo

# DISCLOSURE

I declare that neither I, nor any immediate member of my family, have a financial arrangement or affiliation with any corporate organization offering financial support or grant monies for this continuing medical education activity. In addition, I do not intend to include information or discuss investigational or off-label use of pharmaceutical products or medical devices.

# DISCLOSURE

I am a speaker and advisor for Merck and Sanofi. I declare that neither I, nor any immediate member of my family, have a financial arrangement or affiliation with any corporate organization offering financial support or grant monies for this continuing medical education activity. In addition, I do not intend to include information or discuss investigational or off-label use of pharmaceutical products or medical devices.



FAKE
NEWS

Conspiracies

PSEUDOSCIENCE

# Forces Upon Vaccine Hesitancy

Virtually

+

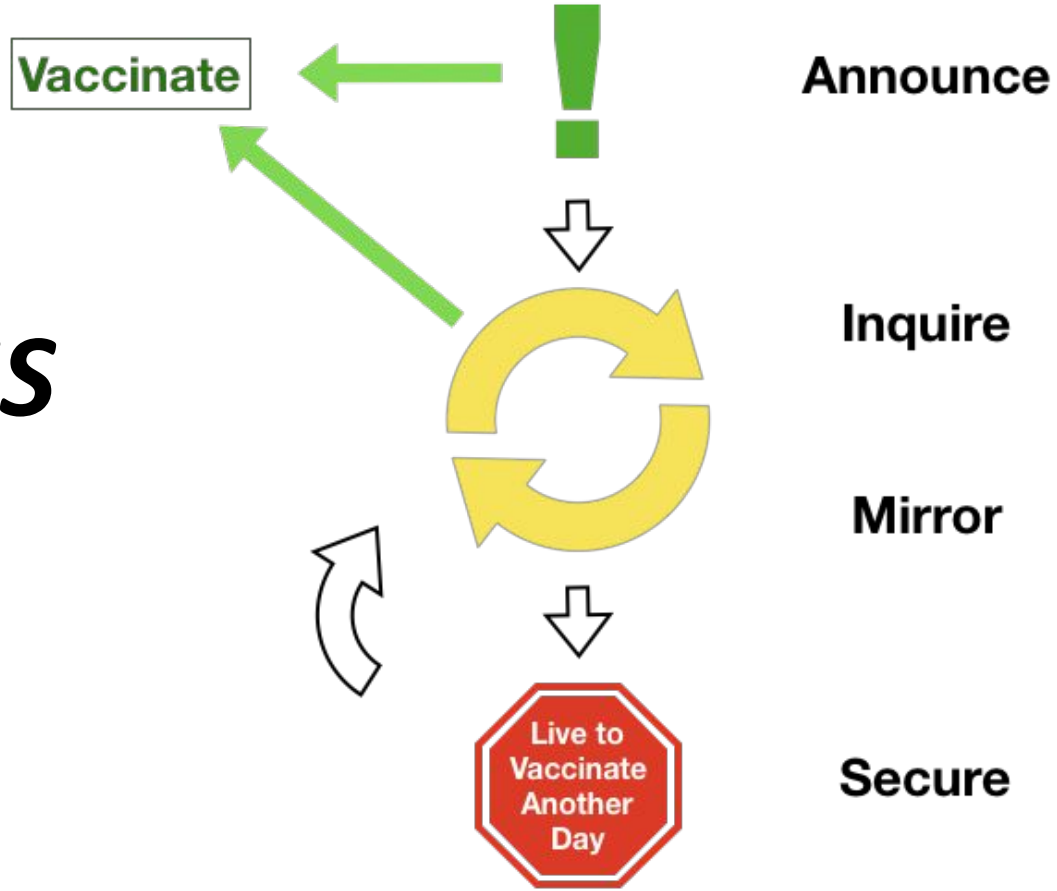
+/-

-

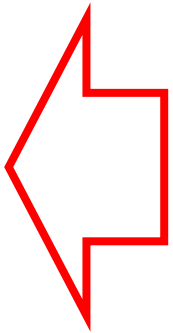
Face-to-Fac

# Face-to-Face Communication

***AIMS***



| Anti-Vaccine Attacks | | Countered |
| --- | --- | --- |
| Overwhelm | | Focus & Teach |
| Isolate | | Connect & Unite |
| Weaken | | Reinforce & Strengthen |
| Frighten | | Reassure & Empower |
| Terrorize | | Support & Defend |
| Damage | | Repair & Recover |
| Silence | | Embolden |
| Dissolve | | Galvanize |



# 1 The Research - Publication

**Kids Plus Pediatrics** and **University of Pittsburgh**
collaboration
combating anti-vaxx disinformation & pseudoscience
with science, research and active deployment analysis


Published manuscript on anti-vaccine attack (March 2019)

Ongoing surveillance of social media anti-vaccine attacks

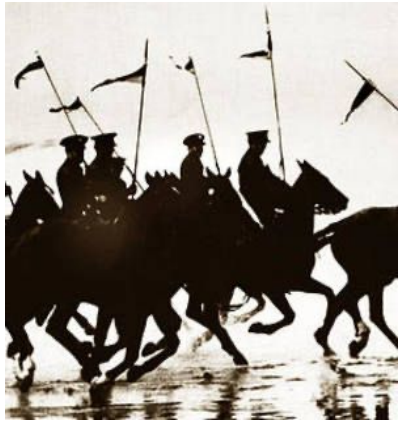
Qualitative & quantitative assessment of impact of
"Shots Heard" on members and the medical community

Ongoing research on vaccine sentiment and on social media

# 2 The Cavalry

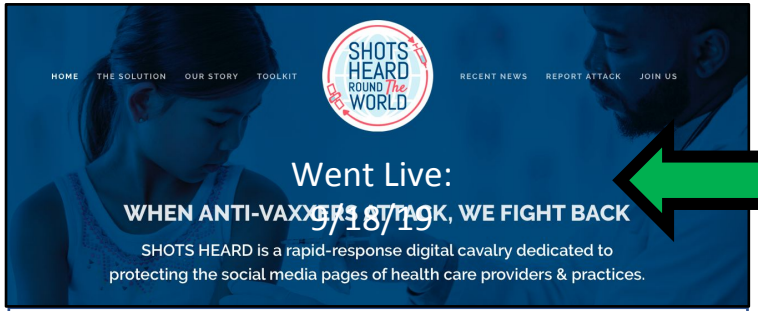
Private, vetted, pro-vaccine, rapid-response, social media rescue network providing aid to victims of large-scale, coordinated anti-vaccine attacks

| ‘Shots Heard’ Team | |
|---|---|
| # of Members | ~860 |
| # of Countries | 22 |
| # of Responses | 10 (~100) |




## Counter-Offensive Capabilities

# 3 The Website & Toolkit




| www.ShotsHeard.com | |
|---|---|
| # Unique Visitors | 27,688 |
| # Page Views | 36,000 |
| # of Downloads | 2,812 |
| # of Countries | 101 |

(Data as of: 8/11/20)

United States
Canada
Australia
United Kingdom
Japan
New Zealand
Germany
Ireland
Norway

***3rd–4th Qtr of 2020 revamp***

**Free Download for Vaccine Advocates Everywhere.**

Case Study
Philosophy/Strategies
Links/Resources
Crisis Management Sheets
*A Living Document*

## Anti-Anti-Vaxx Toolkit

*How to Prepare For, Defend Against, and Clean Up After an Anti-Vax Social Media Attack*

(Available since: 9/23/19)

# 4 The Campaign

## Raise Awareness of:

Vaccine Communication & Advocacy
Disinformation Campaigns
Weaponized Anti-Vaccine Attacks
Social Media Accountability



















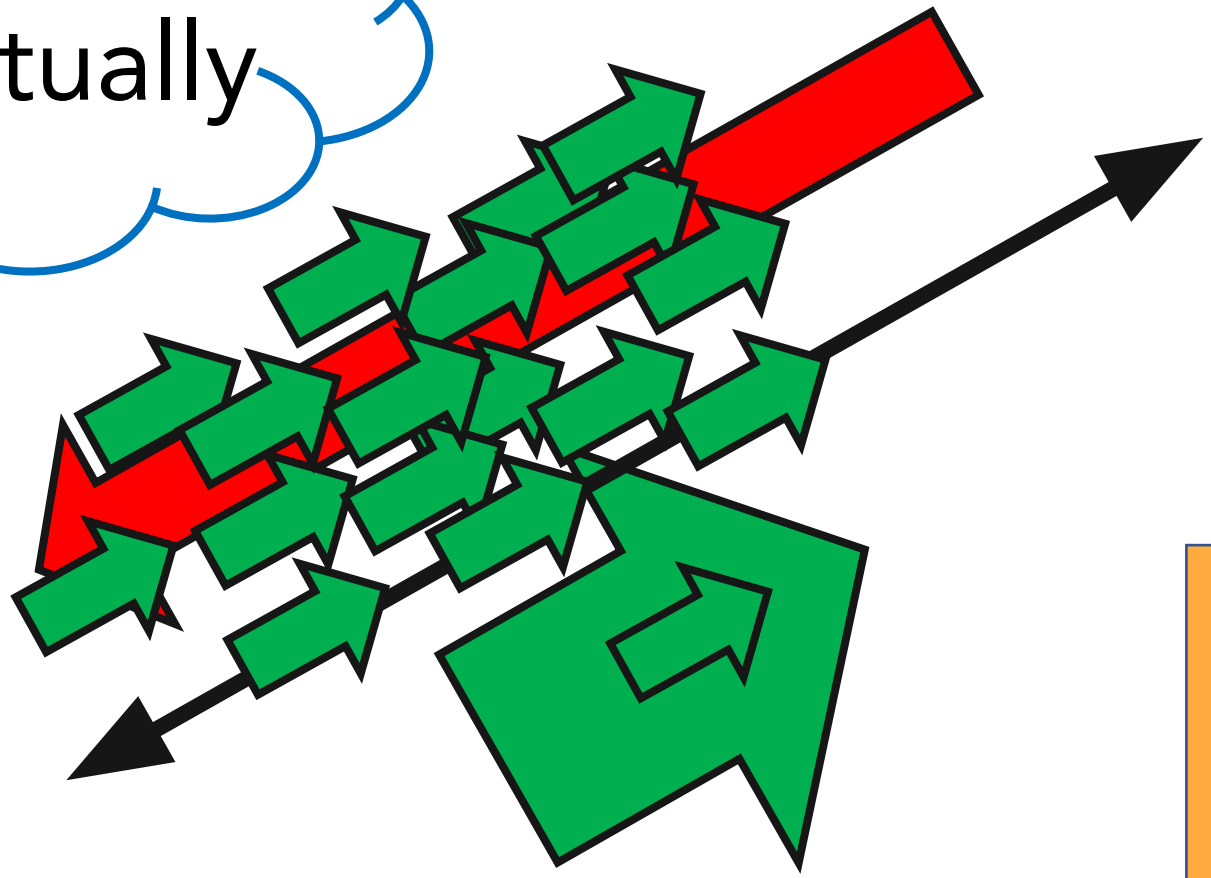




*…who want to and wait to hear from us*

Virtually

Vaccine Accepting



Anti Vaccine

Face to Face

# ***The SHOTS HEARD – Call-to-Action***

***Vaccine Advocacy: Promoting Facts & Defending from Attacks***

- *Galvanize Healthcare Providers*
- *Activate our Patient Relationships (Un-Silence the Majority)*
- *Leverage Social Media and Mobilize Connections*
- *Organize, Collaborate and Coordinate Globally*

***Communication training*** *(including Med School, Residency & Attendings)*

- *Face-to-Face (AIMS …etc) methodologies*
- *Virtually (Social Media Training, Support & Promotion)*

***Social Media Accountability*** *to address:*

- *Disinformation campaigns*
- *Weaponized social media attacks*

# Open Q&A for Keynote Speakers