Engaging Rural Pharmacies to Increase Vaccine Access and Confidence Webinar

January 18, 2022
Agenda

Introduction (5 min)
Speaker presentations (30 min total)
  Dr. Laura Lee Hall ~ 20 min
  Dr. Amy Nicholas ~ 10 min
Q&A (~20 min)
Closing (5 min)
Rural Health Pharmacy Webinar Speakers

Dr. Laura Lee Hall, PhD
President
Center for Sustainable Health Care
Quality and Equity

Dr. Amy Nicholas, PharmD
Medical Managed Care Director
Sanofi Pasteur
DRIVing Vaccine Equity: The Community Pharmacist Ambassadors Program

Laura Lee Hall, PhD

President, Center for Sustainable Health Care Quality and Equity

January 18th, 2022
Welcome to the National Minority Quality Forum

Controlling Health Outcomes through Scientific Collaboration

“"The National Minority Quality Forum was founded in 1998 to address the critical need for strengthening national and local efforts to use evidence-based, data-driven initiatives to guide programs to eliminate the disproportionate burden of premature death and preventable illness for racial and ethnic minorities and other special populations.""
Center for Sustainable Health Care Quality and Equity

• Vision: Sustainable healthy communities in every zip code.

• Mission: Promote sustainable healthy communities, especially those with diverse and underserved populations, through the provision of actionable data, research, and engagement/training of clinicians and community leaders.
Demographics and Vaccine Equity
Black Population, 2019

Note: May include people of Hispanic origin.
Black Population, 2019 - Nonmetropolitan

Note: May include people of Hispanic origin.
Hispanic Population, 2019

Hispanic Non-metropolitan Population, 2019

Employed Pharmacists by State, May 2020
Percentage of Outpatient Visits for Respiratory Illness Reported By The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2021-2022* and Selected Previous Seasons

This system monitors visits for ILI (fever and cough or sore throat), not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.

†These seasons did not have a week 53, so the week 53 value is an average of week 52 and week 1.
A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Outpatient Respiratory Illness Activity Map Determined by Data Reported to ILINet

This system monitors visits for respiratory illness that includes fever plus a cough or sore throat, also referred to as ILI, not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.

2021-22 Influenza Season Week 52 ending Jan 01, 2022

ILI Activity Level
- Very High
- High
- Moderate
- Low
- Minimal
- Insufficient Data

*This map uses the proportion of outpatient visits to healthcare providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.

*Data collected in ILINet may disproportionately represent certain populations within a state, and therefore may not accurately depict the full picture of influenza activity for the whole state.

*Data displayed in this map are based on data collected in ILINet, whereas the State and Territorial flu activity map are based on reports from state and territorial epidemiologists. The data presented in this map is preliminary and may change as more data is received.

*If differences in the data presented by CDC and state health departments likely represent differing levels of data completeness with data presented by the state likely being the more complete.

*For the data download you can use Activity Level for the number and Activity Level Label for the text description.

*This graphic notice means that you are leaving an HHS Web site.
For more information, please see CDC's Exit Notification and Disclaimer policy.
For more information on the methodology, please visit Outpatient Illness Surveillance methods section.
Figure 3A. Monthly Cumulative Influenza Vaccination Coverage by Race/Ethnicity, Pregnant Persons 18 years to 49 years,* United States, 2019-2020 through 2020-2021
Data Source: Vaccine Safety Datalink
Data are current through March 31, 2021
Figure 6. Flu Vaccination Coverage by Racial/Ethnic Group, Adults 18 years and older, United States, 2010–2020

cdc.gov/flu/fluvoxview/coverage-1920estimates.htm
Table. Age-adjusted rate ratios* of flu-related hospitalization, ICU admission, and in-hospital death by race/ethnicity (2009–10 through 2018–19)

<table>
<thead>
<tr>
<th>Rate ratios compared to Non-Hispanic White people</th>
<th>Non-Hispanic American Indian or Alaska Native</th>
<th>Non-Hispanic Asian or Pacific Islander</th>
<th>Non-Hispanic Black</th>
<th>Hispanic or Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalization</td>
<td>1.3x</td>
<td>0.8x</td>
<td>1.8x</td>
<td>1.2x</td>
</tr>
<tr>
<td>ICU admission</td>
<td>1.4x</td>
<td>0.9x</td>
<td>1.7x</td>
<td>1.1x</td>
</tr>
<tr>
<td>In-hospital death</td>
<td>0.9x</td>
<td>1.0x</td>
<td>1.1x</td>
<td>0.9x</td>
</tr>
</tbody>
</table>

*Age-adjusted rates are compared against age-adjusted rate for non-Hispanic White persons
Table 1. Receipt of influenza vaccination among health care personnel by selected characteristics — Internet Panel Surveys*, United States, April 2020 and April 2021

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>2019-20</th>
<th>2020-21</th>
<th>Change from 2019-20 to 2020-21</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number (weighted %)</td>
<td>Weighted % vaccinated (95% CI)</td>
<td>Number (weighted %)</td>
</tr>
<tr>
<td>White, non-Hispanic (ref)</td>
<td>1,494 (59.5)</td>
<td>84.7 (80.7, 88.7)</td>
<td>1,419 (61.4)</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>302 (17.0)</td>
<td>71.0 (58.8, 83.3)</td>
<td>316 (17.0)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>334 (14.1)</td>
<td>77.1 (64.7, 89.6)</td>
<td>399 (14.1)</td>
</tr>
<tr>
<td>Other, non-Hispanic</td>
<td>269 (9.4)</td>
<td>78.7 (66.2, 91.3)</td>
<td>253 (7.5)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of primary workplace</th>
<th>2019-20</th>
<th>2020-21</th>
<th>Change from 2019-20 to 2020-21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>283 (11.8)</td>
<td>66.8 (49.5, 81.3)</td>
<td>308 (12.2)</td>
</tr>
<tr>
<td>Non-rural</td>
<td>2,118 (88.2)</td>
<td><strong>82.4 (78.2, 86.1)</strong></td>
<td>2,080 (87.8)</td>
</tr>
</tbody>
</table>
Reported COVID Cases per 100,000, Week Ending 1.8.2022

Reported cases per 100,000 population of All Counties in US
COVID-19 7-Day Case Rate per 100,000 Population in United States, by Metro vs. Non-Metro

https://covid.cdc.gov/covid-data-tracker/#pop-factors_7daynewcases
COVID-19 7-Day Death Rate per 100,000 Population in United States, by Metro vs. Non-Metro

COVID-19 Weekly Cases per 100,000 Population by Race/Ethnicity, United States
March 01, 2020 - January 08, 2022*

Cases
- Sex
- Age - All Groups

Pediatric Case Proportions
Race/Ethnicity

Deaths
- Sex
- Age - All Groups

Race/Ethnicity
- AI/AN, NH
- Asian/PI, NH
- Black, NH
- Hispanic
- White, NH

US: The most recent line level case record was reported during the week ending on Jan 08, 2022. Percentage of cases reporting race by date - 65.85%.
US territories are included in case and death counts but not in population counts. Potential six-week delay in case reporting to CDC denoted by gray bars. AI = American Indian, AN = Alaska Native, NH = Non-Hispanic, PI = Pacific Islander. Excludes cases with unknown or multiple races. *Case Earliest Date is the earliest of the clinical date (related to illness or specimen collection and chosen by a defined hierarchy) and the date received by CDC. The date for the current week extends through Saturday.

*Case rates during the week ending Aug 07, 2021 are reflective of a data reporting artifact from South Dakota. Surveillance data are provisional, and as additional clinical data becomes available, the case rates over time are subject to change.

Booster Vaccination Trends by Age, Sex, and Race/Ethnicity among People Ages 65 Years and Older

Percent of People Receiving COVID-19 Booster Doses by Race/Ethnicity and Date Administered, United States for 65 Years and Older

August 13, 2021 – January 09, 2022

By Race/Ethnicity

- AI/AN, NH
- Asian, NH
- Black, NH
- Hispanic/Latino
- NHPI, NH
- White, NH

| Booster Dose | 59.7% | 76.9% | 63.4% | 58.6% | 54.2% | 72.3% |

Race/Ethnicity Known
- 25.9M (90.1%)
- 3.2M (10.9%) Capped at 0%

Date Administered

AI/AN = American Indian/Alaska Native; NH = Non-Hispanic; NHPI = Native Hawaiian or Other Pacific Islander; People receiving at least one dose; total count represents the total number of people who received at least one dose of COVID-19 vaccine. People fully vaccinated; total count represents the number of people who have received a dose of a single-shot COVID-19 vaccine or the second dose in a 2-dose COVID-19 vaccine series. Due to the time between vaccine administration and when reported to CDC, vaccinations administered during the last 5 days may not yet be reported. This reporting lag is represented by the gray, shaded box. On August 31, 2021, CDC updated its algorithm for assigning a race/ethnicity category for vaccine recipients to align with U.S. Census Bureau race/ethnicity classifications. As a result, approximately 4.5 million vaccine recipients who were previously categorized as "Non-Hispanic Multiracial" are now categorized into a single race/ethnicity group. Beginning November 18, 2021, these figures include demographic data from Texas.

Last Updated: Jan 09, 2022

### There is a six percentage point gap between urban and rural residents on vaccine hesitancy.

Percentage of adults who "probably or definitely will not get vaccinated" (August 29 to September 4)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>All adults</td>
<td>14%</td>
</tr>
<tr>
<td>Urban</td>
<td>13%</td>
</tr>
<tr>
<td>Suburban</td>
<td>14%</td>
</tr>
<tr>
<td>Rural</td>
<td>19%</td>
</tr>
<tr>
<td>Has health insurance</td>
<td>13%</td>
</tr>
<tr>
<td>Does not have health insurance</td>
<td>22%</td>
</tr>
</tbody>
</table>

Sources: Centers for Disease Control and Prevention  
[see less](https://covid.cdc.gov/covid-data-tracker/#vaccine-confidence)
Black residents in rural communities are also less likely than White and Hispanic residents to say their community has enough hospitals, and doctors and health care providers.

### Racial Discrepancies Exist Among Rural Adults For Perceived Access To Health Care And Vaccine Related Services

Percent of rural adults who say their community has enough of each of the following to serve local residents:

<table>
<thead>
<tr>
<th>Service</th>
<th>Black adults</th>
<th>Hispanic adults</th>
<th>White adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>50%</td>
<td>66%</td>
<td>76%</td>
</tr>
<tr>
<td>Doctors and health care providers</td>
<td>56%</td>
<td>71%</td>
<td>72%</td>
</tr>
<tr>
<td>Vaccination locations</td>
<td>53%</td>
<td>67%</td>
<td>69%</td>
</tr>
<tr>
<td>Supply of the COVID-19 vaccine</td>
<td>47%</td>
<td>52%</td>
<td>59%</td>
</tr>
<tr>
<td>Mental health care providers</td>
<td>43%</td>
<td>44%</td>
<td>44%</td>
</tr>
</tbody>
</table>

**NOTE:** Among adults living in rural areas. See topline for full question wording.  
**SOURCE:** KFF COVID-19 Vaccine Monitor: Rural America (March 15-29, 2021)
The DRIVE Toolkit: Promoting Health in Underserved Populations

DRIVE: Demonstrating Real Improvement in Value and Equity

A free online toolkit to support quality improvement, education, and community engagement in your location.
Based on PDSA/Rapid Cycle Improvement Plus
- Team-based orientation
- Consideration of communication
- Engaging and celebrating clinicians
- Champions – 5 days over whole project

Customize to your needs and approaches
How a change in tone helped a Richmond, Virginia, healthcare center increase flu vaccinations by 20%

Daily Planet Health Services changed its approach last year after participating in the Center for Sustainable Health Care Quality and Equity’s initiative to increase flu vaccination rates across the country.

The free online toolkit featured slides, videos and materials such as a practice assessment survey document, which allowed the nonprofit staff to work with the centers to develop a strategy for increasing the vaccination rate.

The Richmond center staff also participated in a DRIVE webinar to learn how to most effectively recommend the flu vaccine, Goode said.

“It was really fascinating to watch our [medical assistants] change their style of offering the flu vaccines,” Goode said.

That switch from inquiring whether people would like the vaccine to presenting it as an expectation “really helps make a difference,” said Goode.

Not just a toolkit
Multiple Resources and Collaboration Opportunities

INDIVIDUALS
HEALTH CHAMPION
SUPER HEALTH CHAMPIONS - CO-LAB

HEALTH SYSTEMS, FQHCS AND PRACTICES
DRIVE PROGRAM ENROLLMENT
INFOGRAPHICS
JOINT WEBINARS
PHARMACIST COMMUNITY AMBASSADOR

COMMUNITY LEADERS
COMMUNICATIONS TOOLKIT
JOINT TOWNHALLS ON MULTIPLE MEDIA AND SOCIAL MEDIA PLATFORMS
FAITH HEALTH ALLIANCE
BARBER AND STYLIST NETWORK
GET THE VAX FACTS

#DON'TWAITVACCINE
Communication Resources

- Press release template that you can modify and use to send to local media
- Social media graphics, infographics and messaging you can use to help educate your community
- A Letter to the Editor template that you can edit and make your own
- Printable flu and COVID-19 patient and community information cards to download and distribute, or to share with your community electronically
- A sermon that can be modified for your congregation
- Vaccine Locator (by CDC, Harvard Medical School) to help your community find convenient flu vaccination locations

Key Flu Links

Key COVID Links

Primary Hashtag
#Don’tWaitVaccinate

Secondary Hashtags
#VaxFacts
#VaccinesWork
#VaccinesSaveLives

Social Media Graphics

Infographics

- The Flu Vaccine Can Save Your Life
- Managing Home Life with Flu & COVID-19 Virus
- Prevent Getting COVID-19 & Flu

Download English Graphics
Download Spanish Graphics

http://ai-healthnet.com/health-champions/
Champions in the Co-Lab will engage in monthly activities to promote equity for flu vaccines, peer-to-peer learning labs, and communications.
ACTIVITIES

• Monthly Learning Labs & Brainstorming Labs:
  ◦ Beginning August 2021
  ◦ Continue Through June 2022
• Webinar Ideas:
  ◦ **September 2021: Vaccine Equity**
  ◦ October 2021: Equity Forward - From Vaccines to Disease Prevention
• Focus Groups:
  ◦ November 2021: Public Health Professionals - Health Champion content Advisement
  ◦ January 2021: Interventions
    ▪ QIE
    ▪ Vaccine Clinics
• Social Media & Relevant Links:
  ◦ [https://ai-healthnet.com/health-champions/](https://ai-healthnet.com/health-champions/)
  ◦ Twitter: @joinHCs
  ◦ Instagram: @joinHCs
DRIVE with Us!

- Online resources
- Partnership opportunities
- Funding opportunities
- Additional health topics over time

HAIR Wellness Warriors have come together from across the nation to protect communities from ravages of the flu and COVID-19 “twindemic” by providing education and outreach through barbershops and salons.
BECOME A PHARMACIST COMMUNITY AMBASSADOR

MISSION: FLU

Flu vaccination promises to be a challenge during this 2021-22 season, with continued and perhaps increased disparities in immunization. Pharmacists can play a critical role in promoting health in underserved and diverse communities of color, by virtue of their professional training and availability in nearly every community.
Join the Community Ambassador program, which was developed by the two leading organizations in the provision of pharmacy services to underserved communities and health equity – NOVA ScriptsCentral and the National Minority Quality Forum’s Center for Sustainable Health Care Quality and Equity.

- Virtual, online and interactive education about the current influenza season & strategies for effectively communicating with diverse and underserved populations.
- Presentation placement opportunities through flu season.
- Resources available for conducting presentations in community settings.
Pharmacist Community Ambassador

Pharmacist Community Ambassador: Provides resources and education outreach sessions to the community they serve to raise awareness and rates of vaccines

- 55% of pharmacists work in community-based settings; Patients see their pharmacists nearly 12 times more than their primary care provider
- Pharmacists have a myriad of opportunities to encourage flu vaccinations when speaking to patients
- Encouraging flu vaccination while patients are receiving their COVID-19 vaccines or boosters shots is a perfect opportunity

Pharmacists have been addressing social determinants of health for years in all populations that experience health disparities, working as vital members of their communities by interacting daily with patients in the community-not only in specialty and community pharmacies but also in integrated health delivery networks, managed care and community based setting, health care clinics and physician offices and hospitals
Training Overview

• Four modules on-line modules:
  • Overview
  • Disparities
  • Flu and Flu Vaccination
  • Communications
Communicating with the Community Module

• What is effective communication?
  • Listening, empathy, encouragement (not persuasion)
  • Examples
  • Virtual vs in-person
  • Cultural appropriateness: competence vs humility

• Vaccine hesitancy

• Community Engagement
  • Identifying partners
  • Scheduling event
Next Steps

• Pharmacists: Sign-up for training
• Immunization Managers and Community Leaders:
  • Contact us to identify a trained pharmacist in your community (shc@nmqf.org)
  • Set up a training event
  • Help recruit pharmacists in your community
Thank you!
Next up..

Dr. Amy Nicholas
Q&A
Promoting trust in vaccines. Protecting Communities.

Vaccine Confidence Toolkit

Webinar Series

Immunizationmanagers.org/resources-toolkits/vaccine-confidence-toolkit/
NEW School-Located Vaccination Clinics Toolkit

SLV Strategies to Increase Child & Adolescent Immunization Rates During the COVID-19 Pandemic

https://www.immunizationmanagers.org/resources-toolkits/slv-toolkit/
Jan 2022 Supplemental Issue of NASN School Nurse

School-Located Vaccination (SLV) in the Era of COVID-19

- Free digital access for the next year!
- Features:
  - Letter to the Editor
  - Environmental Scan
  - Roundtable Report
  - Checklists for school nurses
  - Tips sheet for immunization programs

Thank You!

Questions?

Contact
info@immunizationmanagers.org
(301) 424-6080
www.immunizationmanagers.org