Engaging Rural
Pharmacies to
Increase Vaccine
Access and
Confidence Webinar

January 18, 2022



Agenda

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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)
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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







Gary A. Puckrein, PhD, Founding President and CEO



"The National Minority Quality Forum was founded in 1998 to address the critical need for strengthening national and local efforts to use evidence-based, datadriven 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.



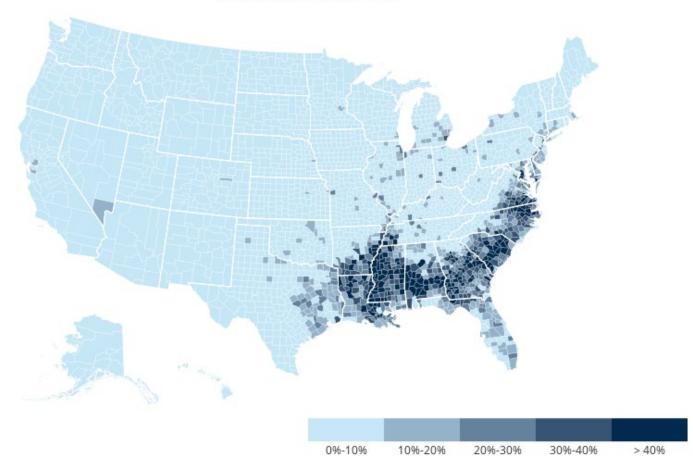






Demographics and Vaccine Equity In the second sec

Black Population, 2019



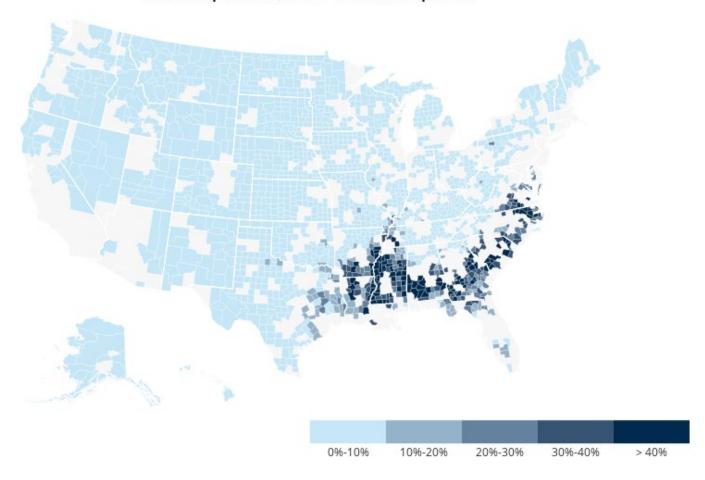


Note: May include people of Hispanic origin. Source: <u>U.S. Census ACS</u>, <u>2009</u>, <u>2014</u>, and <u>2019</u> 5-year estimates.



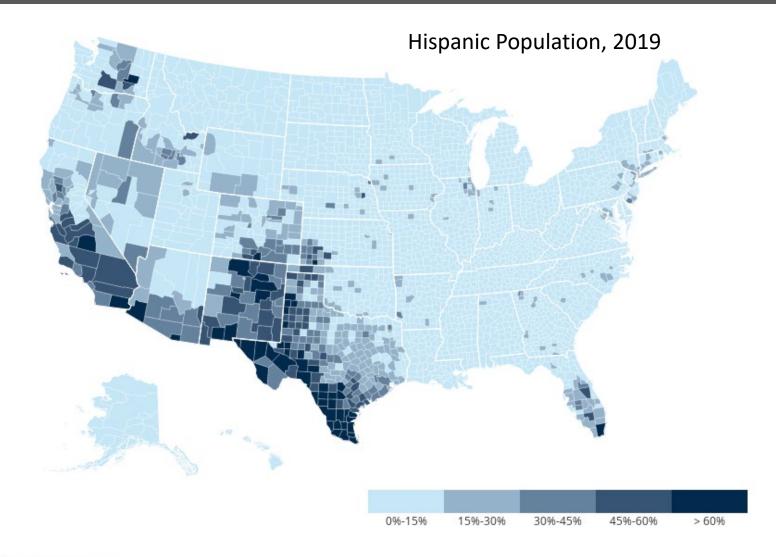


Black Population, 2019 - Nonmetropolitan



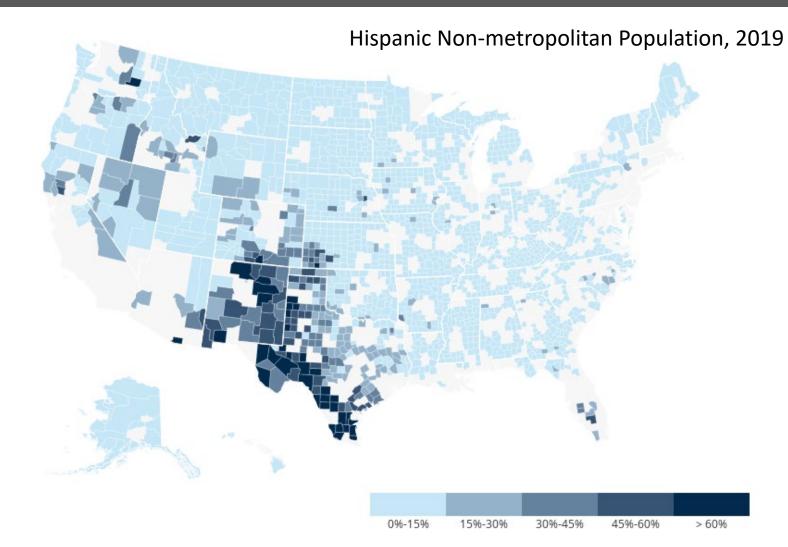


Note: May include people of Hispanic origin. Source: <u>U.S. Census ACS</u>, 2009, 2014, and 2019 5-year estimates.



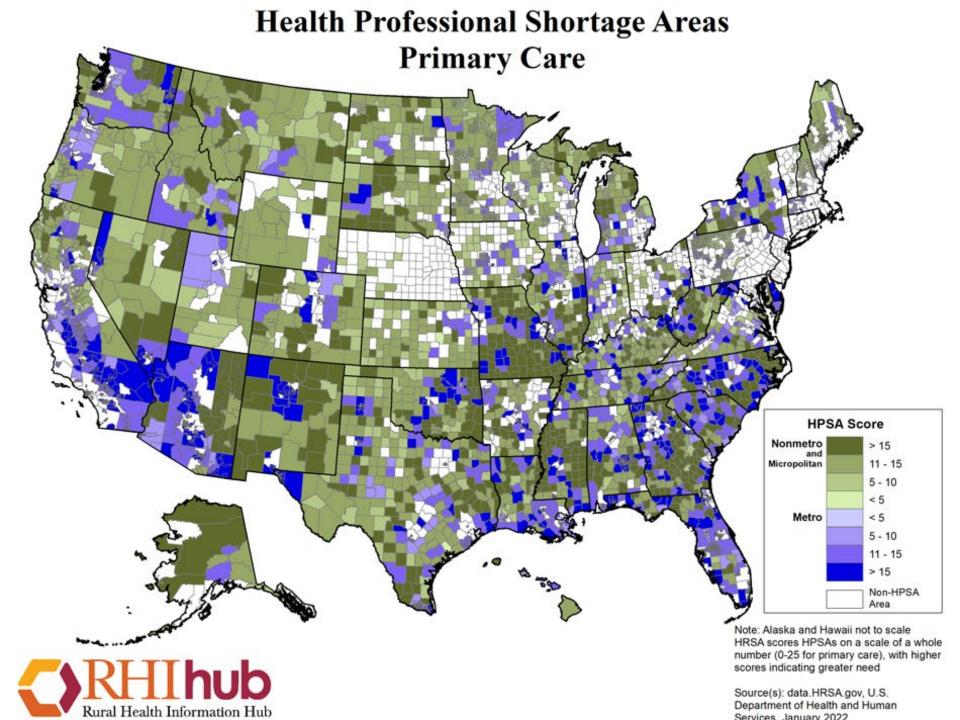


Source: U.S. Census ACS, 2009, 2014, and 2019 5-year estimates.

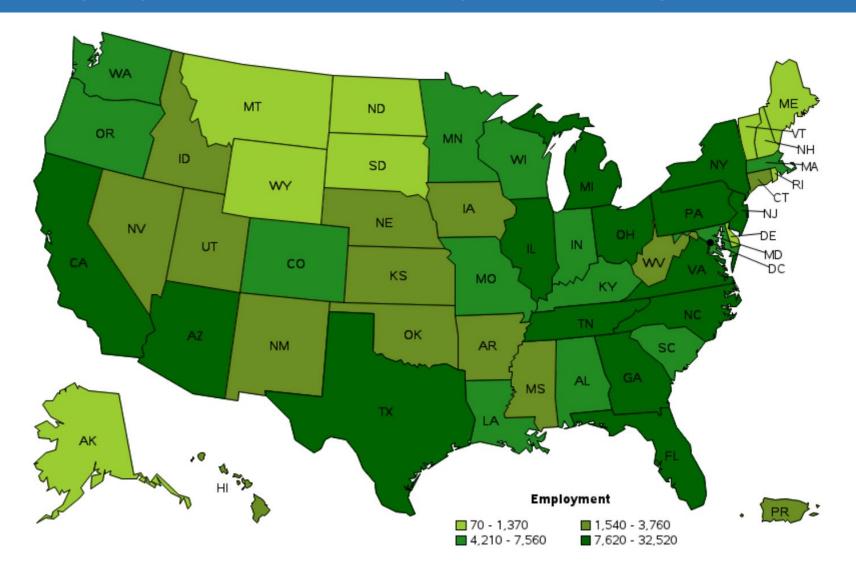




Source: U.S. Census ACS, 2009, 2014, and 2019 5-year estimates.



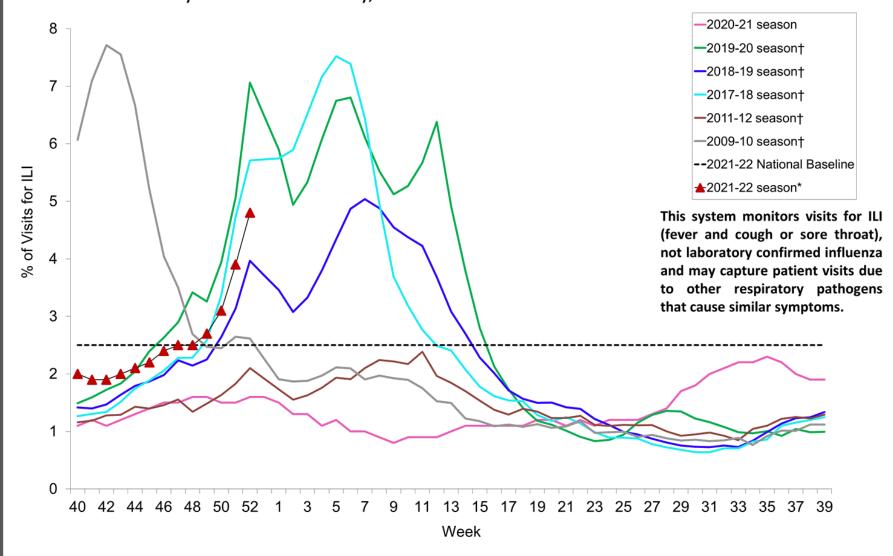
Employed Pharmacists by State, May 2020







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



[†]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



*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.

*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.

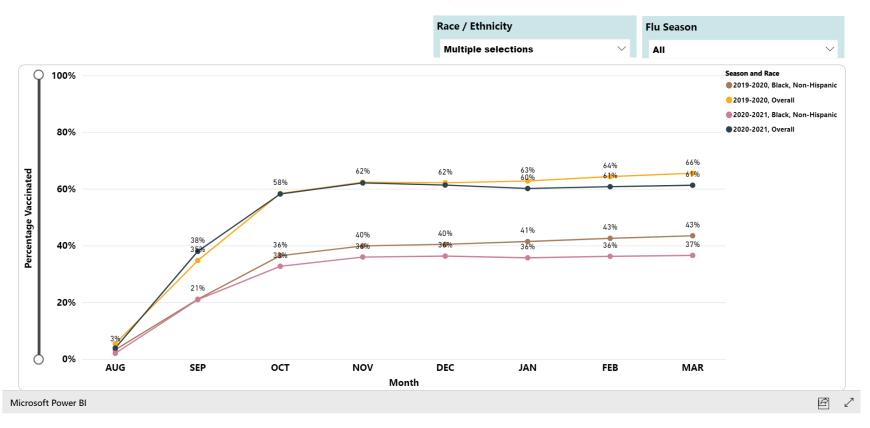
For more information, please see CDC's Exit Notification and Disclaimer policy.

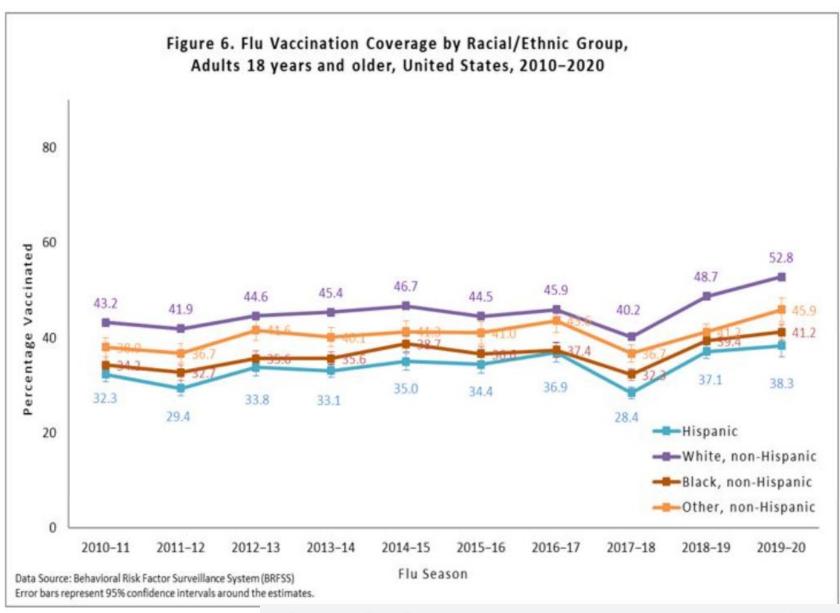
For more information on the methodology, please visit Outpatient Illness Surveillance methods section.

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





cdc.gov/flu/fluvaxview/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)

Rate ratios compared to Non- Hispanic White people	Non-Hispanic American Indian or Alaska Native	Non-Hispanic Asian or Pacific Islander	Non-Hispanic Black	Hispanic or Latino
Hospitalization	1.3x	0.8x	1.8x	1.2x
ICU admission	1.4x	0.9x	1.7x	1.1x
In-hospital death	0.9x	1.0x	1.1x	0.9x

^{*}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

	2019-20		2020-21		Change from 2019-20 to 2020- 21	
	Number (weighted %)	Weighted % vaccinated (95% CI)	Number (weighted %)	Weighted % vaccinated (95% CI)	Weighted % vaccinated (95% CI)	
Race/ethnicity [‡]						
White, non-Hispanic (ref)	1,494 (59.5)	84.7 (80.7, 88.7)	1,419 (61.4)	79.9 (75.1, 84.1)	-4.8 (-10.7, 1.1)	
Black, non-Hispanic	302 (17.0)	71.0 (58.8, 83.3)	316 (17.0)	67.4 (52.9, 79.9)	-3.6 (-21.3, 14.1)	
Hispanic	334 (14.1)	77.1 (64.7, 89.6)	399 (14.1)	68.0 (48.5, 83.8) [†]	-9.1 (-30.0, 11.8)	
Other, non-Hispanic	269 (9.4)	78.7 (66.2, 91.3)	253 (7.5)	77.1 (62.7, 87.9)	-1.7 (-18.9, 15.6)	
Location of primary workplace ^{§§}						
Rural	283 (11.8)	66.8 (49.5, 81.3) [†]	308 (12.2)	71.6 (60.1, 81.4)	4.9 (-13.3, 23.1)	
Non-rural	2,118 (88.2)	82.4 (78.2, 86.1)	2,080 (87.8)	76.5 (71.3, 81.2)	-5.9 (-12.0, 0.2)	

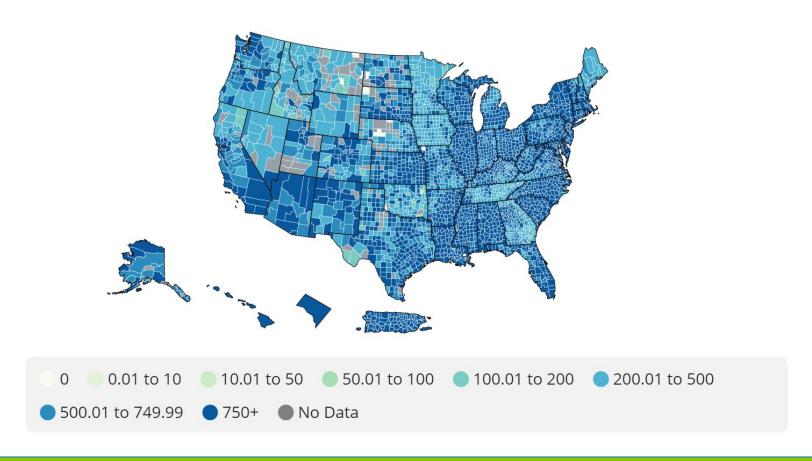
https://www.cdc.gov/flu/fluvaxview/hcp-coverage_1920-21-estimates.htm





Reported COVID Cases per 100,000, Week Ending 1.8.2022

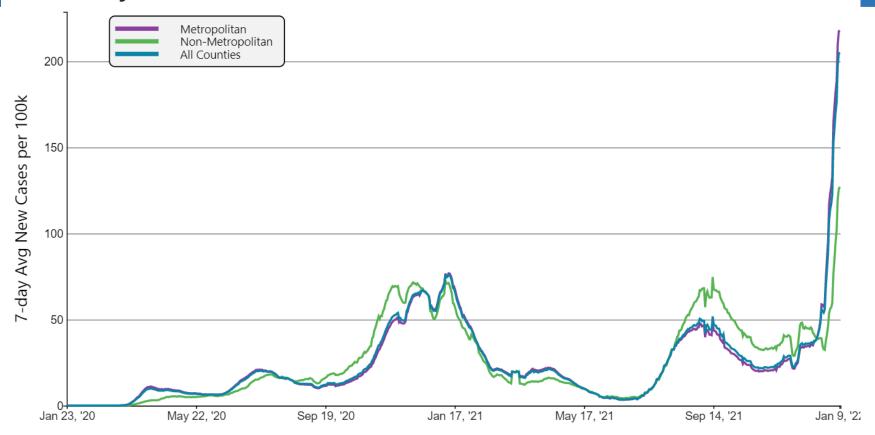
Reported cases per 100,000 population of All Counties in US







COVID-19 7-Day Case Rate per 100,000 Population in United States, by Metro vs. Non-Metro

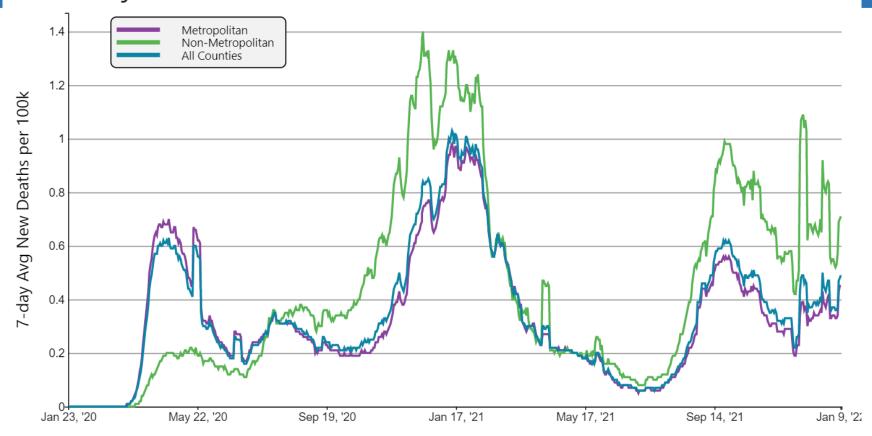


https://covid.cdc.gov/covid-data-tracker/#pop-factors_7daynewcases





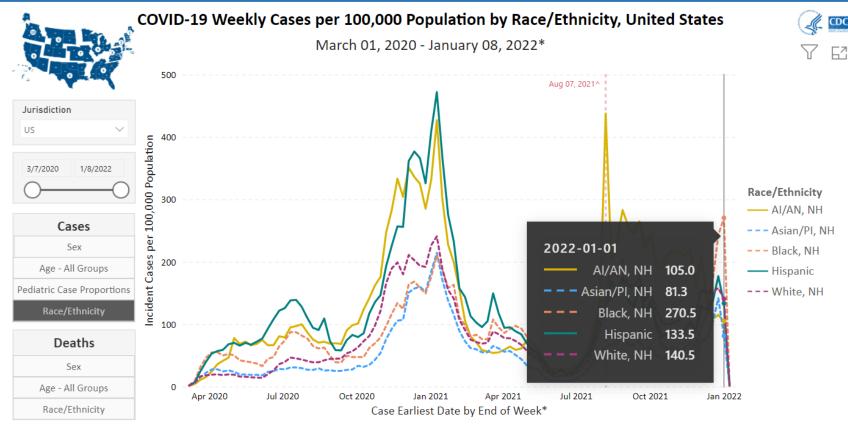
COVID-19 7-Day Death Rate per 100,000 Population in United States, by Metro vs. Non-Metro



https://covid.cdc.gov/covid-data-tracker/#pop-factors_7daynewdeaths







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 - 63.85%.

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. Al = 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 date data becomes available, the case rates over time are subject to change.

Last Updated: Jan 04, 2022

**Source: CDC COVID-19 Case Line-Level Dato, 2019 US Census, HHS Protect: Visualization: Dato, Analytics & Visualization Task Force and CDC CPR DEO Situational Awareness Public Health Science Team





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

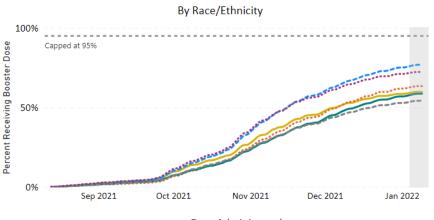
Percent of People Receiving COVID-19 Booster Doses by Race/Ethnicity and Date Administered, United States for 65 Years and Older

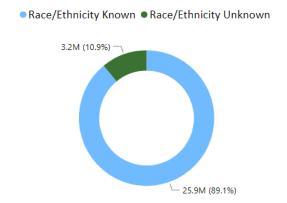


August 13, 2021 - January 09, 2022

Age Group and Sex Race/Ethnicity

	AI/AN, NH	Asian, NH	Black, NH	Hispanic/Latino	NHOPI, NH	White, NH
Booster Dose	59.7%	76.9%	63.4%	58.6%	54.2%	72.3%





Date Administered

AJ/AN = American Indian/Alaska Native; NH = Non-Hispanic/Latinos, NHOPI = Native Hawaiian or Other Pacific Islander; People receiving at least one dose; total outnit represents the total number of people who received a lose of a single-shot COVID-19 vaccine rethe second dose in a 2-dose COVID-19 vaccine series. Due to the time between vaccine and when reported to CDC, vaccinations administration sadministration administration and when reported to CDC, vaccinations administration sadministration and when reported to CDC, vaccinations administration sadministration and when reported to CDC, vaccinations administration administration and when reported by CDC, vaccinations administration administration administration are reported to CDC, vaccinations administration administration administration and when reported to CDC, vaccinated during the last 5 days may not very 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 categorized in coasing with U.S. Cerusus Bureau race/ethnicity categorized in coasing with U.S. Cerusus Bureau race/ethnicity group. Beginning November 18, 2021, these figures include demographic data from Texas.

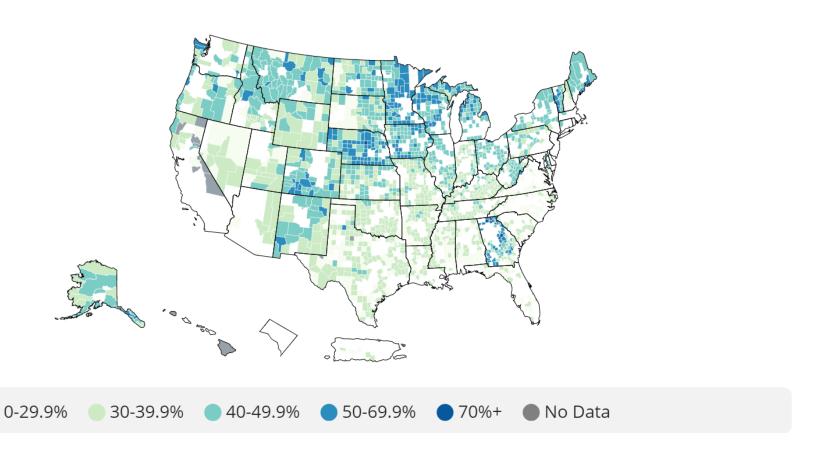
Last Updated: Jan 09, 2022

Data source: VTrcks, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10-year July 2019 National Population Estimates; Visualization: CDC CPR DEO Situational Awareness Public Health Science Team





% of fully vaccinated population with a booster dose of Non-Metropolitan Counties in US







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)



Sources: Centers for Disease Control and Prevention <u>see less</u> ^

https://covid.cdc.gov/covid-data-tracker/#vaccine-confidence ☑

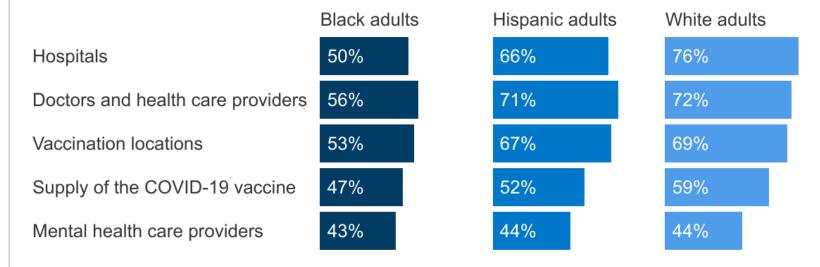




Black residents in rural communities are also less likely than White and Hispanic residents to say their community has enough hospitals, and doctors and health care providers.

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:

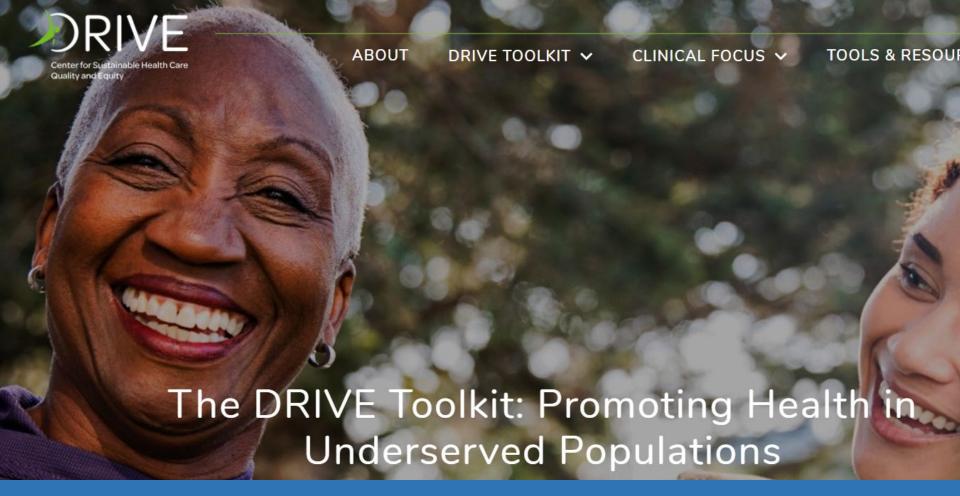


NOTE: Among adults living in rural areas. See topline for full question wording. SOURCE: KFF COVID-19 Vaccine Monitor: Rural America (March 15-29, 2021)

KFF COVID-19 Vaccine Monitor







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.

https://www.prweek.com/article/1730988/change-tone-helped-richmond-virginia-healthcare-center-increase-flu-vaccinations-20





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

#DONTWAITVACCINA

Please feel free to use the tools in this communications toolkit to help educate your community:

- 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

- English Flu Graphics: bit.ly/HC-English-Flu-G raphics
- · Spanish Flu Graphics: bit.lv/HC-Espanol-Flu-Graphics
- Flu Communications **Templates** http://bit.ly/PressRele aseHealthChampions

Key COVID Links

- English COVID Graphics: https://bit.ly/HC-English-Gra
- Spanish COVID Graphics: https://bit.lv/HC-Espanol-Gr
- COVID Communications Templates: http://bit.ly/PressReleaseHe althChampions

Primary Hashtag

#DontWaitVaccinate

Secondary Hashtags #VaxFacts

#VaccinesWork #VaccinesSaveLives

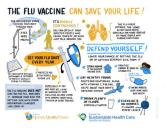
Social Media Graphics



COVID-19 AND THE FLU **ENTER YOUR BODY** THROUGH YOUR EYES. NOSE AND MOUTH.



Infographics





PREVENT GETTING COVID-19 5 FLU

DOWNLOAD ENGLISH GRAPHICS

DOWNLOAD SPANISH GRAPHICS

Communication Resources

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/
 - Twitter: @joinHCs
 - Instagram: @joinHCs
 - Sign up: bit.ly/NMQFHealthChampion





Speakers

Vaccine Equity

A Webinar on Improving Vaccine Uptake in Communities of Color



EVENTBRITE REGISTRATION: HTTPS://WWW.EVENTBRITE.COM/E/VACCI NE-EQUITY-TICKETS-168320271463

Join us to learn how you can use tools from The Conversation, NMQF Health Champions, & the COVID-19 DRIVE Toolkit to help improve vaccination rates for your communities!



Lisa Fitzpatrick, MD, MPH, MPA Founder & CEO of Grapevine Health



Daniel B. Fagbuyi, MD "Dr. Dan" ER Physician, Biodefense Expert, Veteran, & Media Personality







Moderators



Brittani Nelson, MPH



Yabo Beysolow, MD, MPH Pediatrician, AIM Immunization Consultant





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.







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 speciality 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





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**



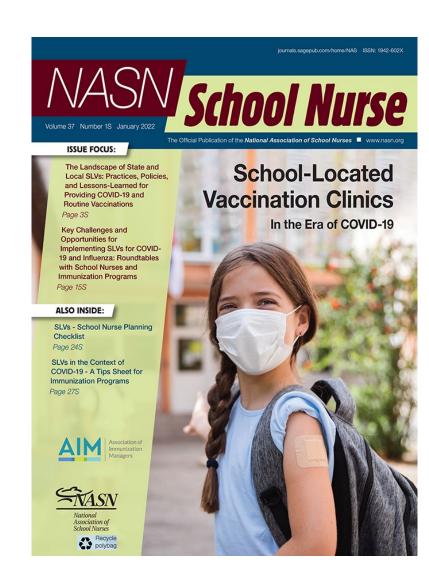
https://www.immunizationmanagers.org/resources-toolkits/slv-toolkit/

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

(https://bit.ly/SLVSupplement)



Thank You!

Questions?

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