



Association of
Immunization
Managers

**Combined AIM-AAP Partnership Meeting
February 7-9, 2023
Limited Hotel, Charleston, South Carolina**

Breakout Group C Notes

Improving immunization equity and access through partnerships

Facilitator: Katelyn W

Notetaker: Angelika

Please Read Prior to Starting

Background:

- Very little data is publicly available for childhood COVID-19 vaccinations by ethnic/racial groups
 - MMWR Jan 6, 2023, looked at coverage for children 5-17 years
 - Uptake highest among Asian and Hispanic/Latino children and adolescents; lowest among Black children and adolescents (9.3%)
 - Parents of White children and adolescents of all ages had the highest level of reluctance

Do you know of novel partnerships that have been successful in reaching historically marginalized populations to improve equity in vaccine access?

- Jason
 - County executives
 - County judges
- Lisa
 - School district partnerships
- Christoph
 - Vaccines at churches
- Kimberly
 - Partnering with EMS, sheriff's office, and hospital
- Christoph
 - Communicating benefits to the parents of why the kids should be vaccinated
 - Adults take 10-12 conversations to get vaccinated
- Jason
 - Vaccine refused by parent code
- Christoph
 - Many codes
- Tom
 - North and South Florida are two very different Floridas
 - Faith based community approach in North Florida
 - Minority populations vaccinated – start at the church
 - HIV prevention departments have successes to share

- Christoph
 - Fatigue from parishioners
- Kathy
 - Partner with the department of corrections
 - Trusted membership roles in corrections
- Lisa
 - Student champions in school clinics for all vaccines
- Christoph
 - Native speaker Spanish translators
- Kathy
 - Ambassador program – community health workers in the front of the buildings for vaccines
 - Conversations happen right outside where vaccines take place
- Sunnah
 - Does anyone work with families? Family leaders?
- Brent
 - HRSA-funded family to family efforts
- Jason
 - Hispanic population is very diverse – knowing the audience
- Measles outbreak in Somali communities
 - Trusted messengers in the communities helps vaccinate
 - Family relationships – easier to talk about vaccines rather than expect them to just come in on their own
- Reaching out to faith leaders works well
 - Listen to faith leaders when it comes to faith leaders
 - Success with Haitian community, not in orthodox Jewish community
- Driving membership
 - Initiative faith vaccine – success with Black coalition
- USAVI
 - Bring vaccinators to the community
 - Marginal success
- Hawaii
 - Public health nurses organizing with these groups
 - Medical homes
 - Created networks for patients to be seen for vaccines and other health concerns
 - COVID: Native Hawaiian and Pacific Island Coalition – created themselves, helpful partnership
 - Popups
- Pennsylvania
 - Amish country – met with Bishop leadership
 - Meeting faith leaders on their terms
 - Writing letters in Old English – mothers hold a lot of weight in family decisions
 - MMR rate in the 20s
- Terri
 - Community leader partnerships
 - Each group has an identity there
 - Identify and get people out in that community

- Get vaccines where they need to go
- Massachusetts
 - Pop up vaccine clinics, state sponsored clinics
 - Equity initiatives
 - What do we do as COVID funds phase out? Figuring out a plan forward. Sustaining relationships built. FQHCs.
 - More adults than kids
 - Pediatrics – half of VFC pediatric doctors won't give COVID vaccines
 - Under 5 coverage is very small – no where else for kids to go besides pediatric
- Pam
 - Advantages to using providers in frontier areas
 - Office will schedule and announce
 - Small communities – everyone knows what's going on
 - Works for adults as well
 - Taking about needing to travel to the health department for vaccines
 - Also took out pharmacists
 -

Given the politicization of COVID-19 vaccines, do you think school-located vaccination is an option in your state?

- Jason
 - Not viable in Texas
 - Mandates not well received
- Kimberly
 - COVID is not seen as a school necessary vaccine
 - Trusted source of information is needed for mass vaccinations in school
 - Parents need to be there to ask questions
- Jill
 - Are there any vaccines done for school?
- Lisa
 - 9 school-based clinics – very robust
 - In one county, vaccination centers vary district to district
 - Very hard to generalize school health
 - Patient population and staff
 - Great success with vaccinating kids in schools because of partnership with the districts
- Jill
 - Norm across Navajo to have school-based vaccination
 - Clinic staff pulls kids during school
 - Parents don't have to figure out taking off work or transportation
 - People have recent memory of terrible things happening because of infectious diseases
 - Trust for vaccinations with Navajo population
 - All the right things in one place – everybody should have that
- Lisa
 - School-based vaccinations have better success in areas with underserved kids
 - Consenting is key
 - High consent rate to have a high success rate

- Younger age groups – still have to call parents even if signed form
- High school age and middle school – have to call parents less frequently
- Christoph
 - County health department did vaccines at school – superintendent faced tons of backlash
 - Similar to H1N1
 - NC law says need a parent signature
 - Need permission for a non-FDA approved vaccine
- Brent
 - Have seen a handful of state that prohibit school-located vaccinations
- Jason
 - The narrative and malicious actors are the source of misinformation
- Greg
 - School located clinics since 2006 in Maryland
 - Advantage: it's there choice. If the school wants to do it, the county, state, etc. should come in and help them
 - If a school doesn't want to do it, then don't do it
 - School located clinic is a popup in itself
 - Need a strong school, board, staff to be successful
 - Emails go to the parents and the parent has to register the child – consent through the technology. No consent, the child cannot be vaccinated
- Pam - Kansas
 - Schools are being attacked for curriculum and more, so proposing a school located clinic would be a very hard sell
 - Extremely politically unfavorable
 - Public school funding is in doubt right now
 - All about parents choice
- Heather
 - Minor consent for vaccinations – new situation hurdle
 - Two nursing entities
 - Minor consent for vaccination
- Ron
 - Hawaii has been giving vaccinations in schools primarily for flu, but have added COVID
 - Voluntary, nothing mandated
 - COVID upped technology
 - Department of Health did old-school vaccinations, year-round effort
 - Hoping COVID and flu can happen at schools
 - Big question: Availability and funding
- Pejman
 - Do school based and school located clinics
 - School districts in more affluent areas tend to be the ones hosting – areas that the kids would have probably been vaccinated regardless
 - School districts that don't – have less resources
- Monife
 - Partnership with Walgreens – virtual forums for parents and clinicians
 - During school season
 - Mandate that parents be present for children to get vaccinated

- 10-20% increase

What messaging needs to be done to encourage parents, especially those from historically marginalized communities, to get their children vaccinated against COVID-19? Who should deliver that messaging? How do we get it to them?

- Kimberly
 - You have to ask what people are concerned about and the answers are so different
 - Reframe question to what are the inequities that are present
 - Message to everyone is a disservice
- Jason
 - General message – people get upset thinking they are being marketed to and things are not sincere
- Christoph
 - Dr. Corbin co-founder of the Moderna COVID vaccine
 - Look at the experts
- Jason
 - Finding the messenger – faith-based
 - Partner with people where their trust is located
 - Reaching out to who they trust and resonate with – faith-based
- Kimberly
 - We can't underestimate the voice of physicians
 - Access is inequitable, but the voice in communities is huge
- Lisa
 - Partner with agencies that serve those groups (farmers associations, Mexican consulate, etc.)
 - Message comes from the trusted agency – very successful
 - Messaging done, and just the service needs to be provided
- Christoph
 - In third and fourth family generations, messages are stronger
 - Framing is important
- Lisa
 - Immunize the whole family
- Christoph
 - Kids love to see the adults get vaccinated
- Ron
 - Be better at social media – tends to reach parents the most
 - Parents plagued by mis/disinformation
 - Work collaboratively with other partners so it's an inserted effort
 - Anti-vaccine side is very coordinated and send their messages out through social media
 - Pediatricians are barraged
 - Help lean on each other where it's difficult
- Dave

- Health department shuts off comments on social posts
- Jesse
 - Last three public health episodes people flocked to get vaccinated
 - Need to do better job of vaccine education
 - Disinformation balances out information
 - We're supposed to be the experts with a trusted impact
 - COVID – we're missing something
- Monife
 - You have to do grassroots communication – face to face
 - PTA meetings, assemblies – invites for open discussions. This effort wasn't done as well for COVID, but something to consider moving forward
 - Deepening partnership with the department of education
- Heather
 - Graphic community assessments
 - DC Health is who people want to hear from
- Ron
 - Community health workers work with public health nurses
 - Didn't have community health workers until COVID funding
 - You want to hear from the department of health
 - Department of health looks out for general public health
- Pam
 - Distrust in the government, pharmaceutical companies
 - Distrust seen is a huge barrier
 - Trust local health, people from the community. The distrust is at the higher level
 - Underserved communities – “COVID was so rushed”
 - Huge distrust in science and facts and most of it has to do with social media
- Terri
 - Rollout of COVID vaccine – example of rush and resulting distrust
 - Hear that the health department really messed up
 - Defensive approach to combat
- Pejman
 - Distrust varies state to state
- Monife
 - We went straight to the media
 - Hosted mini town halls
 - Did a lot of leg work
 - Were on the radio daily
- Greg
 - Pre-registration helped people see action

What do you think is needed to encourage clinicians in vaccine deserts to provide COVID-19 vaccinations for their patients?

- Christoph
 - Everyone thinks it's really hard and difficult and lots of paperwork
 - People internalize how hard it was in the beginning, not open to that it's easier now
- Kimberly
 - Rural communities only have one provider

- Provider education needs to happen
- Sub population that really just needs information
- Jason
 - Initial challenges are gone
 - Now, it's a psychological mountain to overcome to realize they need to do it for their patients
- Kathy
 - Try to send constant communication with all of the information, but there is not a push right now to enroll with the COVID vaccine
 - Need information on commercialization, is it going to become routine and the information on that, VFC enrollment
 - Kind of on hold with information

Incentives

- Jason
 - If the public finds out that you're getting paid, that would face intense backlash
- Christoph
 - A kid turned down a vaccine in the office to go half an hour away to get a \$100 gift card
- Jason
 - Facebook question asking who the highest paid employee is at the local state and federal level. Most people said Dr. Fauci. Answer is Alabama coach.

Provider Hesitancy

- Christoph
 - Politics in physician offices
 - We're not the right ones to ask the questions to because we're the super fans of vaccines
- Jason
 - Heterogeneity of pediatricians to the importance of this
- Christoph
 - Internalized the difficulty

Similar chronic disease with internalized physician views

- Jason
 - HIV and HPV
 - Transgender care
- Christoph
 - Reframing
 - HPV- kids may not choose to have sex but sexual assault happens
- Jason
 - Pharmacies are a transactional partnership
- Greg
 - COVID in the same category as flu
 - Send every VFC provider a supply of flu vaccine and they can't reject it or have brand specifications
 - Initial supply is not huge
 - Should every VFC provider (after commercialization) get a supply of COVID vaccine?
 - Can always have that vaccine in their possession for those who want it
- Ron

- Conflict – telling pediatricians don't waste don't waste don't waste
- Mixed messaging
- Pejman
 - They can't sell a multi-dose vial
- Jesse
 - Confusion on what needs to be stocked with VFC
- Ron
 - VFC needs to be relooked at, reconfigured to fit the needs
 - Working to make it so it works for everyone
- Jesse
 - If they don't want it, it will get wasted
- Pam
 - Physicians are like the general public – if they don't want it they won't give it
 - Pediatricians are active on social media – can be very vocal, especially the ones who don't believe in COVID vaccine (at least half)

Any other thoughts about how to improve equity and access?

Major themes and takeaways

- Nontraditional partnerships: sheriffs county, corrections facilities, HPV prevention organizations
- School-located vaccination clinics are resourceful and helpful for parents (no transportation needs to be figured out, parents do not need to take off work), however, some states do not receive mandates well and COVID is not seen as a school-necessary vaccine
- Populations are so different that general messages seem inauthentic or do not apply to many groups. Messages need to be specific to its audience. Also, having the message come from a trusted faith or community leader can make it more well-received and impactful.
- Providers have internalized the initial challenges of COVID vaccination efforts, and some are stuck in that even those some of those barriers are gone. Provider education needs to happen.
- Partnerships with faith-based leaders help drive vaccinations in marginalized communities
- School-located vaccinations vary by states – some states do them and love them, others have very strained school systems and parents
- Messaging needs to be on social media – that's where misinformation exists so there needs to be facts to combat this. Also, the value of face-to-face communication is paramount to driving vaccinations for kids/families.
- Mixed messaging and procedures – need to have standardized, reworked VFC.