Adult Immunizations: A Map Towards the Future

2023 AIM Leadership in Action Conference

Wednesday, December 6, 2023
Recent Policy Changes to Advance Access

Abby Bownas, AVAC Manager

AVAC is fighting to make necessary policy changes to increase vaccination rates — saving lives and money.
Adult Vaccine Access Coalition (AVAC)

• Established in 2015 to strengthen and enhance access to and increase utilization of vaccines among adults.

• AVAC is made up of a diverse group of health care providers, vaccine innovators, public health organizations, patient and consumer groups.

AVAC is fighting to make necessary policy changes to increase vaccination rates — saving lives and money.
The Adult Vaccine Challenge

30% of 4 adults are missing one or more of four critical vaccines for flu, pneumococcal, shingles, and Td or Tdap.

http://dx.doi.org/10.15585/mmwr.ss7003a1
www.adultvaccinesnow.org/our-membership/
## Barriers to Adult Immunizations

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial</td>
<td>Inability for individuals to pay due to co-pays / gaps in coverage</td>
</tr>
<tr>
<td>Hesitancy</td>
<td>Regarding vaccine safety and effectiveness among patients</td>
</tr>
<tr>
<td>Provider</td>
<td>Financial barriers for health care providers to stock and administer vaccines</td>
</tr>
<tr>
<td>Lack of awareness</td>
<td>Regarding recommended vaccines and the risk/consequences of vaccine-preventable diseases</td>
</tr>
<tr>
<td>Coordination</td>
<td>Lack of coordination among health care providers – many adults see multiple providers – and across the health care system</td>
</tr>
<tr>
<td>Legal/Policy</td>
<td>Systematic at the federal and state levels restricting which providers can immunize</td>
</tr>
<tr>
<td>Missed Opportunities</td>
<td>For immunization assessment, counseling and recommendations by health care providers</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>Lack of or underuse of immunization data systems that document vaccination histories</td>
</tr>
</tbody>
</table>

Policy Goals to Improve Adult Vaccination Rates

1. Strengthening Vaccine Infrastructure
2. Creating Equity in Vaccine Access
3. Promoting High Immunization Rates
4. Eliminating Financial Barriers
## Vaccine Coverage Landscape

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Age</th>
<th>What Vaccines are Covered?</th>
<th>Zero Out of Pocket Cost for Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Insurance</td>
<td>0-64 years old</td>
<td>All ACIP-recommended vaccines</td>
<td>✓</td>
</tr>
<tr>
<td>Medicare Part B</td>
<td>65+</td>
<td>Influenza, Pneumonia, Hepatitis B and Covid-19 vaccines</td>
<td>✓</td>
</tr>
<tr>
<td>Medicare Part D</td>
<td>65+</td>
<td>All other ACIP-recommended vaccines</td>
<td>✓</td>
</tr>
<tr>
<td>Medicaid VFC</td>
<td>0-18 years old</td>
<td>All ACIP-recommended vaccines through the federal Vaccines for Children Program (VFC)</td>
<td>✓</td>
</tr>
<tr>
<td>Medicaid Adults</td>
<td>19-64 years old</td>
<td>All other ACIP-recommended vaccines (begins Oct 2023)</td>
<td>✓</td>
</tr>
<tr>
<td>Uninsured</td>
<td>0-18 years old</td>
<td>All ACIP-recommended vaccines through the federal Vaccines for Children Program (VFC)</td>
<td>✓</td>
</tr>
<tr>
<td>Uninsured Adults</td>
<td>19 – 64 years old</td>
<td>Covid 19, limited other vaccine through Immunization Programs</td>
<td></td>
</tr>
</tbody>
</table>
Private Sector: Insurance Coverage of Vaccines

• The Affordable Care Act or “ACA” was the comprehensive health care reform law enacted in March 2010
  ➢ Makes affordable health insurance available to more people.
  ➢ Expands the Medicaid program to cover all adults with income below 138% of the FPL. Not all states have expanded their Medicaid programs. **ACIP-recommended vaccines were included in the Expansion populations**

• As part of the ACA (Sec. 2713), most* private health plans must provide coverage for a range of recommended preventive services to individuals without cost-sharing (such as copayments, deductibles, or co-insurance). **All ACIP-recommended vaccines are covered under this section**

*A few “grandfathered” plans are still in the marketplace
**Medicare & Medicaid**

**Recent Changes Expand Vaccination Coverage**

**IRA Sec 11401**
Eliminates copays/out of pocket expenses for ACIP-recommended vaccines under Medicare Part D

**IRA Sec 11405**
Requires coverage for ACIP recommended adult vaccines in traditional Medicaid and CHIP programs.
Medicare

Previously:
• Medicare Part B
  • Covered certain vaccines at no cost:
    • Influenza, Pneumonia and Hepatitis B vaccines
    • Covid-19 added during Pandemic
• Medicare Part D
  • All other vaccines had cost sharing

Now:
• January 1, 2023
• Adult vaccines recommended by the CDC/ACIP are now available to people with Medicare Prescription Drug Coverage (Part D) at no cost ($0)
• Includes: Shingles, Tetanus-Diphtheria-Whooping Cough, RSV, future vaccines

NEW
Health Care Savings for Older Adults

In 2021, 3.4 million older adults paid $234 million in out-of-pocket costs for vaccines. Thanks to Congressional action, Medicare Part D enrollees can now get those vaccines for free.

Source: https://aspe.hhs.gov/topics/aging-disability/healthy-aging
Medicaid

Previously:
• Vaccine coverage (and cost sharing) differed based on state

Now:
• October 1, 2023
• Adult vaccines recommended by the CDC/ACIP are now available at no cost ($0) across all Medicaid programs and populations.
• Similar to commercial insurance market.

ACIP. Makes recommendation to follow ACIP recommended vaccines.

FMAP. States that currently provide Medicaid coverage for immunization without cost sharing, receive a one percentage point increase in their FMAP for their Medicaid expenditures for these services.

Providers. Encourages broad array of providers

Payment. Encourages states to consider setting payment rates at actual acquisition cost and adequate professional fee for admin to incentivize access/availability.

State Plan Amendments. Details that states must submit SPA by October 1.

Vaccine Coverage & Cost Sharing Pre-IRA

States with Medicaid FFS Programs that Do Not Cover One or More Assessed Vaccines for All ACIP-Recommended Populations, 2021

In 2021: 11 Fee for Service States & 6 Medicaid Managed Care do NOT cover one or more ACIP recommended vaccines.

Avalere Insights Report
Adult Vaccine Coverage in Medicaid


*FFS programs contain less than 2% of state Medicaid beneficiaries; most Medicaid beneficiaries in these states are enrolled in a MMC plan.

**Avalere was unable to determine if a coverage policy aligned with ACIP recommendation for one or more assessed vaccines
Medicaid Implementation Progress

Previously:
• **16 States** that did not cover 1 or more vaccines (as of 2021): AK, AR*, DC, FL, GA, HI, MD, ME, MS, NE, NJ, NC, SC, TN, TX, VA

Now:
• **15 states** and Puerto Rico have received CMS approval for their SPAs attesting to the coverage of all ACIP recommended vaccines: AL, CA, KS, KY, MA, MI, MO, **MS, NC**, NM, OK, **TN, VA**, WA, WI
• **11 states** have not yet submitted a SPA attest their compliance: AK, AR, FL, GA, HI, ME, MN, NE, NV, SC, and TX
• Most remaining states have either begun covering all ACIP-recommended vaccines without cost sharing without submitting a SPA to CMS or are actively pursuing a SPA.

**Total Medicaid Out-of-Pocket Costs for Vaccines**

Adults enrolled in Florida’s Medicaid program could pay up to 27% of their annual income to receive all ACIP-recommended vaccines, with 11% of their annual income going toward the Hepatitis B vaccine alone.

- Total Cost of Four Vaccines: $1,873
- 27% of Annual Household Income

- $633
- $62
- $796
- $382

Total Income: $6,961

Modeling Analysis for AVAC by FTI Consulting

Closing the gaps in vaccination coverage makes financial sense.
Looking Ahead: Vaccines for Uninsured Adults

• The Presidents FY2024 Budget Proposal includes an idea for a new **Vaccines for Adults Program**

• The Proposal seeks to build off the successes of Vaccines for Children’s Program and 317 Vaccines Program

• Components:
  • Vaccine Purchase
  • Provider Fees
  • Program Operations
  • Vaccine safety and distribution

• Congressional action will be needed to create this program
Short Term: CDC Bridge Access Program for Covid-19 Vaccines

- Program provides free COVID-19 vaccines Fall 2023 through December 2024
- Seeks to cover the 25-30 million adults without vaccine coverage
- Distribution through:
  - **State and local health departments** - distribute vaccines though providers in networks
  - **Federally qualified health centers** - partner with state and local immunization programs. Health Resources & Services Administration provides the funding
  - **Retail pharmacy**

CDC Bridge Access
[https://www.cdc.gov/vaccines/programs/bridge/index.html](https://www.cdc.gov/vaccines/programs/bridge/index.html)
What It Will Take: Partnerships

• A variety of immunizers and community partners play an essential role in getting vaccines into arms

• Partnering with community leaders is key to addressing misinformation and helping the vaccine hesitant, which was a third of the population at the outset of the pandemic, higher for minority communities

• To catch up on missed vaccination doses and to promote upcoming vaccines (Flu, Covid-19, RSV) we will all need to work together on education and outreach
## What It Will Take: Policy
### A Map To The Future

<table>
<thead>
<tr>
<th>Strengthening Vaccine Infrastructure</th>
<th>Eliminating Financial Barriers</th>
<th>Creating Equity in Immunization</th>
<th>Promoting High Immunization Rates</th>
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</thead>
<tbody>
<tr>
<td>FY24 Appropriations</td>
<td>Medicaid IRA Implementation</td>
<td>Catching Up on Missed Vaccines</td>
<td>Enhanced Reimbursement policies for vaccinations, counseling, and administration</td>
</tr>
<tr>
<td>Pandemic Preparedness</td>
<td>Vaccines for Uninsured Adults</td>
<td>Education and Outreach</td>
<td>Adoption of AIS and Prenatal Status Measure</td>
</tr>
<tr>
<td>Immunization Data Interoperability</td>
<td></td>
<td></td>
<td>Support for FQHCs &amp; Continuation of PREP Act Flexibilities</td>
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Questions/Discussion

Adult Vaccine Access Coalition
Abby Bownas
abownas@nvglcc.com
@AVACNOW
www.adultvaccinesnow.org
AIM Leadership in Action Conference:

The Adult Immunization Program Framework—CDC Perspective

Jamie Mells, PhD, MS
Lieutenant Commander, USPHS
IOSB Branch Chief
December 2023
Limited infrastructure to support adult immunization

- Unlike, pediatric vaccination which is supported by ~30 years of Vaccines for Children (VFC) entitlement funding, no similar mandatory funds are available to support adult vaccination.

- Further, no comprehensive guidance is available for immunization program awardees with existing adult immunization programs supported using 317 funds.
  - Operational/Technical guidance to support implementation
  - Roadmap for adult immunization program planning

- The Adult Immunization Program Framework (the Framework) was developed to support awardees:
  - Meet community needs by setting and communicating program goals
  - Maintain adult provider networks
  - Monitor immunization data
  - Coordinate with community partners
The Framework is a question-based guide intended to help immunization program managers and staff accomplish two primary tasks:
1. Assess the development of their adult immunization programs.
2. Focus resources on activities that can advance their program’s development and capacity.

At a minimum, the Framework can support annual planning purposes.
- Awardees may choose to use the Framework more frequently at critical junctures in their program, such as changes to leadership, priorities, and funding.
- Completed awardee assessments can also help communicate to CDC program staff areas of technical assistance needed.

The Framework was inspired by similar evidence-based public health tools:
- The Success Framework for Healthcare-associated infections (HAI/AR) Partner Networks
- The Success Framework for Adult Immunization Partner Networks

What is the Adult Immunization Program Framework?
Developed the Success Framework for Adult Immunization Partner Networks (Success Framework) – a tool designed to help for awardees manage and grow partnerships that support adult immunization goals.

The framework guides users through a series of key questions that are aligned to the four phases of the partnership management lifecycle. These phases are labeled A-D:

- Phase A is Defining Goals and Priorities
- Phase B is Expanding Organizational Capacity
- Phase C is Advanced Activity Implementation
- Phase D is Evaluate and Learn.
How was the Framework developed?

**Literature Review**
- CDC VFC Operations Guide
- CDC IQIP Operations Guide
- CDC Success Framework for Adult Immunization Partner Networks
- CDC IIS Data Quality Blueprint
- HHS Vaccines National Strategic Plan (2021-2025)

**Awardee Feedback**
- Adult Immunization Survey with 62 of 64 awardees responding
- Key Informant Interviews with 12 immunization programs
- Eight AIM-led Feedback Sessions with >30 awardees

**SME Input**
- CDC Immunization Services Division (e.g., IOSB, IDAB, PHEB)
Adult Immunization Program Framework

Instructions: The framework guides users through a series of key questions that are aligned to six domains. Read the questions in order within each domain, starting with “1. Establish Organizational Goals and Priorities,” then move clockwise to the next domain. Finally, review the recommended actions by domain on the slides that follow.

1A. Do you have a defined mission statement specific to adult immunization?
1B. Does your program have defined adult immunization program goals, objectives, performance indicators, and activities?
1C. Does your program work with policymakers to support adult immunization goals, objectives, performance indicators, and activities?

For recommended actions, see Slide 9.

6A. Do you provide resources or training opportunities to adult vaccine providers?
6B. Do you support training opportunities for providers on how to use the IIS?
6C. Do you work with provider organizations and coalitions to amplify messaging to adults about the importance of vaccination and how to access vaccines?

For recommended actions, see Slide 18.

5A. Do you have processes in place to strengthen adult vaccine provider onboarding to the IIS?
5B. Do you have a plan to increase provider reporting of adult vaccines to the IIS?
5C. Do you have an IIS data quality plan specific to adult populations?
5D. Do you have systems to monitor the overall adult vaccine program including adult vaccine providers?

For recommended actions, see Slide 16.

2A. Do you have an organizational structure to support an adult immunization program?
2B. Do you provide internal capacity-building opportunities for adult immunization program staff?
2C. Do you leverage and diversify Federal, State/Local, and/or other funds to support adult immunization work?

For recommended actions, see Slide 10.

3A. Has your program enumerated the number of adult providers and adult patients in your jurisdiction?
3B. Do you have formal agreements and/or provider enrollment forms with adult vaccine providers?
3C. Do you have systems in place for adult providers to order adult vaccines, report inventory, and track returns/wastage as part of the adult program?

For recommended actions, see Slide 12.

4A. Do you conduct enrollment site visits with adult vaccine providers?
4B. Do you conduct compliance site visits with adult vaccine providers?
4C. Do you monitor the storage and handling of adult vaccines?
4D. Do you implement quality improvement initiatives for your adult vaccine providers?

For recommended actions, see Slide 14.
How many levels of maturity are assessed?

Level 1
- Ground level
- Planning
- This is a level where you define, compile, and share information

Level 2
- Ad Hoc level
- Early implementation
- A level that requires assessing, exploring and development

Level 3
- Operational level
- Growing
- Typically where implementation is recommended

Level 4
- Organizational level
- Maintaining
- Expansion, evaluation and further development
Putting it all together…

1. Each of the 6 domains is defined by a set of related key questions

<table>
<thead>
<tr>
<th>Domain</th>
<th>1. Establish Organizational Goals and Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Questions</td>
<td>Level 1 Recommended Actions</td>
</tr>
<tr>
<td>A. Do you have a defined mission statement to guide adult immunization program goals, objectives, performance indicators, and activities?</td>
<td>Review the existing mission statement for adult immunization work and update it as needed.</td>
</tr>
</tbody>
</table>

2. Levels reflect progressive stages of development within each domain

3. Each level includes recommended actions to advance to the next level
Complementary framework materials

- To support immunization programs in using the Framework to establish or enhance their adult immunization activities, optional materials* will also be developed:

  1. **Framework Checklist** - provides a way to assess, document, and track what domains/recommended actions within the Framework would be of most benefit to apply to your jurisdiction.

  2. **Framework Assessment Workspace (pilot work plan)** – an Excel-based resource that can be used to review recommended actions, plan for next steps, and track implementation for each phase of the Framework.

*Modeled after resources developed for [Success Framework for Adult Immunization Partner Networks](#)
## Piloting the Framework with awardees

<table>
<thead>
<tr>
<th>Unfunded but with potential for FIA funds in mid-2024</th>
<th>Sample of ten (10) immunization program awardees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultative sessions and targeted workshops facilitated by staff from across the Immunization Services Division <strong>focused on implementation and goal setting.</strong></td>
<td></td>
</tr>
<tr>
<td>Communities of Practice and peer-to-peer sessions to provide an avenue for information sharing between awardees, including discussion of successes and challenges.</td>
<td></td>
</tr>
<tr>
<td>Analysis and evaluation of data capturing on the use of the Framework and the quality of technical assistance.</td>
<td></td>
</tr>
<tr>
<td>– Participants will also engage in a close-out meeting to discuss progress to date and integration of Framework activities into the next iteration of the IPOM.</td>
<td></td>
</tr>
</tbody>
</table>
What are the anticipated outcomes of piloting the Framework?

1. Assessment of the real-world application of the Framework.
3. Development of technical assistance opportunities for the 64 CDC-funded immunization program awardees.

Piloting the Framework could support efforts to define standards for a comprehensive adult immunization program.

| Support the development of operational guidance (e.g., 317 Ops guide) | Serve as a template to assess program maturity across immunization program awardees | Enhance programmatic support provided to awardees |
**Proposed pilot timeline**

- **January (JAN)**
  - Launch Webinar (1/22)
  - Establish matrix team (1/29)
  - Facilitation Workshop (1/29)

- **February (FEB)**
  - CDC 1:1 (2/12)
  - Work plans due (2/26)

- **March (MAR)**
  - Initial program assessment (2/5)
  - CDC 1:1 (2/12)

- **April (APR)**
  - Next Step Summaries due (4/1)
  - CoP #1 (3/4)
  - CoP #2 (3/25)
  - CDC 1:1 (3/11)

- **May (MAY)**
  - Begin Close Out meeting (4/15)
  - Feedback Survey due (4/29)
  - Begin pilot evaluation (5/1)

- **August (AUG)**
  - Launch funded pilot (8/1) if funding is approved
Next steps

- Disseminate an informal survey among immunization program awardees to quantify interest and ability to participate in CDC-led pilot of the Framework.
- Establish a matrix team/work group to support cross-division coordination and support for implementing the Framework pilot, including representation from:
  - PHEB
  - IDAB
  - ARISE
  - HECB
- Finalize supporting pilot materials (e.g., slides, discussion guides, survey).
- Track approval of Fund if Available (FIA) proposal.
  - Draft and submit necessary funding package documents (i.e., CIO Project Plan, NOFO language, etc.) if the FIA proposal is approved.
Questions?

For more information, contact CDC
1-800-CDC-INFO (232-4636)

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AIM’s Member Assistance Program (MAP): Advancing Adult Immunization Programs
2023 AIM Leadership in Action Conference

Diadra Biles, DPM, MPH, CPH
MAP Associate Director
Member Assistance Program (MAP) Objectives

1. Improve vaccine confidence
2. Increase uptake of routine adult immunizations
3. Advance vaccine equity
4. Support awardee implementation of adult programmatic activities
## 2022-2023 MAP Highlights

<table>
<thead>
<tr>
<th>3 Shared Learning Webinars</th>
<th>3 DAAP Spotlight Webinars</th>
<th>2 new resources for the Adult Immunization Business Operations Toolkit</th>
<th>2 new resources for the Health Equity Toolkit</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Feedback Sessions</td>
<td>6 Affinity Group meetings</td>
<td>3 Action Group meetings with 3 optional office hours</td>
<td>Annual Needs Assessment</td>
</tr>
</tbody>
</table>

Association of Immunization Managers
Shared Learning Webinars

Didactic presentations highlighting promising practices from immunization programs or other CDC-funded partners

Introduction to the Health Equity and Adult Immunization Business Operations Toolkits

Mathematica

Effective Strategies and Tools for Conducting Vaccine Outreach in Rural Areas

MO Dept of Health and Senior Services and NORC

Fostering a Positive and Inclusive Work Culture Among Adult Immunization Programs

Mathematica

Work satisfaction, Staff engagement, Productivity, Team collaboration, Errors, Staff turnover
DAAP Spotlight Series

A series of webinars focused on successful immunization outreach strategies for disproportionately affected adult populations (DAAPs)

Webinar 1: Conducting Vaccine Outreach to People Who Are Homebound

Webinar 2: Conducting Immunization Outreach to People Who Are Refugees, Immigrants, and Migrants

Webinar 3: Conducting Immunization Outreach to People who are Unhoused
Affinity Groups

A forum for a small group of people (5-10) with mutual interests to share challenges and promising practices on a given topic

<table>
<thead>
<tr>
<th>Series 1: Capacity Building for Adult Immunization Programs</th>
<th>Series 2: National Immunization Programs and Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Staff Onboarding and Retention</td>
<td><strong>1.</strong> Adult Programs’ Experiences Using CDC’s Success Framework</td>
</tr>
<tr>
<td><strong>2.</strong> Using CQI to Achieve Program Goals</td>
<td><strong>2.</strong> P4VE Presents Key Equity Resources for Adult Immunization Programs</td>
</tr>
<tr>
<td><strong>3.</strong> Building Sustainable Processes in a Constantly Changing Environment</td>
<td><strong>3.</strong> Immunize.org Presents Key Resources for Adult Immunization Programs</td>
</tr>
</tbody>
</table>
Toolkits

Resources program managers can use to address programmatic challenges, consolidated in toolkits for easy reference.

New resources developed, 2022-2023

1. Onboarding New AIP Staff
2. AIP Goal Tracking Tool *

1. Engaging Providers to Advance Health Equity
2. Health Equity Statements

* - Goal Tracker to be piloted 2023-2024
Evaluation

A comprehensive evaluation plan to assess MAP TA activities as they relate to immunization programs’ progress toward meeting program goals

Annual Needs Assessment

- 27 Survey participants
- 6 Focus group participants
- 1 Key informant interview

Ongoing Event Monitoring: attendance data, post-event surveys, polling and chats from all MAP activities
The State of Adult Immunization Programmatic Activity

<table>
<thead>
<tr>
<th>IPOM Current Requirements</th>
<th>Activities In Progress</th>
<th>Future Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Work with partners (L1a)</td>
<td>• Supported CDC in framework and guidance development for adult programs</td>
<td>• Use data from MAP needs assessment survey to:</td>
</tr>
<tr>
<td>• Conduct quality improvement activities (L1c)</td>
<td>• AIM Member Assistance Program (MAP) supporting awardees to grow their adult immunization programs</td>
<td>• Assess programmatic needs and guide activities (L1b)</td>
</tr>
<tr>
<td>• Increase adult vaccination coverage (L1c)</td>
<td>• AIM Adult Immunization Committee discussing adult policy and programmatic issues</td>
<td>• Inform MAP’s plan for the upcoming year (L1b)</td>
</tr>
<tr>
<td>• Staff an adult coordinator (L1d)</td>
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</tr>
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MAP Needs Assessment Key Findings

What AIPs found most helpful:

MAP Activities
- Health Equity Toolkit
- Affinity Groups

Discussion Topics
- How to include community partners in program planning and implementation
- How to collaborate with new partners
- Hiring and managing staff

98 different staff roles were represented at MAP events in 2023

New Attendees

Across MAP activities, webinars had the highest rate of new attendees.
Priority Populations

Challenges

Reaching people who are:

- Unhoused
- Refugees, immigrants, and migrants
- Living in rural communities
- Living in high social vulnerability index communities
- Uninsured/underinsured

Promising Practices

- For homebound populations, one jurisdiction partnered with the council on developmental disabilities to arrange transportation to support access to COVID-19 vaccines
- Deployed mobile nurse teams to homebound, unhoused and hard to reach populations
- Partnered with CBOs, coalitions, intra- and inter-agencies, and community to extend reach into the community, building on relationships established during COVID-19 response

The challenges and promising practices reflected on this slide were gathered from jurisdictions via the needs assessment survey, needs assessment qualitative data collection activities, and ongoing event monitoring data (such as event polls, chats, and post-event surveys).
Health Equity

Challenges

• Recruiting and retaining a workforce that represents the community
• Offering access points that meet people where they are, such as satellite, temporary or off-site locations
• Engaging with policymakers to advance policies that improve equity in immunization access
• Documenting and tracking coverage data to identify people who are at higher risk of being unvaccinated
• Tracking health equity goals

Promising Practices

• Developed pharmacy partnerships to reach long-term care facility residents and homebound populations
• Designed an internal dashboard to track provider participation and utilization to support documentation and tracking coverage
• Created an “Immunization Roadshow” for providers focused on strategies/tools on cultivating vaccine uptake

The challenges and promising practices reflected on this slide were gathered from jurisdictions via the needs assessment survey, needs assessment qualitative data collection activities, and ongoing event monitoring data (such as event polls, chats, and post-event surveys).
Strategic Partners

Challenges

- Securing funding to support strategic partnerships, such as those established during COVID-19
- Collaborating with policymakers to improve immunization rates
- Coordinating with non-traditional partners to reach specific adult populations
- Leveraging community partners to address misinformation and disinformation
- Ensuring staffing to manage partner relationships

Promising Practices

- Developed media campaigns for local sporting events to educate communities
- Working with pharmacies and community-based organizations to address misinformation and disinformation
- Working with local faith groups to educate people who are refugees, immigrants, and migrants
- Conducted Community Immunization Connection meetings to engage CBOs and share information on identified ways organizations can get support from AIPs

The challenges and promising practices reflected on this slide were gathered from jurisdictions via the needs assessment survey, needs assessment qualitative data collection activities, and ongoing event monitoring data (such as event polls, chats, and post-event surveys).
Business Operations

Challenges

• Retaining staff
• Hiring new staff members to support AIPs
• Securing sustainable revenue streams supporting AIPs
• Succession planning and promoting existing staff
• Managing and tracking adult immunization program data (e.g., community demographics, vaccination events, vaccination history, and data related to tracking health equity)

Promising Practices

• Transitioned revenue streams to the bridge access program to sustain programs
• Revised enrollment cap for COVID vaccines so more providers partners can provide vaccines
• Reviewed roles and feedback from staff to support restructuring of role to support retention
• Offered staff trainings through online evidence-based courses in public health as well as other creative activities

The challenges and promising practices reflected on this slide were gathered from jurisdictions via the needs assessment survey, needs assessment qualitative data collection activities, and ongoing event monitoring data (such as event polls, chats, and post-event surveys).
In conclusion...

**Peer-to-peer sharing**
A series of four 60-minute virtual forums for jurisdictions to share their program challenges and insights and offer strategies to their peers.

**Webinar**
Highlight promising practices that align with the most common challenges.

**Written Resources**
Build on existing business operations and health equity toolkits with actionable summaries and tools.
Webinars
3 webinars focused on outreach to DAAP

Round Tables
2 discussions to promote peer to peer learning on topics of shared interest

Case Study
Publication examining lessons learned from Bridge Program implementation

Goal-Tracking Tool
Structured pilot of goal-tracking tool
Thank you!

• Diadra Biles, DPM, MPH, CPH, MAP Associate Director
• Mikaela Mendoza-Pereira, MAP Project Coordinator