



Association of
Immunization
Managers

Vaccine Access Cooperative (VAC) Meeting Six-month Follow-up Survey Analysis

AIM surveyed VAC meeting attendees six months after their respective VAC meetings to understand which teams continued to meet, which teams had not met and why, and what resources teams need to continue the work planned during the VAC meetings. The survey had 63 respondents representing 36 jurisdictions (56%). Of the jurisdictions responding, 29 of 36 (81%) had reconvened at least once since their regional meeting, with 12 of 36 (33%) of those jurisdictions reconvening three or more times. Eleven (31%) of responding jurisdictions did not reconvene in the six months after their VAC meeting. The most common reasons cited for not reconvening were that the meeting was canceled and not rescheduled, no one scheduled the first meeting and that meeting participants had too many competing priorities.

Successes And Challenges

AIM asked survey respondents to share the progress their team had made. The responses highlighted successes and challenges for the jurisdictions. The Adult VAC workplans have been successful with program development and implementation, strategic collaboration, outreach and communications, and resource development. The jurisdictions continue to face challenges around funding, staffing, competing priorities, and implementation barriers.

SUCCESSES

Program Development and Implementation: Adult vaccine access has expanded through targeted pilot immunization programs, immunization clinics, and partnerships. Examples of jurisdiction responses include:

- A maternal vaccination program has gained momentum, partnering with Projects for Assistance in Transition from Homelessness (PATH), and Within Reach to conduct vaccine hesitance in this population.
- One jurisdiction:
 - Completed reminder/recall for adults 65 and older for flu vaccination.
 - Utilized a mobile public health clinic (MPHC) program to partner with organizations in local communities to distribute flu, COVID-19, and other adult vaccines across the state. The MPHC clinic provides all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines across the lifespan and fills gaps in communities with limited vaccine access and resources.

- Leveraged state funding to provide additional adult doses of vaccine to partners, including COVID-19, mpox, and RSV vaccines.
- Hired an adult framework coordinator to assist in moving adult framework goals and objectives forward.
- Built a partnership inventory spreadsheet and leveraged local immunization coalition to message partners to invite them to engage in adult immunization planning.
- Participated in the funded adult framework pilot to continue working on organizational goals, priorities, and capacity for an adult immunization program.
- Created a new public facing respiratory dashboard displaying COVID, RSV, and influenza data.
- Through a partnership with a Quality Improvement Organization (QIO) the jurisdiction gathered and shared resources with adult providers and local public health associations regarding pharmacies willing to vaccinate residents in nursing homes.
- Learned of and are able to refer to two new partners offering adult homebound vaccination services, a previous gap in their adult program.

Strategic Collaboration: Jurisdictions created dedicated VAC workgroups, coalitions, and partnerships to increase vaccine uptake in adult populations. An example of jurisdiction responses includes:

- A jurisdiction created a Vaccine Access Workgroup, a continued collaboration with immunization stakeholders who attended VAC meetings in 2023 and in 2024. The focus is on both Vaccines for Children (VFC) and the adult population. New workgroup members are recruited based on need and ongoing issues. The workgroup listed all potential stakeholders and partners and identified who is responsible for outreach to which stakeholder. Each meeting starts with addressing action items from the previous meeting by a workgroup member. In the last six months, the workgroup identified several gaps and opportunities. A logic model outlining short-, medium-, and long-term goals was created to guide the workgroup, but the conversation is not limited to just the logic model. The workgroup meets once every quarter.

Outreach, Education, and Public Trust: Jurisdictions and their partners have enhanced efforts to raise immunization awareness and promote vaccine confidence in adult populations. An example of jurisdiction responses includes

- A cross-sector group will continue to meet in 2025 to explore opportunities to collaborate. The group explored topics for training and conference sessions to keep everyone informed about ways to improve adult vaccinations. The group shared its plans for the respiratory season.

Resource Development: Jurisdictions are looking for funding sources and partnership-driven resources for adult immunizations utilizing already established programs and expanding to

community spaces outside of home or work environments like libraries and community pharmacies to outreach to adults. An example of jurisdiction responses includes:

- The immunization program manager has presented to their jurisdiction's pharmacist association on adult immunizations. The immunization program has shared educational materials with pharmacies on adult immunizations, specifically immunizations for older adults and pregnant people.

CHALLENGES

Funding Instability: Budget constraints and program pauses at the federal level have left jurisdictions struggling to provide the needed vaccines for adults. An example of jurisdiction responses includes:

- A health care association provided a booth at their conference for outreach. This was to be the awareness kick-off of the plan to promote vaccination to rural areas with low vaccination rates at nursing homes and their employees, however; the event did not happen due to funding and the health department being unable to attend.

Staffing and Capacity Constraints: Jurisdictions and their partners, particularly pharmacies and local health departments, are overburdened and understaffed due to funding constraints. An example of jurisdiction responses includes:

- A jurisdiction met last summer and fall to share updates on short-term action items of their action plan. The change in the adult coordinator taking over as the interim program manager and other staffing priorities was a challenge to focus on the workplan. The jurisdiction still intends to finalize the action items and disseminate a vaccinator marketplace.

Competing Priorities and Organizational Strain: Initiatives have halted because of internal and external priority shifts and competing demands in most jurisdictions. Examples of jurisdiction responses include:

- A jurisdiction stated, "We've had a few setbacks in our individual roles, but we have been able to share best practices in working with pharmacy partners to increase vaccine uptake. We have also been discussing pharmacy techs as CHWs (community health workers) but have not found the time to dive deeper into the details yet."
- One jurisdiction was initially talking about ways to collaborate with CHWs, but they had conflicts with meeting times and due to other issues, this fell to the back burner.

Implementation Barriers: Efforts to develop or expand the Vaccines for Adults (VFA) program in the jurisdictions have been slowed by logistical and funding hurdles. The shift in funding priorities has made standing up VFA programs a challenge. Examples of jurisdiction responses include:

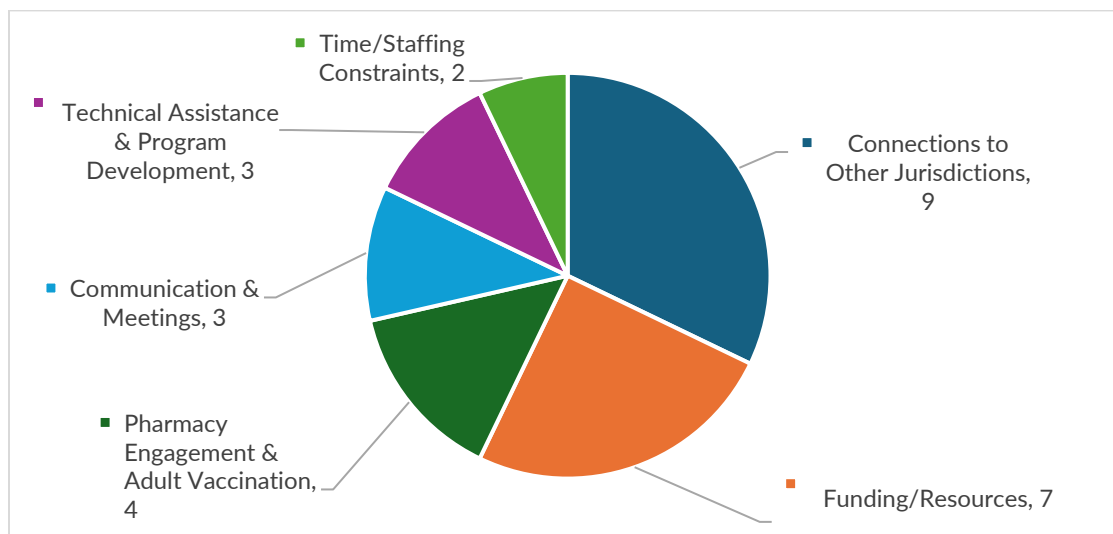
- A jurisdiction's Vaccine Access Program (VAP) for adults is in danger of cutting back services in the next six months if they do not get additional funding from the upcoming legislative sessions. The unknowns going into this next year and beyond have resulted in a hard pause in any new enrollments.

- Pharmacies are really struggling. For some, it is a daily effort to even stay in business. The other limiting factor is funding.

RESOURCES

AIM asked respondents for a list of resources that are needed to continue their action plans. The requests were grouped into six categories: Connections to Other Jurisdictions, Funding/Resources, Pharmacy Engagement & Adult Vaccination, Communication & Meetings, Technical Assistance & Program Development, and Time/Staffing Constraints. Submitted suggestions include:

- An online forum to connect to other jurisdictions
- Stable and sustainable funding to support our immunization programs
- Technical assistance to help think through sustainable and scalable vaccination models for an adult program
- Connecting with programs in the region on a regular basis
- Outreach to pharmacy partners



CONCLUSION

Despite facing significant funding and capacity challenges, adult immunization efforts across jurisdictions have demonstrated strong partnerships, innovative program development, and strategic planning. There is clear momentum and passion around improving vaccine access for all adults, particularly for underserved adult populations. Sustained funding, committed leadership, and enhanced cross-sector coordination will be essential to expand access to vaccines and protect adults from vaccine-preventable diseases.