Vaccine Access Cooperative Regional Meeting for Adults
Great Lakes
June 5-7, 2024

MEETING NOTES

PowerPoint Slides: https://www.immunizationmanagers.org/content/uploads/2024/07/Adult-VAC-Great-Lakes_2024.pdf

OHE Article: https://www.ohe.org/wp-content/uploads/2024/04/Socio-Economic-Value-of-Adult-Immunisation.pdf

June 6, 2024

Agenda	NOTES
Setting the stage: Adult Vaccine Landscape in our Region	Level-setting for attendees and sharing back the information that jurisdictions shared with us. For anyone still wondering what VAC is and why we're doing it - it came from funding from the CDC to improve COVID rates among children. Bring together agency partners across jurisdictions to sit at the table and work through strategies to increase immunization rates. Last year we convened 63 teams in eight regions; pharmacists, pediatricians, public schools, Medicaid, and many other partners made up the teams. Six months later, more than 60% were still meeting. This year AIM used CDC funding from our cooperative agreement to fund the meetings to bring people together to discuss adult immunizations and increasing rates. Adult Vaccination:

Agenda	NOTES
	Cost of adult vaccine-preventable disease on society (not including COVID) is approximately $26.5 billion (adults 50+) The UK looked at 14 developed countries including the US and found that they can offset the cost by 19x with a robust vaccine program. These are the kinds of numbers that speak to people (legislators, funders, etc.) Very complicated system in the US and a lot of trust issues around immunizations. Paying for vaccines is very confusing and not easy to navigate, especially Medicare Part B vs. D. When people are unable to get vaccinated at the point of care, they are less likely to seek vaccination services afterward. Medicaid non-expansion states have approximately 2 times as many uninsured as expansion states. Approximately 21 million people have lost Medicaid coverage and less than 50% have been re-enrolled. Some will go through the marketplace for insurance, the others will most likely remain uninsured. Medical providers are burned out, storage and handling is complicated, vaccine confidence is super low, and providers tend to think "I don't need to do it, someone else is doing it" but they aren't. Vaccines for pregnant people are becoming more and more complicated and more vaccines are now recommended.
COPAL Presentation	• **COPAL**-grass roots member-led org (build collective power) established in 2018/35 employees. • Language barrier example (started in Spanish) • Need to connect communities to the information (has had over 44,000 conversations with people in MN) • Current challenges: language barriers, cultural beliefs, accessibility (particularly transportation/very drivable state), socioeconomic factors • Latino adults have lower vaccination rates (a lot has to do with lack of trust, and a lot has to do with accessibility) • Lack of bilingual healthcare providers means you have to bring a translator (often a family member) which can be uncomfortable/embarrassing. • Strategies: **culturally competent outreach** (promotoras de salud), **tailored resources** (navigator

Agenda	NOTES
	hotline in Spanish, videos in Spanish about how the vaccine process will work and encouraging them to participate, helping people make appointments and even going to appointments with them), **financial assistance and incentives** (important for many communities who miss out on work when they go get vaccinated), **vaccine accessibility** (being present at local community locations, schools, ex.) • All resources are free. • Starting from scratch; need to tell the community we are not just here to give you vaccines, we are here to help you out in the longer term. • 8367 vaccines given, 236 mobile vaccination events, 1275 conversations during door-to-door outreach. • Need sustainable change, a scalable model, and collaborative visits. • Saw a huge decrease in vaccine uptake after incentives were no longer available, so trying to fund their own within the organization. • Looking for other local and national resources to sustain this work. • Have created packets for new arrivals (for those that can read) and in-person host sessions on weekends and evenings that the community can access. • A lot of support in the community, they just needed a platform to access and share that support. • Churches are a great resource. • Trying to empower the community to educate each other, and expand the outreach to other immigrant groups as well.
Overview of the Success Framework for Adult Immunization Partner Networks	• **Emily asks Q:** Did everyone know it existed? • **Answer: Tanner (WI):** - Participated in the pilot of the Success Framework • Impressed with the number of areas WI was already doing in comparison to suggested areas in each domain of Framework. • Helpful to see areas WI can do more work on • Short pilot • **Answer: Stephanie Shauer (WI):** - Takes time to walk through the Success Framework to make sure you have the right people in the room • Concrete actions and steps to do and things to engage. • More actionable than other tools seen in the past.

Agenda	NOTES
	• Emily suggests the checklists as "Easy Buttons" when PMs return home that PMs can use to get started in their respective states. • **Answer: Annie F. (MN):** - Heavily interviewed for the creation • Creation of adult programming intriguing to present at this forum. • Suggest cool exercise to do at the VAC to level set and see where everyone is and cross-pollinate.
Team report outs on discussions and developing strategies.	• Minnesota - pharmacy role in increasing adult vaccination; connect with community vaccinators and provide a landscape of vaccines and work with CBOs to promote. • Wisconsin - connection to partners; RICE grants, P4VE, Coalition funded organizations; lots of work going on in the state; lots of available 317 funding for Flu; regional meetings with partners monthly so that referrals are appropriate; support FQHCs, explore Medicaid carving out cost of vaccine and reimburse the FQHCs; opening dialysis sites for vaccine • Illinois/Chicago - data issues are prevalent especially data sharing with other jurisdictions; discussed mandatory reporting to IIS and billing; vaccine confidence among migrants - need a concentrated effort in this area; find another jurisdiction who has all the ACIP vaccines being reported to their IIS; understand what can be done implement that. • Indiana - barriers of vaccine reporting; political atmosphere; during COVID-19 used lots of mobile clinics; try starting back up mobile clinics at LTCFs for community members; increase volunteers identify 10 counties and do needs assessment; implement in 10 counties and then 30 in the long term. • Ohio - expensive vaccines and flat funding; deciding which vaccines we want to offer and what we aren't able to afford moving forward; COVID brought to light the need for vaccines for adults; working with minority populations, mobile units, collaborating with other stakeholders in promoting vaccination and partner with organizations to work with refugees; partnership with Medicaid and moving money out of Hep B program into adults, supplement by enrolling hospitals into VFC to provide Hep B

June 7, 2024

Agenda	NOTES
Adult Immunization Program Q&A What would you like to know from other programs?	• Q: Jackie (Chicago) • Billing: Specifically for Medicare, Medicaid, and Private; asking for recommendations • **Emily: Suggest a cities group where all cities get together and talk. Put this question on the listserv on "Info Request."** • Q: Karen (Chicago) Mandating IIS for everyone and how did you do it • (IN) No Mandate • Circulate a list of states with mandatory reporting (Louisiana…) • If not b/c of mandate, what are you doing to increase those? • WI: when Pharm got auth to IZ, build it into nuanced policy and bundle things together • Emily: Know your denominator…gap analysis anyone worked on that? Annie F: den exercise activity worked on Pham. partnership to get all licensed pharmacies to create a # for all located in MN to match them. • COVID helped to get to some specialty providers where some community providers had challenges with timely reporting, this allowed DPH to support them in entering data into their IIS. Helpful to understand other agencies' licensing boards. • Q: Share success for community-based clinic successes other than COVID or flu; who's coordinating and doing the outreach work? • Stephanie (WI) Going where people are. • (IN) work @ LHD level b/c they'll know where the needs and gaps are in their local communities and forge relationships with CBO who know the community best, soup kitchens, homeless shelters, and blood banks. • (MN) fire depts, during voting, community colleges, offering all vax. • Large community events • (LA) large university system grant→ then univ. Subgrant out to smaller CBOs • Train the trainer nursing program in MN • College of Nursing, pharm, medicine, for the Reserve Corp in KY if help is needed, they have them Medical Reserve Corp • Stephanie →in an underserved community found a bldg. and provided vaccines, consistency, and building trust.

Agenda	NOTES
	• (MN) Newcomers to the community • (CHI) - difficulty getting things done especially in shelters, intake process, connecting with a sponsor, family if they have some, MMR required to stay in shelter; lots of outreach was done; promotes, IZ nurses, and Outreach teams would go out and over and over and talk to people, very intensive effort in shelters; still doing shelter events since the outbreak is over; attendance has declined; still having varicella outbreaks • MN lots of vaccines occur, tie them to a process; channel people to the process and it helps to increase interest, attendance to events, and demand for the vaccine. • (MN): What are conversations like for adults and children? • Male Dr.: (Chicago): Under-immunized population entering the country and living in shelters in Chicago (new arrival shelters and media, communication, and outreach. Availability of federally funded vax continues to be an issue. • Rule: Flu & Pneumonia vaccines always require consent per **federal** regs. • Emily M. Consent is tied to the **VIS.** • Doug: (WI) Pharm: F883 **doesn't** require written, informed consent just that info is given w/in 30 days and documented.

Brief team report outs on plans and next steps	Chicago, Illinois:
	Goals
	• Short:
	  ○ Assess how other local health departments are billing in their county.
	  ○ Circle back with Dave McCormick
	  ○ Landscape analysis of CHWs and CBOs
	  ○ EverThrive to join the VECC.
	  ○ Connecting with another city/state that implemented Adult Framework
	  ○ Adult Provider Survey (ICAAP); meeting to update the survey soon.
	  ○ Robust gap analysis of vaccinators who do/do not report to the IIS.
	• Medium:
	  ○ Include in Co-Ag Grant Application; review IPOM; review current grant work plans.
	  ○ Work with CBOs, CHWs, Equity Zones, etc. to address vaccine confidence in jurisdictions,

Agenda	NOTES

	involved in campaigns.
	• Long:
	  ○ Work through Adult Framework
	Ohio:
	Goals
	• The first step is going back and meeting with the PM (new to the role of PM) to speak with him to get input about the direction he envisions the program heading; and identify possible ways to do that.
	• Funding COVID vaccine, RSV for adults, Mpox; when are they available and are we offering them?
	• Figure out partnerships to continue this important work.
	
	Indiana:
	Goals
	• Focusing on long-term care facilities:
	• Plan to identify 10 districts [who need clinics] within the state/ areas in the state that need vaccination assistance; involve community partners and families or residents.
	• Close to having a presence at the long-term care conference.
	  ○ Might get mobile units in the exhibit hall?
	• Next meeting set for June 28 at 9
	• Not just offer “core” vaccines but expand to all vaccines.
	• Missed something Dave shared. My apologies.
	• Minnesota:
	• Barrier to Pharmacy Engagement, Long Term Care, FQHC, Mobile CBOs, Mobile Vax Partners
	  ○ Set 2 meetings to get together to improve communication and coordination.
	• 2025 Spring Immunization Conference
	  ○ Working with a group to plan adult IZ tract.
	  ▪ Who to include.
	
	Wisconsin:
	Goals
	• Short Term project is Adult Influenza Vaccine for Un/underinsured: the focus is getting that program up and running.

Agenda	NOTES
	○ Used Circles of Involvement to hash this out ○ Using info from partners in the room to expand what is needed for this project. • Talked about larger groups coming together on a larger basis. ○ Meeting scheduled for September. ○ Want to dig into the data more, include more partners, and examine/work on long-term goals. ▪ Funding to FQHCs (Better reimbursement for providing routine vaccination in FQHC setting)