



Association of
Immunization
Managers

**Vaccine Access Cooperative Regional Meeting for Adults
Southeast
May 15-17, 2024**

MEETING NOTES

PowerPoint Slides: https://www.immunizationmanagers.org/content/uploads/2024/07/Full-Deck_SouthEast-2024-.pdf

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

Thursday, May 16, 2024

Agenda Item	NOTES
Setting the stage: Adult Vaccine Landscape in our Region	<p>Level-setting for attendees and sharing back the information that jurisdictions shared with us.</p> <p>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.</p> <p>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.</p>



Agenda Item	NOTES
	<p>Adult Vaccination:</p> <p>The cost of adult vaccine-preventable disease on society (not including COVID) is approximately \$26.5 billion (adults 50+)</p> <p>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.)</p> <p>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 go seek vaccination services after.</p> <p>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.</p> <p>Medical providers are burned out, storage and handling are 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.</p>



Agenda Item	NOTES
Collaboration, Best in Practices, and Sustainability for Better Health Outcomes: Impacting Adult Vaccinations	<ul style="list-style-type: none">• Intro to P4VE & Shirley (Bella) Borghi from GA CEAL CCB (P4VE funded)<ul style="list-style-type: none">○ Goal: increase access○ CEAL mobilized throughout GA (specifically rural pop) during the pandemic under the NIH.○ #1 team nationwide.• Collaboration<ul style="list-style-type: none">○ Pull from other populations.○ Involve federal partners, GDPH & DPH health Districts, Healthcare systems and coalitions, academic institutions, and community CCBs.○ Engage with local (community leaders) state (health departments) and federal (agencies) levels.○ Prioritize community needs and tailor messaging towards that.• Best in Practices<ul style="list-style-type: none">○ Multidisciplinary practices○ Evidence-based best practices, standardization, adaptability of best practices, continuous quality improvement and learning○ Healthcare spectrum<ul style="list-style-type: none">▪ If you are from out-of-state or outside of the country, it may be hard to find your prior vaccination data.



Agenda Item	NOTES
	<ul style="list-style-type: none">○ Machismo complex and lack of trusted information leads to gender gap in HPV vaccination.○ Chronic disease leads to greater health degeneration during pandemics due to lack of vaccination, social determinants of health, misinformation, etc.○ When a pandemic occurs, it affects every other aspect of healthcare.● Sustainability<ul style="list-style-type: none">○ Storage and handling: controlled under the protocol, use of chillers, and close monitoring.○ Have an expansion plan: outreach events and meetings.○ Funding● Q&A<ul style="list-style-type: none">○ Virginia: How have the National HPV Cancer Awareness Day and other efforts helped?<ul style="list-style-type: none">▪ We're missing males in HPV scans.▪ Pulled health-focused representatives to push legislation to pass an awareness day.▪ Look at age limits.▪ Starting to see the fruits of our labor.▪ We have seen some improvement, but we have a long way to go.○ Ralph: Many Hispanics are uninsured, and HPV is an expensive vaccine. How do we combat this?<ul style="list-style-type: none">▪ Partnered with clinicians, clinics, and clinicians who donate vaccines.▪ HPV unit with Emory▪ Gaps in different parts of the state due to access○ Do you foresee seeking HPV into the mandatory immunization schedule?<ul style="list-style-type: none">▪ At what age? Question to think about▪ In the framework for the next bill



Agenda Item	NOTES
<p>Team report outs on discussions and developing strategies.</p>	<p>Kentucky</p> <ul style="list-style-type: none">• Barrier: There is low utilization, quality, and quantity of reporting. Providers and facilities are not using and reporting to the registry. Maternal health providers are not immunizing. Pharmacists are hesitant. Access is an issue. It is difficult to find a provider who both wants to vaccinate and has access to vaccines.• Successes: Outreach to multigenerational families effectively reach more people, diversification of inventory in pharmacies, mobile vaccine units.,• Strategies: Ky will create collaborative partnerships. KY will try to access funding through Medicaid. KY will utilize community health workers to provide vaccines to long-term care facilities. KY will make more strongly worded declination forms. Pharmacies will be recognized as providers. KY will implement vaccine incentivization. KY will encourage payer incentivization. <p>Tennessee</p> <ul style="list-style-type: none">• Successes: TN currently has monthly VAC calls. TN has a request for grant proposals for immunization funding pending approval. They are partnered with correctional facilities. Pharmacists have independent prescribing ability. The Nurse Navigator program has allowed nurses to support providers throughout the state.• Strategies: TN will focus on the VAC calls. TN will work on requiring IIS reporting. TN will reach out to the pregnant population and providers. <p>North Carolina</p> <ul style="list-style-type: none">• Successes: Pharmacy technicians have immunizing power. Medicaid recognizes pharmacists as providers.



Agenda Item	NOTES
	<ul style="list-style-type: none">• Strategies: NC has partnerships with trusted messengers. <p>South Carolina</p> <ul style="list-style-type: none">• Successes: The coalition, the health department, and universities partnered to administer almost 15000 COVID-19 vaccines to older adults and adults with disabilities.• Strategies: SC will establish a vaccine access collab and work to figure out who needs to be at the table.• Target: Young adults aged 19-26 <p>Virginia</p> <ul style="list-style-type: none">• Barrier: There is a lack of trust.• Successes: VA has been meeting people where they are. Pharmacy technicians can vaccinate.• Target: flu in the middle-aged• Strategies: VA will find trusted messengers such as faith-based leaders. VA will find adults to share intergenerational survival stories (older adults sharing stories of surviving vaccine-preventable diseases). <p>West Virginia</p> <ul style="list-style-type: none">• Successes: All vaccines reported in IIs.• Strategies: WV will bring partners to leverage vaccine knowledge and updates. WV will dig into HEDIS requirements and get everyone on the same page.• Barriers: Funding, immunization programs will be losing a lot of funding. Vaccine confidence is low.



Agenda Item	NOTES
	<p>Georgia</p> <ul style="list-style-type: none"> • Barriers: Access, availability, cost, transportation, education, underinsured, and uninsured populations • Strategies: GA will combat misinformation on all levels. Each generation should have people within that generation to talk about immunizations. • Barriers: There is limited funding. GA needs to build a best practice model. There is no vaccine policy in nursing homes and skilled nursing facilities. The standard of care should be enforced by the health department. Providers need to go into correctional facilities. Communication between the department and within the health dept is limited.
<p>Affinity Group Report Out</p>	<p>Affinity Group Report Out 5.16.24</p> <p>LTCF</p> <ul style="list-style-type: none"> • Not an issue of access but consent and guardian/family issues; process measures make it a challenge to give consent for the resident to have any vaccines. • Overall vaccine confidence of the younger to middle-aged adult population is huge because they are giving consent for the parent or grandparent. • Several pharmacists who had good relationships in facilities brought all vaccines and checked to see if someone needed to be offered more than one vaccine. • Vaccine confidence in LTC staff <p>Uninsured</p> <ul style="list-style-type: none"> • It all comes back to funding to supply vaccines for uninsured adults. • Manufacturers need to come to the table to discuss this. • Requires supportive infrastructure in place to increase access and reduce costs like the VFC program.



Agenda Item	NOTES
	<ul style="list-style-type: none">• One way to deliver information and outreach is through childhood vaccine info and framing it in a family context; adults don't have a consistent captive audience and face additional vulnerabilities.• Intergenerational lens on communication; grandparents that are parenting or in multigenerational households, engaging them to reach other adults.• Next steps: the value of trusted messengers and thinking creatively about what this means.• State agencies engage in multiple coalitions such as cancer coalitions. <p>Pregnant People</p> <ul style="list-style-type: none">• Importance of creating specific strategies and resources for pregnant people• Utilizing trust to have generational conversations mothers and grandmothers being people that are referred to for advice.• Encouraging pregnant people to speak to their OB/GYN• Diaper banks, ACOG, MCOs, CHW, and Nurse navigators – as additional specific partners. <p>Identifying Data</p> <ul style="list-style-type: none">• Large number of people did not have flu vaccine in nursing homes, policies around mandating vaccines.• Why providers don't report to the IIS.• Registry mandated needs to be opt-in.• Reporting a requirement as a professional duty• All data has holes.• Vaccine data that can out people who do not want mpox or a potential future HIV vaccine information accessible to others. <p>Medicaid</p> <ul style="list-style-type: none">• How can pharmacies bill MCOs on the medical side?• Helping providers with storage handling issues and dispel myths.



Agenda Item	NOTES
	<ul style="list-style-type: none"> • Incarcerated populations with Medicaid being suspended upon entry, can these individuals still be vaccinated? • TN wrote an 11-15 waiver to use Medicaid dollars to provide 100 diapers a month to children with Medicaid, the opportunity to discuss vaccination for children and parents. • Partnering with pharmacists and dept of incarceration <p>Special Populations</p> <ul style="list-style-type: none"> • IV drug users and rural underserved populations • Focus on preventative care. • Incarcerated people – post-COVID seeing high rates due to being unable to leave. • Trusted messengers: specifically for drug users recovering or active users, someone that the community can relate to • Missing plans for those who are unhoused or struggling with addiction due to these populations being swept under the rug. • Captive audience at recovery clinics • Pnuemo vax app that is not well known, can input data and learn what vaccines you need and when; update this app to include special populations and promotion so more people know. • Everyone! It takes a village. • The foster system doesn't have a standard of practice with immunization records.

May 17, 2024

Agenda Item	NOTES
Jurisdiction Breakout	



Agenda Item	NOTES
Report Out	<p>Georgia</p> <ul style="list-style-type: none">• How to pivot when funding and numbers from COVID are changing• First step – create a steering committee for all vaccines, including those aligned with a vaccine equity and vaccine uptake cause.• Short term – identify the problems and get the right people on a committee.• Medium term – build a tactical and not a practical plan; what do we need to do to solve the problem?• Main point of contact – Sheila Lovett• Date set the week of July 8 to follow up. <p>Virginia</p> <ul style="list-style-type: none">• How to reach an invincible population, having young adults and students at the table• Application for student representative or advisory group to do community service and have the president in the core group of planning.• Steering committee to include Circle of Champions• Flu season – IZ coalition does a flu campaign to include an Influencer and provide education, utilize this space, and have a steering committee participate.• Geofencing, toolkits for employers and colleges• Meeting on May 31 the Invincible Flu Crew <p>West Virginia</p> <ul style="list-style-type: none">• Breathe Easy campaign• Funding is going away, supplies giveaways at health fairs to create awareness.• Keep well-known names at the table.• Geographically rural, flu, pneumonia, RSV and COVID booster• Short term: WVU and other county health fairs, working United Way• Partnership media in the fall and media campaigning



Agenda Item	NOTES
	<ul style="list-style-type: none">• Champions to involve local people and faces that people in our state know, school mascot vaccination, Jennifer Gardner• Legislative session preparation• Long term: loss of COVID supplemental funding planning; next legislative session advocate for administrative fees for Medicaid• Heather Hoffman is the main point of contact• Follow-up meeting June 28 <p>South Carolina</p> <ul style="list-style-type: none">• The goal is to establish a VFA program in South Carolina.• Expand SCIC into 3 subcommittees with a focus on the Adult Task Force looking at ages 19-45 first and then LTC.• Each committee will report to SCIC.• Coalition Board has strong key players, scheduled a meeting with the board to meet on June 20 to assess their feedback and their ability to participate or connect with others who can join the Adult Taskforce• Meeting with the internal group after the Board meeting <p>North Carolina</p> <ul style="list-style-type: none">• Develop better relationships with trusted messengers.• Reaching out to Dr. Smiser to see how to connect with local influencers to train them on trusted messengers.• Connect with the DITA team to identify the most vulnerable population locations.• Become members of the NC IZ Coalition network• NC Counts Coalition – connect with potential groups that support vulnerable groups, potentially opportunities for small grants.



Agenda Item	NOTES
	<p>Tennessee</p> <ul style="list-style-type: none">• VAC meeting monthly.• Assigned duties to each person in the group.• Short term: debrief about this meeting in the next call and promote flu vaccine, friendly competition between UT and UK the state with the highest flu immunizations; the loser wears another team jersey.• Tennessee Pharmacy Assoc will be added to TN Health Alert Network, survey to independent prescribing authority.• Complete Adult Framework; education to vaccine confidence• Add nirsevimab. <p>Kentucky</p> <ul style="list-style-type: none">• Focus on maternal vaccination.• Emphasize “Immunization”• KY Peri Hep B Nurse – register for the August Maternal Health meeting.• Doc and discover who is doing what on June 3• Meeting bi-weekly• KYR documents for maternal vaccination (IIS)• Meet with KY State University to promote CHW training to nursing students and incorporate it with sororities.