Vaccine Access Cooperative Regional Meeting for Adults
Beaches Southwest
June 11-13, 2024

MEETING NOTES

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

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

June 12, 2024

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Setting the stage: Adult Vaccine Landscape in our Region **Dr. Shelley Fiscus**	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: The cost of adult vaccine-preventable disease on society (not including COVID) is approximately $26.5 billion (adults 50+)

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	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 kinds of numbers 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 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.

Partnering for Vaccine Equity (P4VE)
 	
Samantha Legg (Metro Inclusive Health)
	● Metro Inclusive Health
	  ○ 5031c
	  ○ Health and wellness services that are inclusive and for the lifespan
	  ○ Provide over 100 different services in 9 locations
	  ■ 4 locations in St. Pete
	  ○ 200 employees
	  ○ Expanded in one year from four locations to nine
	  ■ Data to see where patients are served and where staff are traveling to work
	● Metro Services
	  ○ Includes
	  ■ Primary care
	  ■ HIV care
	  ■ Behavioral health
	  ■ Pediatrics
	  ■ Trans Health

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	■ Prevention and Sexual Health ■ Psychiatric health ● Health center growth ○ In 2015, Metro launched Hep C & 4th Generation HIV testing, PrEP & nPEP treatment, STI testing & treatment and an onsite pharmacy ○ In 2016, Metro expanded health center services to include Trans Services and Primary Care ○ In 2017, Primary Care and PrEP program services doubled ○ In 2019, Metro received Council on Accreditation and became a Federally Qualified Health Center Look-Alike ● 2022 Annual Report ○ 3,804 new patients ○ 30,711 lives touched ○ Behavioral health: Over 12,000 visits ○ HIV testing went up 33% ○ PrEP visits increased 18% ● Immunization Reach ○ 12,600+ immunizations in local Tampa Bay community ● Recent Immunization Collaborations ○ COVID-19 ■ American Rescue Plan Funding (HRSA) ■ National Coalition of Aging (NCOA) ■ 7,450 COVID vaccines ○ Mpox Outbreak ■ Department of Health ■ 1,836 mpox vaccines ○ Influenza & COVID-19 ■ National Coalition of Aging (NCOA) - Influenza and COVID Grant ■ 604 Influenza vaccines + 368 COVID-19 vaccines ○ Collaboration drives reach expansion ○ Partner brings vaccines, Metro brings staff or vice versa ● Successes ○ Mobile health units - bringing immunizations to where are at

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	■ Such as community centers and nearby parks ■ Additionally, health fairs, churches, collaborations with businesses, and attending local community gatherings ○ Staff training ■ Providing comprehensive training and education tools to staff focusing on assessing and addressing social determinants of health, health equity, and barriers to accessing immunizations ○ Social media outreach ■ Inclusive of using email and texting campaigns through the Electronic Medical Record (EMR) ■ Putting messaging into terms patients could understand and be intrigued with ■ Useful in getting out education ○ Staff creativity ■ Utilizing volunteer RNs to assist in deploying vaccination clinics ■ Ran COVID vaccine clinics every day with 3 part-time staff - able to do this with the amount of volunteers ● Training with all volunteers ○ Incentives for immunizations ● Challenges ○ When infection rates when decrease or during off-seasons for influenza, demand in the community for immunizations would decrease ■ Work to reduce barriers such as having walk-in immunizations and implementing late hours to accommodate those who work ○ Immunization confidence and complacency ■ Increased education with targeted social media campaigns ■ Additional training with staff empowering them with the evidence-based tools for confident recommendations to patients ○ Lack of funding ■ Over 40+ different grant funders currently ■ In an active cycle of searching for funding so there are no gaps in the work ■ Offer co-pay it forward at the onsite pharmacy ● You've Found Family

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	○ Mission and motto ○ One-stop shop ○ Address all barriers patients experience ● www.metrotampabay.org 10-15 Q &A ● What's the difference between an FQHC and FQHC look alike? ○ Look alike does the FQHC work without the funding an FQHC receives ○ Access to 340b ○ Step to becoming an FQHC ■ Get to the category, process, assessed, and site visits ○ Can only become an FQHC when funding is available, but can become a look-alike at any time ● Is it the same with the patient process as an FQHC? Does the clinic need to offer services throughout the lifespan? ○ Driver of FQHC is primary care ■ Ensure that you're offering it ○ Look alike application process is the same as FQHC ● Do you get a vaccine from the state? How do you sustain mobile clinics? Are you making money? ○ Depends on the timing of the different initiatives ○ COVID provided by DHS then purchased ○ Mpox - received from the Department of Health ○ Ebbs and flows on the political climate ○ Bill insurance for the insured ○ Look alike qualification - can become a provider ○ Only provider in the state pushing mpox vaccine ● Why are you excited to be a lookalike? Main differences? ○ Eligible under CDC funding, but unsure if it would continue to supplement the services provided to under and un-insured ○ 340B access ○ Started applying to be an FQHC in 2019 ○ Billing for sustainability

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	■ Can help build the program ○ Strategic move to remain competitive in the space ● For sustainability, what does funding look like? ○ Depends on the insurance ○ With the higher volume, it does help ○ We are in the positive ○ Third-party
Overview of the Success Framework for Adult Immunization Partner Networks	● Success Framework ○ Strength: being action-oriented and solution-focused ● Defining partner network ○ Working with the collaboration of groups at the community level ● Partners: can be informal or formal with internal or external entities ○ Examples: government agencies, tribes, and tribal entities, health-related entities, local entities ● Success framework for adult Immunization partner networks created in 2022 ○ Graph of the lifecycle of partnership management ○ Consider nontraditional partners when using this tool as well ○ Four phases ■ Define goals and priorities ■ Expand org capacity ■ Advance activity implementation ■ Evaluate and learn ● View PowerPoint for links to resources and examples for the different phases ● Questions ○ n/a
Team report outs on discussions and developing strategies	**Arizona:** ● Challenge: no state funding for their vaccine program, 317 funding runs out within the first three months it's given

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	● Plan/Strategies: Utilizing non-traditional messengers to promote vaccination (i.e. Health Occupation Student Association, Post Acute Care Continuum); engaging people living in post-acute care facilities à reaching out to facilities to have stories to share; AZ Healthcare association, IHS, DOH, etc. will be meeting in august to lay out a plan for contexture (?) **Florida/New Mexico/Alabama:** ● Challenges: access, knowledge gaps (not just in persons receiving vaccines but also in provider populations) ● Successes: AL has a great marketing campaign that they have worked through their universities, FL has benefited from an increased provider network from COVID ● Plan/Strategies: identifying vaccine deserts for VFC providers. AL thought of working with Meals on Wheels providers to reach the homebound. NM long-term goal is to increase vaccine rates in homebound **Mississippi:** ● Challenges: the main challenge is the lack of funding, especially for federal funding. Mississippi has not had an official adult vaccine coordinator in the past (but has one now). The state is going through restructuring and several health departments are closing down or are not going to be vaccine providers (10-15 health providers). Lack of communication in the agency as a whole. No requirements for private adult vaccines to their IIS. Vaccine hesitancy. ● Successes: recently partnered with a local provider who was able to do mpox vaccination (recently signed the official contract with them as Bridge providers) ● Plans/Strategies: mobile units to reach four regions of the state, stated coalition last year after last year's VAC meeting and hopeful to restart this group. Reach out to the public health association to see if they can assist in hiring an executive director for their coalition. The long-term goal is to have a vaccine for adults program in the state **Texas:** ● Challenges: non-expansion state with a large number of uninsured adults. Large transient population. Funding cuts to the ASN program. Independent pharmacies can't participate in ASN.

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	• Successes: State-funded Adult Safety Net (ASN) funding which is used to supplement 317 funding à large network for ASN providers (631 providers). Cutting vaccines from the formulary brought together partners inadvertently • Plans/Strategies: Opportunities for state funding, grants, local funding. Building coalitions to identify ways to connect funding to services. Focus on targeting populations/reaching out to coalition builders (Texas Immunization Project). Getting transient populations enrolled. Pilot projects with coalitions to see what's successful. **USVI:** • Successes: Robust COVID and influenza effort/vaccination rates (i.e. communication, private providers, FQHCs together) • Challenges: Funding. Getting vaccines is challenging i.e. considered international so expensive (increased 40% in cost in the last year and a half). Only one private provider and Walgreens carry high-dose flu for older adults. Distrust. • Plans/Strategies: Diversifying funding/combining efforts. Crafting pro-vaccine legislation long term. Increase education efforts emphasizing the burden of disease/cost/dispelling mistrust. Collaboration à public-private partnerships with DOH and FQHCs mobile clinics (using retired nurses and nursing students) **Wyoming:** • Challenges: Lowest HPV coverage rates in the nation • Successes: IIS mandatory reporting state, state funding to support HPV vaccination and other adult vaccines • Plans/Strategies: Focusing on vaccinating 19-24 college students for HPV, particularly those under or uninsured partnering with the University of Wyoming. Need a better perspective on the population of uninsured students, and other barriers. Looking at U of Wyoming Greek organizations to promote. Utilizing resources that already exist (i.e. unbranded materials from manufacturers, HPV roundtable). Other partners to bring to the table: APP, AAFP, pharmacy association, etc. Piggybacking off of flu clinics on campus in the fall.

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Adult Immunization Program Q&A What would you like to know from other programs?	Q: USVI asked WY about how they accomplished HPV vaccine funding and any tips. A: State general fund, WNET (confirm this name) program for those not eligible in VFC. Able to take that and ask for funding on the initiative for low HPV vaccine uptake. (relisten to confirm) $150,000 every two years for Hepatitis. AIM also shared they have a Chief Policy Officer who can support political messaging and legislative advocacy. Q: Arizona (nursing home contact)- To AIM, Is the American Hospital Association involved with VAC meetings? Or any involvement from their headquarters out of DC? A: The folks from DC are not necessarily involved with VAC meetings but do sit on our steering committee. They have connected us with local partners and there has been some AHA Jurisdiction involvement. - AZ reiterated the importance of hospitals and LTC being "at the table" for both child and adult vaccines. LTC has been represented at past VAC meetings and has been able to utilize them well as a partner and gain traction in that space. AIM shared that involvement with LTC is complicated due to CMS not requiring vaccination and state-by-state differences. Much confusion about what can and cannot be done in LTC facilities, on top of not being able to bill for vaccines. Who do we partner with to get those vaccines done, on top of providing education to the staff and family visitors who don't want to get vaccinated? There could be a whole VAC meeting about increasing uptake specifically in LTC facilities, so again very helpful to have them here at VAC meetings. AZ's contact shared he would like to be put in touch with other LTC contacts across the state and begin coalition work. Q- (Nathan) How does AZ's 317 funding work? Is it first come first serve? A - In AZ, 317 is broken up by county. LHDs are the only ones who participate in VFA. The largest counties have money dry up after 3 months, then have to supplement. Essentially left with an adult vaccine 'season'; however, adult vaccines needed are year-round and this needs much more support and funding. Q - Sarah Clement IHS - First, if you have a tribal presence in your state and need help connecting with your IHS

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	let her know. Second, with your workforce, you might notice low morale and high burnout. What have you done to improve morale? Have you done any task shifting, or other strategies that have been successful to increase workforce morale? A - TX Health Association Center has a group dedicated to workforce development. Taken a multi-prong approach, listening to health centers often. Talking to staff about career paths and up-skilling/investing in their staff. Giving them hope for career growth and sharing ways to rise within an organization has been helpful. Pilot testing an apprenticeship program in 2025, wrote this in their budget and being very intentional. Connecting academic centers to the health centers in a systems-wide approach, rather than one-offs, to introduce new students to the organization. (Nathan, TX) A lot of people got away with looking at leadership and leadership skills, so what do we need to bring back? Remember in the group there are several leadership training courses, workshops, and more that would be excellent to invest in staff. By improving morale, making fun days too, recognizes their band-aids, but shows employees they want them to be engaged and leadership wants to engage with them. Watch TedTalks together and invest in your staff. (AZ Healthcare Association) This is part of his role. Looking at direct-to-care staff is prioritized because of the highest turnover (est. charge nurses and CNAs). ANA has credential programs for CNAs that cover substance use, psychiatric, emotional intelligence, etc. To retain people, we have to give them the tools to be successful and grow. The Director of Nursing Assistance is a trial (?) program and is a CNA who oversees other CNAs. Q - Follow-up questions/comments - flag race and gender, and make sure we are bringing that into the workforce. Being an advocate for women and BIPOC should be at the forefront of these initiatives. Women are the majority of the healthcare workforce but don't make it as high up in leadership as often. Thought experiment, when there's a notetaker and speaker required, look around to notice who's the one taking notes and who's the one Nathan (TX) recommended Colors of Communication as a helpful tool. Explores a lot of race and gender dynamics in the workforce. Q - (TX independent pharmacist) What is the future of VAC meetings? I know you mentioned no funding right now for last year A - We hope to be able to do it again. This is a time of austerity with federal funds. Last year we partnered with our VAC meeting funds, this year we couldn't do that. We really want to continue because it has been

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	tremendously successful, and we continue to seek funding opportunities to support this offering. Q (USVI) Now that HPV has been recommended into adulthood, are you having pushback from insurance companies? Not covered in USVI A - Not heard anything about commercial insurance covering it in the continental US but recommend connecting with advocates to insurance companies (*Listen to the recording,26:39). Q- USVI - The question is aimed toward Shelley, was there any decisions for COVID supplemental funding to be rerouted to A- Our supplemental funding was just one year, we were able to get a no-cost extension to finish deliverables, but AIM does not purchase vaccines. We have questioned if jurisdictions (**need to listen to this) Claire - CDC has not found funding sources yet. There are supplemental funds and the need for vaccines, just not allowed to use them to purchase vaccines.
Brief team report outs on plans and next steps	**Wyoming:** ● The goal is to improve HPV rates in university students ● July 26 meeting ○ Hoping to have a pharmacy instructor at the university ● Hoping to set up a meeting at the end of July to bring together key stakeholders (short-term goal) ● See if this something that can be utilized as a best practice for other local colleges (medium goal) ● Sustainable effort to bring in partners who can help fund and assist efforts (long-term goal) ● What to publish and submit abstracts **Florida/Alabama/New Mexico:** ● **NM** ○ The immediate goal is to connect with PM ○ Determine what's already in place and where to help with this lift ○ Use combined efforts to make more vaccines available to those with Medicaid at community-based services ● **Alabama**

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	○ First plan of action is to see what specific places in the state to target ○ Reach out to local community departments ○ Make contact to go over new ideas with the educator team ○ Long-term: Implementation ● **Florida** ○ Short term: DITA team at CDC and get vaccine desert maps ■ Setup meeting with VFA manager and adult coordinator ■ Work with FQHC that are not VFA providers to help combat vaccine deserts ■ Identify potential funding ○ Long-term - demonstrate need for additional funding ■ Legislative budget requests **US Virgin Islands** ● Short term: Information campaign between Medicaid and Department of Health and FQHC ○ Collaborate with private physicians ○ NCH and FQHC partner to have providers present so private physicians can be involved ○ Coordinate a vaccine drive ○ Meet with director of the immunization program and debrief on Monday ○ Connect with AIM Brent ○ Contact the CDC to see why no data is represented. Data drives funding. ● Medium goal: Friday pop-up clinics ○ Teen and talk clinics ■ 19-25 range are usually not caught up on vaccines ● Long term ○ Set up meeting with key senators and governor ■ Taxes on vaccines ○ Policy meeting ○ Creation of an adult immunization program **TX, San Antonio, Houston:** ● Short term ○ Data sharing at the FQHC level

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	■ Site visits in Houston ○ Share strategic planning for provider recruitment ○ Attend policy call to promote adult safety net program ● Medium ○ Visit sites and facilities doing the groundwork ■ Policy and analyst level ○ Restructure meetings ■ Realign to look like partnership meetings ○ Decide what works best for everyone - FAQs or meeting notes - to promote transparency ● Long-term ○ Stakeholder engagement ■ Partners attend monthly meetings and share best practices ■ Provider recruitment, FQHCs ○ Established workgroup meetings with VAC attendees monthly **Mississippi:** ● The big goal is to have a program established ● Short ○ Draft email to send to VAC states ○ Draft email to core partners ○ Pick a jurisdiction to model ● Medium ○ Have a model picked out ● Long-term ○ Map Goal Tracker Tool utilization ● Big targets ○ Un and under-insured, racial and ethnic groups, rural and underserved areas **Arizona:** ● Focus on incorporating ASIIS and Contexture to include vaccine information for acute and long-term care facility patients ○ Short: Find out what's feasible and how it can be done ○ Medium: Awareness and Advocacy

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	■ Sense of where immunization coverage is ○ Long-term: Interventions associated ■ Vaccination rates for healthcare workers ○ Ideas ■ Storytelling with elders ● Boarding school era ● Surviving polio and other vaccine-preventable diseases ● Audio clips ○ Advocacy for additional funding ○ Meeting August 23 and regular meetings on the third Friday of the month ■ Including unique partners like HOSA