

Partnerships and Vaccine Confidence

December 12, 2024



Association of
Immunization
Managers

Agenda

- Introduction
- Presentations
 - Achal Bhatt
 - Jessica Metzger
 - Tom McCleaf
- Q&A

Tom McCleaf

Director, Bureau of Immunizations
Pennsylvania Department of Health



Achal Bhatt

Senior Advisor, Immunization Services Division
CDC



Jessica Metzger, BSN, RN, PHN

Clinical Immunization Unit Supervisor
Minnesota Department of Health





FOCUS: Fostering Overall Community Understanding and Support

AIM Leadership in Action Conference Presentation

December 11-12, 2024

Achal Bhatt, PhD

Senior Advisor and FOCUS Lead

Coordination and Outreach Team, Partnership Branch

Immunization Services Division, National Center for Immunization and Respiratory Diseases

Centers for Disease Control and Prevention (CDC)

Ten Largest U.S. Measles Outbreaks Since Elimination

Year	State	Community of Focus	Cases	Duration (months)	Unvaccinated or unknown vaccination status, N (%)
2013	NYC + 1 state	Haredi	59	2.9	59 (100)
2014	OH	Amish/Plain	383	4.0	378 (99)
2014/2015	CA + 7 states	N/A	147	2.1	116 (79)
2017	MN	Somali	75	3.4	69 (92)
2018/2019	NYC + 3 states	Haredi	697	9.5	610 (88)
2018/2019	NYS + 1 state	Haredi	408	10.6	371 (91)
2019	WA + 2 states	Ukrainian	79	2.4	74 (94)
2022	OH + 1 state	Somali	86	2.0	84 (98)
2024	IL + 1 state	N/A	58	1.9	42 (72)
2024	MN	Somali	52	4.5	51 (98)

Overview of FOCUS

The Challenge

- Measles outbreaks continue to occur and have been connected to closeknit communities with persistently low MMR vaccination rates
- Limited evidence base exists for strategies to increase vaccination access, confidence, and uptake among closeknit communities

How FOCUS Can Support

FOCUS (Fostering Overall Community Understanding & Support) aims to increase vaccination rates among closeknit communities who have had:

- recent vaccine preventable disease outbreak(s)
- consistently lower routine childhood vaccination rates for one or more vaccines

Collaboration with Jurisdictions by:

- Understanding community and jurisdictional needs
- Facilitating peer-to-peer Learning Collaborative (LC)
- Demonstrating FOCUS impacts

FOCUS “Stone Soup”

Collaborators bring unique expertise, experiences, and skillsets to support Communities of FOCUS

LESSONS LEARNED FROM
JURISDICTIONS



EXPERTISE
FROM SMES

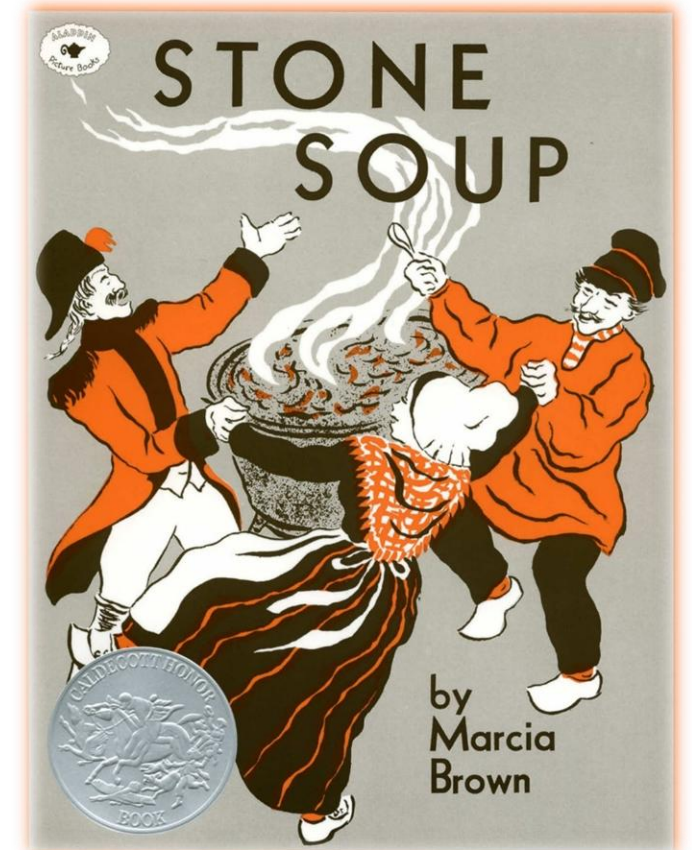
EXPERIENCE FROM STATE
AND LOCAL
REPRESENTATIVES



EVIDENCE FROM
PUBLICATIONS



LEARNING
COLLABORATIVE



FOCUS Logic Model Overview



Vision

Jurisdictions have the knowledge and tools needed to effectively increase vaccination rates in Communities of FOCUS



Strategies

Understand community and jurisdictional needs

Support jurisdictions through peer-to-peer learning, collaboration, and SME/TA support

Demonstrate FOCUS impacts and identify ways to enhance and expand



Outcomes

↑ collaboration and idea sharing
↑ strategies for vaccine uptake

↑ reach and impact
↑ capacity to address vaccine barriers

↑ support for jurisdictional goals
↑ evidence for community-specific interventions



Impacts

↑ vaccine access, confidence and uptake

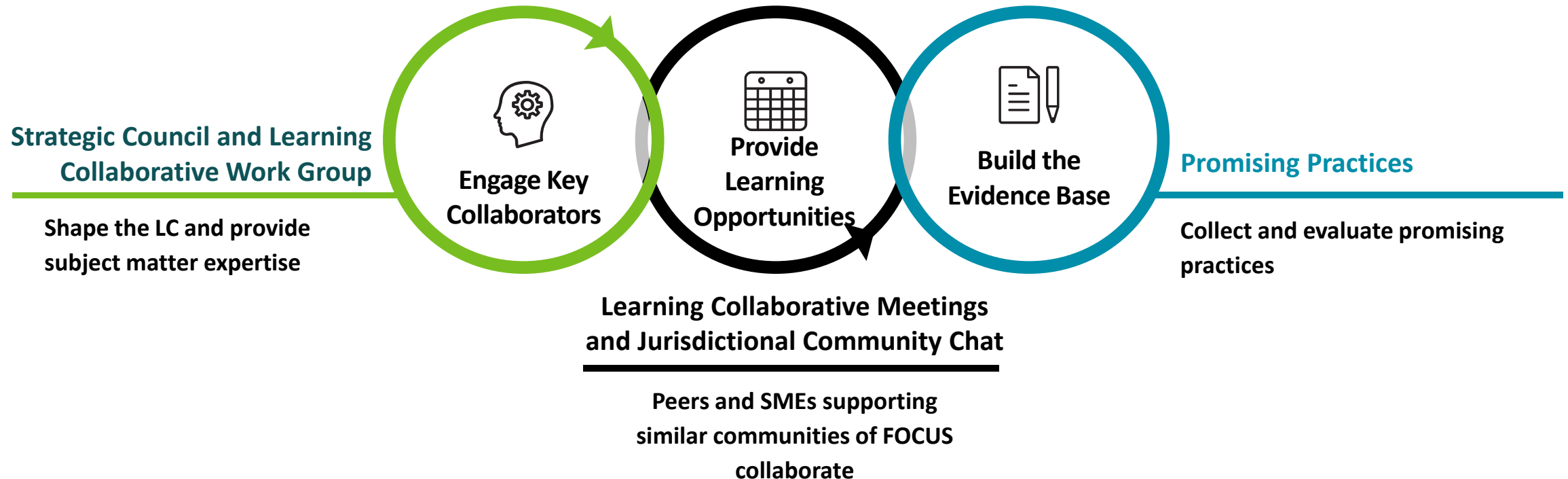
↓ prevalence of vaccine-preventable diseases

FOCUS Learning Collaborative (LC)

Communities of FOCUS

Four Communities of FOCUS based on recent measles outbreaks:

- Ultra Orthodox Jewish (e.g., Haredi)
- Somali (identify themselves as Somali)
- Ukrainian (identify themselves as Ukrainian)
- Plain People (e.g., Amish, Mennonite)



AIM survey: jurisdictions are tailoring engagement

Communities of FOCUS

**ULTRA-
ORTHODOX
JEWISH**

Barriers to Vaccination

Distrust of government; wide spacing between doses and **delayed vaccination schedule**

SOMALI

Targeted misinformation campaigns; concerns of **autism**; **language** barriers

UKRAINIAN

Distrust of government; **language** barriers; lack of engagement with US healthcare system

**PLAIN
PEOPLE**

Distrust of government; **delayed vaccination schedules**; not subject to school rules

Steps Taken to Address Barriers

- Community outreach
- Collaboration with community members and other partners
- Culturally appropriate materials
- Pop-up clinics

Additional Support Requested

- Connecting and knowledge sharing between jurisdictional immunization programs
- Translated materials and resources
- Data acquisition and analysis
- Toolkits

FOCUS Learning Collaborative Meetings to Date

1

September Learning Collaborative

Measles Among Communities of FOCUS

Georgina Peacock (CDC) and Achal Bhatt (CDC) shared FOCUS objectives, and Dan Filardo (CDC) shared recent measles data

76 attendees from 22 jurisdictions

2

October Jurisdictional Community Chat

Jurisdictional Approaches to Engaging the Somali Community

Lynn Bahta (MN), and Debra Berliner (Seattle King County, WA) shared lessons learned

75 attendees from 14 jurisdictions

3

November Learning Collaborative

Vaccine Outreach Among Orthodox Jewish Families: Lessons and Challenges from London

Ben Kasstan-Dabush and Kristin Oliver, NYC shared lessons learned on relationship building, working with non-traditional partners, and community engagement

69 attendees from 13 jurisdictions

Upcoming

Learning Collaborative: January 8

What we've learned: Working with Somali communities

	Seattle and King County (Washington)	Minnesota
Challenge	<ul style="list-style-type: none">• Few Translated Materials• Lack of Vaccine Trust	<ul style="list-style-type: none">• Tailored Communications• Lack of Vaccine Trust and Misinformation
Action	<ul style="list-style-type: none">• Celebrated and elevated the work of the Somali Health Board (SHB)• Created video series to explain the importance of vaccinations• Launched a Community Navigator Program	<ul style="list-style-type: none">• Disseminated information on Somali TV, radio, mosque community settings, using TikTok and Snapchat• Supported imams and healthcare providers to jointly educate the community on measles and autism• Focused outreach in Somali-owned childcare centers
Lessons Learned	<ul style="list-style-type: none">• Verbal conversations are crucial• Acknowledge the expertise and lived experience within the Somali community	<ul style="list-style-type: none">• Leverage multiple communications channels• Use faith-based messaging• Establish trusted relationships before an outbreak

What we've learned: Working with Orthodox Jewish communities

Lessons from London



Challenge

- Challenges with Vaccination Access and Vaccine Trust
- Tailored Communications are costly
- Short Term Funding



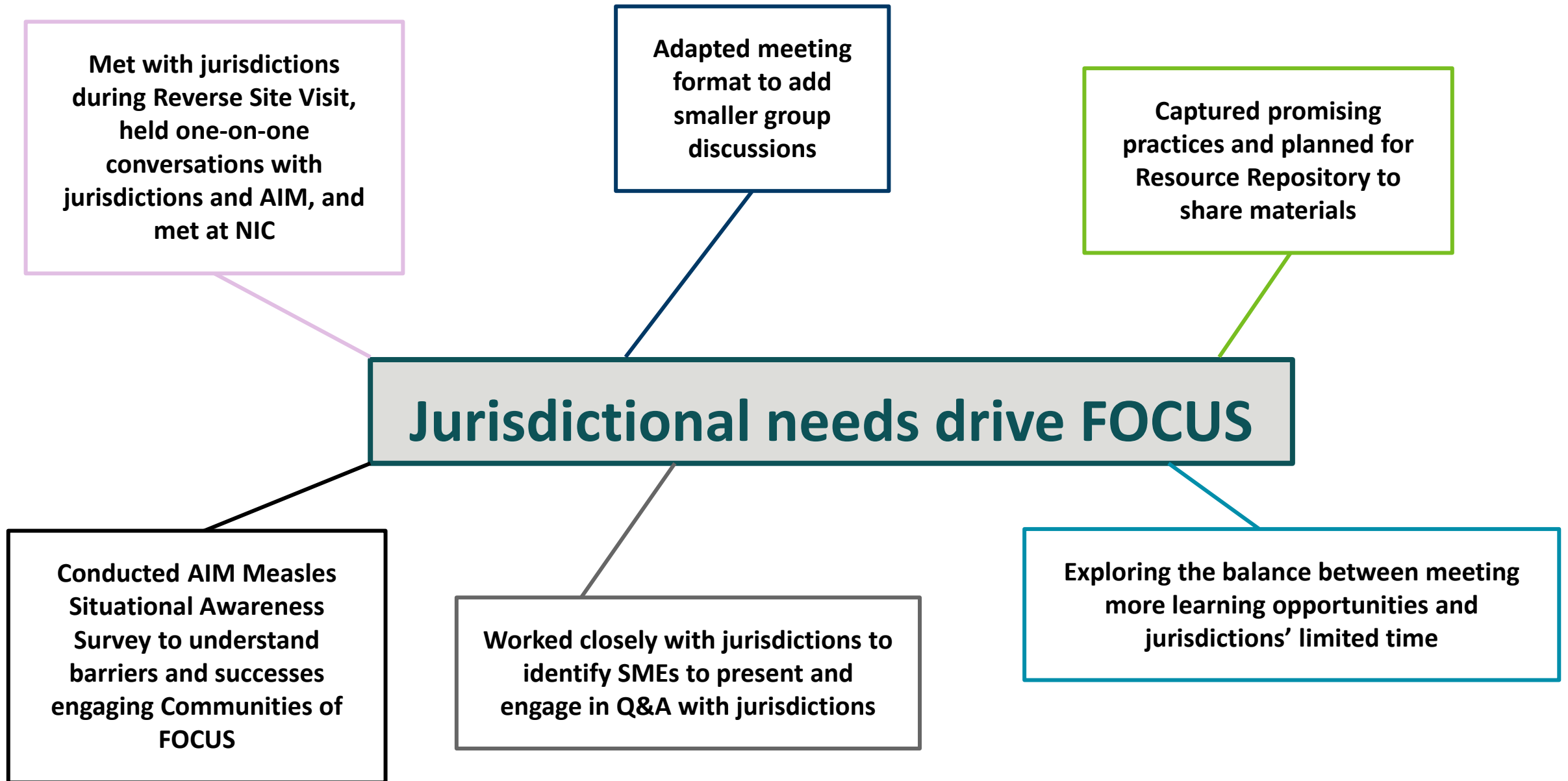
Action

- Identified new leads to reach additional outlets for engagement
- Supported vaccine co-delivery with Hatzolah (Jewish volunteer emergency medical service organizations)
 - Campaigns and communications and outreach clinics
 - Health agencies maintained clear responsibilities in approaches
- Flexible clinic times designed around Ultra Orthodox school hours



Lessons Learned

- Shared responsibility between NHS and the community
- Non-traditional partners' roles need to be clearly defined
- Use community led faith-based messaging as part of a broader package on family and community health
- Engagement needs to be sustained



Met with jurisdictions during Reverse Site Visit, held one-on-one conversations with jurisdictions and AIM, and met at NIC

Adapted meeting format to add smaller group discussions

Captured promising practices and planned for Resource Repository to share materials

Jurisdictional needs drive FOCUS

Conducted AIM Measles Situational Awareness Survey to understand barriers and successes engaging Communities of FOCUS

Worked closely with jurisdictions to identify SMEs to present and engage in Q&A with jurisdictions

Exploring the balance between meeting more learning opportunities and jurisdictions' limited time

Coming Soon! Learning Collaborative (LC) Resource Repository

Resource Repository is a SharePoint site, accessible to FOCUS jurisdictions.

Share the following types of information between jurisdictions working with Communities of FOCUS:

- ✓ **LC meeting materials**
- ✓ **Community outreach promising practices**
- ✓ **Health communications**

Next Steps



Share Jurisdiction Resources and Input

- Communications or other resources (promising practices, toolkits, etc.) for the Resource Repository
- Ideas for speakers and SMEs at upcoming Learning Collaborative meetings
- Challenges and initiatives
- General questions or feedback
- *Email us at focus@cdc.gov*



Join Upcoming FOCUS Meetings

- Learning Collaborative meeting on **January 8 from 3:30-4:30pm ET!**
- *NOT on the email distribution list? Email us at focus@cdc.gov*

Thank you

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





Minnesota Measles Outreach Response

Jessica Metzger BSN, RN, PHN | Clinical Immunization Unit Supervisor

Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

Anti-vaccine doctor meets with Somalis

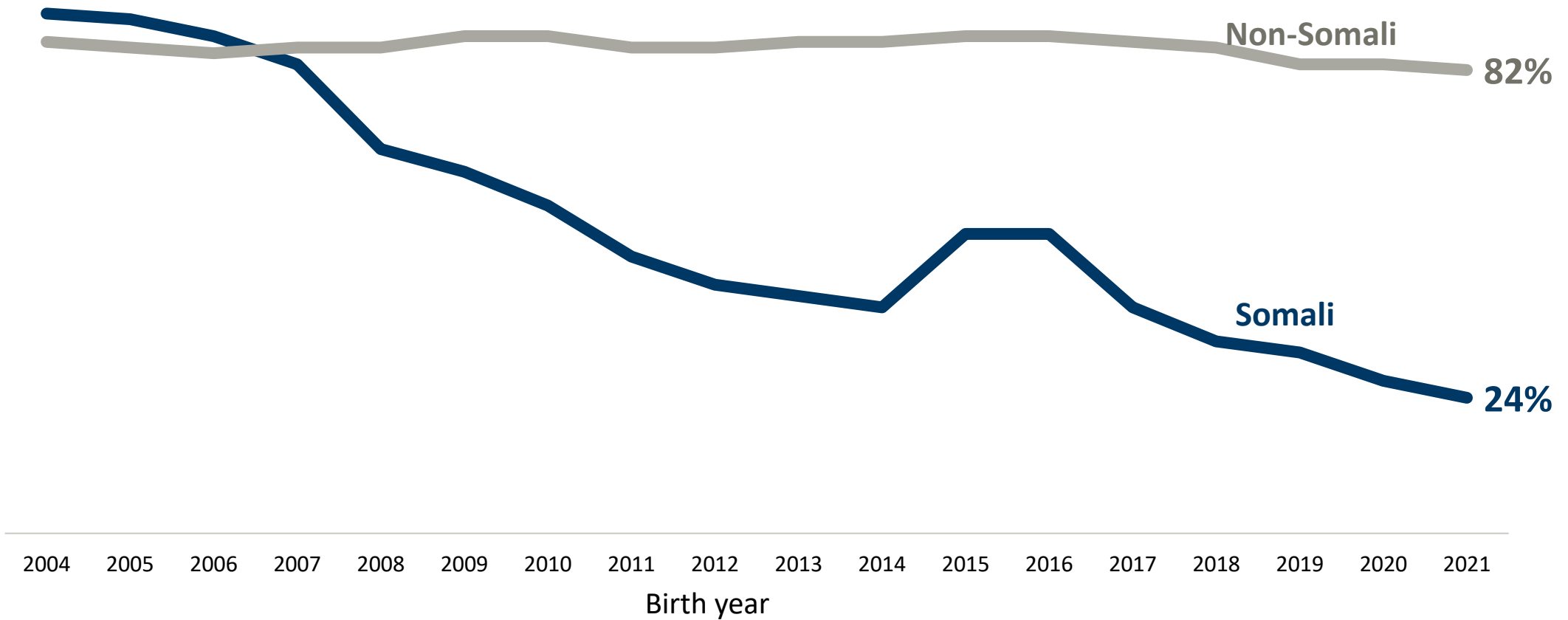
An organizer said Andrew Wakefield is helping build support for a study of autism in the Somali community.

By Maura Lerner

MARCH 24, 2011 AT 10:46AM



Vaccine Coverage Drops



MEGAN MOLTENI

SCIENCE MAY 7, 2017 7:00 AM

Anti-Vaxxers Brought Their War to Minnesota—Then Came Measles

Misinformation targeted at Somali-American communities in Minneapolis is fueling the state's biggest outbreak in three decades.

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 66 / No. 27

July 14, 2017

Measles Outbreak — Minnesota April–May 2017

Victoria Hall, DVM^{1,2}; Emily Banerjee, MPH²; Cynthia Kenyon, MPH²; Anna Strain, PhD²; Jayne Griffith, MPH²; Kathryn Como-Sabetti, MPH²; Jennifer Heath, DNP²; Lynn Bahta²; Karen Martin, MPH²; Melissa McMahon, MPH²; Dave Johnson, MPH³; Margaret Roddy, MPH²; Denise Dunn, MPH²; Kristen Ehresmann, MPH²

On April 10, 2017, the Minnesota Department of Health (MDH) was notified about a suspected measles case. The patient was a hospitalized child aged 25 months who was evaluated for fever and rash, with onset on April 8. The child had no history of receipt of measles-mumps-rubella (MMR) vaccine and no travel history or

to identify confirmed cases of measles in Minnesota (1). A health alert was issued April 12, which notified health care providers of the two measles cases in Hennepin County and provided recommendations concerning laboratory testing for measles and strategies to minimize transmission in health care settings.

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Measles seeing an uptick around Minneapolis

You can protect yourself by getting the MMR vaccine.



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Building on Long-Term Outreach



Addressing the Challenge: Community Based Organizations and Faith Spaces



- Immunization advocate training and resources
- Imam trainings
- Trusted messengers
- Testimonial videos

Addressing the Challenge: School and Child Cares

- Collaboration with school and child cares through multiple processes



- Unique setting of dugsis
- Resistance to public health
- Limited uptick in immunization coverage



Opportunities



- Partnership with the Minnesota Department of Education
- Conferences and events
- Leadership attention and support
- Incident Command System (ICS) structure

Lessons Learned

- Evolution of vaccine hesitancy
- Financial realities of partnerships
- Value of Somali Minnesotan voices in conversation



Next Steps



- Addressing the core concerns of community: child development and autism

Thank You!

Jessica Metzger

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651-201-4094

Partnerships and Vaccine Confidence – FOCUS on Pennsylvania Amish

Tom McCleaf
Director, Bureau of Immunizations, PA DOH

Thursday, December 12, 2024



Pennsylvania
Department of Health

Plain Population

- The “Plain People” population is made up of Amish, Old Order Mennonite, and New Order Mennonite
- The Amish, or “Old Order Amish”, are a group of traditionalist Anabaptist Christian who maintain a degree of separation from surrounding populations.



Population counts

- In 2024 in the United States there are around 401,000 Amish.
- Pennsylvania has the largest count at 92,660. Followed by Ohio (85,965), Indiana (65,540), Wisconsin (26,365), New York (24,325), Michigan (20,690), Missouri (17,635), Kentucky (15,915), and Iowa (10,540).

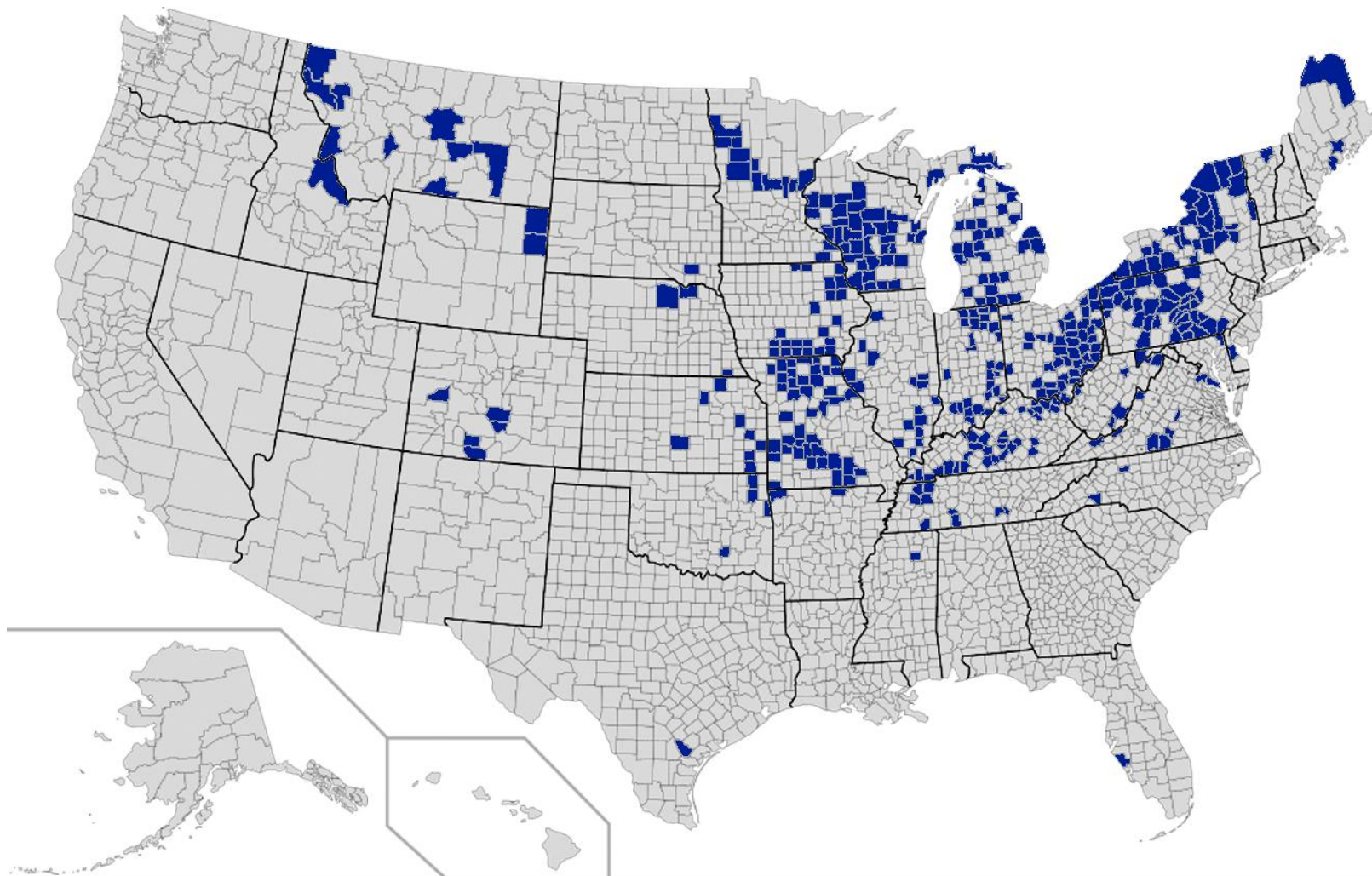


Population counts continued

- In the last quarter century, the population of Amish has doubled in the U.S., Pennsylvania and many states. In the year 2000, the U.S. population was only 166,000.
- Lancaster County, PA has the largest Amish population in the country at 28,172 (in 2020). The next three largest PA counties are Crawford (in the NW), Mifflin (central), and Indiana (in the SW).



Counties with Amish settlements in 2021



School vaccination rates

- For the 2023-2024 school year, the Kindergarten MMR rate for the state of Pennsylvania was 94.0%.
- In Lancaster County, the MMR rate for Kindergarten was 90.5%.
- Among the Amish population, the MMR vaccination rate in Lancaster County is estimated to be around 25%.



Vaccination clinic pilot

- PA DOH will be holding vaccine clinics in the Lancaster area. We will provide shots as well as give out information.
- These events are planned to be after wedding season and before planting season.
- Events will be held twice a month, likely hosted in churches.



Previous events

- Horse and buggy clinics
- Mud sales
 - Have materials available; items they can take with them, such as coloring books
- School visits
 - Important to have a human face to the state health department
- Annual state Farm Show



▶ Outreach events

Family and Farm Safety Days



Outreach events

Family and Farm Safety Days



Lessons learned and what not to do

- “Trust is the easiest thing lost, and the hardest thing gained.”
- Amish have a belief system very different than ours. And not all are alike. There are at least 8 major affiliations known to exist.
- “God’s Will”
- There are key family members among the Amish.



Misconceptions and lessons in progress

- Communications; Phone policy
- The impact of the COVID pandemic is still being learned. We are also building back to be allowed to do certain things with them.
- Amish lifestyle and priorities
- Not all Amish are the same. As an example “Lancaster Amish” are now present in 8 states.



Relating to other populations

- Conferences and meetings
 - Elizabethtown College and Ohio Conference
 - Meeting with the bishops
- Trust is established and earned over time. And sometimes, just being present is important.
- Making noteworthy impacts will take time, perhaps even over generations.



Thinking ahead

- Place free materials at stores that they frequent and farmer's markets
- Focus on staying healthy and fit, preventing diseases, with vaccines as just an aspect of that
- Having discussions with their leadership, with major emphasis on listening
- Workgroups, in PA and nationally



▶ Thank you: Danki Denki



Danki Denki (thank you, in Pennsylvania Dutch)



Pennsylvania
Department of Health

Q&A



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AIM Vaccine Confidence Toolkit

- Designed to equip AIM members and their staff with the tools and information necessary to promote vaccine confidence across the nation and its territories.
- Archived webinar topics include:
 - **Utilizing Infodemiology to Improve Vaccine Confidence: Resources for Immunization Programs and Partners**
 - **A Playbook for Addressing Health Misinformation: Applications for Immunization Programs and Partners**
 - **Using Qualitative Research to Increase Vaccination Access and Uptake in Under-Immunized Communities**

Vaccine Confidence Toolkit

This toolkit is designed to equip members of the Association of Immunization Managers (AIM) and their staff with the tools and information necessary to promote vaccine confidence across the nation and its territories. For even more resources, visit the [AIM resource library](#).

[Connecting the Dots](#)

[Webinar Series](#)

[Resource Guide](#)

[More Resources](#)

[Lessons From the Field: Promoting Vaccine Confidence](#)

Lessons from the Field: Promoting Vaccine Confidence provides key lessons learned from select immunization programs and stakeholders that have substantial experience addressing vaccine hesitancy and vaccine confidence in their communities. The three chapters of the guide cover the [legislative process](#), [cultural competence](#), and [incorrect vaccine information](#).

[Download the Full Guide \(PDF\)](#)

[Chapter 1: The Legislative Process and Other Forums](#)



Chapter 1 of [Lessons From the Field: Promoting Vaccine Confidence](#) highlights insight, lessons learned, and resources to help immunization programs minimize the impact of vocal vaccine opposition during legislative and rulemaking processes and maximize efforts to inform policymakers of the value of immunization.

[Download Chapter 1 \(PDF\)](#)

<https://www.immunizationmanagers.org/resources-toolkits/vaccine-confidence-toolkit/>

Connecting the Dots: Vaccine Confidence

- Vaccine Confidence resources distilled into a one-page, easy-to-reference guide including effective communication, health equity, and addressing mis and disinformation.
- Available on the [Vaccine Confidence Toolkit](#) landing page.
 - Resources are reviewed and updated quarterly.
 - Email resource suggestions to [Kendall Phillips](#).
 - kphillips@immunizationmanagers.org

Connecting the Dots: Vaccine Confidence Resources

This guide provides tools and information to enhance your immunization program's (IP) vaccine confidence activities. Each resource is organized by topic and audience and includes the name of the organization who created it. Share any of the resources with your internal team and external partners that align with your program's goals! If you would like to suggest a resource for this guide or sign up for AIM's weekly newsletter, please [email AIM](#).

AIM Association of Immunization Managers

Effective Communication	Health Equity and Special Populations	Addressing Misinformation and Disinformation
<p>For IPs and their Partners</p> <ul style="list-style-type: none">• Lessons from the Field: Promoting Vaccine Confidence Chapter 1 - The Legislative Process and Other Public Forums AIM• Vaccine Confidence Toolkit Home Page AIM<ul style="list-style-type: none">◦ Webinar Series• Program Practice Database AIM• Public Health Communications Collaborative<ul style="list-style-type: none">◦ Communications Tool Building Guides◦ Plain Language for Public Health Checklists◦ Building Trust in Public Health Communications◦ PHCC Newsletter• 13 Best Practices in Vaccine Communication Project VCTR• Communicating Science Clearly e-course CDC Train• Increasing Vaccine Confidence: A Resource Guide for Local Health Departments NACCHO <p>For Healthcare Providers</p> <ul style="list-style-type: none">• Provider Resources for Vaccine Conversations with Parents CDC• Reframing the Conversation about Child and Adolescent Vaccinations FrameWorks Institute<ul style="list-style-type: none">◦ Conversation Guide• American Pharmacists Association Vaccine Confidence Initiative<ul style="list-style-type: none">◦ Conversation Guide• Vaccine Confidence & Addressing Concerns Immunize.org• Vaccine Confidence Campaign Resources American College of Preventative Medicine	<p>For IPs and their Partners</p> <ul style="list-style-type: none">• Lessons from the Field Chapter 2 - Managing Vaccine Hesitancy During an Outbreak: A Focus on Cultural Competency AIM• Lessons Learned Report: Building Vaccine Equity for COVID-19 and Flu Vaccination in REACH Communities AIM• REACHing for Vaccine Equity: A Podcast AIM• How Can CBOs Help Support the COVID-19 Vaccination Effort? AIM• How Can Faith Leaders Help Support the COVID-19 Vaccination Effort? AIM• Health Equity Guideline Principles for Inclusive Communication CDC• Beyond the COVID-19 Emergency: Sustain and Expand Vaccine Equity The Rockefeller Foundation• Vaccine Resource Hub Partnering for Vaccine Equity<ul style="list-style-type: none">◦ Engage Diverse Audience• COVID-19 Information and Resources: People with Disabilities CDC <p>For Healthcare Providers</p> <ul style="list-style-type: none">• Counseling Guide for Outreach Workers to Address Vaccine Hesitancy Among At-Risk Adults during Outbreaks of Hepatitis A CDC• #ShowUp and #FightFlu Partner Toolkit: Help You Show Up for your Family and Your Community National Foundation for Infectious Diseases• Talking Points and FAQs about Vaccines Vaccine Resource Hub• Vaccine Resources for Healthcare Providers Vaccine Resource Hub	<p>For IPs and their Partners</p> <ul style="list-style-type: none">• Lessons from the Field Chapter 3 - Addressing Incorrect Vaccine Information AIM• Working Together to Navigate the Legislative Environment and Address Misinformation: A Tip Sheet for IPs and PIOs AIM• The Debarkins Handbook 2020 Lewandowsky, et al.• Resources on applying Inoculation Theory to Misinformation Inoculation Science• Practical Playbook for Addressing Health Misinformation Johns Hopkins Bloomberg School of Public Health• Vaccine Misinformation Management Field Guide The Public Good Projects, UNICEF, Yale Institute for Global Health, and First Draft <p>For Healthcare Providers</p> <ul style="list-style-type: none">• How to Debank Misinformation and Bolster Vaccine Confidence e-course Vaccinate Your Family University• Talking with Vaccine-Hesitant Parents American Academy of Pediatrics• Shots Heard Round the World Toolkit The Public Good Projects

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