ASSOCIATION OF IMMUNIZATION MANAGERS

# 2024 Adult Vaccine Access Cooperative (VAC) Meetings Final Report

Association of Immunization Managers

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# Executive Summary

The Association of Immunization Managers (AIM) convened eight regional meetings of the Vaccine Access Cooperative (VAC) from May through July 2024 to focus on improving adult vaccination rates. Teams from 59 of 64 CDC-funded immunization program jurisdictions attended a regional VAC meeting, which brought together leaders from departments of health, immunization programs, and Medicaid programs, as well as representatives of pharmacist associations, long-term care facilities, the American Academy of Family Physicians (AAFP), immunization coalitions and other key immunization partners to develop strategies to break down barriers to effective adult vaccination programs.

This report is a detailed overview of the VAC project. Project highlights include:

- Top barriers to successful adult vaccination from pre-meeting survey results
- Jurisdictional action plans to address challenges with adult vaccinations
- Creation of a 240+ immunization partner coalition across 59 jurisdictions comprising 46 states, five major cities, and seven U.S. territories or federated states
- Lessons learned
- Post-VAC jurisdiction team convenings and ongoing activities
- Conclusions and future considerations

Key takeaways:

- Meeting participants reported these major vaccination barriers for adults (in order of frequency):
    - Cost/funding of adult vaccine purchase
    - Lack of access to vaccination
    - Vaccine hesitancy
    - Lack of education
    - Misinformation
    - Limited staff capacity
    - Lack of a federal adult program
    - Limited 317 Funding
    - COVID fatigue
    - Lack of Data/lack of access to data
    - Difficult payment processes
    - Confusing insurance coverage in different clinical settings
    - Missed opportunities

- During one-and-a-half day meetings, jurisdiction teams created work plans to address vaccination rates among adults. Analysis of teams' work plans revealed activities to address the following:
  - Access to adult vaccinations (100% of plans)
  - Partnership development (51% of plans)
  - Provider education and outreach (24% of plans)
- Meeting evaluation data showed the following on a 1-to-5-point scale with 1 being "strongly disagree" and 5 being "strongly agree":
  - Overall, the information presented was of interest to me: 4.82
  - This meeting was a worthwhile use of my time: 4.82
  - The regional profiles were a helpful resource: 4.56
- Meeting evaluation data showed the following on a 1-to-5-point scale with 1 being "strongly disagree" and 5 being "strongly agree":
  - Overall, the information presented was of interest to me: 4.82
  - This meeting was a worthwhile use of my time: 4.82
  - The regional profiles were a helpful resource: 4.56
  - My jurisdiction's team is leaving this meeting with action items to start improving adult immunization rates: 4.83
  - This meeting helped me connect with colleagues so we can develop new strategies to improve adult immunization rates: 4.85
  - This meeting broadened my understanding of the challenges faced when working to improve adult immunization rates: 4.66
- Follow-up surveys demonstrated jurisdiction teams' ongoing work six months after the regional meetings' conclusion are in-progress and results will be updated after March 2025.

**Conclusion:**

The Vaccine Access Cooperative model has the potential to improve vaccination rates among adults by creating cross-agency jurisdictional teams and catalyzing ongoing jurisdiction-level work. Participants of these one-and-a-half-day meetings identified challenges and potential solutions, shared ideas, developed strategies, and created action plans. This model can be useful for other initiatives and AIM hopes to replicate the VAC model for additional vaccine-related work in the future. AIM is tremendously grateful for the support of the VAC partners and the CDC, without which these efforts would not have been possible.

# Background

AIM's successful, long-standing regional structure divides the 64 CDC-funded immunization program jurisdictions into ten geographical sub-groups. Regions vary in size from five to eight jurisdictions and can meet virtually and on-site at a frequency determined by the group. AIM staff provides support to organize and convene these groups. AIM regions allow immunization program managers (PMs) to build deeper relationships with peers and neighboring-state collaborations. Regional meetings are a safe and supportive space where PMs can discuss challenges, share successes, and brainstorm ideas.

AIM expanded its regional meeting format in 2023 to include partners in the vaccination space for the Pediatric COVID-19 Vaccine Access Cooperative (VAC) meetings in order to facilitate jurisdiction-based in-person discussions between PMs and representatives from other agencies and associations who were invested in improving COVID-19 vaccination rates among children. The success and popularity of these meetings (AIM, 2024) led AIM to iterate on the VAC meeting concept and convene a series of meetings focused on strategies to improve adult vaccination rates. The 2024 series of VAC meetings included designated and facilitated adult vaccination discussions utilizing data and the Success Framework for Adult Immunization Partners Networks along with presentations from local Partnering for Vaccine Equity (P4VE) program partners. Four to six individuals per jurisdiction were invited, including the immunization program manager and the program's adult coordinator, the jurisdiction's Medicaid medical director, and a representative of the state's chapter of the American Academy of Family Physicians (AAFP), pharmacist association, immunization coalition and/or other key immunization partners. Meeting content was informed by a steering committee comprised of representatives from national partner organizations, such as the Association of State and Territorial Health Officers (ASTHO), the CDC, the National Association of County and City Health Officials (NACCHO), the American Pharmacists Association, AAFP, and others. AIM, with assistance from CDC's Data Informed Technical Assistance (DITA) team, developed 64 jurisdiction-specific profiles containing data helpful to these discussions. Jurisdiction teams attended plenary sessions that were used to level-set the understanding of the current environment of vaccinations for adult populations. Additionally, in jurisdiction-specific breakout sessions, teams created action plans to improve vaccination coverage rates among adults in their jurisdictions, with some plans focusing on specific adult populations like pregnant people, residents of long-term care facilities, and those with chronic diseases. AIM staff took notes and facilitated small group discussions. After each regional meeting, a report was generated and shared with all meeting participants and the CDC. Occasionally, jurisdictions invited AIM staff facilitators to participate in ongoing virtual team meetings that have been held since the regional VAC meetings.

# Regional Meeting Overview

AIM organized eight VAC meetings with 59 of the 64 CDC-funded immunization program jurisdictions from May to July 2024. Forty-eight of the 64 CDC-funded immunization program jurisdictions (75%) were able to send their PM. U.S. Virgin Islands, American Samoa, South Carolina, Ohio, New York City, New Mexico, Nevada, Montana, Maryland, Kentucky, and Delaware PMs were unable to attend. Fourteen of the 64 CDC-funded immunization program jurisdictions (22%) did not have their PM or adult coordinator attend; however, 32 jurisdictions were able to send other immunization program staff to help guide the action plans for the team. Puerto Rico, Michigan, Louisiana, Iowa, and Arkansas were unable to have any immunization program staff or partners attend and therefore did not have teams at their regional meetings.

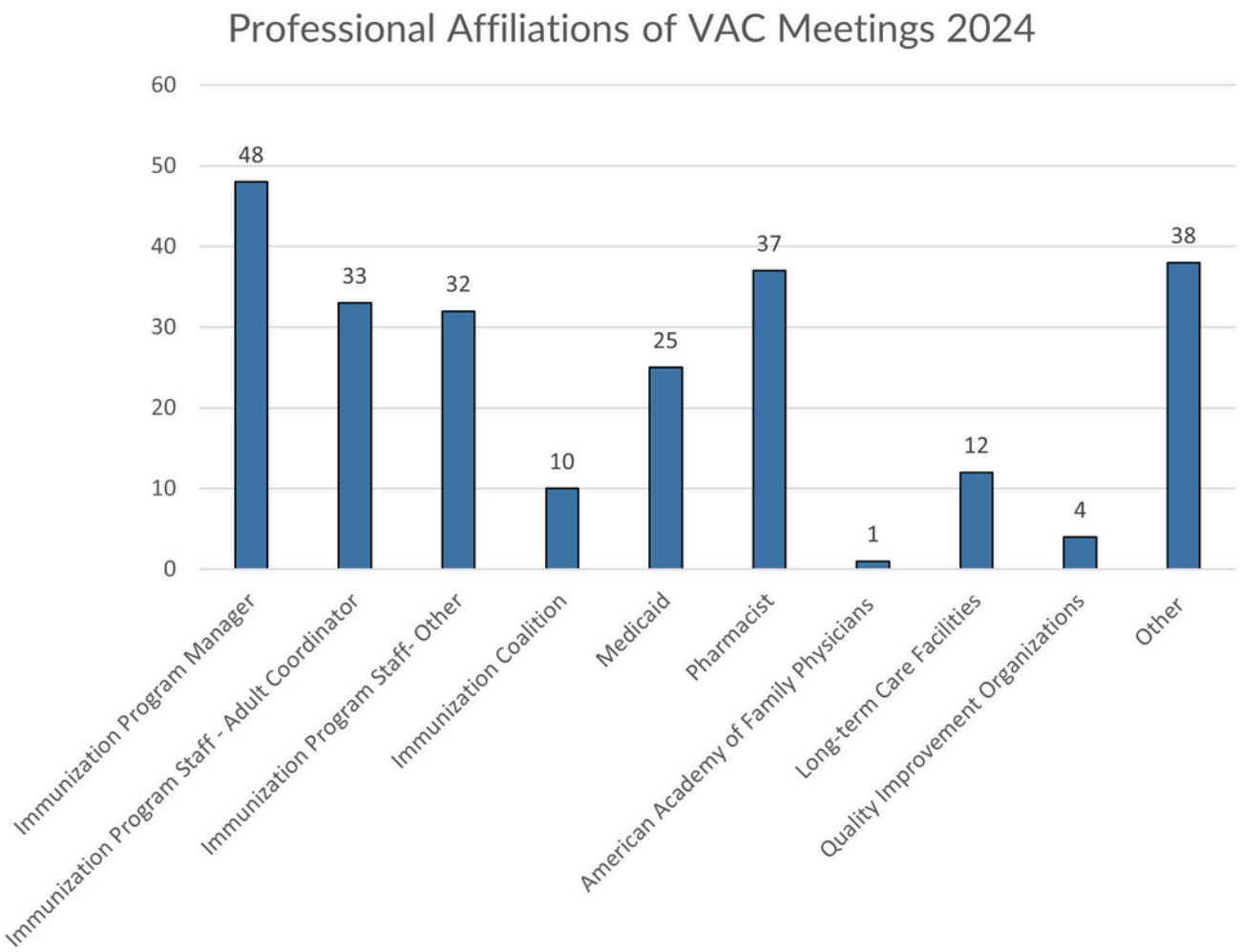
TABLE 1: Vaccine Access Cooperative participating jurisdictions, meeting locations, and dates

| REGION | JURSIDICTIONS ATTENDED | MEETING LOCATION | MEETING DATES |
|---|---|---|---|
| Southeast | KY, TN, GA, NC, SC, VA, WV | Atlanta, GA | May 15-17, 2024 |
| West | WA, OR, ID, CA, AK | Boise, ID | May 21-23, 2024 |
| Great Lakes | MN, WI, IL, Chicago, IN, OH | St. Paul, MN | June 5-7, 2024 |
| Southwest/Beaches | TX, San Antonio, Houston, AZ, NM, MS, AL, USVI, FL, WY | Tampa, FL | June 11-13, 2024 |
| Frontier/Heartland | MT, ND, SD, CO, UT, NV, OK, NE, MO, AR, KS | Lincoln, NE | June 25-27, 2024 |
| USAPI | HI, Palau, Marshall Islands, Guam, American Samoa, Northern Mariana Islands, Federated States of Micronesia | Kona, HI | July 9-11, 2024 |
| New England | ME, NH, VT, MA, RI, CT | Burlington, VT | July 17-19, 2024 |
| Mid-Atlantic | NY, NYC, NJ, PA, Philadelphia, MD, DC, DE | Washington, DC | July 22-24, 2024 |

The AIM team, with the assistance of the CDC's Data Informed Technical Assistance team, created jurisdiction profiles and regional comparisons containing demographic, policy, logistical, and vaccination coverage rate information to inform meeting conversations around improving adult vaccine uptake. AIM staff also sent jurisdiction teams pre-reading materials, meeting logistics information, and a pre-meeting survey before their meetings.

The jurisdictional teams brought together leaders from departments of health, immunization programs (IPs), and Medicaid programs, as well as representatives of pharmacist associations, immunization (IZ) coalitions, the American Academy of Family Physicians (AAFP) , long-term care facilities (LTCF), quality improvement (QI) organizations, obstetrician and gynecologist (OBGYNs), and other key immunization partners to develop strategies to break down barriers to successful adult vaccination. Chart 1 details the affiliations of the meeting participants:

CHART 1: Professional Affiliations of Regional VAC Meeting Participants



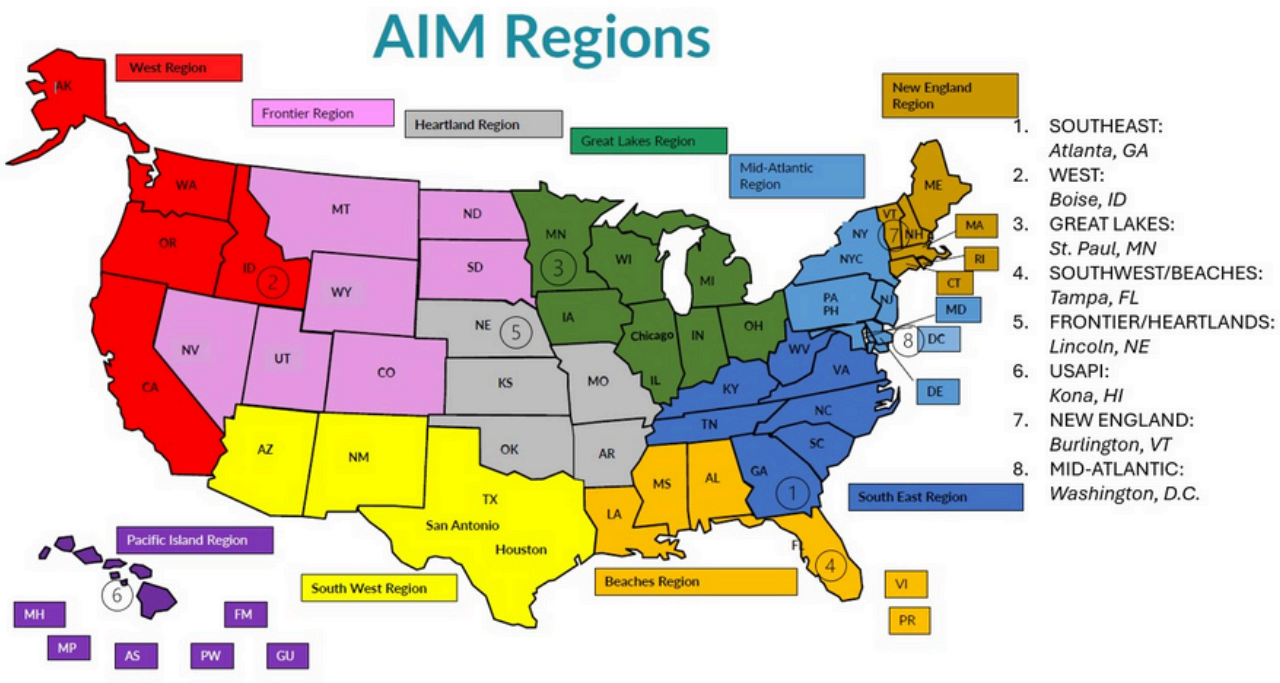
During the one-and-a-half day meeting, participants attended region-specific presentations from a local community-based organization and developed activity action plans to implement in their jurisdictions. Each jurisdiction team engaged in facilitated discussions each day, and each team was tasked with scheduling a follow-up meeting within the two-four weeks following their VAC meeting. During the first team meeting, facilitators invited participants to discuss their successes and challenges in improving vaccination rates among adult populations. Teams then had the opportunity to reflect on the strategies they learned worked well in other jurisdictions and what strategies they would like to implement. In the second team meeting, the teams further defined strategies, categorizing them by short-, medium-, and long-term goals, prioritizing them, and creating action steps for accomplishing them. The last session of the second day was an open forum for the jurisdictions to share and ask questions of each other. An end of meeting report on the jurisdictions' challenges and successes was prepared to identify jurisdictions' goals and provide access to presentation slides and the facilitator's notes. The reports for each meeting were shared with participants and the CDC and are located at the end of this report.

The meeting evaluations were overwhelmingly positive. Meeting participants were asked to provide feedback on the meeting content, agenda, and the most and least helpful aspects of the meeting. AIM used the evaluations to iterate on meeting content and structure as we moved through the remaining regions. The overall consensus of the evaluations was that the VAC meetings are a value add to the IPs and their partners, especially the in-person aspect. The evaluation reports are located at the end of this report.

# Pre-Meeting Survey Regional Comparison

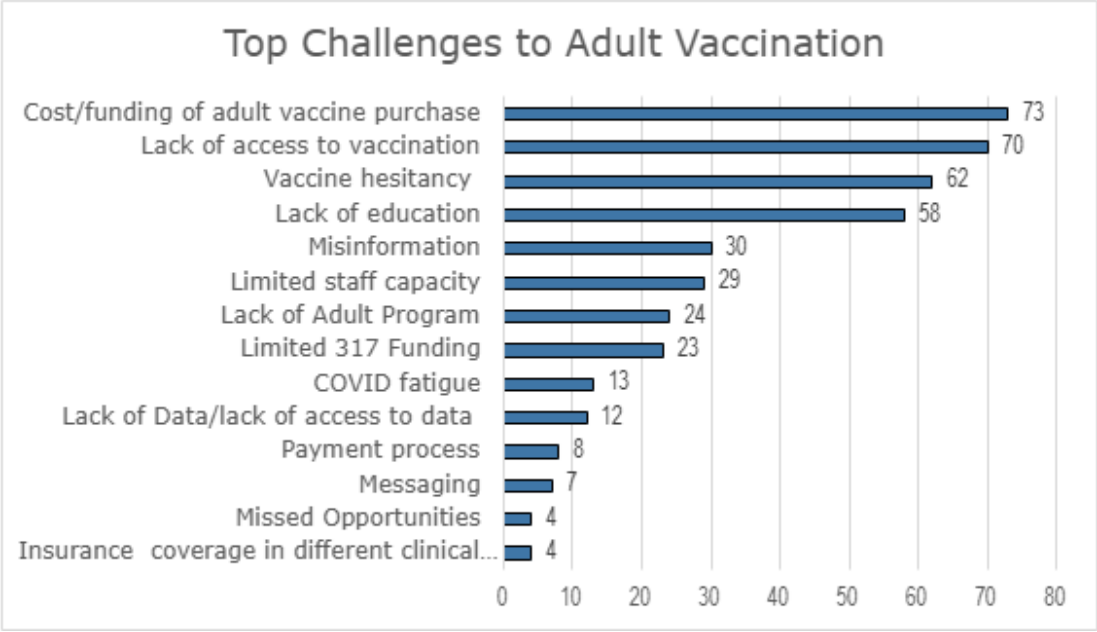
Four of the ten AIM regions were combined into two meetings to create eight regional VAC meetings. Southeast, West, Great Lakes, USAPI, New England, and Mid-Atlantic regions had separate meetings. The Frontier and Heartlands regions were combined into one meeting and the Southwest and Beaches regions were combined into one meeting. Wyoming joined the Southwest/Beaches meeting to better fit their scheduling needs.

IMAGE 1: Regional VAC Meeting Locations




Each region experienced its own challenges and successes with vaccinating adult populations. A virtual pre-meeting survey asked participants to identify the most common barriers to vaccination. The top three challenges cited by all regions were cost/funding for vaccine purchase, lack of access to vaccines, and vaccine hesitancy. Across the ten regions, 166 of 240 VAC meeting participants (69%) and 58 of the 64 jurisdictions (91%) responded to the pre-meeting survey. The cumulative results are below:

CHART 2: Top Challenges to Adult Vaccination



Though each regional meeting was unique, a few common challenges surfaced across jurisdictions:

**New England, West, and The Great Lakes**
Funding for adult vaccines is the greatest challenge across all the regions. In the pre-meeting survey, the need for a Vaccines for Adults (VFA) program similar to the Vaccines for Children (VFC) program was mentioned most notably in the New England, West, and Great Lakes regions, although conversations about the need for a VFA program occurred during all eight of the VAC meetings. There are a few jurisdictions within those regions that have adapted programs that fund vaccines for adults in various way, and there was lengthy discussion with those jurisdictions on how they operated those programs and what the steps were to initiate them. There is great interest in developing a VFA program (either at the federal level or within jurisdictions) across all 59 CDC-funded jurisdictions that attended the VAC meetings.

**Southeast, Mid-Atlantic, Frontier/Heartlands, and Southwest/Beaches**
Vaccine hesitancy was named as one of the top 10 threats to global health in 2019. The challenge of hesitancy remains a major issue. In the VAC pre-meeting survey, vaccine hesitancy was identified as the top challenge for the Southeast, Mid-Atlantic, Frontier, Heartlands, Southwest, and Beaches regions. The IPs are working against the mis- and dis-information that leads to vaccine hesitancy among adults. Outreach, education, and consistent messaging is needed to help build confidence. Physician education was noted as a consistent need in these regions to ensure providers are equipped to have essential conversations with their adult patients on the importance of receiving vaccinations.

**U.S. Affiliated Pacific Islands (USAPI)**
The VAC USAPI meeting with Hawai'i, Guam, American Samoa, the Republic of the Marshall Islands (RMI), Palau, the Commonwealth of the Northern Mariana Islands (CNMI) and Federated States of Micronesia (FSM) was the first meeting since the start of the COVID-19 pandemic where all seven of the USAPI jurisdictions were able to come together to discuss the challenges and successes of their programs. Meeting participants expressed their thanks for holding the meeting in Hawai'i, as doing so acknowledged and respected their unique cultures and needs.

The pre-meeting survey highlighted the access and staff capacity challenges the islands face with respect to their ability to vaccinate their adult populations. Their unique geographical make-up can make accessing vaccines a large challenge. Some of these jurisdictions require boats and planes to be able to reach their populations, and travel can sometimes take days or weeks, depending on the method. The islands also face funding and staff capacity challenges given the travel and time needed to administer the vaccines in some of the most remote areas. The time and money it takes to send boats and planes with the staff needed to administer vaccinations can be burdensome upon programs. Programs mentioned needs, such as the purchase of a boat for outreach, that cannot be met with current funding levels.

# Action Plan Themes

Pre-meeting surveys asked VAC participants to identify significant barriers to the successful vaccination among adult populations. The facilitators of the VAC meetings were given the challenges and guided the jurisdiction to create action plans to address the challenges. While each jurisdiction and region faced unique challenges, some common themes emerged across the action plans. Access to vaccines for various adult populations, partnership development, and awareness/education for physicians about needed vaccines for adults were the three most common themes in the developed action plans.

**Access to Vaccines**

Adult vaccination can be a complicated process in the United States. IPs are facing many barriers to reaching adult populations: geographical barriers because of distance to providers, transient or nomadic populations, lack of vaccination recommendations from healthcare providers and the cost/funding of vaccine purchase.

One of the biggest access barriers to adult vaccination is caused by the fragmentation of payment for vaccine administration. Some vaccines are covered by insurance in a doctor's office, while others are only covered in a pharmacy setting. This can make it very complicated for adults to know where to get their vaccines. Several jurisdictions (20%) are looking to establish strong relationship with their state pharmacy associations, state pharmacy boards, and community pharmacies to help with vaccine access. One jurisdiction plans to work with their board of pharmacy to help change the scope of practice for pharmacists and allow for standing orders for all ACIP-recommended vaccines to be administered by pharmacists and pharmacy technicians. This change would also allow pharmacies to charge insurance for immunization counseling, a service most pharmacists provide but that is not paid for by insurance.

Vaccine deserts are another challenge addressed in the action plans during the VAC meetings. There are jurisdictions that do not have medical providers or pharmacies in rural areas to provide access to care. Many (31%) of the action plans have goals focused on specialty populations who have access barriers with traditional clinical settings and 34 percent of the action plans are looking to create non-traditional locations for vaccinations to reach their adult populations. The utilization of mobile vaccine clinics, community health workers to help take community members to get services, and faith-based organizations offering vaccination in their places of worship are just a few strategies jurisdictions are considering implementing to address the geographical challenges of vaccine deserts.

**Partnership Development**
Partnerships are vital to effective public health campaigns. During the VAC meetings, every jurisdiction discussed partnerships to help reach their identified populations. Many jurisdictions (51%) seek to expand partnerships across sectors to mobilize messaging campaigns, vaccination clinics, and vaccination awareness in their communities.

Partnerships with state maternal and child health department (MCH), obstetricians, state American College of Obstetricians and Gynecologists (ACOG) chapters, local diaper bank and head start programs to help with vaccination for pregnant people was the focus of 15% of the action plans. Jurisdictions are looking to create specific strategies and resources for pregnant people. One jurisdiction is looking to partner with their MCH and head start programs to provide vaccine education to the parents of the Head Start toddlers to help raise awareness of vaccination during pregnancy.

Nearly 1.3 million of U.S. elderly live in nursing homes and an additional 818,000 reside in assisted living facilities (Hallstrom, 2023). It is estimated that 51% of women aged 65 and older (Benz, 2024) will need to be a resident of a LTCF. Twelve of the jurisdictions had a representative from LTCFs included on their team. Each of those jurisdictions created goals around strengthening relationships with LTCFs and providing vaccination for their residents. One jurisdiction is interested in making vaccination rates part of the LTCF Quality Improvement (QI) measures. Another jurisdiction noted their LTCF vaccination rates are so high because there is a state law mandating vaccination for the residents.

**Outreach and Education**
A strong physician recommendation has consistently been associated with higher rates of vaccine uptake and acceptance. Physician education and outreach was noted in 24% of the jurisdiction actions plans. Jurisdictions created goals unique to their greatest challenges. One jurisdiction plans to provide Medicare providers with scripted messaging on the importance of adult vaccination that they can use with their patients. Another jurisdiction is interested in identifying physicians to participate in a peer advisory group to help provide education on how to make stocking vaccines financially sustainable. Yet another jurisdiction is looking to create a “close the loop” program with physicians, pharmacists, and CHWs to create a bi-directional referral and educational process.

**Funding a Federal Vaccines for Adults Program**

Funding for adult vaccines is a major challenge across all jurisdictions. While there were very few action plan goals related to funding, the conversation about the need for additional funding surfaced at each of the 8 VAC meetings and was noted in the pre-meeting survey responses. Currently, jurisdictions receive funds for adult vaccine purchase through the 317 program, a discretionary program funded by Congress to support immunization infrastructure and vaccine purchase for the under- and uninsured. Due to fixed and limited funding, jurisdictions must often choose to exclude more expensive vaccines (e.g., vaccines against HPV, COVID-19, RSV, mpox, and zoster) from their adult vaccination programs. Discussions during the VAC meetings pointed out a need for a comprehensive solution to expanding adult vaccine access with an adequately funded 317 Program and the creation of a federal VFA program. A few jurisdictions have state-funded VFA programs, but all noted how a federal program would help to cover the cost of outbreak vaccines, expand access to all ACIP-recommended vaccines, and help to cover the cost of new, often expensive, vaccines.

# Since the VAC Meetings

AIM is surveying meeting participants six months after their VAC meetings to understand which teams continued to meet, which teams had not met and why, and what resources teams needed to continue their work plans. VAC meetings have been the catalyst for jurisdictions to continue to convene their teams and have ongoing conversations with partners.

# Lessons Learned

By addressing the challenges with earlier planning, proactive strategies, and experience from the previous VAC meetings, future meetings will create even stronger jurisdictional teams with robust action plans. The following are lessons learned from the adult VAC meetings from May – July 2024.

**Meeting Planning Timeline**

The timing of regional meeting dates in May through July 2024 presented challenges for some jurisdictions due to competing priorities. While PMs approved the dates beforehand, scheduling conflicts still occurred, and some participants were unable to attend. To improve attendance, future meetings should be planned further in advance, with dates set when PMs are finalizing travel budgets for the year. Early planning also helps to accommodate for competing priorities and travel budget planning in jurisdictions. AIM may adjust the timing to early spring or fall for future meetings.

**Hotel and Accommodations Challenges**

AIM's hotel booking process was constrained by the limited number of rooms available at government rates, which led to participants having to make their own accommodations. This added strain to the budget and led to our failing to meet contracted room minimums at some locations. For future meetings, securing hotels with better room availability and negotiating more flexible room blocks could help prevent this issue. Another option would be to research hotels near the meeting location, have participants book their own accommodations from a provided list, and AIM would not have a room block with room minimums to meet.

**Complicated Logistics for Travel**

Travel logistics, especially for the USAPI meeting, were complicated by limited flight availability, leading to high travel costs and longer-than-expected stays for some meeting participants. Some participants needed to stay in Hawai'i for as long as to two weeks. Outside of the USAPI meeting, some jurisdictions were restricted by unexpected travel bans or limitations on the number of people who could attend from a state department. AIM's flexibility in allowing participants to switch to other regional meetings was useful. Proactive planning regarding travel schedules and earlier booking would help mitigate these challenges. Using a travel agency for USAPI meetings in the future will also streamline booking and reimbursements.

**Use Evaluations to Improve Meetings**

AIM's ability to adapt the meeting agenda based on the meeting evaluations in real-time improved the overall content, engagement, and meeting outcomes. For example, after the Southeast meeting, AIM staff presented the CDC DITA team's information instead of having CDC staff travel to each VAC meeting. After the West meeting, the Success Framework for Adult Immunization Partner Networks was integrated into presentations to help foster partner engagement in the action plans. The Affinity Group Discussion was replaced with a jurisdiction Q&A session after the Great Lakes meeting to add peer-to-peer share of ideas and resources. These responsive changes helped enhance the flow and impact of the meetings. Future meetings will continue to incorporate this improvement process based on real-time evaluation feedback.

**Locations Added to Meeting Successes**
AIM held the meetings in community spaces which proved to be a value add. Meeting participants really enjoyed being able to leave the hotel and experience some of the city. The meeting spaces also provided a glimpse of what the community was like and helped to foster the population-based creative thinking needed to create the action plans.

AIM coordinated a networking event the evening prior to the meeting to allow VAC meeting participants and AIM staff to get to know each other before the meeting started. These networking events were well received by meeting participants and some asked that AIM coordinate events for the second night, as well.

# Conclusion

Over three months, AIM convened over 240 vaccine partners across 59 jurisdictions representing immunization program managers, adult immunization coordinators, state pharmacist association representatives, Medicaid programs, immunization coalitions, LTCFs, AAFP, and other partners. During these one-and-a-half-day meetings, teams identified challenges and potential solutions, shared ideas, developed strategies, created action plans, and built relationships that can be leveraged for other initiatives. The teams generated action plans to strengthen partnerships, provide outreach and education, and increase vaccine access for adults.

AIM created a resource repository (AIM, 2023) for VAC participants, which includes the VAC regional meeting presentations, jurisdiction profile documents, and AIM-developed resources for jurisdictions.

AIM plans to extend continued support to the VAC teams, as requested, and hopes to replicate the VAC model for additional vaccine-related work in the future.

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