Promoting Vaccination of Pregnant Women

CHAPTER 4

Reaching Adults Where They Live
Introduction

Providing opportunities for vaccination in the community may increase the likelihood that adults receive a vaccine, due to the increased convenience of not having to go to a provider office. Creating the opportunity for immunization services within an adult’s community can reduce barriers that prevent adults from receiving preventive services such as time away from work, transportation to a clinic facility and the need for child care. Places to provide vaccine in the community can include faith-based organizations, community groups, and colleges and universities. Residents of long-term care facilities and those in correctional facilities can benefit from on-site vaccination.

Community-based interventions in combination with vaccinations are recommended activities by the Community Preventive Services Task Force (CPSTF). The National Adult Immunization Plan and the Standards for Adult Immunization Practice both cover the need to educate and collaborate with community groups to reach adults in need of recommended vaccines.

Immunization Programs can support adult immunization through community-based outreach with groups such as faith-based organizations, and partnerships with organizations with resident populations (e.g., universities, long-term care facilities). The highlighted activities related to reaching adults where they live are:

- **Getting Started:** Utilizing existing experience working with faith-based organizations to help develop easily understandable materials for community groups to use to conduct their own flu prevention workshops
- **Moving Forward:** Conducting a competitive campaign on university and college campuses to promote flu vaccination among students
- **Taking It to the Next Level:** Forming a partnership with the Department of Corrections to develop an immunization infrastructure and culture for vaccinating the prison population
How the State/Local/Territorial Immunization Programs partner to reach adults in the community (2014)

38 partnered with colleges/universities
30 partnered with correctional facilities
24 partnered with community vaccinators
16 partnered with faith-based organizations

*Data from 2015 AIM Annual Survey, 63 of 64 Immunization Programs responded to survey

Sharing Ideas with Other Immunization Programs

The National Adult Immunization Coordinators’ Partnership (NAICP) provides an opportunity for state and local adult immunization coordinators to exchange information and ideas. NAICP meets quarterly via conference call/webinar and annually in person at the National Adult and Influenza Immunization Summit. Quarterly meeting minutes and supporting materials are posted on its website. The Centers for Disease Control and Prevention (CDC) and AIM have liaison members.

Website: http://www.izsummitpartners.org/naicp/
OVERVIEW OF ACTIVITY
Through the Flu Prevention Workgroup of the Arkansas Immunization Action Coalition, the immunization program is involved in putting together a toolkit for community and faith-based organizations to conduct their own flu prevention workshops.

BACKGROUND/IMPELTUS FOR THE ACTIVITY
The Arkansas Department of Health (ADH) received a small grant to promote flu vaccination to hard-to-reach audiences through faith-based organizations. The ADH Medical Director for Immunizations is also the ADH Medical Advisor for Health Literacy and Communication. Through previous health literacy activities, she was familiar with a workshop called “Let’s Talk About the Flu,” developed by Wisconsin Health Literacy, that was delivered by literacy instructors to community members. The team working on the grant decided to adapt the Wisconsin workshop for use in Arkansas. The goal was to develop easily understandable materials that community groups could use to educate the people they serve about flu prevention in the communities where they live.

DESCRIPTION OF ACTIVITY
The team working on the grant presented the project to the Flu Prevention Workgroup and enlisted their involvement. The grant team included a professor of public health at the University of Arkansas for Medical Sciences (UAMS) with a long-standing relationship with the faith-based community in Arkansas. The professor worked with her contacts in the faith-based community in eastern Arkansas to adapt the Wisconsin materials for use in Arkansas. The adapted materials were pilot tested by members of the Workgroup through their organizations. The end-product was an online toolkit that leaders of any community or faith-based organization could use to plan and host an hour-long workshop for the people they serve. The toolkit provides easy-to-understand, plain language materials with the goal of increasing flu vaccination among the respective community members, many of whom live in impoverished areas with low health literacy.

The toolkit includes information on setting up and advertising the workshops, conducting the workshops, and a post-workshop debrief form to send in to the coalition. The toolkit also contains tips for arranging an on-site flu shot clinic through local pharmacies or medical clinics. These materials are designed to be used by any organization that conducts outreach in their community (e.g., churches, geriatric clinics). Some of the materials have versions that are Christian-specific for faith-based organizations.

ROLE OF IMMUNIZATION PROGRAM AND OTHER AGENCIES/GROUPS INVOLVED
The toolkit is an effort of the Flu Prevention Workgroup of the Arkansas Immunization Action Coalition, whose members include representatives from the coalition, the immunization program, and the College of Public Health at UAMS.
DISSEMINATION
The toolkit is available on the immunization coalition website. In addition, paper copies of the easy-to-read booklet for use by workshop participants are available free of charge through the Arkansas Department of Health Immunization Program.

INTERSECTION WITH OTHER PROGRAM ACTIVITIES
The workshop was initially publicized as part of a student project by a student in the UAMS College of Public Health. It has also been publicized by the ADH Office of Minority Health and Health Disparities.

FUNDING
This activity grew out of a small CDC-funded grant provided through Association of State and Territorial Health Officials (ASTHO), with support from the Emory Interfaith Health Program, to the Arkansas Department of Health. This grant was used to print hardcopies of the booklets for use by the workshop participants. Additional funding from the same source will be used to develop a Spanish-language version of the workshop.

STAFFING
The immunization program oversees the grant and participates on the workgroup. The ADH Medical Director of Immunizations provides direction and technical assistance regarding immunizations and health literacy to the workgroup for this project.

IMPLEMENTATION STATUS
The workshop toolkit is available online through the Arkansas Immunization Action Coalition, and printed copies of the participant booklets are available from ADH. Additional tools are being developed, such as a Spanish-language version, a toolkit on adult immunizations (expanding beyond flu vaccine), and materials for other faiths (e.g., Muslim).

SUCCESSES
• Several workshops were offered around Arkansas during the fall 2015 through the Centers on Aging, and the evaluations were positive.

CHALLENGES
• The workshop is designed to be given in the fall of each year. Last fall, the most significant challenge was loss of leadership and oversight for this project due to changes in staff/leaders in the Arkansas Immunization Action Coalition and Flu Prevention Workgroup. In addition, the lead student on the project moved out of state. These changes made it difficult to promote use of the toolkit in a timely manner and to provide the type of coaching support needed to make organizations aware of the toolkit.
OTHER LESSONS LEARNED/ADVICE TO OTHER PROGRAMS

- The Emory/ASTHO document on public health and faith community partnerships (see Relevant Resources below) provides valuable guidance that could be applied to other organizations and communities.

RELEVANT RESOURCES

- Arkansas Toolkit materials: http://www.immunizear.com/#!/flu preventiontoolkit/c1mh

FOR MORE INFORMATION

Contact Jennifer Dillaha, MD, Medical Director for Immunizations at the Arkansas Department of Health at (501) 661-2864 or Jennifer.Dillaha@Arkansas.gov.
Moving Forward

**Program:** Michigan

**Activity:** College and university flu vaccination challenge

### OVERVIEW OF ACTIVITY

Modeled after the American Red Cross Blood Battles between universities, the purpose of the Michigan College and University Flu Vaccination Challenge is to increase flu vaccination rates of college-aged young adults through a friendly competition among participating colleges and universities.

### BACKGROUND/IMPELUS FOR THE ACTIVITY

The 2013-14 influenza season in Michigan saw a significant morbidity and one death among young adults, while the lowest flu vaccine coverage rates for that season were among persons aged 18-24 years. The Flu Challenge was conceived by the Michigan Department of Health and Human Services (MDHHS) as a potential way to reach this population.

### Description of activity

To recruit participants for the initial Flu Challenge, MDHHS searched for student health center contact information on the web for every college and university in the state. The immunization program reached out to these contacts, and MDHHS sent a letter to the president of each institution from the state’s Chief Medical Executive encouraging participation.

Each participating institution is responsible for promoting the Flu Challenge among its own student population, and purchasing and administering vaccine. A toolkit of education materials is available on the MDHHS website. Available materials include posters and flyers, templates for emails, news releases, social media messages, personal stories of Michigan families impacted by vaccine-preventable diseases, and a YouTube public service announcement (PSA).

To promote competition across institutions, MDHHS classifies participating institutions as small, medium, or large based on their undergraduate student population. The institution in each size category with the highest flu vaccination coverage wins the Flu Challenge and gets its name engraved on a trophy, which travels to each year’s winner. Student flu vaccine coverage is calculated based on the number of students who self-report flu vaccine receipt via a very brief online survey divided by the undergraduate student population. One purpose of having students report their own vaccination status is to raise their awareness of flu vaccination.

Institutions are required to enter flu doses administered in their student health centers into the Michigan Care Improvement Registry (MCIR). Awards are given to the institutions with the largest number of flu doses documented in MCIR and the largest improvement in doses reported to MCIR compared to the prior season. Awards specific to late season vaccination efforts are also given.

### ROLE OF IMMUNIZATION PROGRAM AND OTHER AGENCIES/GROUPS INVOLVED

The immunization program is responsible for developing educational materials and administering the Flu Challenge. Its community partner is Alana’s Foundation. The Foundation’s mission is to educate the public about the importance of yearly flu
vaccinations, and it has been a member of the state’s flu advisory board for many years. Alana’s Foundation encourages institutions to enroll, and is available to assist participants with strategizing campus outreach, travelling to health fairs and other on-campus events, and providing grants to assist with vaccine purchase for uninsured and underinsured students.

The MDHHS Communications Department was involved in encouraging institutions to participate via conference calls between the immunization program and potential participants.

**DISSEMINATION**
The program has disseminated posters and print materials to participating institutions, as well as pharmacies and local health departments. A newspaper ad and PSA were developed and distributed in collaboration with external partners (bioCSL, Kyne, Families Fighting Flu, and Alana’s Foundation). The program communicates with participating institutions via monthly webinar, newsletters, email, and the Flu Challenge website. Biweekly results are shared with all participating institutions.

**INTERSECTION WITH OTHER PROGRAM ACTIVITIES**
Immunization Program staff have used the Flu Challenge webinars as opportunities to promote other immunization-related topics, such as recommended vaccines for the college-age population other than flu vaccine and electronic reporting to MCIR.

**FUNDING**
Immunization Program staff time for this activity is supported by the Vaccines for Children (VFC) program. The trophies were purchased with funding from the Alana’s Foundation. Participating institutions can apply for grants through Alana’s Foundation to purchase flu vaccines.

**STAFFING**
The Immunization Program’s adolescent coordinator and epidemiologist developed many of the materials and administer the program.

**IMPLEMENTATION STATUS**
The first Flu Challenge was conducted during the 2014-15 influenza season; 14 public and private institutions enrolled. The second Flu Challenge was conducted in 2015-16 and had 17 institutions participating (5 new ones, 2 dropped). The goal is for this to be an annual activity that continues to grow in participation.

**SUCCESSES**
- The program was viewed positively by participating institutions, based on an evaluation survey conducted after the first Flu Challenge.
- 12 of 14 institutions who participated in the first year signed up again for the second year.
For the 2014-15 season, almost 6,000 individuals self-reported flu vaccine receipt and the number of doses reported to MCIR by participating institutions increased 33% from the prior season.

**CHALLENGES**

- Flu vaccination is a competing priority for university health centers; they often do not have the funding or staff needed to promote and conduct mass vaccination events or offer walk-in vaccination.
- Flu vaccination coverage levels did not greatly increase among this population (based on pilot year), although reporting doses administered to college-aged young adults did increase in MCIR. In Michigan, flu vaccination coverage is low among all age groups.

**OTHER LESSONS LEARNED/ADVICE TO OTHER PROGRAMS**

- MDHHS support outside of the Immunization Program (e.g., Chief Medical Executive, the Communications Department) was helpful in promoting the program.
- The involvement of a community partner (Alana’s Foundation) has been instrumental in getting the Flu Challenge going and supporting the participating institutions.
- At the end of the first Flu Challenge, the program held a debrief session with participating institutions to talk about successes and challenges, and share best practices, which was helpful for designing the next year’s Flu Challenge.

**RELEVANT RESOURCES**

- MDHHS College and University Flu Vaccination Challenge webpage: http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_22779-332647--.00.html
- Alana’s Foundation grant request form: http://www.alanasfoundation.org/#/flu-vaccine-requests/c1p
- MDHHS College and University Flu Vaccination Toolkit: http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4914-315201--.00.html

**FOR MORE INFORMATION**

Contact Courtnay Londo, Adolescent & Adult Immunization Coordinator at (517) 335-9948 or londoc1@michigan.gov, or Stefanie Cole, Influenza Epidemiologist, at (517) 335-3385 or ColeS4@michigan.gov.
“One of our most successful strategies has been partnering with nursing homes, congregate meal sites and employers (ie. Spectra Energy) to encourage an increase in adult immunization.”

— Omar Salgado, Houston Immunization Program Manager
OVERVIEW OF ACTIVITY
The Oregon Immunization Program has partnered with the Oregon Department of Corrections (ODOC) Health Services Administration since 2003 to support the vaccination of inmates. The ODOC Health Services is responsible for providing medical care to over 15,000 inmates incarcerated within the 14 institutions housed within the state’s prison system.

BACKGROUND/IMPETUS FOR THE ACTIVITY
The corrections population is at increased risk for viral hepatitis infections. Nationally, the prevalence of hepatitis B (HBV) infection among incarcerated persons is estimated to be fivefold that of the general population. The existing subclinical transmission risk among incarcerated persons and significant levels of acute and chronic HBV infection in this population led the CDC to identify correctional facilities as a universal HBV vaccination setting.

The medical directors of both Oregon’s Immunization Program and ODOC Health Administration initiated the effort to vaccinate Oregon inmates against HBV, among other preventable infections, to see if the effort could decrease the state’s overall rate of new (acute) HBV infection among adults.

DESCRIPTION OF ACTIVITY
Specific strategies vary from year to year, depending on the funding level and source. The program has provided tens of thousands of hepatitis vaccine doses; in some years, Tdap, varicella, and zoster vaccines have also been included. Funds available in 2007-2009 were used to support the ODOC’s immunization infrastructure, ranging from staff training on storage and handling procedures to purchasing refrigerators. Prevention and Public Health Fund (PPHF) funds available in 2012-2015 were used to train ODOC staff to report and manage doses using the state’s immunization information system (IIS), provide 4,500 doses of HBV vaccine, and upgrade vaccine storage equipment.

ROLE OF IMMUNIZATION PROGRAM AND OTHER AGENCIES/GROUPS INVOLVED
The main partnership is between the Immunization Program and the ODOC. For the HBV vaccination effort, the Immunization Program partners with the state’s Adult Viral Hepatitis Prevention Program, which is a program within the Public Health Division of the Oregon Health Authority.

DISSEMINATION
Within 24 hours of admission to an ODOC facility, inmates are given written information on how to access emergency and routine health services. The HBV Vaccination Project’s Documentation of Offer Form is included in this information packet. ODOC staff receive immunization education training materials through the Public Health Division. A summary of state efforts to vaccinate incarcerated populations was included in a report on viral hepatitis in Oregon, released in May 2015.
INTERSECTION WITH OTHER PROGRAM ACTIVITIES
The Immunization Program’s existing IIS-related technical assistance materials had to be adapted to accommodate specific ODOC requirements, including their requirement to document patient consent and their stringent internal approval procedures.

FUNDING
Funding has been variable, and has included federal 317 funds and other CDC grant funds. Currently, there are no funding sources within the Public Health Division to support this activity. When vaccine funds are unavailable through the immunization program, the Department of Corrections has purchased vaccines with its own funds (which are generally from private sources). The immunization program provides them with 317-purchased vaccine whenever possible; it is a priority of the immunization program’s medical director.

STAFFING
Immunization program staff mainly consult on technical assistance issues. Much of the direct work with ODOC facilities is conducted by the Adult Viral Hepatitis Prevention Coordinator in collaboration with the ODOC’s Chronic Disease Prevention and Intervention Program Coordinator.

IMPLEMENTATION STATUS
Vaccination of the corrections population has continued since 2003. Currently, the immunization Program is unable to actively support this effort due to lack of funding.

SUCCESSES
- Vaccinations administered in correctional facilities are regularly reported in the state IIS. The viral hepatitis program is currently conducting an evaluation using data from the IIS and patient consent forms to determine the impact of this activity.
- This program has generated significant improvement in the immunization infrastructure for ODOC; over 130 staff members have received IIS training, and vaccine storage equipment has been upgraded.
- This collaboration has reached the point where ODOC Health Services Administration understands the value of immunizing inmates for community public health systems. The ODOC has maintained vaccination efforts without state-supplied vaccine.

CHALLENGES
- Correctional institutions have a different culture; it took time to understand the correctional health system perspective. Several years were invested with the ODOC Health Administration to learn about health care delivery, develop shared public health perspectives, and put in place the infrastructure to support vaccination activities at all
facilities. The ability to support ODOC equipment purchases, staff training, and vaccine doses were critical components of partnership development.

• A major challenge is the inability to find a consistent funding source to support this activity. Over the years, funding has been cobbled together through federal and private funds awarded to the immunization, corrections, and viral hepatitis programs. There has been no direct state funding for this activity.

OTHER LESSONS LEARNED/ADVICE TO OTHER PROGRAMS

• When providing vaccines to a new partner, take the time to ensure the partner has the infrastructure and training to appropriately store and handle vaccines. The first vaccine doses provided to the ODOC facilities were wasted; the immunization program had to refocus their efforts on building the immunization infrastructure first.

• In working with corrections officials, it is important to help them appreciate the broader public health benefits of immunization. As with most state prison systems, the ODOC is not required to provide vaccines, including HBV vaccine, to inmates. In addition, although prison vaccination programs have been found to be an effective strategy for improving HBV vaccination coverage among injection drug-using populations, research has shown that HBV vaccination of inmates is not cost saving from the prison’s perspective. Rather, the savings are realized by community health care systems. The ODOC Health Administration has demonstrated its commitment to state community health through their investment in adult vaccinations.

RELEVANT RESOURCES

• ODOC Nursing Treatment Protocols, with links to protocols for Hepatitis A and B vaccine and influenza vaccine: http://www.oregon.gov/doc/OPS/HESVC/pages/protocol.aspx

FOR MORE INFORMATION

Contact Judith Leahy, Viral Hepatitis Prevention Coordinator, at judith.m.leahy@state.or.us.

REFERENCES


4 2015 AIM Annual Survey, 63 of 64 state/city/territorial Immunization Programs completed the survey that was administered online April - June 2015.