



Public Health
Prevent. Promote. Protect.

Lincoln County

Immunization Outreach After Action Report

Influenza and COVID-19
2023-2024

February 1, 2024

Immunization Outreach After Action Report

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I. Background

During the COVID pandemic Lincoln County Public Health formed and cultivated public-private partnerships with community-based organizations, care facilities, city, and county officials, OCCC student nurses, retired and non-retired professionals, and many others, to ensure Lincoln County residents had access to the COVID-19 vaccine with the fewest possible barriers. Some of the strategies in reducing barriers included hosting clinics in different cities/towns throughout the county and with varying days and times of the week, including weekends. We engaged with private sector CBO's who offered up their expertise, resources, physical spaces, and communication channels to help reach targeted populations, including rural, Hispanic, and home bound communities. This level of targeted outreach was unprecedented in Lincoln County and this model of community partnering proved to be exceedingly successful in ensuring our residents had access to the vaccine should they choose to receive it.

Due to the success of this public-private model of partnership, Lincoln County Public Health made the decision to use this model for our 2023-2024 flu and covid vaccine outreach efforts. For the first time, Public Health had the partnerships in place, staffing (including volunteers), and billing capacity to go out into our community and offer both free and billable flu and covid-19 vaccines to our community members in a non-state of emergency setting.

II. Summary of 2023-2024 Outreach

Lincoln County Public Health hosted 44 public vaccine events around the county, between October 2023 and January 2024. Of these, 18 clinics specifically focused on historically marginalized communities and geographically isolated populations.

| | Regular Flu | High Dose Flu | COVID | Total |
|--------------|-------------|---------------|------------|--------------|
| Billable | 200 | 356 | 436 | 992 |
| Free | 196 | 8 | 121 | 325 |
| Total | 396 | 364 | 557 | 1,317 |

III. After Action Review

On December 12, 2023, an initial "hot wash" was conducted for the 2023-2024 Flu & COVID immunization outreach efforts. Participants included PH nurse, support staff, equity coordinator, communications personnel, and program manager, with a total of 8 staff members providing input on what went well and what needed improvement. Participants were asked to place sticky notes up on a board stating what worked and what needed improvement, there was no limit to the number of notes a person could put up. From this initial input of the vaccine outreach

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efforts, themes emerged as primary areas of work, which make up the outreach from start to finish, the sticky notes, with what worked and what needed improvement, were then sorted, and placed in the most applicable category. Categories are as follows, by order of most sticky notes to fewest:

1. Planning & outreach
2. Communication
3. Clinic operations
4. Staffing
5. Team communications and planning
6. Vaccines

On January 9, 2024, the vaccine team conducted the second part of the hot wash. During this session, the team came up with strategies to address the areas identified, in the first hot wash, as needing improvement, for each of the buckets of work.

After Action Highlights

| | What Worked | Needs Improvement |
|---------------------------|---|--|
| Planning and Outreach | <ul style="list-style-type: none"> • Leveraging existing relationships and partnerships to schedule events in the community • Reaching hard to reach populations • Outreach to LTCF & Homebound • Signage at clinics • Clinics for aging population • Great community partner connections/collaboration • New partnerships • Lots of locations for clinics • Scheduling in advance-particularly LTCF & Homebound • Clinics over a stretch of time | <ul style="list-style-type: none"> • Host clinics at large local employers • More free clinics at different locations-Bayfront, parks • Earlier timeline (can plan and advertise earlier, limited by vaccine availability timeline) |
| Communications (external) | <ul style="list-style-type: none"> • Translated information • Team responsiveness to comms questions • Communications went out with short notice • Clearly conveyed if flu and/or covid would be available | <ul style="list-style-type: none"> • Not enough advertising/social media • Plan for and do after clinic success stories, social media, publicity • Need more lead time to get the word out |

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| | <ul style="list-style-type: none"> • Yachats advertisement & community excitement | <ul style="list-style-type: none"> • More comms around what vaccines we have and don't have and where to find them. • Clarity on which clinics can be advertised (billable vs. non) |
| Clinic Operations | <ul style="list-style-type: none"> • Signage at clinics • Flow of clinics improved through the season | <ul style="list-style-type: none"> • Clear roles and responsibilities for operations at the clinics will happen • Better system for paperwork once back • Updated forms to reflect needed info. • Better coordination w/volunteers- template email to volunteers re: their hours • Knowing how much and what kind of supplies are needed • Updated COVID forms, currently states 2 doses are needed |
| Staffing | <ul style="list-style-type: none"> • Volunteers (OCCC) • Partnership with OCCC nursing students | <ul style="list-style-type: none"> • More staff dedicated to the billing/scheduling & vaccine data entry. • Not enough staff @ busy clinics and too many at others • More help for setting up, clean up and passing out/collecting paperwork • More nurses |

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| <p>Team Communication & Coordination</p> | <ul style="list-style-type: none"> • Great teammates & support • Flexibility • Good communication across teams • Working with team members to achieve our goals • Meeting frequently for updates | <ul style="list-style-type: none"> • Need better organization & communication. • 1 location for all dates/information to be updated. Not via email • Emails are not the best method of communicating info • Documentation, updates, on assigned tasks • Planning for the week's events • Clear roles and responsibilities • Consistency on process for changing communication regarding a clinic • Making sure everyone who needs to know of location changes or date changes knows |
| <p>Vaccines</p> | <ul style="list-style-type: none"> • Vaccine supplies and ordering-came in time • # of vaccines administered • Ability to order last minute to meet the needs • Obtained free high dose flu through BHRN • Bringing free and billable flu and covid to all clinics | <ul style="list-style-type: none"> • No incentives offered • Supplies in one location • Free high dose not available) • Better quality supplies needed • Free covid and flu not available at all public clinics |

IV. Strategies for Improvement

Planning and Outreach

Three primary areas were identified for improving planning and outreach: clinic planning and outreach, increasing the number of clinics and locations, and engaging distinct communities

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within Lincoln County (for example, Spanish- and Mam-speaking, BIPOC, LGBTQIA+ and religious)

1. Planning and outreach

- Identify one primary contact person, Vaccine Clinic Coordinator, for all clinic planning and scheduling
 - Begin clinic planning in June or July
 - Vaccine Clinic Coordinator to reach out to facilities, gauge number of vaccines for residents and staff required
 - Schedule all clinics for LTCF & School District staff early, begin October 1
 - Route all community partner, facility, or other host site inquiries to Vaccine Clinic Coordinator
- Start with flu vaccine clinics, even if COVID isn't available yet
- Bring in communications early

2. Increase number and location of clinics

- Host clinics at large local employers and different locations
 - More clinics at Senior Center – they have great reach to community and can offer incentives
 - Add school district to list of facilities to vaccinate (staff and students)
 - Engage fisheries
 - Fisherman's wives
 - Go down to bayfront and set up
 - Set up in parks around the county

3. Engage communities within the larger community through nontraditional methods

- Advertise on Hispanic/Latino-serving radio stations
- Host clinics at Mexican and Hispanic grocery stores
- Sporting events – youth soccer is heavily attended by Latino families
- Church leaders who support incoming Ukrainian immigrants and Spanish-speaking populations
 - Episcopal church
 - St. James Santiago
- Identify community leaders for various groups of people-who are community champions
- Engage with Juntos en Colaboración

Communications

It is recommended that the communications person work closely with the vaccination team to identify what messages need to be relayed both internally and externally. The communication

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team will begin meeting monthly and will increase the frequency of meetings starting in June or July, ramping up for the vaccine season. Below are suggestions for both internal and external communication needs.

1. Internal

- Calendar of events
 - Save in team channel
 - 1 calendar for dates, times, location, and other pertinent info
 - Update the calendar post event with number of vax/types
- Share calendar of events with internal staff, include fliers for distribution through programs
- After clinic success stories
 - Write up each week on clinic events
 - Send out through Jaynes Friday updates-weeks clinics and number vaxed, upcoming clinics
- Leverage national or OHA social media and communications material

2. External

- Advertise on various platforms for different audiences
 - Advertise on Spanish radio station (KYAQ, KLCC)
 - Spanish adds
 - T.V. stations
 - Newspaper
 - Social Media
 - WhatsApp- need IT approval (callie)
 - Alex (can we pay him a stipend?)
- Need more visibility at clinics
 - Sandwich boards with arrows
 - Signs that say what we have
- Website
 - Public Facing Calendar
 - Dates, time, location, and vaccines available
 - Update the website so community knows number of clinics, number vaxed
- Flyers done white background for easier printing

Clinic Operations

Clinic operations could be greatly improved with the addition of defined roles and responsibilities, and checklists for clinic operations to ensure all required activities are completed and improve accountability.

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- Defined and written roles and responsibilities for all clinic staff (Nurses, student nurses, support staff)
 - Including: vaccine clinic coordinator will confirm, date and location for the week's events, confirm staff and volunteers secured for each event
- Written checklist for clinics ops, start to finish
 - Supplies needed
 - set up & tear down
 - paperwork
- Keep all supplies (VARs, vax supplies, pens, clipboards, etc.) in one location in the supply room next to Janet's office.
- Updated forms to reflect required demographic & Insurance info
 - Updated COVID forms, currently states 2 doses are needed

Staffing

Staffing needs are split between supporting staff and clinical staff. Keeping budgetary constraints in mind, staff recommend looking into hiring temp employees for clinic support positions and possibly traveling nurses or temp nurses. Below are recommendations for ideal number of staff based on clinic size.

Clinic Size and Staffing

- Large clinic = 40+ attendees
 - 2 RNs, 1 Student RN
 - 2 Support Staff (Lakeview needs 3 support staff) why?
- Medium clinic = 20-39 attendees
 - 1 RN, 1 Student RN
 - 2 Support staff
- Small = <20
 - 1 RN
 - 1 Support staff

Clinic Support Staff – Will need time to train in OCHIN and Alert

- 2 for clinic work (vax check, OCHIN check in, paperwork collection)
- 1 for just data entry post vax clinic

Clinical Staff

- Between 1 and 3 clinical staff required, depending on size of clinic
- PH nurse – administration of vaccine
- Temp nurse or student nurse – draw vaccines, write down lot numbers, ensure the right vaccine for the right individual (i.e., free or billable)

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Team communication and coordination

- Start meeting 1 time a month in March and increase frequency in June or July.
 - Begin planning
 - Create checklists for clinics and supplies
 - Develop roles and responsibility definitions
- Improved utilization of vaccine Teams channel
- Team meeting – During clinic Outreach = Weekly
 - 30-minute meeting Mondays – for week’s needs, do we have appropriate staff secured, enough supplies
 - 30-minute meeting on Friday – debrief, what worked, what could be improved, success stories (for Asia to write up)

Vaccines

- Offer incentives for community to get vaccinated
- Need free high dose (may be able to get through harm reduction, but not for older folks)
 - Can we get a grant?
 - Feedback to OHA during triennial review
- Better quality supplies (band aids, etc.)
- Free and billable covid and flu at all clinics

V. Next Steps

- Meet with team for due dates for currently identified action items (by mid-February 2024)
- Schedule separate communications and team meetings beginning in March.
- Schedule joint combined communications and team meeting beginning June or July.
- Develop timeline of activities (by mid-February 2024)
- Enter plan in AchieveIt for monitoring progress updates (by March 2024)

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<https://www.co.lincoln.or.us/671/Immunizations>