



National Immunization Conference (NIC) Abstract Compendium

A collective body work of PHEB partners on vaccine equity
Presented at NIC 2024

Full agenda can be found at [NIC 2024](#)

This compendium includes accepted abstracts from Partnership and Health Equity Branch (PHEB) staff and partners who opted to share them. Therefore, this compendium may not be comprehensive. Also, some partners are not able to present at the conference.

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

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This partner is a prime recipient of CDC as part of IP21-2113

Project

Public Health Institute - RISE
Data for Power, Well-Being and Equity



Primary Theme

Vaccine Equity & Special Populations

Type of Submission

Poster Session

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Abstract Body

Background: Communities RISE Together sought to create the conditions for longer-term resilience in the context of COVID by using real-time data to drive an equitable and strategic response.

Setting: WE in the World facilitated a process with RISE partners and communities to choose Well-being In the Nation (WIN) Measures that matter to them in order to contextualize vaccinations with economic insecurity, food insecurity, housing, etc.

Population: 500+ historically marginalized and highly vulnerable communities

Project Description: Simple, standardized surveys were developed and implemented using validated measures to screen for and identify people at risk in terms of their overall well-being and other physical, mental, and social needs.

Results: Communities identified a number of measures that mattered to them including well-being, financial security, loneliness, vaccine attitudes, and experiences of discrimination. A data pipeline was created to share aggregate, localized data from 31,000+ surveys back with the communities in close to real-time, including raw data and online visualization of the results. The RISE data system helped to strengthen the civic capacity of communities by providing day-to-day tracking of happenings in the field, coaching in use of the data, and enabling real-time follow-up and referrals to vaccines and social needs to improve outcomes. Together, these partners connected over 1.5 million people to their needs for well-being, supported hundreds of thousands of Black, Latinx, migrant, rural and older adult communities to be vaccinated, and closed equity gaps in communities.

Lessons Learned: Key lessons learned about the collection and sharing of data to support individuals and communities include: building trust with community members before data collection, identifying approaches to help people in real-time with basic needs, meeting people where they are most comfortable and feel safe, utilizing different data collection methods to ensure all voices are heard, making data meaningful to the people surveyed, improving storytelling and sharing across multiple platforms/cultures, and establishing rapport by reaching back out after individuals disclosed personal information.

This partner is a prime recipient of CDC as part of IP21-2113

Project

**Association of State and Territorial Health Officials
Increasing Capacity for Disability Inclusion Among Vaccine
Equity Community Action Agency Partners (CAAs)**



Primary Theme

Vaccine Equity & Special Populations

Type of Submission

Oral Presentation | August 12 | 3:15 PM – 4:15 PM | Ballroom A

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Abstract Body

Background: Under CDC's Partnering for Vaccine Equity Program (P4VE), the Association of State and Territorial Health Officials (ASTHO) collaborates with the National Community Action Partnership (NCAP) and five community action agencies (CAAs) to boost acceptance and uptake of COVID-19 and other immunizations among racial and ethnic minority populations. CAAs, trusted agencies fostering financial stability in low-income communities, employ a community action team model for engaging diverse partners and enhancing outreach efforts.

Setting: ASTHO and NCAP selected five CAAs in areas with disparities in vaccination rates, limited vaccine access, and widespread COVID-19 negativity.

Population: Racial and ethnic minorities, people who are uninsured/underinsured, homeless populations and people living with mental and/or physical disabilities.

Project Description: ASTHO and NCAP engaged 5 CAAs through a mini-learning community format, fostering peer-to-peer exchange and resource sharing. ASTHO involved internal experts on disability inclusion and external partners to provide knowledge and resources to CAA partners on disability inclusion, vaccine hesitancy, etiquette, communication strategies, community engagement, and collaborations for home-based vaccination. ASTHO shared CDC based partner-developed resources in Braille, ASL, and alternate text via the P4VE Resource Hub, alongside additional learning opportunities through the P4VE Learning Community.

Results: ASTHO's CAA partners reported increased knowledge and capacity regarding disability inclusion information and vaccine outreach and education strategies.

Lessons Learned: ASTHO employs a public health-community action partnership model to enhance vaccine education and uptake. Though CAA staff address the needs of people with physical and mental disabilities in their work, they lacked familiarity with disability inclusion in the vaccine equity context. Training provided by ASTHO and partners, coupled with CDC P4VE program resources, empowered them to conduct more inclusive and accessible vaccine outreach to community members.

This partner is a prime recipient of CDC as part of OT18-1802

Project

**Association of State and Territorial Health Officials
Helping Public Health Leaders Navigate State Legislative
Sessions**



Primary Theme

Strategies to Improve Vaccination Coverage

Type of Submission

Poster Presentation | August 13

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Abstract Body

The Association of State and Territorial Health Officials (ASTHO) closely monitors vaccine legislative trends, regularly sharing shifts in the evolving vaccine policy landscape with our members and the public. Following the COVID-19 pandemic and subsequent national immunization effort, ASTHO observed a significant increase in vaccine-related state legislation covering topics from expanding scopes of practice to increase the number of available vaccinators to prohibitions for the government to require or incentivize vaccines. Although there was a sharp increase in considered legislation, relatively few bills have been enacted into law.

To assist state health agencies in navigating the rapidly evolving vaccine policy landscape, ASTHO created a vaccine policy academy to support health agency leaders addressing vaccine legislation in their jurisdiction. This program facilitated collaborative discussions among state health agency staff, fostering the exchange of insights and the development of shared strategies. Discussion topics encompassed public health authority, adjustments to school entry requirements, and challenges, such as navigating political dynamics and adapting data systems to accommodate new vaccine products. Despite some hurdles, jurisdictions made notable progress in addressing school vaccine entry requirements. Strategies for advancing vaccine-related legislation emphasized early engagement, evidence-based advocacy, and transparent communication among stakeholders. Helpful resources identified included the Law Atlas, internal bill tracking mechanisms, data from similar states, and peer network support.

Looking forward, ASTHO anticipates continued discussions in the vaccine policy landscape, especially concerning the future of 'vaccine-like' products such as monoclonal antibodies. Effective preparation, transparent communication, and collaboration among stakeholders will remain crucial in navigating these complexities. ASTHO's insights emphasize the ongoing need for engagement and cooperation among stakeholders to address emerging challenges and capitalize on opportunities in vaccine policy, ultimately safeguarding the health and well-being of communities nationwide.

This partner is a prime recipient of CDC as part of IP21-2111

Project

Council of Medical Specialty Societies
Engaging Medical Specialty Societies and Healthcare
Systems to Improve Adult Immunization



Primary Theme

Strategies to Improve Vaccination Coverage

Type of Submission

Oral Presentation | August 12 | 2:00 PM – 3:00 PM | Ballroom D

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Abstract Body

Background: Though patients with chronic illness are at increased risk for complications from vaccine preventable illnesses, rates of immunizations remain suboptimal. The Council of Medical Specialty Societies (CMSS) has engaged medical specialty societies and health systems to improve vaccination by specialists of adult patients.

Setting: 45 health systems, 81 participating practice sites, and 200 virtual practices

Population: Patients with chronic illness, older patients, and patients cared for in occupational health clinics

Project Description: With funding from CDC, the CMSS and seven collaborating specialty societies partnered with health systems and clinics to implement education and quality improvement (QI) interventions to improve specialist immunization of high-risk adult patients.

Results: Program results have focused on 3 primary domains: education, clinical guidance, and data-driven QI interventions.

Education: Societies provided educational materials to their members, with more than 800,000 downloads and 150,000 printed materials, with ongoing evaluation to assess the impact of the materials on practice.

Clinical guidance: Half of the societies have included all four elements of the Standards for Adult Immunization Practice (SAIP) in their guideline statements: Assess, Recommend, Administer or Refer, Document. All societies have developed new guidelines or statements that comply with CDC's SAIP.

Data-driven (QI): Health systems completed baseline quality improvement, workflow assessments, and initial standardized data submission. Early learnings have identified effective strategies to improve specialist rates of vaccination, including strategies related to workflow, education, and coordination with the immunization information system.

Lessons Learned: A national QI program with medical specialty societies, that care for adult patients at increased risk for complications from vaccine preventable illnesses, partnered with health systems and clinics provide a model to support public health innovations. A multi-level QI intervention and evaluation plan and rigorous data infrastructure are expected to provide significant quantifiable results that support specific strategies to increase vaccination.

This partner is a prime recipient of CDC as part of IP21-2111

Project

**Council of Medical Specialty Societies
Strategies to Improve Vaccination by Specialists for High-Risk Patients with Chronic Illness**



Primary Theme

Vaccine Equity & Special Populations

Type of Submission

Poster Presentation

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Abstract Body

Summary: The goal of this workshop will be to share effective strategies employed by specialty societies and health systems to improve provider engagement and vaccination by specialty providers that care for older patients and high-risk patients with cancer, lung diseases, diabetes, and kidney diseases.

Description: With funding from the CDC, the Council of Medical Specialty Societies (CMSS) launched the Specialty Societies Advancing Adult Immunization project to promote specialty provider engagement in adult immunizations by working with specialty societies whose members care for the elderly and patients with cancer, heart disease, lung diseases, diabetes, and kidney diseases. Over the last 3 years, CMSS has worked closely with seven specialty societies, including the American Society of Clinical Oncology (ASCO), the American College of Cardiology (ACC), the American Thoracic Society (ATS), the American Association of Clinical Endocrinology (AACE), the American Society of Nephrology (ASN), and the American Geriatrics Society (AGS) to develop strategies to improve vaccination of older patients and patients at risk of serious vaccine preventable illnesses.

A key component of this large-scale multi-year initiative has been the engagement of 45 health systems in 32 states that have worked with CMSS and the specialty societies to conduct quality improvement (QI) interventions and collect ongoing data using standard measures of immunization across all patients and specialties. The project initially focused on flu and COVID vaccination and is expanding in 2024 to include additional vaccines (e.g., pneumococcal, RSV).

In this session, speakers from CMSS and the specialty societies will review the specific strategies employed to improve the adoption of the Standards for Adult Immunization Practice by specialists, through education, guidelines, clinical workflow, and implementation of innovative interventions, both in-person and virtual, to enhance subspecialty providers' rates of assessing patients' vaccine status, administering needed vaccines, or referring patients for vaccination. The speakers will review how specialty societies updated their immunization guidance and educational materials to ensure that specialists regularly assess immunization status, conduct discussions with vaccine hesitant patients, follow up on referrals, and document vaccine status in patients' electronic health records. Though the QI initiatives are ongoing, the speakers will share their early insights and successes that have emerged from the health systems' QI interventions to care for older and chronically ill patients.

This partner is a prime recipient of CDC as part of IP23-0003

Project

**American Institute for Research in the Behavioral Sciences
Launching a Novel Program to Improve Pharmacist-Led
Immunization Among Older Adults and in Long Term Care
Settings: The Advancing Pharmacist Immunization Initiative**



Primary Theme

Implementation and Program Management

Type of Submission

Oral Presentation | August 14 | 10:15 AM – 11:15 AM | Ballroom B

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Abstract Body

Background: In the United States, pharmacist-administered immunization is associated with increased rates of vaccination. But older adults may reside in long-term care settings not served by the community pharmacies associated with immunization gains. This descriptive summary of the Advancing Pharmacist Immunization Initiative (APII) presents an overview of our efforts to advance pharmacist-led immunization among older adults, including those in long-term care, through pharmacist education and outreach activities.

Setting: Communities with high and very high social vulnerability index (SVI) and COVID-19 Vaccine Coverage Index (CVAC) scores, including those in long-term care, in a pilot region in the United States.

Population: Adults aged 65 and older.

Project Description: Through pharmacist education and community outreach, the APII seeks to advance pharmacist-led immunization practices. Guided by our Subject Matter Experts (SMEs) and Technical Expert Panel (TEP), we seek to improve pharmacist vaccine administration and advocacy nationally, and improve trust and confidence in vaccines in the community. Our initial steps have focused on identifying a pilot region to test our strategies, as we prepare to scale up in subsequent years.

Results: Based on an environmental scan, the San Antonio Texas region was chosen as the APII pilot region; it met the criteria of high or very high SVI (0.83 0- very high) and CVAC (0.87- very high), 12.1% of the population is at least 65 years old, with older adult vaccination rates below the 2021 national average for pneumococcal disease and influenza. We launched a national pharmacist education program, with data forthcoming. We are developing an outreach program with a TEP consisting of local pharmacy leaders, public health officials and community members; results on the outreach program design are forthcoming.

Lessons Learned: Regions associated with high and very high SVI and CVAC scores varied in composition, with some regions more racially homogenous than others.

Project

Auburn University

Factors Influencing Immunization Record Retrieval from Immunization Information Systems Among Independent Community Pharmacies: A United States National Survey



Primary Theme

Implementation and Program Management/Monitoring, Assessment, and Evaluation

Type of Submission

Poster Presentation

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Abstract Body

Background/objectives: Recent evidence shows many independent community pharmacies do not always retrieve immunization records from immunization information systems (IIS) before administering vaccines. Retrieving these records helps prevent duplicate immunizations, especially for routine vaccines beyond COVID-19 and influenza. This study aimed to compare low and high-frequency IIS users for vaccine records retrieval on individual/pharmacy characteristics, knowledge, and IIS perceptions and assess factors associated with retrieving immunization records.

Methods: A cross-sectional survey of 9,446 members of the National Community Pharmacists Association was conducted between September-November 2022. Of these, 492 responded (response rate 5.2%). Only 202 participants who administered vaccines besides COVID-19 or influenza were included in the analysis. The dependent variable was participants' self-reported frequency of immunization records retrieval from IIS. The independent variables included: participant/pharmacy characteristics; IIS knowledge; perceptions about innovation characteristics, process, and inner settings, as identified by the Consolidated Framework for Implementation Research. Exploratory factor analysis identified ten perception scales (Cronbach's Alpha coefficient > 0.70).

Results: About 65% of the respondents were high IIS users ("frequently"/"always") while nearly 35% were low users ("never"/"rarely"/"occasionally"). A comparison of the independent variables between the two groups indicated significant differences in job title, state requirement for documentation in IIS, and eight scales: perceived benefit of IIS in consolidating patient records, optimizing immunization service delivery, perceived IIS usability, process of engaging staff in IIS implementation, leadership support in encouraging IIS utilization, team values, open communications, and organizational needs fulfillment. Multivariable logistic regression analysis showed process optimization ($p = 0.009$) and leadership support ($p = 0.018$) significantly increase the likelihood of them being in the high IIS user group, indicating these factors positively influence immunization records retrieval frequency.

Conclusion: Efforts to promote vaccine records retrieval from IIS in independent community pharmacies should concentrate on enhancing the efficiency of the IIS process and fostering leadership support.

This partner is a prime recipient of CDC as part of IP23-0003

Project

Auburn University

National Community Pharmacists Association's 5-Year Project to Promote Immunization Services among Independent Pharmacies



Primary Theme

Strategies to Improve Vaccination Coverage/Monitoring, Assessment, and Evaluation

Type of Submission

Oral Presentation | August 12 | 3:15 PM – 4:15 PM | Ballroom B

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Abstract Body

Background. Differences in immunization rates exist between rural and urban communities in the United States. Because many rural community pharmacies are independently owned, independent pharmacies are key to narrowing the coverage gap.

Setting. The National Community Pharmacists Association (NCPA) implemented a 5-year CDC-funded project to facilitate members' involvement in immunization services and adherence to immunization standards.

Population. Pharmacy owners, pharmacists, and pharmacy technicians.

Project Description. The project consists of 26 education programs on immunization topics, delivery of up-to-date information to members, and resources to facilitate practice change. Four online surveys were conducted in 2018, 2019, 2021, and 2022 to assess the NCPA project's impact.

Results. Most NCPA members provided immunization services, with 96.2% reported in 2022 compared to 89.2% in 2018. In 2022, a greater proportion of NCPA members reported offering immunization services for all vaccine types across all age groups, except for the tetanus-containing vaccines among adults, compared to the previous years. However, the proportion of NCPA members that provided adolescents and childhood vaccines beyond influenza and COVID-19 vaccines remained relatively low (< 35.0%) across the years. Nearly all pharmacies (96.0%) enrolled in IISs by 2022, compared to 75.7% in 2018. However, 35.1% never, rarely, or occasionally utilized IISs to verify the need for vaccinations and this trend does not change over time. An increase in the proportion of those who documented using IISs (90.0% in 2022 vs. 71.0% in 2018) and those with automatic electronic transmissions (56.2% in 2022 vs. 39.2% in 2018) was observed. Lastly, while the majority (88.8%) referred patients to different providers in 2022, the follow-up practice to ensure that the patients received the vaccine was not always carried out (83.2%).

Lessons Learned. When promoting immunization initiatives to independent pharmacies, it is critical to address the impact they would have on financial viability.

This partner is a prime recipient of CDC as part of IP20-2002

Project

American Academy of Family Physicians
The Impact of the COVID-19 Pandemic: How Family Medicine Practices Improved Vaccination Rates Among Racial and Ethnic Minority Populations



Primary Theme

Vaccine Equity & Special Populations

Type of Submission

Poster Presentation

Authors

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Abstract Body

Summary: The main goal of this presentation is to highlight how the pandemic has impacted adult vaccination rates among racial and ethnic minority populations. The AAFP will demonstrate how the implementation of a quality improvement model and the utilization of measurement data can build confidence and close barriers impacting immunization rates.

This partner is a prime recipient of CDC as part of IP20-2002

Project

**American Academy of Family Physicians
Family Physicians Administration of Vaccinations**



Primary Theme

Implementation and Program Management

Type of Submission

Poster Presentation

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Abstract Body

Summary: Family physicians are uniquely able to administer immunizations to all ages. Survey data found that eighty-seven percent of family physicians administer vaccines in their practice. Through the utilization of survey data collected in 2023, the aim of this presentation is to demonstrate how family physicians implement and administer immunizations while addressing barriers and challenges to vaccinate, especially as it relates to underserved and vulnerable populations.

This partner is a prime recipient of CDC as part of IP21-2105

Project

**American Cancer Society HPV Roundtable
HPV Vaccination in Rural Communities**



Primary Theme

Vaccine Equity & Special Populations

Type of Submission

Oral Presentation | August 13 | 4:30 PM – 5:30 PM | Ballroom D

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Abstract Body

Background: Research shows that rural communities lag 10% behind the national average for HPV vaccination. HPV vaccination underperforms compared to other ACIP recommended vaccines, including Tdap and MenACWY.

Setting: Programmatic planning, and engagement with rural partners have been conducted virtually.

Population: Partners throughout the US that lead HPV vaccination efforts within rural communities.

Project Description: In 2023, partners were convened to establish a National Rural Advisory Council, which include the American Cancer Society (ACS), ACS National HPV Vaccination Roundtable (ACS HPVRT), St Jude HPV Cancer Prevention Program, American Academy of Pediatrics, and Federal Office of Rural Health Policy. Through a variety of strategies, national efforts have investigated how to address key HPV vaccination disparities within rural communities.

A Rural HPV Vaccination Learning Community was also launched in 2024 co-led by ACS & ACS HPVRT to increase rural healthcare partnerships, and on time HPV vaccination. Through a series of 10 virtual sessions, participants receive quality improvement (QI) tools and use peer-based learning to discuss evidence-based interventions. This learning community serves as a forum for health partners to gain knowledge, exchange promising practices, and talk through HPV vaccination challenges.

Results: With this added rural focus and collaboration, rural communities are increasing their education within clinics, utilizing available resources, and encouraging timely HPV vaccination.

Lessons Learned: There is a need to educate rural clinicians and provide space for HPV vaccination best practices sharing across geographically diverse rural communities. By bringing together collaborative partners at the national level, the ACS HPVRT can fill the need for tailored resources for rural communities (including HPV vaccination at age 9). These learning opportunities allow for partners to receive national information and highlighted case studies from like-minded rural health systems and clinics. By building capacity and knowledge, the partners are better equipped to work within the communities they serve to increase on-time HPV vaccination.

This partner is a prime recipient of CDC as part of IP21-2105

Project

**American Cancer Society HPV Roundtable
National Efforts to Address HPV Vaccination Geographic Disparities
Gaps: An Early Career Development Program Model**



Primary Theme

Vaccine Equity & Special Populations

Type of Submission

Poster Presentation

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Abstract Body

According to NIS Teen 2022 data, for the first time since 2013, the proportion of 13–17-year-olds who received their first dose of the human papillomavirus (HPV) vaccine did not increase; instead, vaccination coverage decreased among Medicaid-insured teens while remaining lowest among uninsured teens. To better understand HPV vaccination disparities trends, the American Cancer Society (ACS) National HPV Vaccination Roundtable launched an early career development program. Ten fellows from diverse backgrounds conducted data inquiry and analysis to inform and develop geographic disparity case studies.

Preliminary results indicated that 8 out of 50 states in the US had a comprehensive cancer plan. The plans included best practices for HPV vaccination starting at age 9, information regarding the administration of HPV vaccination by nontraditional providers, discussion of the importance of health equity (including geographic disparities and racial/ethnic disparities) and cervical cancer screening. These states included California, Georgia, Iowa, Kansas, Kentucky, Massachusetts, New York, and Wyoming. Findings also indicate that there are many barriers that impede HPV vaccination rates in rural areas, including poor Medicaid reimbursement rates, the spread of misinformation, language barriers, lack of providers, parent, provider and patient education knowledge gaps, lack of qualified administrators in community health departments, lack of vaccine supply/ refrigeration, access to care, distance, vaccine hesitancy and politicization of vaccines.

The ACS National HPV Vaccination Roundtable Emerging Leaders Program proves to be a promising programmatic model for identifying and addressing HPV vaccination geographic disparities in the United States. Established on the pillars of professional development and training, mentorship from National HPV leaders, community engagement and collaboration and project development, the program not only promotes career advancement, but also increases opportunities to address health equity issues and disparity reduction. Case study findings can inform the development and application of best practices to address HPV vaccination in rural areas.

Project

American Cancer Society HPV Roundtable
Creating One Voice Around HPV Vaccination at Age 9: Bringing Together Health Plans, Health Systems, and State Coalitions & Roundtables



Primary Theme

Strategies to Improve Vaccination Coverage

Type of Submission

Poster Presentation

Authors

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Abstract Body

To address lagging well child visits and subsequently low HPV vaccination rates because of the COVID 19 pandemic, the ACS National HPV Vaccination Roundtable (ACS HPVRT) launched the Start at age 9 initiative/ campaign. Health plans, health systems and state coalitions & roundtables are pivotal partnerships to influencing HPV vaccination rates through increased collaborations, quality improvement activities, shared strategy, innovation and resource sharing. National efforts surrounding the creation of one voice around Age 9, have proven to be effective. Preliminary data has shown increased confidence among health plans to advocate to leadership about prioritizing HPV vaccination at age 9, identification of starting vaccination at Age 9 as a key priority among state-based efforts, 68-86% acceptance by providers and clinics, and increases of up to 30 percentage points in on-time completion rates among champion health systems.

Learning objectives: By the end of the session, participants will be able to...

- 1) Discuss the evidence on starting HPV vaccination at age 9 included in our HVI Special Issue Collection.
- 2) Describe how the Age 9 campaign has served as the foundation for improving HPV vaccination initiation and completion among key partners.
- 3) Discuss Starting HPV vaccination at age 9 best practices and key strategies that can be implemented to increase on-time completion for HPV vaccination.

This partner is a prime recipient of CDC as part of IP21-2105

Project

American Cancer Society HPV Roundtable
The Roles of Roundtables and Coalitions in Catalyzing Collaboration and Impact to Improve HPV Vaccination Coverage



Primary Theme

Strategies to Improve Vaccination Coverage

Type of Submission

Poster Presentation

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Abstract Body

Summary: Roundtables and coalitions are formed based on the premise more can be accomplished by working together and joining forces than separately. HPV vaccination coverage has posed myriad challenges in the U.S. HPV roundtables and coalitions have been successful in catalyzing collaborations and demonstrating impact, thus proving valuable to prevention efforts.

Description of Session: While there is no single strategy for improving HPV vaccination coverage, common, shared challenges and opportunities may be used to convene key allies, partners, thought leaders, and subject matter experts in a roundtable or coalition. Roundtables and coalitions have the potential to amplify successful efforts and support their widespread dissemination for even greater benefit. Both types of groups when focused on HPV vaccination can bring together multiple disciplines to spur innovation, promote collaboration, and achieve impact. To do this successfully, the CDC recommends prioritization of HPV vaccination as a shared priority; establishment of a formal, defined group; action planning to establish expectations and measurable goals and objectives; and maintenance of the structure and processes of the group.

This session will focus on examples of four HPV vaccination roundtables and coalitions established over the last 10 years and offer strategies for realizing the promise of such groups. This will include examples of national, regional, state, and local roundtables and coalitions. First, *nationally*, the ACS National HPV Vaccination Roundtable, which was established in 2014 and consists of over 80 organizational members. The mission of the National Roundtable is to raise HPV vaccination rates and prevent HPV cancers. Second, *regionally*, the Mountain West HPV Vaccination Coalition, which was established in September 2014 and whose active members include more than 400 members in over 25 states, brings together vaccination program representatives with cancer control, pediatric, and primary care specialists as well as parents and community members to improve on-time HPV vaccination among children ages 9-12. Third, *statewide*, the Mississippi HPV Roundtable was created in 2020 by professionals and healthcare organizations concerned that Mississippi was falling behind in HPV vaccination rates, ranking among the worst in the nation. The Mississippi Roundtable has more than 180 members from nearly 50 organizations. Fourth, *locally*, the Memphis and Shelby County HPV Cancer Prevention Roundtable, which was formed in summer 2021 and has more than 100 members, is a collaboration of healthcare, community, and advocacy partners with a mission to measurably increase HPV vaccination coverage in Memphis and Shelby County, Tennessee. The Memphis Roundtable grew out of concern for increased diagnoses of preventable cervical cancers by a local oncologist.

Learning objectives: By the end of the session, participants will be able to...

- 
- 1) Describe the benefits of forming a roundtable or coalition to convene key allies and partners to improve HPV vaccination coverage.
 - 2) Discuss the process of forming and managing a roundtable or coalition to improve HPV vaccination coverage.
 - 3) Explain the role of the backbone organization in coordinating roundtable and coalition activities.

Project

**American Cancer Society HPV Roundtable
Developing National, Regional, and State Plan for Eliminating HPV
Cancers Beginning with Cervical Cancer**



Primary Theme

Strategies to Improve Vaccination Coverage

Type of Submission

Poster Presentation

Authors

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Abstract Body

Summary of Topic: Global elimination of HPV cancers beginning with cervical cancer as a public health program is possible. In the U.S., efforts focused on elimination recently have garnered momentum. HPV vaccination is important to elimination, yet rates lag nationally. This session will focus on national, regional, and state plans for elimination.

Description of Session: Elimination (or near-elimination) of HPV cancers beginning with cervical cancer as a public health problem will require improvements in HPV vaccination, cervical cancer screening, and cervical cancer treatment. The World Health Organization (WHO) initiated a Cervical Cancer Elimination Initiative in 2018 and established 90-70-90 targets for HPV vaccination, (90% of girls fully vaccinated with HPV vaccine by age 15) cervical cancer screening (70% of women screened with a high-performance test by age 35 and again by age 45), and cervical cancer treatment (90% of women identified with cervical disease receive treatment) in 2020. Several countries, including Australia, Canada, and the United Kingdom, have formalized elimination plans. The U.S., however, has yet to formalize a national plan for elimination, but there have been examples of elimination planning. Alabama recently announced and enacted a formal plan for elimination – Operation Wipeout – and is the first state to formalize such a plan. Florida has included an elimination goal in its state comprehensive cancer control plan. Recent efforts initiated by the ACS National HPV Vaccination Roundtable and ACS National Cervical Cancer Roundtable as well as the HPV Vaccination Roundtable of the Southeast have focused on developing national and regional elimination plans, respectively, by forming working groups and beginning the process of establishing key milestones and metrics. This includes acknowledging major challenges, such as HPV vaccination coverage lags other routinely recommended vaccinations and falls short of the *Healthy People 2030* goal. The nationally proposed elimination goal for the U.S. is to reach ≤ 4 cases per 100,000 by 2030-2038 achieving 90% HPV vaccination rates by age 13, 90% cervical cancer screening rates, and 90% follow-up care/treatment rates with no less than 80% of these rates in any identifiable subpopulation or geographic area. Framing HPV vaccination as an important part of eliminating cancer may be an effective strategy to promote this safe, effective cancer prevention tool and increase coverage.

Learning objectives: By the end of the session, participants will be able to:

- 1) Define elimination of cervical cancer in the U.S. and differentiate from eradication.
- 2) Describe the merit of developing and promoting elimination plans nationally, regionally, and statewide.
- 3) Discuss the key features of an elimination plan.
- 4) Explain the process of establishing an elimination plan.

Project

American Cancer Society HPV Roundtable
Let's Close HPV Vaccination Care Gaps: Activating Systems & Community Advocates



Primary Theme

Strategies to Improve Vaccination Coverage

Type of Submission

Poster Presentation

Authors

Dr Jennifer Isher-Witt Melissa Santiago
Ashleigh Hayward Kaela Momtselidze
Shaylen Foley Katie Crawford

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Abstract Body

The American Cancer Society leads nationwide implementation efforts to improve HPV vaccination uptake by engaging health systems and providers, health plans, community health workers, and school nurses in the fight to prevent cancer. This panel (note: now a poster) will include three presentations by implementor-evaluator dyads that explore ACS strategies, outcomes, and lessons learned.

1. *Data Analysis: The Secret Sauce for Meaningful Quality Improvement, Dr. Jennifer Isher-Witt and Melissa Santiago*
This presentation will demonstrate the nexus of data analysis and quality improvement to drive impactful decisions in a 12-month national clinical intervention health system cohort to increase HPV vaccination rates. Presenters will explore how data visualization can help inform decision making and intervention tactics.
2. *Activating School Nurses and CHWs in the Fight Against Cancer: The Implementation and Evaluation of HPV Vaccination ECHOs in Texas, Ashleigh Hayward and Kaela Momtselidze*
To improve knowledge, beliefs and confidence of Texas community health workers (CHWs) and school nurses, ACS developed an education series using Project ECHO. The series has been delivered to 30% of CHWs in Texas since 2020. A similar version was piloted to school nurses in late 2023. Presenters will share how HPV education impacted participants' roles as community vaccination advocates.
3. *Convening Health Plans to Develop an Action Guide and Communication Toolkit to Increase HPV Vaccination Uptake for Cancer Prevention, Shaylen Foley and Katie Crawford*
In 2023, ACS and the National HPV Vaccination Roundtable hosted a health plan summit to share promising practices and innovate on adolescent HPV vaccination, leading to the development of a health plan action guide and communication toolkit. Presenters will provide access to resources and outline ideas for Medicaid plan engagement at the state level.

This partner is a prime recipient of CDC as part of IP21-2106

Project

Northwest Portland Area Indian Health Board
VacciNative: Vaccination Information for Natives by Natives



Primary Theme

Vaccine Equity and Special Populations

Type of Submission

Poster Presentation

Authors/Speakers

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Karin Eagle

Melissa Big Leggins

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Abstract Body

For the first portion of the presentation, we will present information about the VacciNative campaign, which is a national campaign that offers accurate vaccine information for Native people by Native People. We help American Indian and Alaska Native adults weigh important vaccination decisions. To develop culturally resonant materials, VacciNative gathers information from trusted Elders, Native health professionals, and other experts. We disseminated the materials created through the VacciNative Alliance, working with 6 Tribal Epidemiology Centers across the United States.

For the second portion of the presentation, two of our Tribal Epidemiology Center partners will present their work in their Tribal communities as part of the VacciNative Alliance.

This partner is a prime recipient of CDC as part of IP21-2106

Project

UnidosUS

Charting the Future for Immunization Together: Building on Centuries of Protecting the Public



Primary Theme

Vaccine equity & special populations

Type of Submission

Oral Presentation | August 14 | 2:00 PM – 3:00 PM | Ballroom A

Authors

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Abstract Body

Background: The *Esperanza* Hope for All (EHFA) program, launched by UnidosUS, aims to bridge the COVID-19 vaccination gap in Latino communities across 14 states. Despite extensive national efforts, persistent disparities have highlighted the critical need for tailored, community-specific strategies. EHFA funded 28 subrecipients to enhance vaccination confidence through bespoke community engagement and health center partnerships. Initial assessments underscored the essential role of data-driven capacity-building to amplify the effectiveness and reach of technical assistance.

Setting: During its second year, EHFA conducted the Subrecipient Planning Assessment (SPA) involving 8 Community-Based Organizations (CBOs) and 20 Federally Qualified Health Centers (FQHC).

Population: The SPA targeted essential personnel within subrecipients groups, such as program managers, financial officers, and communications managers, who play pivotal roles in deploying effective local vaccination campaigns.

Project Description: The SPA, a comprehensive assessment framework, was developed to identify gaps, focusing on organizational, programmatic, and communication aspects. Incorporating Data-Informed Technical Assistance (DITA), the SPA tailored vaccine outreach by analyzing access barriers and demographics insights, enabling subrecipients to implement data-driven strategies that significantly improved vaccination confidence and uptake.

Results: Implementation of the SPA demonstrated the power of targeted, data-driven approaches to address vaccine hesitancy and accessibility. By equipping CBOs and FQHCs with essential insights and tools needed to engage with their communities on a more intimate level, the program significantly enhanced community engagement, resource allocation, and educational efforts, leading to a notable increase in vaccination uptake. These achievements highlight the importance of strategic partnerships and informed communication to promote adult vaccination and build a robust foundation for public health resilience.

Lessons Learned: EHFA affirmed the need for tailored, data-driven strategies within Latino communities. Key to success were strong partnerships, clear communication, and continuous adaptation to feedback. These elements proved essential in overcoming vaccine hesitancy, optimizing resource allocation, and boosting overall vaccination uptake and public health outcomes.

This partner is a prime recipient of CDC as part of 21FED2100101PB

Project

EXCITE

The Extension Collaborative on Immunization Teaching and Engagement (EXCITE) Project



Primary Theme

Vaccine Equity & Special Populations

Type of Submission

Oral Presentation | August 13 | 2:00 PM – 3:00 PM | Ballroom A

Authors

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Julie Zajac

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Abstract Body

Background: Early in the 2021 rollout of COVID-19 vaccines, vaccine hesitancy arose in rural and other racial and ethnic communities that were distrustful of the vaccine's development and the institutions promoting it. Organizations that were viewed as trusted messengers in local communities were critical partners in tailoring communication to reach these communities and in understanding and addressing vaccine hesitancy.

Setting: The Extension Collaborative on Immunization Teaching and Engagement (EXCITE) project was funded during the COVID-19 pandemic through an interagency agreement between the Centers for Disease Control and Prevention (CDC) and the United States Department of Agriculture (USDA)'s National Institute of Food and Agriculture (NIFA). The project's goals included increasing vaccine confidence and accessibility for adults in rural and other medically underserved areas.

Population: Extension professionals are university faculty and staff at Land-Grant Universities (LGUs) located in counties across the U.S. EXCITE harnessed the reach and trust of Extension professionals to share evidence-based vaccine education and liaise community members to vaccine providers.

Results: Extension professionals at 72 LGUs engaged with over 460 local health partners and vaccine providers. EXCITE reached over 18 million individuals in rural and medically underserved communities with adult immunization education and vaccinated over 26,000 individuals between 2021 and 2023. . After the first year of focus on COVID-19 vaccination education, the project expanded to include all Advisory Committee on Immunization Practices-recommended adult immunizations.

Lessons Learned: The EXCITE project yielded insights into effective partnerships built on trusted relationships. Creative strategies to reach communities of focus included pop-up clinics on farms and vaccine education in 4-H youth curricula. An important systemic lesson was the recognition of vaccine hesitancy issues within Extension, addressed through a formative evaluation, with subsequent development of a toolkit intervention.

These partners are prime recipients of CDC as part of IP21-2106

Project

Collaborating with Prominent National Level Organizations with Significant Infrastructure, Reach, and Influence Within Communities to Increase Vaccine Uptake and Confidence



Primary Theme

Vaccine Equity & Special Populations

Type of Submission

Oral Presentation | August 14 | 3:15 PM – 4:15 PM | Ballroom A

Authors

Samra Ashenafi, MPH (CDC)

Synovia Moss, MPA (NCNW)

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Abstract Body

The CDC provided extensive support to eight national minority-led organizations to implement vaccination activities, launch educational campaigns, and train influential messengers across their 135 local chapters.

Among these partners, the National Alliance for Hispanic Health created the Vacunas para todos network which trained and supported community vaccine navigators (CVNs) who provide tailored culturally and linguistically proficient information and support to reduce barriers to vaccination. These CVNs have also delivered targeted outreach and technical assistance to key community partners to increase vaccination access in underserved communities.

The National Council of Negro Women (NCNW) leveraged historically black women's organizations and fraternities and sororities nationwide as trusted messengers and access points for vaccine distribution. Through these established networks, the NCNW effectively reached and engaged African American communities, fostering confidence in vaccine uptake.

The Asian & Pacific Islander American Health Forum (APIAHF) employed their extensive network of community-based organizations to deliver vaccine information in over 35 languages and hosted vaccination clinics and events tailored to diverse linguistic communities. By addressing language barriers and providing culturally sensitive services, APIAHF effectively increased vaccine accessibility and acceptance among Asian American, Native Hawaiian, and Pacific Islander populations.

The National Minority Quality Forum (NMQF) implemented a unique strategy of leveraging the voices of trusted messengers in the Black and Brown communities to create three community programs- Faith Health Alliance, HAIR Wellness Warriors, and the Community Pharmacist Ambassadors. In these programs, faith leaders, barbers, hair stylists, and community pharmacists have successfully raised awareness of vaccine disparities in their communities, educated them about the importance of vaccinations, fostered conversations about vaccine acceptance, and provided vaccines to the communities in non-traditional settings.

This partner is a prime recipient of CDC as part of DP23-0014

Project

County of San Diego

Connecting Community to Build Immunity: Mobilizing Public Health and Community Partnerships to Protect Population Health by Eliminating Barriers to Access and Promoting Equity in Immunizations



Primary Theme

Strategies to Improve Vaccination Coverage

Type of Submission

Oral Presentation | August 12 | 3:15 PM – 4:15 PM | Ballroom B

Authors

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Abstract Body

Background: The COVID-19 pandemic illuminated health disparities in vaccination and barriers to vaccine access and equity. The Epidemiology and Immunization Services Branch (EISB) of the County of San Diego, Health and Human Services Agency, Public Health Services department utilized multiple federal grant funding sources to contract with a local nonprofit organization to provide community-based vaccination services to priority populations in San Diego County.

Setting: The primary settings were less healthy communities (Quartiles 1 and 2) of the [Healthy Places Index](#), a geographic mapping tool that aggregates indicators of social determinants of health.

Population: The primary population included people at higher risk for serious outcomes from disease and medically underserved, which included racial and ethnic minority groups, unhoused persons, under or uninsured persons, homebound persons, and rural communities.

Project Description: EISB's contracted partnership mobilized vaccination services at convenient and non-traditional settings to administer government-supplied and private vaccines. Information about immunizations and vaccination events were shared and promoted by community health workers familiar with San Diego's diverse cultures and languages to build trust in the community and increase awareness and uptake of vaccines.

Results: From March 1, 2023, through March 31, 2024, 27,645 vaccines were administered at 2,152 events at community locations, shelters, schools, and in-home. Vaccines administered included COVID-19, flu, Tdap, mpox, hepatitis A, and routine childhood vaccines. Race/ethnicities of individuals vaccinated were Hispanic/Latino (61%), White (16%), Black or African American (4%), Asian (3%), Unknown Race (9%), Other Race (5%), and Multiracial (1%).

Lessons Learned: Contracting with community organizations can enhance the capacity of local health departments to vaccinate priority populations, address vaccine access barriers, and advance vaccination equity. Offering services in convenient community locations by staff who reflect the cultural values and linguistic preferences of the community reduced transportation and access barriers to vaccinations, increased vaccination opportunities, and promoted health-equity focused population health.

This partner is a prime recipient of CDC as part of IP23-0004

Project

Association for Immunization Managers (AIM)
Lessons Learned: Building Vaccine Equity for COVID-19 and Flu Vaccinations in REACH Communities



Association of
Immunization
Managers

Primary Theme

Vaccine Equity & Special Populations

Type of Submission

Oral Presentation | August 13 | 2:00 PM – 3:00 PM | Ballroom A

Authors

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Iyabode (Yabo) Beysolow MD, MPH, AIM/REACH SME

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Abstract Body

Background: Addressing inequities in vaccine coverage requires a better understanding of context-specific variables and identifying relevant barriers in communities with lower rates. [REACH](#) is a national CDC initiative to reduce health disparities. Since 2020, REACH organizations across the U.S. received funding to improve COVID-19 and flu vaccination coverage to address racial and ethnic disparities. AIM/REACH partnership engages and supports these organizations.

Setting: REACH organizations that have worked with AIM since 2020.

Population: REACH organizations promoted vaccine confidence, uptake, and equity in African American, Black, Hispanic, Latino, Asian American, Native Hawaiian/Other Pacific Islander, American Indian, and Alaska Native communities.

Project Description: The project employed a nationwide environmental scan, virtual round tables (VRT), and key informant interviews (KII) with 24 REACH organizations to capture insights, successes, and challenges experienced by these organizations while promoting flu and COVID-19 vaccine uptake and confidence. The project also captured how REACH organizations strengthened and sustained partnerships and activities developed in their communities.

Results: 24 organizations participated in 8 KII and 3 VRTs. Common themes that emerged about the communities included a passion for improving their health, resilience, optimism, and a sense of family unity and respect. Barriers to vaccine access - including costs, logistical access concerns, misinformation, and mistrust in systems - posed challenges to increasing vaccination rates. Successes included co-creation and co-execution of strategies and messaging by REACH organizations and trusted community leaders.

Lessons Learned: Key lessons for reducing vaccine inequities include the importance of leveraging existing community networks and cultivating relationships with the community before the crisis. Engaging trusted messengers and tailoring messages by including relevant local contexts such as culture and language are important. A holistic approach to overall health and wellness messaging and including vaccination as an important part of living a healthy life is a recommended strategy for the future.

This partner is a prime recipient of CDC as part of IP21-2113

Project

Michigan State University

Valued Voices, Experience and Expertise: Leveraging Community Partnerships to Prioritize Vaccine Equity



Primary Theme

Vaccine Equity & Special Populations

Type of Submission

Poster Presentation

Authors

Heatherlun Uphold

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Abstract Body

Vaccination in many communities across the nation was a complex endeavor. In addition to known access issues, many communities had deeply rooted mistrust of both government initiatives and pharmaceutical companies, unanswered concerns about vaccination, experienced challenges associated with language barriers, and lacked employer provided sick time benefits, among other things. While CDC funding was focused on community level implementation, infrastructure to complete documentation required for federal funding is a challenge across most community-based organizations (CBOs).

Dr. Heatherlun Uphold will present the NNICE model of engaging and funding community foundations and CBO partners to support and expand boots-on-the-ground efforts of all sizes. The NNICE has reached over 8 million people through 85 community partner organizations to increase vaccine access, and create vaccine confident individuals in marginalized communities.

This partner is a prime recipient of CDC as part of IP21-2113

Project

Michigan State University

Return on Investment: Supporting Community Sustainability Through Technical Assistance and Data Access



Primary Theme

Vaccine Equity & Special Populations

Type of Submission

Oral Presentation | August 14 | 2:00 PM – 3:00 PM | Ballroom A

Authors

Ebony Reddock

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Abstract Body

Vaccination in many communities across the nation was a complex endeavor. In addition to known access issues, many communities had deeply rooted mistrust of both government initiatives and pharmaceutical companies, unanswered concerns about vaccination, experienced challenges associated with language barriers, and lacked employer provided sick time benefits, among other things. While CDC funding was focused on community level implementation, infrastructure to complete documentation required for federal funding is a challenge across most community-based organizations (CBOs).

Dr. Ebony Reddock, MPhi will discuss the partnership between MPhi, MSU and NNPhi to build a three part data bootcamp evaluation series for CBO partners, and the importance of using evaluation data to empower communities. This panel will have 10 minute presentations and conclude with a 20 minute Q&A discussion with the audience that invites participants into dialogue surrounding how these strategies can be implemented in other communities and with other projects.

This partner is a prime recipient of CDC as part of IP21-2113

Project

**National Network of Public Health Institutes (NNPHI)
Collaborative Meaning Making and Guiding Principles for
Advancing Health Equity in Vaccination**



Primary Theme

Vaccine Equity & Special Populations

Type of Submission

Poster Presentation

Authors

Tracy Wharton

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Abstract Body

Vaccination in many communities across the nation was a complex endeavor. In addition to known access issues, many communities had deeply rooted mistrust of both government initiatives and pharmaceutical companies, unanswered concerns about vaccination, experienced challenges associated with language barriers, and lacked employer provided sick time benefits, among other things. While CDC funding was focused on community level implementation, infrastructure to complete documentation required for federal funding is a challenge across most community based organizations (CBOs).

Dr. Tracy Wharton, NNPHI will discuss how NNPHI and their 10 coalition partners convened for collaborative meaning making of evaluation of vaccine outreach efforts and identified a set of Guiding Principles for advancing health equity. These efforts reached more than a million people in 42 languages across 204 counties, resulting in 269 community partnerships.

Project

Centers for Disease Control and Prevention
Advancing Vaccine Equity through Whole Community Funding and Intentional Partnerships



Primary Theme

Vaccine Equity & Special Populations

Type of Submission

Poster Presentation

Authors

Charlaine V. Muhammad

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Abstract Body

Vaccination in many communities across the nation was a complex endeavor. In addition to known access issues, many communities had deeply rooted mistrust of both government initiatives and pharmaceutical companies, unanswered concerns about vaccination, experienced challenges associated with language barriers, and lacked employer provided sick time benefits, among other things. While CDC funding was focused on community level implementation, infrastructure to complete documentation required for federal funding is a challenge across most community based organizations (CBOs).

Charlaine V. Muhammad will discuss how the structure of this funding provided flexibility to identify implementation strategies that would work in diverse communities, and identify meaningful metrics that both met required guidelines and elevated insights from the field. Support and flexibility allowed for communities to create local solutions that have the power to affect real change

Project

Centers for Disease Control and Prevention
AFIX-OB Model in Obstetric Settings



Primary Theme

Improving Maternal Vaccination

Type of Submission

Oral Presentation | August 13| 10:15am – 11:15 am | Ballroom A

Authors

Samantha R. Midura, MPH; Jad Elharake, MPH; Sangini S. Sheth, MD, MPH; Aryn A. Malik, MBBS, MPH, PhD; Lindsie Boerger, BA; Alysha Siddiqi, B; Sarah E. Brewer, PhD; Matthew Z. Dudley, PhD, MSPH; Daniel A. Salmon, MPH, PhD; Erin K. James; Noureen Ahmed, MPH; Audrey Merriam, MD, MS; Fauzia Malik, PhD, MSc; Walter A. Orenstein, MD; Inci Yildirim, MD, PhD, MSc; Amy Parker Fiebelkorn, MSN, MPH; Saad B. Omer, [MBBS, MPH, PhD](#)

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Abstract Body

Importance: Tetanus, diphtheria, and acellular pertussis (Tdap) and influenza vaccine uptake in pregnant populations remains suboptimal, despite the severe burden of these vaccine-preventable diseases for pregnant persons and newborns.

Objective: To determine if quality improvement interventions at patient-, provider-, and practice-level impacts maternal vaccine uptake for Tdap and influenza.

Setting: Patients were from nine clinics in four Connecticut cities: Bridgeport, Greenwich, New Haven, and Stamford. Clinics were matched on: Tdap and influenza vaccine uptake at baseline, proportion of patients with public insurance coverage, city, average deliveries per month, number of full-time equivalent providers, and the modified Immunization Delivery Scale.

Participants: Eligible patients were between 18-50 years of age and currently pregnant at less than 26 weeks gestational age.

Intervention(s): In a yearlong intervention in obstetric settings (AFIX-OB), quality improvement interventions were utilized at three levels of healthcare: 1) patient level: a “LetsTalkShots Module” or personalized vaccine website; 2) provider level: an online education module, “VaxChat”; and 3) clinic level: standing orders and recall and reminder systems.

Main Outcome(s) and Measure(s): Vaccine uptake for Tdap and influenza in pregnant patients.

Results: Nine clinics were randomly assigned; five to the AFIX-OB intervention group and four to the control group. Among 6,929 baseline participants aged 26 to 35 years, 2,911 (56.7%) were from intervention clinics and 1,153 (64.1%) were from control clinics. After adjusting for covariates, patients in the intervention clinics were 5.4 times more likely (95% CI, 4.5 – 6.5) to receive Tdap vaccine and 2.2 times more likely (95% CI, 1.7 – 2.8) to receive influenza vaccine. The average marginal effects showed 30.9 pp (95% CI:27.6-34.3) increase for Tdap vaccination while influenza vaccination had 17.7 pp (95% CI:11.7-23.7) increase for the intervention as compared to the control practices at final evaluations.

Conclusions and Relevance: The AFIX-OB model was effective in increasing vaccination of Tdap and flu vaccines and has scaling potential to increase maternal immunization coverage.

This partner is a prime recipient of CDC as part of OT18-1802

Project

**National Association of Community Health Centers (NACHC)
Quality Improvement Interventions to Increase Adult
Immunizations in Community Health Centers**



Primary Theme

Implementation and Program Management

Type of Submission

Oral Presentation | August 14 | 10:15 AM – 11:15 AM | Ballroom B

Authors

Jonathan Uy (NACHC)

Sarah Price (NACHC)

Amy Parker Fiebelkorn (CDC)

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Abstract Body

Background: In 2019, the National Association of Community Health Centers (NACHC) and AT Stills University (ATSU) published “Vaccination Capability Inventory of Community, Migrant, and Homeless Health Centers: A Survey Report,” a national assessment of inventory, workflow, capacity for, and barriers to administration of routinely recommended adult vaccines in federally funded community, migrant, and homeless health centers. Utilizing these findings, NACHC, with support from the CDC, initiated a variety of interventions with the goal of improving adult immunization rates.

Setting: 80 health centers, health center-controlled networks, and primary care associations

Population: Adult patients and clinicians in community health centers

Project Description: The primary 6-year intervention was a quality improvement focused Learning Community that used a collaborative problem-solving approach and gathered a wealth of quantitative and qualitative data on adult immunization rates and the opportunities and challenges that arose in the rapidly changing public health landscape following the COVID-19 pandemic. Other smaller-scale interventions built upon the learnings gathered from the Learning Community and adaptations to the pandemic to address specific topics, such as vaccine hesitancy among health center staff and patients, outreach strategies, and rapid identification of workflow gaps based on the Standards of Adult Immunization Practice, among others.

Results: In this session, we will give a background on the original paper’s findings and present the methodologies of the main learning community intervention and the variety of sub-interventions that arose in response to the pandemic. The impact and success stories of these interventions in expanding capacity and access to vaccinations will be discussed, supported by gathered data on vaccination rates and trends among health center patient populations.

Lessons Learned: Participants will be able to describe common challenges health centers face to providing immunizations and interventions to address them. Participants will also gain tools to identify immunization workflow gaps in their own organizations.

This partner is a prime recipient of CDC as part of IP21-2111

Project

**Society for Post-Acute and Long-Term Care Medicine (AMDA)
Improving Adult Immunization Coverage in Post-Acute and
Long-Term Care: *The Moving Needles Project***



Primary Theme

Strategies to Improve Vaccination Coverage

Type of Submission

Oral Presentation | August 13 | 3:15 PM – 4:15 PM | Ballroom D

Authors

David Casey, PhD

Elizabeth Sobczyk, MSW, MPH

Heather Roney, MA

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Abstract Body

Background: During the COVID-19 pandemic, the vulnerability of long-term care (LTC) residents was highlighted, as was the piecemeal infrastructure for vaccine delivery in LTC settings. Public health emergency provisions have since sunsetted, leaving access barriers and hesitancy among staff and residents.

Setting: LTC settings included skilled nursing facilities, assisted living, independent living, and home- and community-based services.

Population: LTC staff and residents

Project Description: Moving Needles, a CDC cooperative agreement, focused on understanding vaccine uptake in LTC through quality improvement (QI) interventions and systems-level improvements. 1) Two QI pilots identified strategies that improve vaccine uptake and a change package was developed. 2) Frontline staff were surveyed in 2023 and an in-service based on the results was developed. 3) Two white papers were written on electronic health record (EHR) and immunization information system (IIS) interoperability in LTC and a billing guide.

Results: Facilities in the pilot had substantial improvement in their immunization coverage for resident vaccinations (influenza, COVID, pneumococcal, Tdap, shingles) and coverage above the local average for staff (influenza, COVID, hepatitis B). Frontline staff said they know residents are vulnerable and will take measures to protect them but don't feel vaccines (i.e., COVID) are protective. EHR/IIS documents recommended building more awareness between LTC and IIS communities, positively incentivize connectivity, and reduce operational and technical barriers to connectivity.

Lessons Learned: To improve vaccination coverage in LTC, focus on improving standard operating procedures. Build a positive culture of vaccination for staff, persistently offer vaccines and have an established calendar. Leadership is vital to the effort: being visible, helping troubleshoot, setting the vision, and supporting data analysis and interpretation. Separate issues of access vs. hesitancy for staff and build on a foundation of trust with administrators. More representation of LTC in the immunization community could support additional systems improvements.