Five Practices for Increasing COVID-19 Pediatric Vaccine Coverage Rates: Translating Lessons Learned During the Pandemic to the Current Environment

AUGUST 9, 2024

AIM
Association of Immunization Managers

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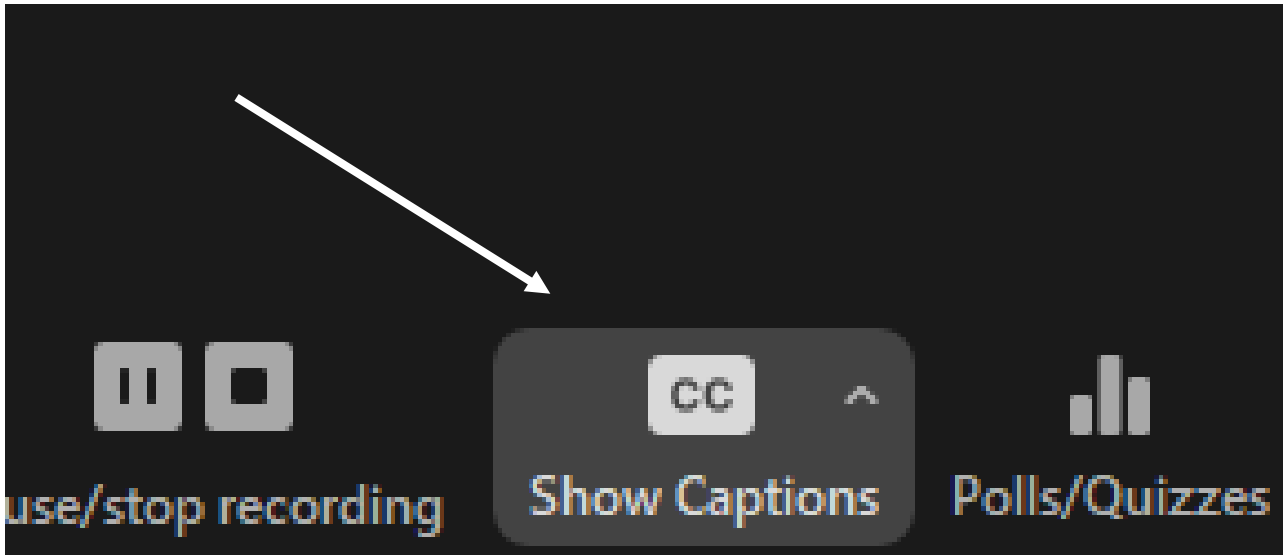


Housekeeping

- The webinar recording and slides will be made available on AIM's Promising Practices to Improve Pediatric COVID-19 Immunization Rates Toolkit.

- Please add any questions you have for our speakers to the Q&A box, and they will be addressed at the end.

- Please take a few moments to answer the survey questions that pop up in your browser after the webinar. Your feedback helps us to improve future events!

Promising Practices to Improve Pediatric COVID-19 Immunization Rates Toolkit

Explore AIM's latest toolkit that features five promising practices that programs can implement to improve immunization rates.

https://bit.ly/COVID-19practices

AIM Association of Immunization Managers

Speaker Introductions

Katelyn Wells, Ph.D.
AIM Chief Research, Evaluation, and Development Officer

Michelle Fiscus, MD, FAAP
AIM Chief Medical Officer

Emily Messerli, DNP, APRN, FNP-C
AIM Chief Programmatic Officer

Project Overview

Katelyn Wells, Ph.D.
AIM Chief Research, Evaluation, and Development Officer

About AIM

The Association of Immunization Managers (AIM) is a nonprofit membership association comprised of the directors of the 64 federally funded state, territorial, and local public health immunization programs. AIM is dedicated to working with its partners nationwide to reduce, eliminate, or eradicate vaccine-preventable diseases. AIM also works to ensure the success of its members by providing support in their programming interests. Since 1999, AIM has enabled collaboration among immunization managers to effectively control vaccine-preventable diseases and improve immunization coverage in the United States.

Visit www.immunizationmanagers.org to learn more!

Acknowledgements

The information in this PowerPoint comes from participants in focus groups at 2023 Great Lakes and Frontier/Southwest Vaccine Access Cooperative (VAC) meetings, interviews with immunization program managers and their partners, a literature review, input from AIM staff and AIM's Legacy Council, and Centers for Disease Control and Prevention (CDC) Project Officers' review of COVID-19 immunization progress reports and suggestions on potential promising practices. Thank you to all who participated in this work.

Key findings and lessons learned in these materials are largely based on pediatric vaccination strategies implemented during the COVID-19 public health emergency. Some of the practices were implemented with support that was linked to one-time emergency federal funds. Practices were also supported with a mix of state and local government funds and private and philanthropic funds that were available during the public health emergency.

As such, the practices may not be identically replicable moving forward, as the vaccination landscape has changed due to commercialization of COVID-19 vaccines and other factors. However, we anticipate that lessons learned during the public health emergency can inform strategies for COVID-19 vaccination after the public health emergency, vaccinations for all age groups, routine vaccinations, and future pandemic response. Therefore, this PowerPoint also provides strategies and tips to implement the practice in the post-pandemic environment.

Funding Acknowledgement

This publication was supported by the Centers for Disease Control and Prevention (CDC) Immunization Services Division (ISD) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $3 million, with 100 percent funded by Immunization Services Division (ISD)/National Center for Immunization and Respiratory Diseases (NCIRD)/HHS. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, the CDC/NCIRD/ISD or the U.S. Government.

Project Background

- CDC supplemental funding to identify promising practices used during the COVID-19 public health emergency to improve pediatric COVID-19 vaccination uptake among children ages 6 months to 11 years

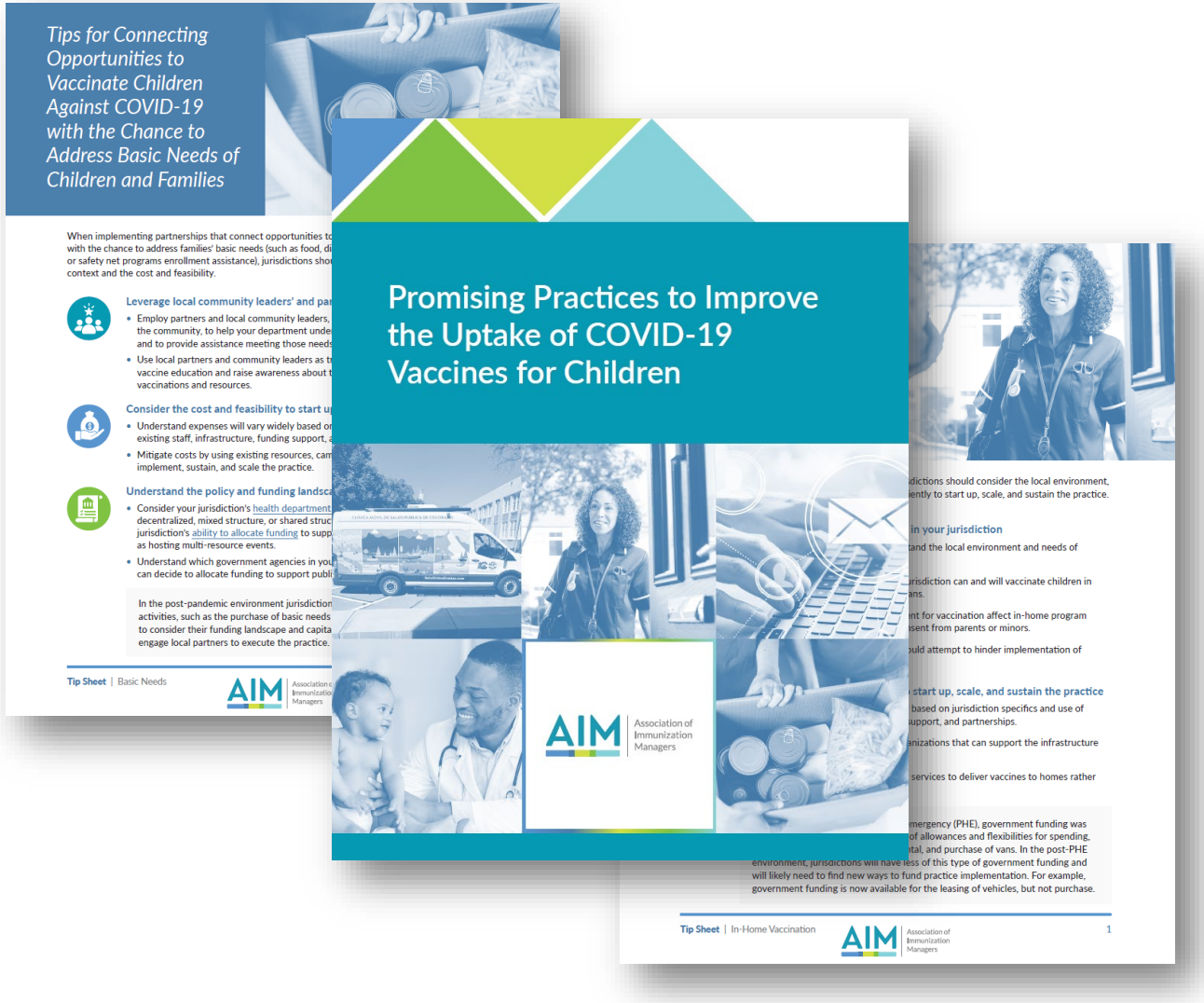
- Feasibility, policy, and economic analyses of five prioritized practices:
  1. Targeted outreach
  2. Addressing basic needs
  3. Mobile clinics
  4. At home vaccination
  5. Provider support

- Tools that equip immunization programs and partners to implement these five promising practices

For more innovative practices that AIM members utilize to improve immunization rates, visit the AIM Program Practices Database.

Resources

- Technical report
- Executive summary
- Full implementation guide
- 5 implementation guides
- 5 tip sheets



Find these resources in AIM's Promising Practices to Improve Pediatric COVID-19 Immunization Rates Toolkit.

Methodology

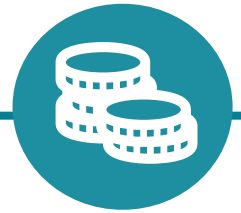
Four data sources:

1. Literature review
    - Peer-reviewed literature
    - AIM Program Practice Database
    - CDC internal documents
    - CDC suggestions for potential promising practices
2. Internet searches
3. Information from the Pediatric COVID-19 Vaccine Access Cooperative (VAC) meetings
4. Eight virtual interviews with immunization program managers

Promising practices were identified from these data sources and were scored and selected with input from AIM subject matter experts (SMEs).

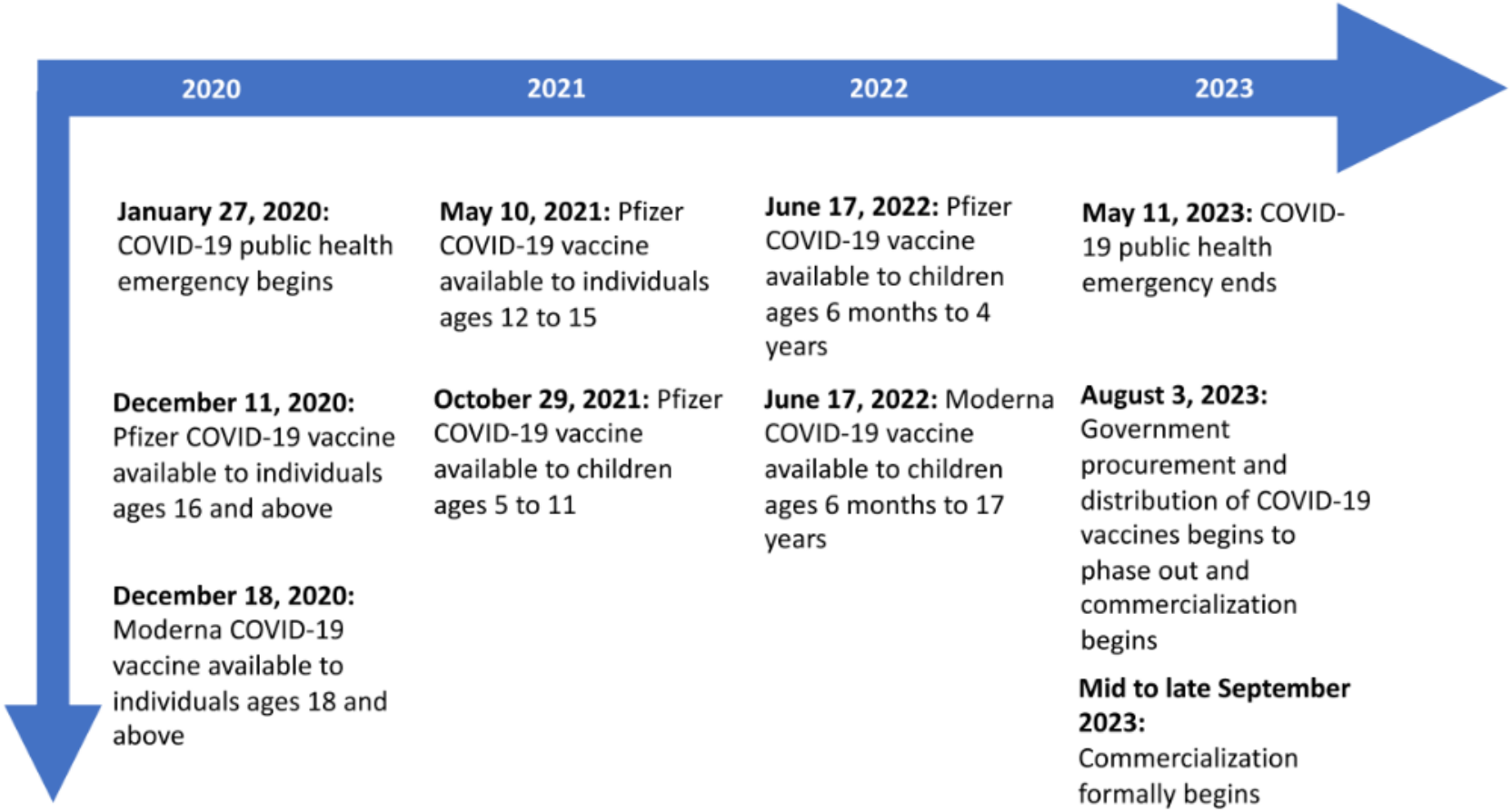
Feasibility analysis
examines the potential for implementing and replicating the five practices

Policy analysis
examines how the policy landscape affects implementation of the five practices



Economic analysis
examines costs and benefits associated with implementation of the five practices

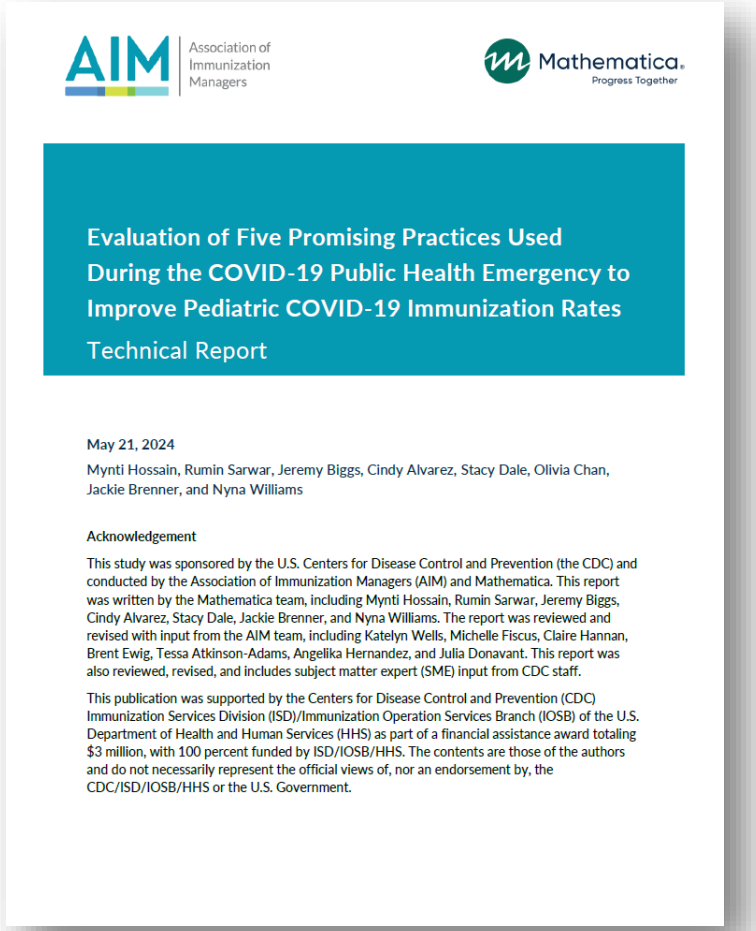
Timeline of key events and dates regarding the COVID-19 public health emergency and COVID-19 vaccines for children



Sources: FDA 2021a; FDA 2021b; FDA 2022; Fortner et al. 2021; Katella 2021; Kates et al. 2022; TruMed Systems 2023.
Pfizer COVID-19 vaccine = Pfizer-BioNTech COVID-19 vaccine.

Limitations

- No systematic literature reviews
- Limited articles available that were specific to pediatric COVID-19 vaccination
  - No data saturation
  - No 100% jurisdictional representation
- Convenience samples
- Point in time - vaccination landscape
- Funding diversity – Public Health Emergency
  - State and local government funds
  - Private and philanthropic funds
- Not 100% replicable - landscape changes due to the commercialization of COVID-19 vaccines and other factors



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Mathematica. Progress Together

Evaluation of Five Promising Practices Used During the COVID-19 Public Health Emergency to Improve Pediatric COVID-19 Immunization Rates

Technical Report

May 21, 2024

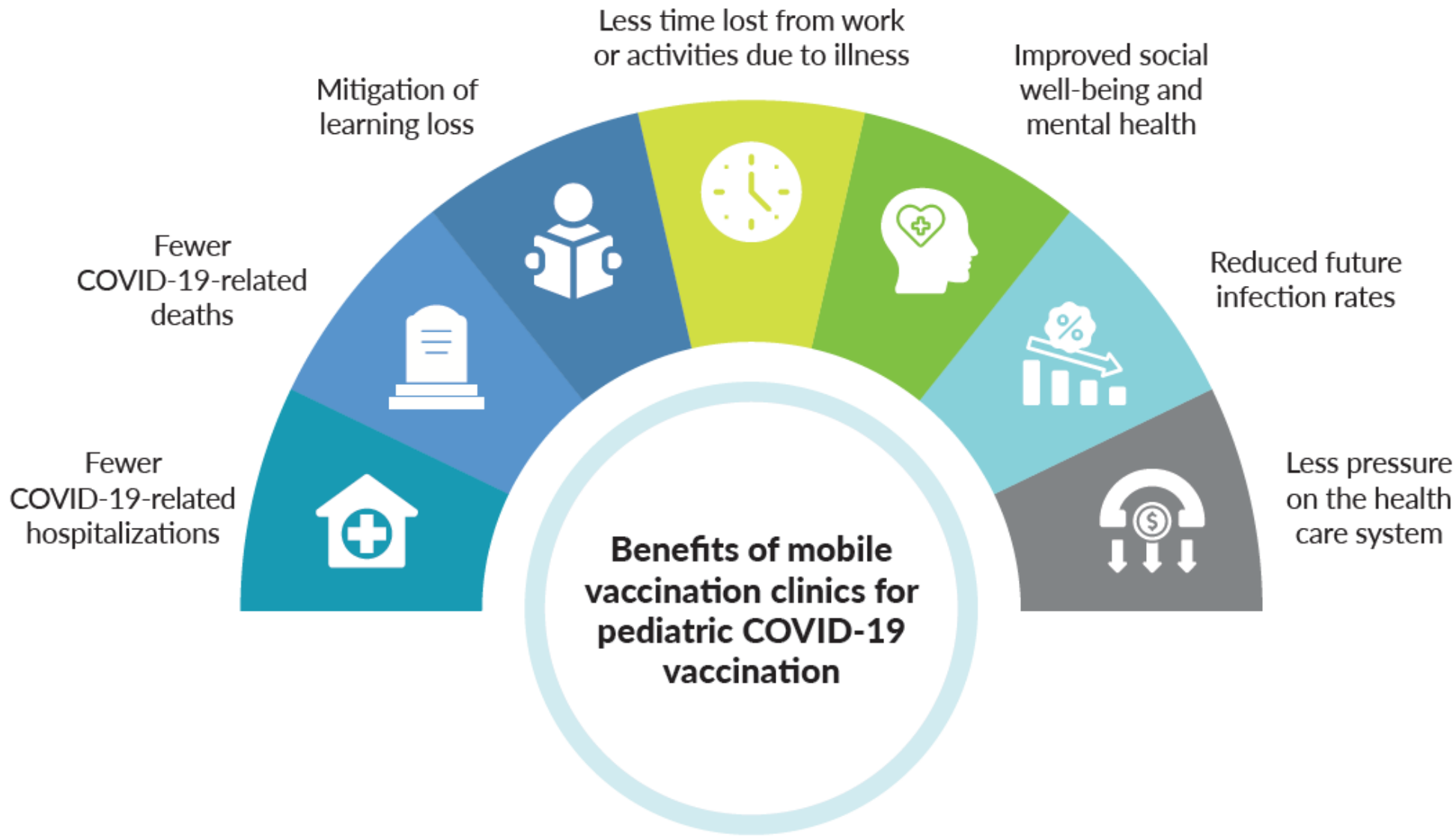
Mynti Hossain, Rumin Sarwar, Jeremy Biggs, Cindy Alvarez, Stacy Dale, Olivia Chan, Jackie Brenner, and Nyna Williams

Acknowledgement

This study was sponsored by the U.S. Centers for Disease Control and Prevention (the CDC) and conducted by the Association of Immunization Managers (AIM) and Mathematica. This report was written by the Mathematica team, including Mynti Hossain, Rumin Sarwar, Jeremy Biggs, Cindy Alvarez, Stacy Dale, Jackie Brenner, and Nyna Williams. The report was reviewed and revised with input from the AIM team, including Katelyn Wells, Michelle Fiscus, Claire Hannan, Brent Ewig, Tessa Atkinson-Adams, Angelika Hernandez, and Julia Donavant. This report was also reviewed, revised, and includes subject matter expert (SME) input from CDC staff.

This publication was supported by the Centers for Disease Control and Prevention (CDC) Immunization Services Division (ISD)/Immunization Operation Services Branch (IOSB) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $3 million, with 100 percent funded by ISD/IOSB/HHS. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, the CDC/ISD/IOSB/HHS or the U.S. Government.

Benefits of Practice Implementation – Mobile Clinics



Feasibility

= Data indicate that the practice requires a ***high*** level of resources and is complex to implement.

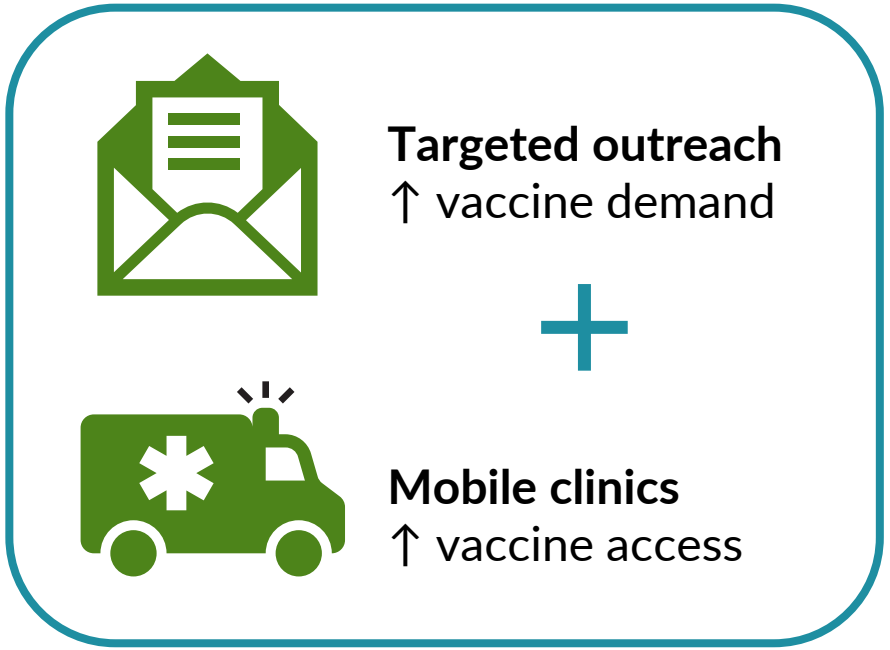
= Data indicate that the practice requires a ***low*** level of resources and is *not* complex to implement.

	Start up	Scale	Sustain	
 Practice 1: Targeted outreach	−	✓	✓	• **Resources:** High level to start up, but relatively low level to scale and sustain. For example, a jurisdiction will require a high level of resources to establish technological infrastructure but fewer resources to maintain it. • **Complexity:** Establishing technology infrastructure can be complex. For example, jurisdictions may need to establish data sharing agreements with multiple partners and make several upgrades to their technological functionalities.
 Practice 2: Basic needs	✓	✓	✓	• **Resources:** Low level to start up, scale, and sustain because jurisdictions can partner with organizations that donate basic needs resources, or with existing vaccine programs. • **Complexity:** Not complex if a jurisdiction works with partners to implement.
 Practice 3: Mobile clinics	−	−	−	• **Resources: H**igh levels to start up, scale, and sustain. As mobile clinics are implemented in more locations and for longer periods of time, more resources (like staff and equipment) are needed. • **Complexity:** The level of complexity can remain high as mobile clinics are implemented in more locations and for longer periods of time.
 Practice 4: At-home vaccination	−	−	−	• **Resources: H**igh levels to start up, scale, and sustain. The level of resources (such as staff and equipment) needed remains relatively constant, even as more vaccinations at home are given over time. • **Complexity:** The level of complexity of the practice does not change as vaccinations are administered in more homes over time.
 Practice 5: Provider support	−	−	✓	• **Resources:** High level to start up and scale because this is a one-time investment for a jurisdiction; there is no additional burden on jurisdictions or providers to sustain the practice. • **Complexity:** Can be complex depending on how many providers a jurisdiction is aiming to support and how.

Overall Analyses Results: Feasibility

- There are benefits to implementing combinations of the five practices, when finances allow

- Formal and informal collaboration with local partners is vital for:
  - Trust
  - Long-term capacity
  - Customization



Overall Analyses Results: Policy

- Identified 11 key factors and policies affecting implementation
- Two major takeaways below

Implementation of the targeted outreach practice depends most heavily on federal and state policymaker decisions on funding, data reporting, and data sharing

Organized groups who engage in the vaccine ecosystem can have a strong influence on practice implementation

1. Organized groups
2. Vaccine administration policies
3. Policies on minor consent for vaccination
4. Funding to enhance data infrastructure and support data sharing
5. MCO requirements
6. Policies on IIS reporting
7. Policies on consent for IIS reporting
8. Policies on vaccination data sharing
9. State and local governments' vaccination and resource dissemination
10. Changing guidance for vaccine storage and handling
11. Policies offering federal and state funding to support pediatric health care providers

Overall Analyses Results: Economic

- For **3 of 5** practices, the benefits outweighed the costs (benefit-cost ratio >1)

1. Mobile clinics: Highest cost-benefit ratio, but moderate-to-high implementation cost

2. Basic needs: Use of community-based locations provides a cost benefit by reaching a greater population

3. Targeted outreach: Lowest-cost of the five practices

Translation to Current Environment

Challenges during the public health emergency	Challenges after the public health emergency
Difficulties hiring and retaining qualified staff	Less government and non-governmental funding
Complex and evolving guidelines for administering COVID-19 vaccines	Low engagement from partners
Managing reporting requirements that were new for COVID-19 vaccines	Complexities arising from the commercialization of COVID-19 vaccines and low vaccine demand

Adapting Practices to the Current Environment

- Re-engage partnerships formed during the pandemic
- Expand strategies to other vaccines and age groups
- Overcome budget and staffing cuts by building on partnerships formed during pandemic
- Evaluate your work to continue to build the evidence base for these practices
- Immunization programs can use the implementation guides to:

Brainstorm and inform future plans

Obtain buy-in and support

Provide basis for proposals

Provide information

Connecting Vaccination with Addressing Basic Needs

Michelle Fiscus, MD, FAAP
AIM Chief Medical Officer

Practice overview

- Jurisdictions can connect opportunities to vaccinate children with efforts to help meet basic needs such as:
  - Food
  - Diapers
  - Period products
  - School supplies
  - Safety net program enrollment assistance

- Implementing organizations:
  - State health departments
  - Local health departments
  - Social service agencies
  - Community-based organizations
  - Health care providers

Why implement this practice?

- ✓ Improve connections between families and healthcare providers
- ✓ Support healthy childhood development and family well-being
- ✓ Enroll families in vital social programs
- ✓ Improve health and reduce costs for families

Step 1: Identify clinical and community partners

- Partner with trusted clinical and community partners to provide vaccinations and resources.

Key Partnerships to Consider:

- ✓ Health department WIC programs
- ✓ Jurisdictional-based councils for supporting children and families
- ✓ State and Tribal child support agencies
- ✓ Local diaper bank and period supply organizations
- ✓ Local food bank organizations
- ✓ District school nurse representatives
- ✓ Community health centers

Step 2: Identify a need to address

- Understand the needs of the local community
  - Listen to community members
  - Leverage relationships with community-based organizations
  - Use data to understand community needs

Step 3: Choose a setting

In the community	Traditional clinic locations
• Mobile vaccination units • Coordinate with existing community events	• Bring needed items to existing clinics • Explore what services are in/near clinics that could help with coordination

Step 4: Key Considerations – Examples

Organized groups supporting or hindering the implementation of the activity

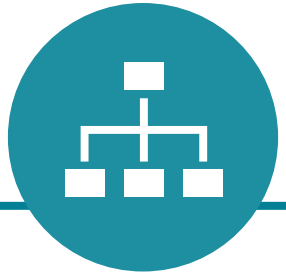
State and local governments' decision to use public funding to host vaccination and multi-resource events

Costs associated with program administration, basic needs materials, and resource distribution

Find additional information about feasibility, cost, and environmental considerations for this practice in the Basic Needs Implementation Guide.

Action steps related to policy and environmental factors

Identify organizations that can help implement and promote events



Understand your state's public health governance structure

Engage state lawmakers through education

Middle Tennessee

Goal

- Increase engagement by parents and caregivers in routine health care services by providing diapers to support families

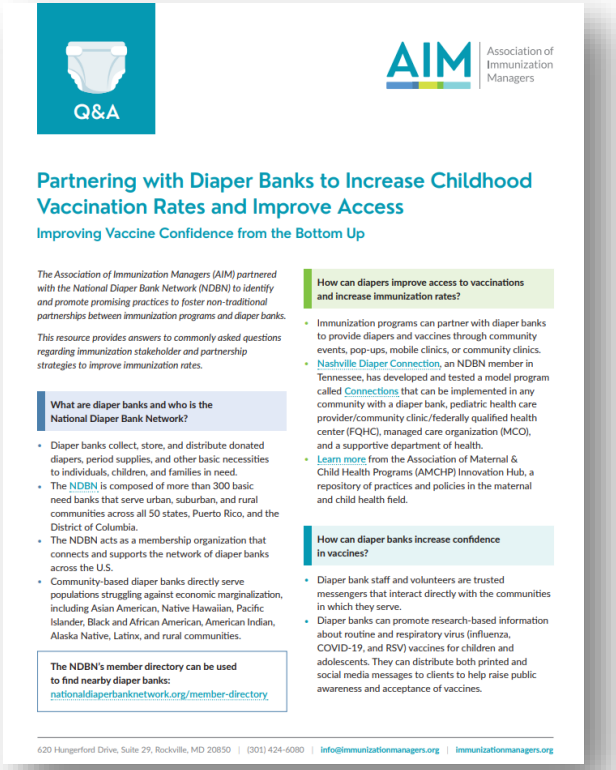
Approach

- Nashville Diaper Connection provides diapers through its Connections™ partner clinics
- Partner clinics provide diapers to parents/caregivers who bring their children for visits/immunizations

Lessons learned

- Partner with trusted community-based organizations and clinics
- Make the program available to families regardless of insurance coverage

View this resource



Q&A

AIM Association of Immunization Managers

Partnering with Diaper Banks to Increase Childhood Vaccination Rates and Improve Access

Improving Vaccine Confidence from the Bottom Up

The Association of Immunization Managers (AIM) partnered with the National Diaper Bank Network (NDBN) to identify and promote promising practices to foster non-traditional partnerships between immunization programs and diaper banks.

This resource provides answers to commonly asked questions regarding immunization stakeholder and partnership strategies to improve immunization rates.

What are diaper banks and who is the National Diaper Bank Network?

- Diaper banks collect, store, and distribute donated diapers, period supplies, and other basic necessities to individuals, children, and families in need.
- The NDBN is composed of more than 300 basic need banks that serve urban, suburban, and rural communities across all 50 states, Puerto Rico, and the District of Columbia.
- The NDBN acts as a membership organization that connects and supports the network of diaper banks across the U.S.
- Community-based diaper banks directly serve populations struggling against economic marginalization, including Asian American, Native Hawaiian, Pacific Islander, Black and African American, American Indian, Alaska Native, Latinx, and rural communities.

The NDBN's member directory can be used to find nearby diaper banks: nationaldiaperbanknetwork.org/member-directory

How can diapers improve access to vaccinations and increase immunization rates?

- Immunization programs can partner with diaper banks to provide diapers and vaccines through community events, pop-ups, mobile clinics, or community clinics.
- Nashville Diaper Connection, an NDBN member in Tennessee, has developed and tested a model program called Connections that can be implemented in any community with a diaper bank, pediatric health care provider/community clinic/federally qualified health center (FQHC), managed care organization (MCO), and a supportive department of health.
- Learn more from the Association of Maternal & Child Health Programs (AMCHP) Innovation Hub, a repository of practices and policies in the maternal and child health field.

How can diaper banks increase confidence in vaccines?

- Diaper bank staff and volunteers are trusted messengers that interact directly with the communities in which they serve.
- Diaper banks can promote research-based information about routine and respiratory virus (influenza, COVID-19, and RSV) vaccines for children and adolescents. They can distribute both printed and social media messages to clients to help raise public awareness and acceptance of vaccines.

620 Hungerford Drive, Suite 29, Rockville, MD 20850 | (301) 424-6080 | info@immunizationmanagers.org | immunizationmanagers.org

Pima County, Arizona

Goal

- Reverse declining COVID-19 vaccination rates and address disparities in access to social and economic resources

Approach

- Pima County Health Department identified census tracts with COVID-19 vaccination rates below 40%
- Implemented a multi-resource event model; community health workers promoted and ran the event
- Resources offered included food, referrals to public health clinical services, rental and housing assistance, regardless of whether participants received a vaccine

Lessons learned

- Tailor events and partner with community organizations
- Use diverse trusted voices from the community

View this resource

Check for updates

Case Study

PUBLIC HEALTH REPORTS

A Multiresource Event Model Developed to Increase Access to COVID-19 Vaccines in Pima County, Arizona, Summer 2021

Public Health Reports 2022, Vol. 137(6) 1061–1065 © 2022, Association of Schools and Programs of Public Health All rights reserved. Article reuse guidelines: sagepub.com/journals-permissions DOI: 10.1177/00333549221114896 journals.sagepub.com/home/phr SAGE

Amanda Monroy, MA[1]; and Theresa Cullen, MD, MS[1]

Abstract

In summer 2021, the Pima County Health Department (PCHD) developed and implemented a multiresource event model for vaccine clinics to increase access to COVID-19 vaccines and other resources, such as food, rental assistance, and public health services, in Pima County, Arizona, communities. The PCHD aimed to improve vaccine access in areas with vaccination rates <40% by involving community partners to plan a multiresource event with resources (eg, food, connection to economic resources, information on childcare, and heat relief)and incentives specific to community needs that could drive attendance. Resources would be made available to community members regardless of whether they received a COVID-19 vaccine at the event. The PCHD selected census tract 41.15 as the pilot group to apply the multiresouce COVID-19 vaccine event model. Census tract 41.15 is a heat-stressed area of Pima County comprising mostly Latino people and people with lower incomes and is an area with low vaccination rates for COVID-19. The vaccination rate increased in census tract 41.15 by 12.8 percentage points (absolute increase), starting at 33.9% on June 1, 2021, and increasing to 46.7% as of September 1, 2021. In addition, attendance at the pilot event versus attendance at previous events that did not use this model increased by >100%. The multiresource COVID-19 vaccine event, when held within a hyperlocal area and when the needs of residents in the community are considered, can improve vaccine uptake. This model provides a roadmap for COVID-19 vaccine delivery in areas of low uptake.

Keywords

COVID-19 vaccine, mobile vaccine clinic, social determinants of health, vaccine uptake, vaccine equity

The Pima County Health Department (PCHD) in Pima County, Arizona, prepared for its COVID-19 vaccination campaign in December 2020 with a commitment to administer 300 000 vaccines by March 31, 2021. The March 31, 2021, goal was exceeded by 100 000, but COVID-19 vaccination rates decreased in early summer 2021. This decline was consistent with a nationwide trend of declining COVID-19 vaccination rates from late spring through early summer 2021.[1] In Pima County, mobile vaccine sites served approximately 60 people per mobile COVID-19 vaccine event in May 2021 as compared with 142 in April 2021 and 420 in March 2021, with an average of 15 mobile vaccine events occurring per week (PCHD, unpublished data, July 2021).

Mobile vaccination clinics became a part of the Pima County COVID-19 vaccination campaign starting in February 2021. Mobile vaccine sites are integral to reaching communities that are disproportionately affected by COVID-19 and that cannot access static vaccine sites. Barriers to accessing traditional vaccination locations include limited access to medical providers or vaccine centers, mobility issues (eg, lack of mass public transportation), rigid work and family care schedules, and low levels of vaccine confidence.[2-4] Mobile vaccine delivery addresses these barriers by bringing vaccines to underresourced communities in familiar and trusted locations outside regular business hours.

In late spring 2021, to reverse the declining COVID-19 vaccination rates and related disparities in access to social and economic resources emerging among census tracts in Pima County, Arizona, PCHD developed a data-driven approach to improve vaccine access. The approach involved identifying census tracts in Pima County with COVID-19 vaccination rates <40% as of June 1, 2021, and implementing a multiresource event model to improve COVID-19 vaccine access in these areas. Multiresource events provide multiple connections to resources of need, as opposed to focusing on just a single need. Because a multiresource event could address >1 identified need of the community and allow event organizers to create an intentionally inviting

[1] Pima County Health Department, Tucson, AZ, USA

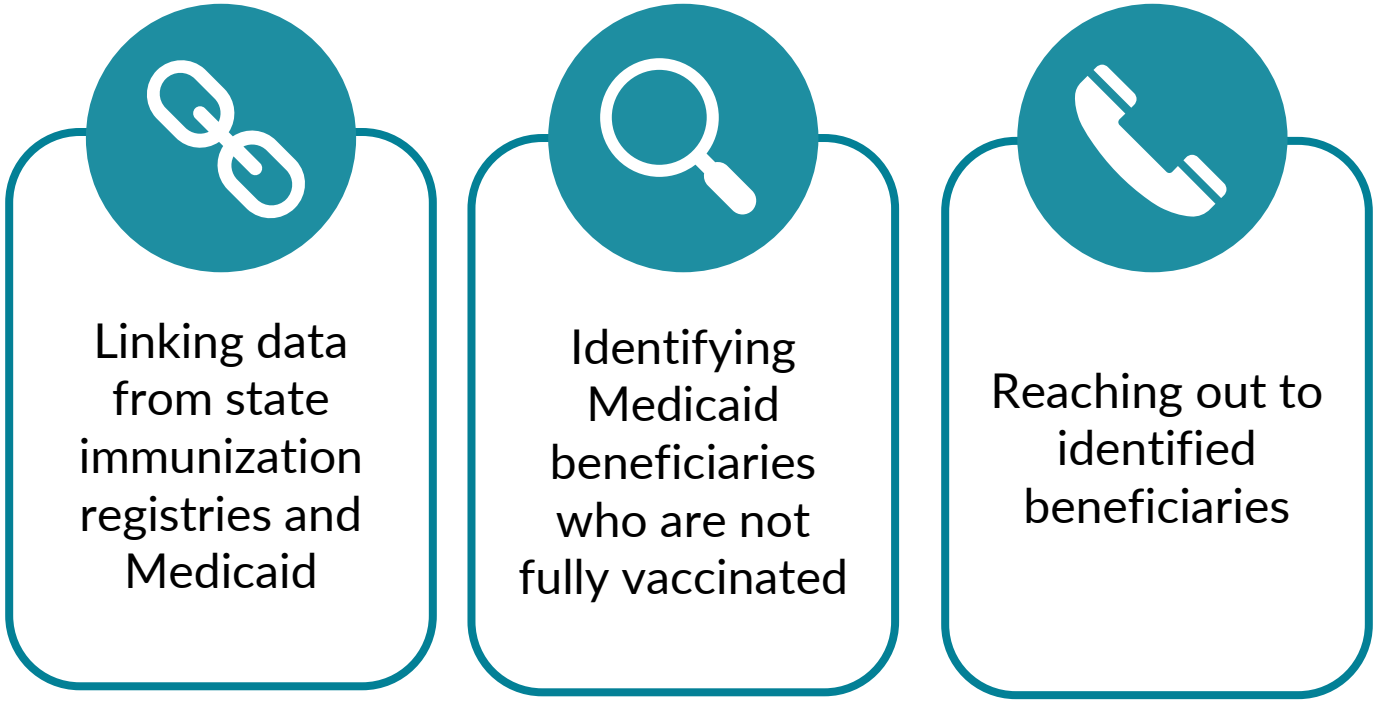
Corresponding Author:
Amanda Monroy, MA, Pima County Health Department, 3950 S Country Club Rd #100, Tucson, AZ 85714, USA.
Email: amanda.monroy@pima.gov

Linking Medicaid & Immunization Information System Data to Improve COVID-19 Vaccination Rates

Michelle Fiscus, MD, FAAP
AIM Chief Medical Officer

Practice overview

- Targeted outreach to unvaccinated Medicaid beneficiaries identified using state immunization registry data involves:

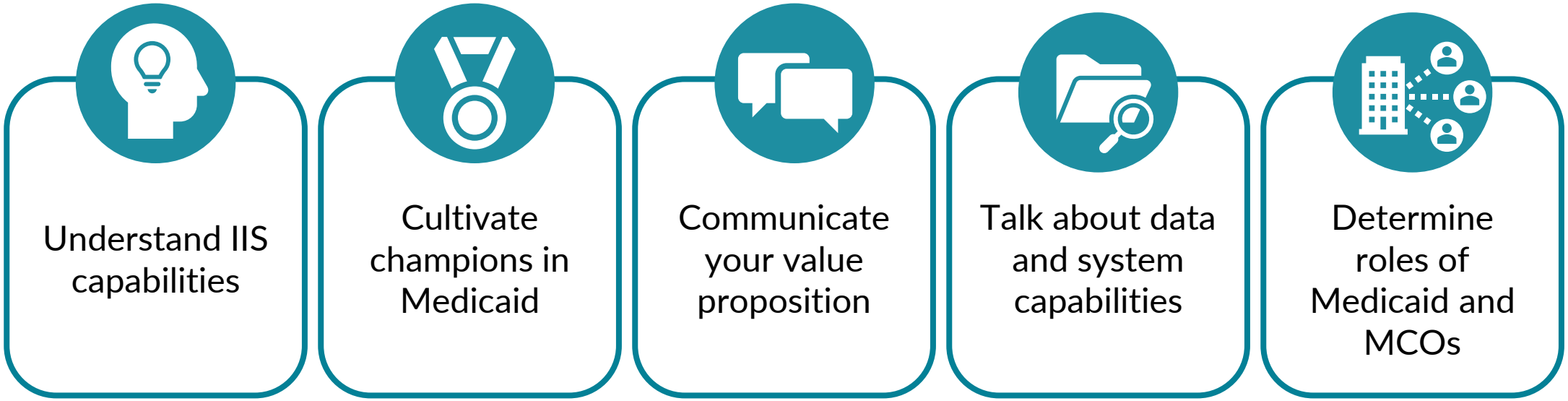


Why implement this practice?

- ✓ Improve vaccination rates for Medicaid beneficiaries
- ✓ Reminder/recall has had positive impacts on routine immunization uptake
- ✓ Identify disparities
- ✓ Tailor public health interventions to specific populations
- ✓ Strengthen connections to essential healthcare services
- ✓ Improve health and reduce costs for families

Step 1: Partner with your state Medicaid agency

- Build relationships with state Medicaid officials
- Develop an understanding of the available data and system capacity to link data
- Be prepared to provide an overview of the data in the IIS and the capabilities of the IIS for data sharing
- To do so, jurisdictions can:



As jurisdictions carry out these steps, they can leverage AIM's Communicating the Value of Immunization Information Systems (IIS): A Toolkit for Program Managers.

Step 2: Set up the data infrastructure to link Medicaid and IIS data

- Linking data allows state Medicaid agencies and jurisdictions to match individual-level immunization records with unique Medicaid beneficiaries
- To support the linking of systems, jurisdictions may consider the following:

Determine what investments were made during the public health emergency
- If needed, invest in improvements
- Secure funding to update legacy systems

Assess data completeness and implement strategies to ensure complete & accurate data
- Work with IT
- Ensure providers fill out vaccination data

Step 3: Develop lists of unvaccinated Medicaid beneficiaries

- Once IIS and Medicaid data are linked, individual-level data will need to be matched
- Matched data can be queried to develop a list of unvaccinated beneficiaries
  - Population-level data can also be shared through searchable datasets, weekly reports, and interactive dashboards
- When sharing information on unvaccinated beneficiaries, jurisdictions may consider the following:

Create regularly updated dashboards or data sets

Filter the data by categories

Step 4: Key Considerations - Examples

Organized groups supporting or hindering implementation

State and local governments' decision to use public funding

MCO requirements to contact enrollees

IIS policies (reporting, consent, COVID-19 data sharing)

Costs: program administration, infrastructure, software development, legal review

Find additional information about feasibility, cost, and environmental considerations for this practice in the Targeted Outreach Implementation Guide.

Action steps related to policy and environmental factors

Engage lawmakers through education

Join organizations to learn best practices

Combat misinformation from anti-vaccine groups

Identify federal and state funding opportunities

Understand jurisdictional policies

California

Goal

- Improve vaccination rates among California Medicaid (Medi-Cal) beneficiaries

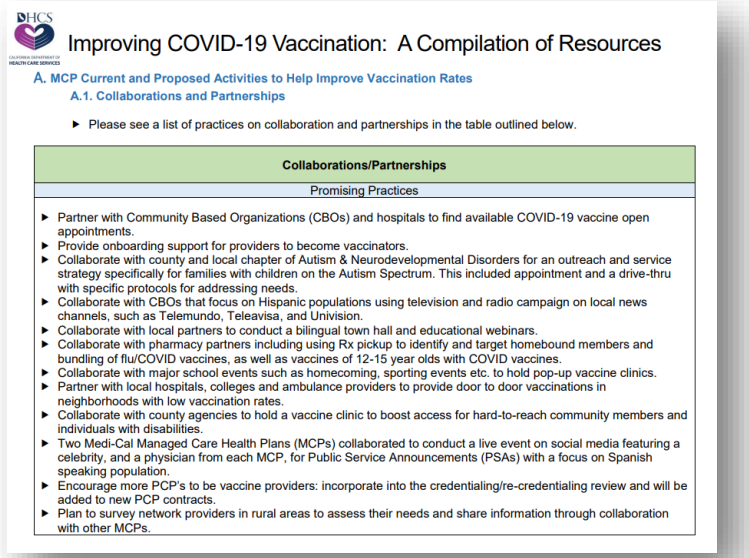
Approach

- California Department of Health Care Services links eligibility data and COVID-19 vaccination data from the IIS and tracks coverage rates among Medi-Cal beneficiaries
- Beneficiary vaccination information can be shared with managed care plans, which conduct outreach

Lessons learned

- Collaborate across public health agencies and providers to improve comprehensiveness of outreach

View this resource



DHCS

Improving COVID-19 Vaccination: A Compilation of Resources

A. MCP Current and Proposed Activities to Help Improve Vaccination Rates

A.1. Collaborations and Partnerships

- Please see a list of practices on collaboration and partnerships in the table outlined below.

Collaborations/Partnerships
Promising Practices
▸ Partner with Community Based Organizations (CBOs) and hospitals to find available COVID-19 vaccine open appointments. ▸ Provide onboarding support for providers to become vaccinators. ▸ Collaborate with county and local chapter of Autism & Neurodevelopmental Disorders for an outreach and service strategy specifically for families with children on the Autism Spectrum. This included appointment and a drive-thru with specific protocols for addressing needs. ▸ Collaborate with CBOs that focus on Hispanic populations using television and radio campaign on local news channels, such as Telemundo, Teleavisa, and Univision. ▸ Collaborate with local partners to conduct a bilingual town hall and educational webinars. ▸ Collaborate with pharmacy partners including using Rx pickup to identify and target homebound members and bundling of flu/COVID vaccines, as well as vaccines of 12-15 year olds with COVID vaccines. ▸ Collaborate with major school events such as homecoming, sporting events etc. to hold pop-up vaccine clinics. ▸ Partner with local hospitals, colleges and ambulance providers to provide door to door vaccinations in neighborhoods with low vaccination rates. ▸ Collaborate with county agencies to hold a vaccine clinic to boost access for hard-to-reach community members and individuals with disabilities. ▸ Two Medi-Cal Managed Care Health Plans (MCPs) collaborated to conduct a live event on social media featuring a celebrity, and a physician from each MCP, for Public Service Announcements (PSAs) with a focus on Spanish speaking population. ▸ Encourage more PCP's to be vaccine providers: incorporate into the credentialing/re-credentialing review and will be added to new PCP contracts. ▸ Plan to survey network providers in rural areas to assess their needs and share information through collaboration with other MCPs.

Massachusetts

Goal

- Partner with MassHealth and use data to target outreach to Medicaid beneficiaries and share information on COVID-19 vaccination

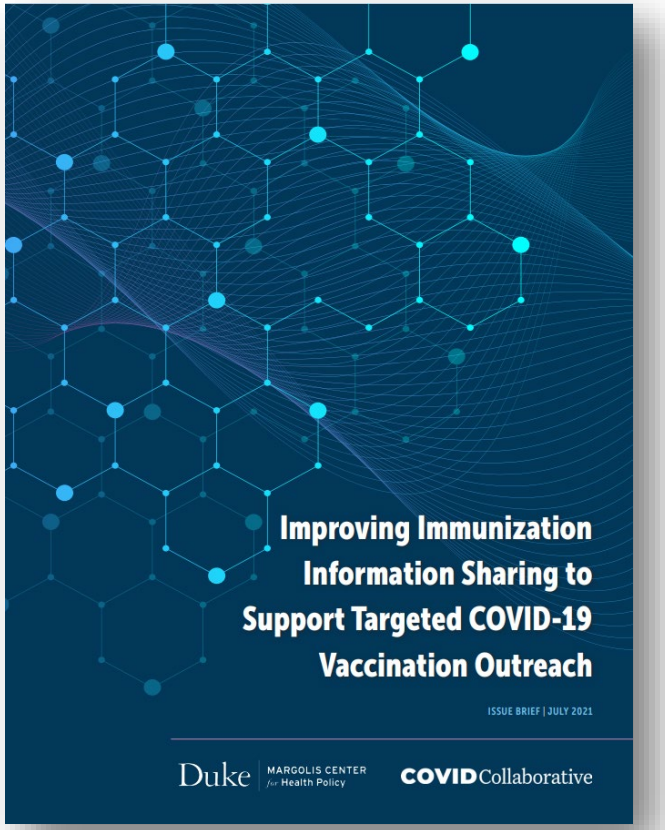
Approach

- Require the state IIS to share immunization data with insurers
- MassHealth and the DPH signed a data use agreement (DUA) to receive weekly reporting of IIS data
- MassHealth creates dashboards of vaccination rates and shares data with Medicaid managed care plans

Lessons learned

- Collaborate among health agencies, with support of a DUA, to facilitate the exchange and reporting of data

View this resource



Using Mobile Clinics & At-home Vaccination to Improve COVID-19 Vaccination Rates

Emily Messerli, DNP, APRN, FNP-C
AIM Chief Programmatic Officer

Practice overview

Mobile Clinics

- Using mobile vans or other vehicles to bring vaccines to convenient, community locations, such as:
  - Parks
  - Rail stations
  - Churches
  - Supermarkets

At-home Vaccination

- Providing vaccinations to children in their homes

Why implement these practices?

- ✓ Reach areas that are historically underserved
- ✓ Reduce travel and time burdens by meeting people where they are
- ✓ Support families with high-risk family members
- ✓ Connect children and families to essential health care services, including connections back to a medical home
- ✓ Improve health and reduce costs for families and communities

Step 1: Prepare resources

Before

- Secure staff, partners, and resources
- Conduct outreach and test methodology

During

- Transport staff and vaccines to location
- Administer vaccines

After

- Store supplies and take inventory
- Ensure documentation
- Follow up with patients

Step 2: Establish partnerships

- Partnerships can support implementing organizations to improve:

Find additional information about key partnerships for these practices in the Mobile Clinics & At Home Vaccination Implementation Guides.

Step 3: Operational challenges and action steps

Mobile Clinics

Access challenges

Staffing & demand

Variability

At Home Vaccination

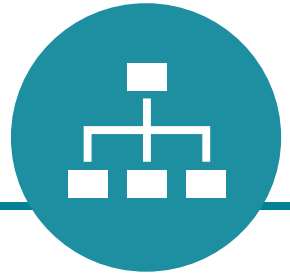
Safety concerns

Capacity & resources

Find additional information about operational challenges and action steps for these practices in the Mobile Clinics & At Home Vaccination Implementation Guides.

Step 4: Key Considerations - Environmental

Policies related to providers' scope of practice



Policies on minor consent for vaccination

Organized groups supporting or hindering implementation

Find additional information about feasibility, cost, and environmental considerations for these practices in the Mobile Clinics & At Home Vaccination Implementation Guides.

Action steps related to policy and environmental factors

Understand jurisdictional scope of practice and minor consent laws

Engage state lawmakers through education

Consider notifying local law enforcement about clinics

Identify federal and state funding opportunities

Combat misinformation from anti-vaccine groups

Massachusetts

Goal

- Prioritize residents in 20 municipalities most disproportionately affected by COVID-19

Approach

- Delivered services from an ambulance or medical van
- Created customizable promotion materials available in several languages including American Sign Language
- Partnered with municipal leaders and local trusted messengers

Lessons learned

- Prioritize the whole family approach and accessibility

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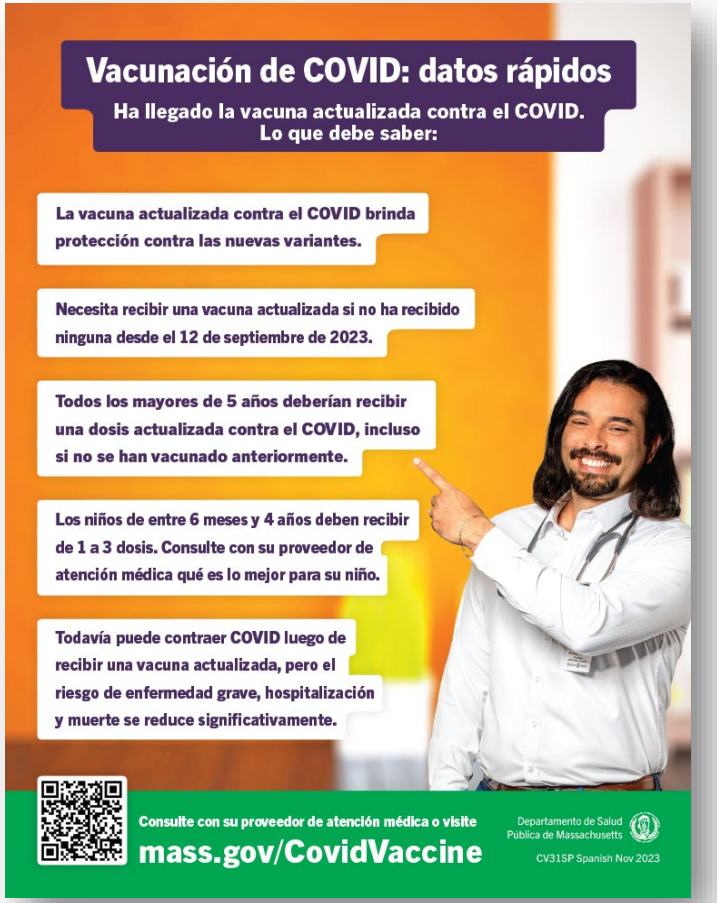

Chicago, Illinois

Goal

- Increase COVID-19 vaccination rates among Chicagoans

Approach

- Protect Chicago at Home program started as a program for home-bound people, but expanded to include anyone 6 months+
- Vaccinated up to 10 people at a time in their home
- Offered COVID-19 and flu vaccines to the entire household if one resident registered for a COVID-19 vaccine

Lessons learned

- Hold regular check-in calls with partners to discuss issues
- Scale program to meet demand

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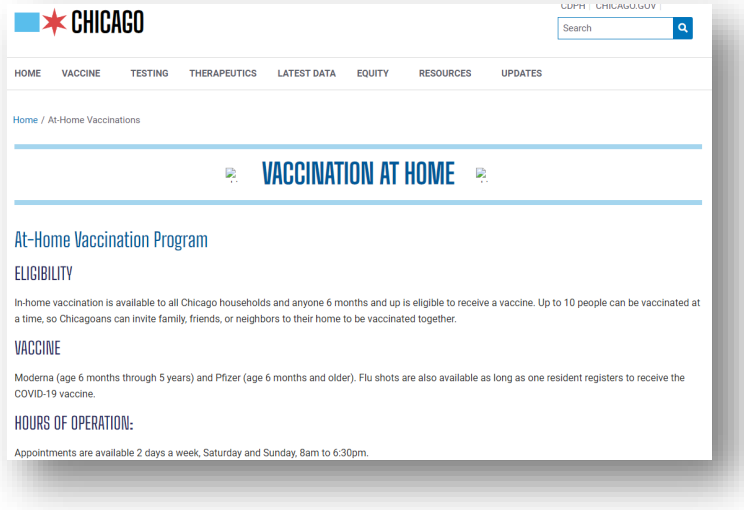

Promising Practices to Improve Pediatric COVID-19 Immunization Rates Toolkit

Explore AIM's latest toolkit that features five promising practices that programs can implement to improve immunization rates.

https://bit.ly/COVID-19practices

AIM Association of Immunization Managers

Housekeeping

- The webinar recording and slides will be made available on AIM's Promising Practices to Improve Pediatric COVID-19 Immunization Rates Toolkit.

- Please take a few moments to answer the survey questions that pop up in your browser after the webinar. Your feedback helps us to improve future events!

Thank you!

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