



State Public Health Symposium Moving Prevention into the Future

June 22, 2022

Agenda for Today

- Public Health Governance
- Public Health Workforce
- Vaccine Policy
 - Overview of Domestic Programs
 - Routine Childhood Vaccination
 - Data and Information
 - Communication and Messaging
 - Expert Panel: Looking to the Future

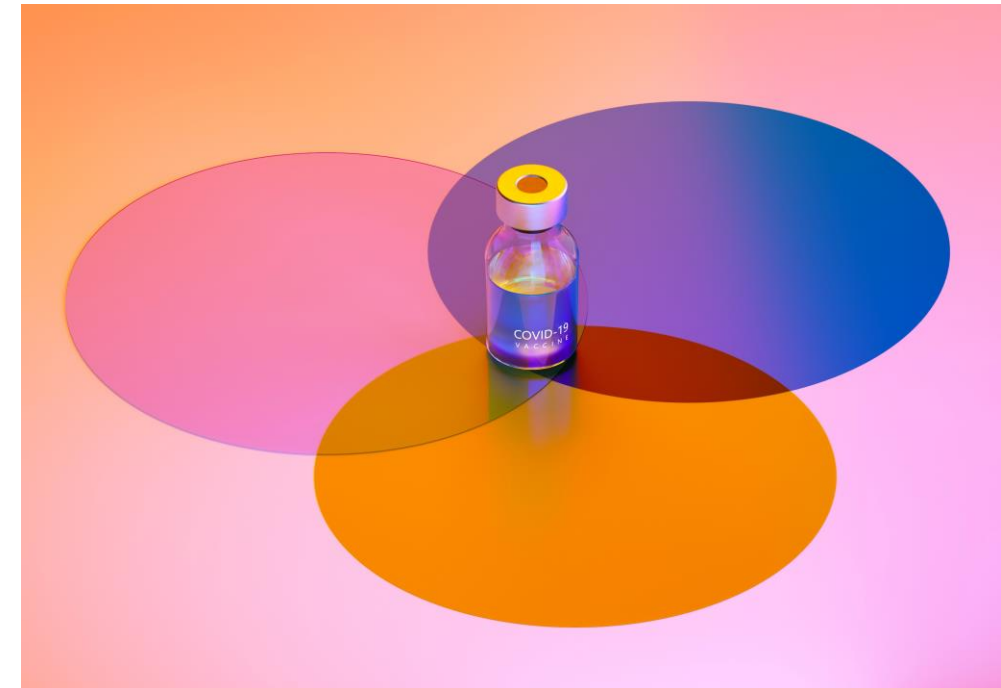


Table Discussions- Share



What is your public health agency doing well? How are you evaluating it?



What are you doing, if anything, on public health modernization?



What questions do you have?



State Health Agency Governance

Michael Fraser, PhD, MS, CAE, FCPP

June 22, 2022

Overview

- Discuss public health agency governance and structure
- Share historic and socio-political influences on the development of public health agency structure
- Refer you to resources for additional information

ASTHO PROFILE

OF STATE AND TERRITORIAL
PUBLIC HEALTH VOLUME 4



Comprehensive survey of state and territorial health agency activities, structure, governance, and resources

Profile survey overview

3

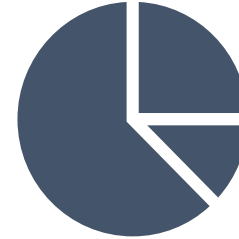
The survey is **fielded every 3 years**.



Survey respondents include Senior Deputies/Health Officials, Chief Financial Officers, and HR/Workforce Directors.

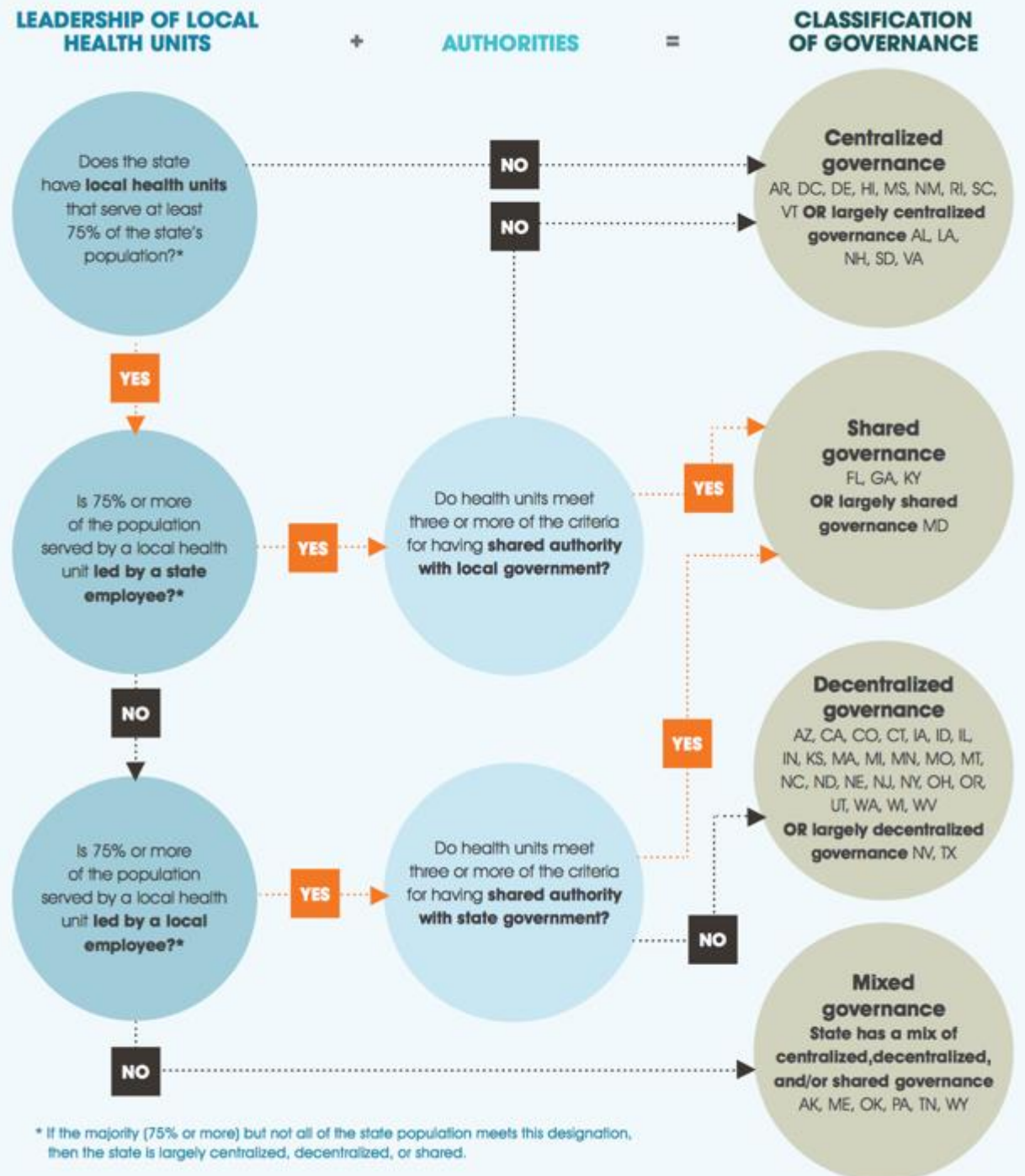
100%

In 2019, there was a **100% response rate** from all 50 states and DC.

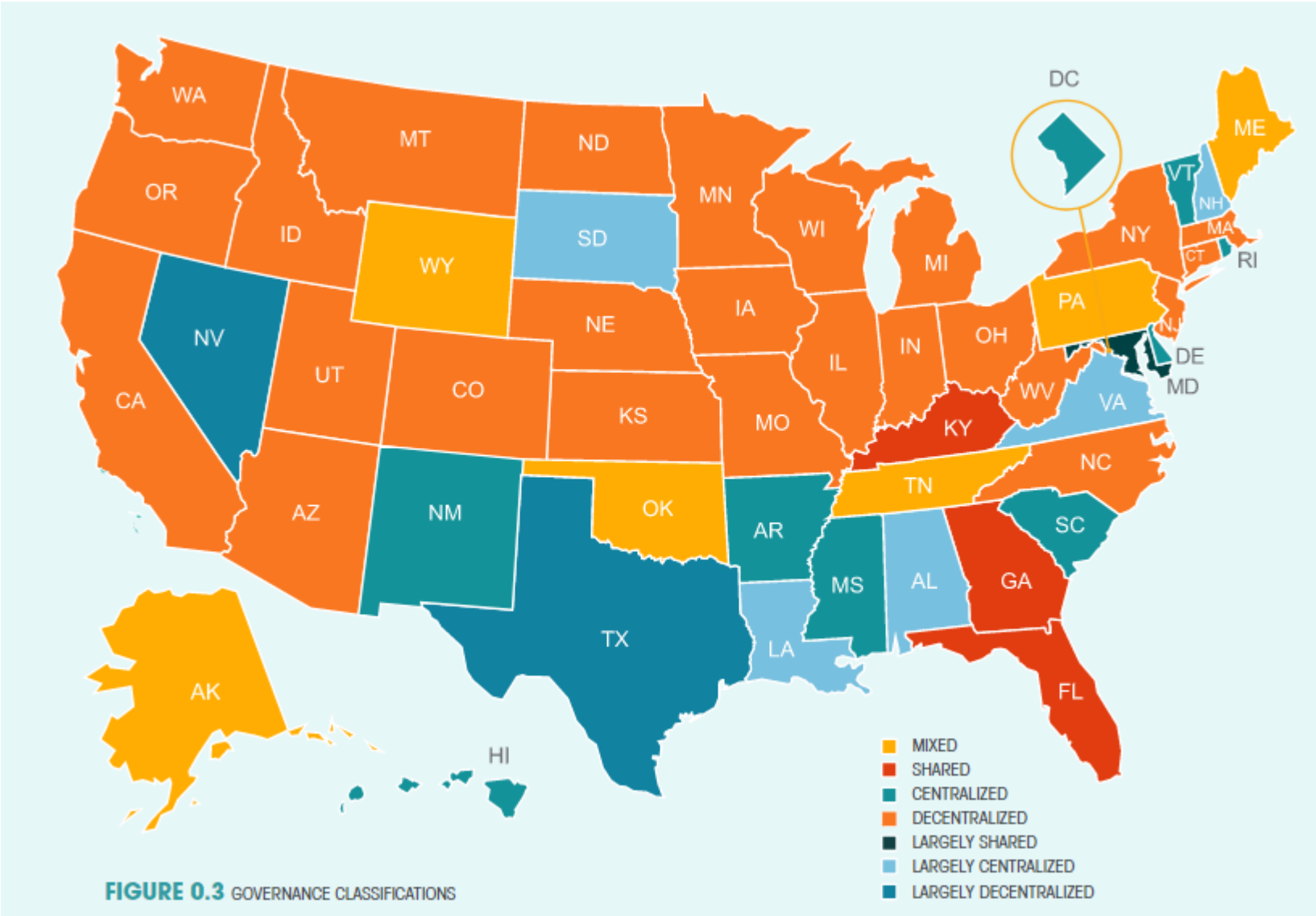


Secondary data sources include data from de Beaumont Foundation, PHAB, CDC, health agency websites, and ASTHO member data.

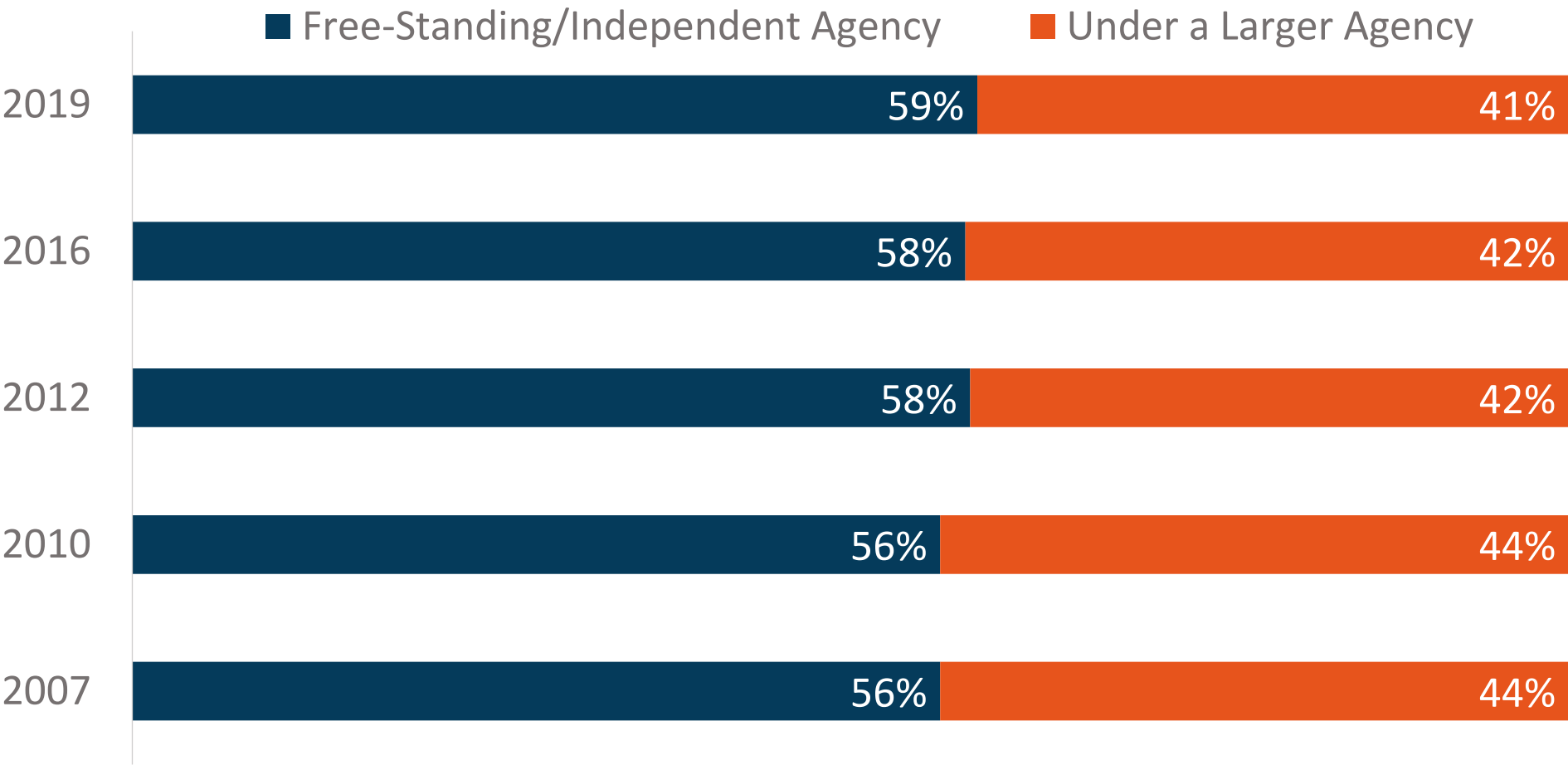
State health agency governance categorization



2019 state health agency governance classification

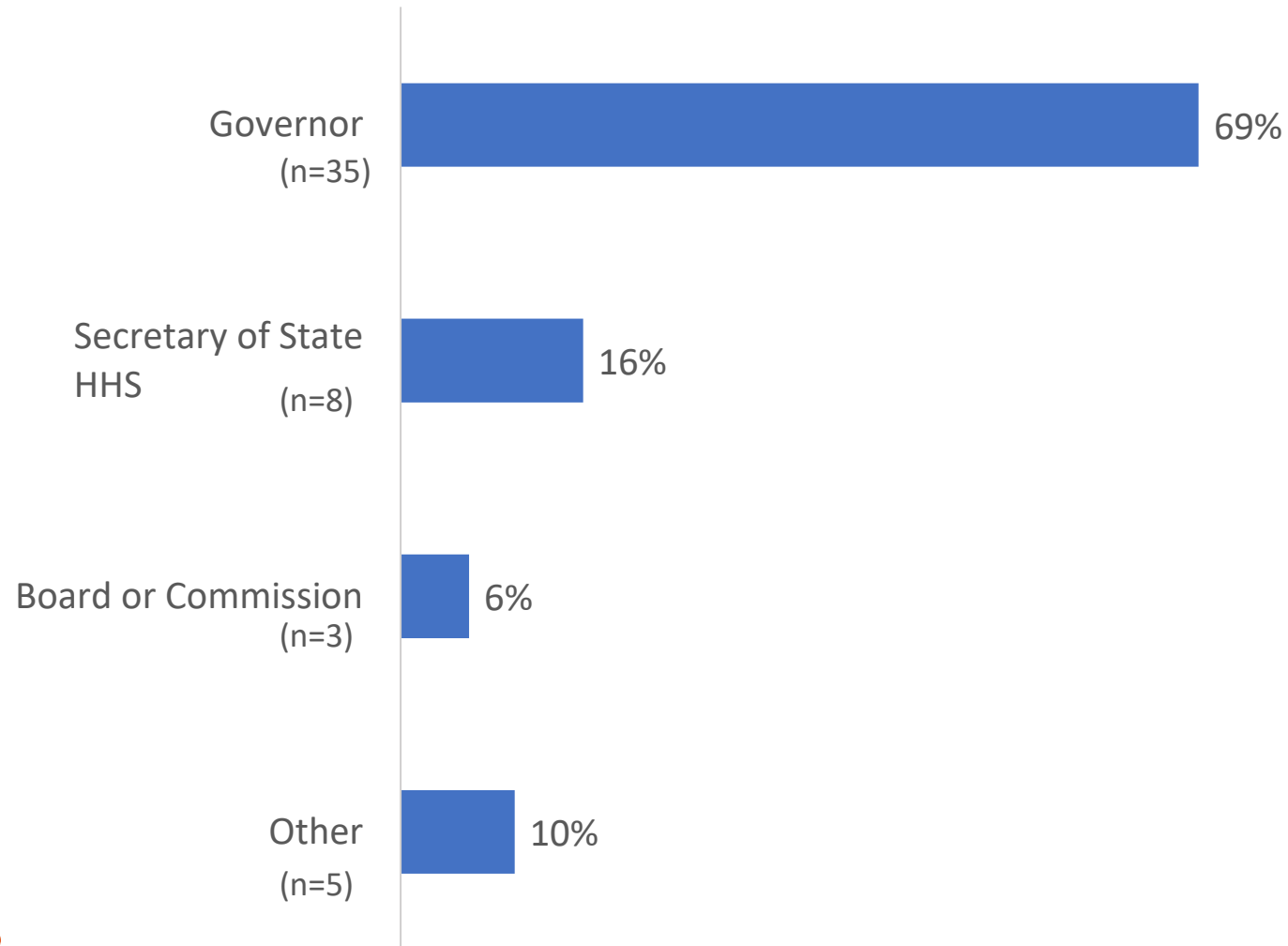


Structure of state health agencies, 2007-2019 (n=48-51)



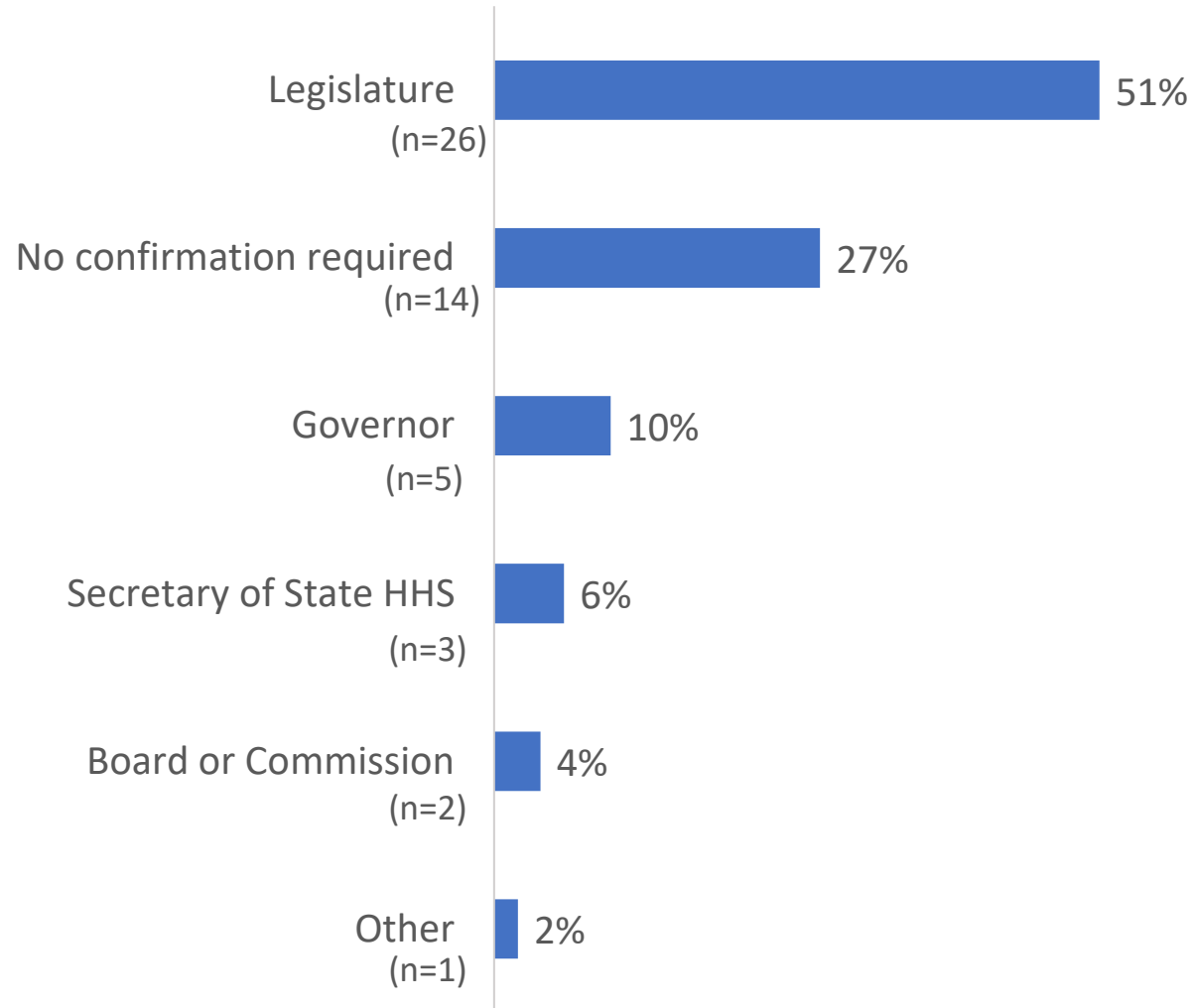
Who appoints the health official in each state?

The governor appoints the health official in more than half of all states.



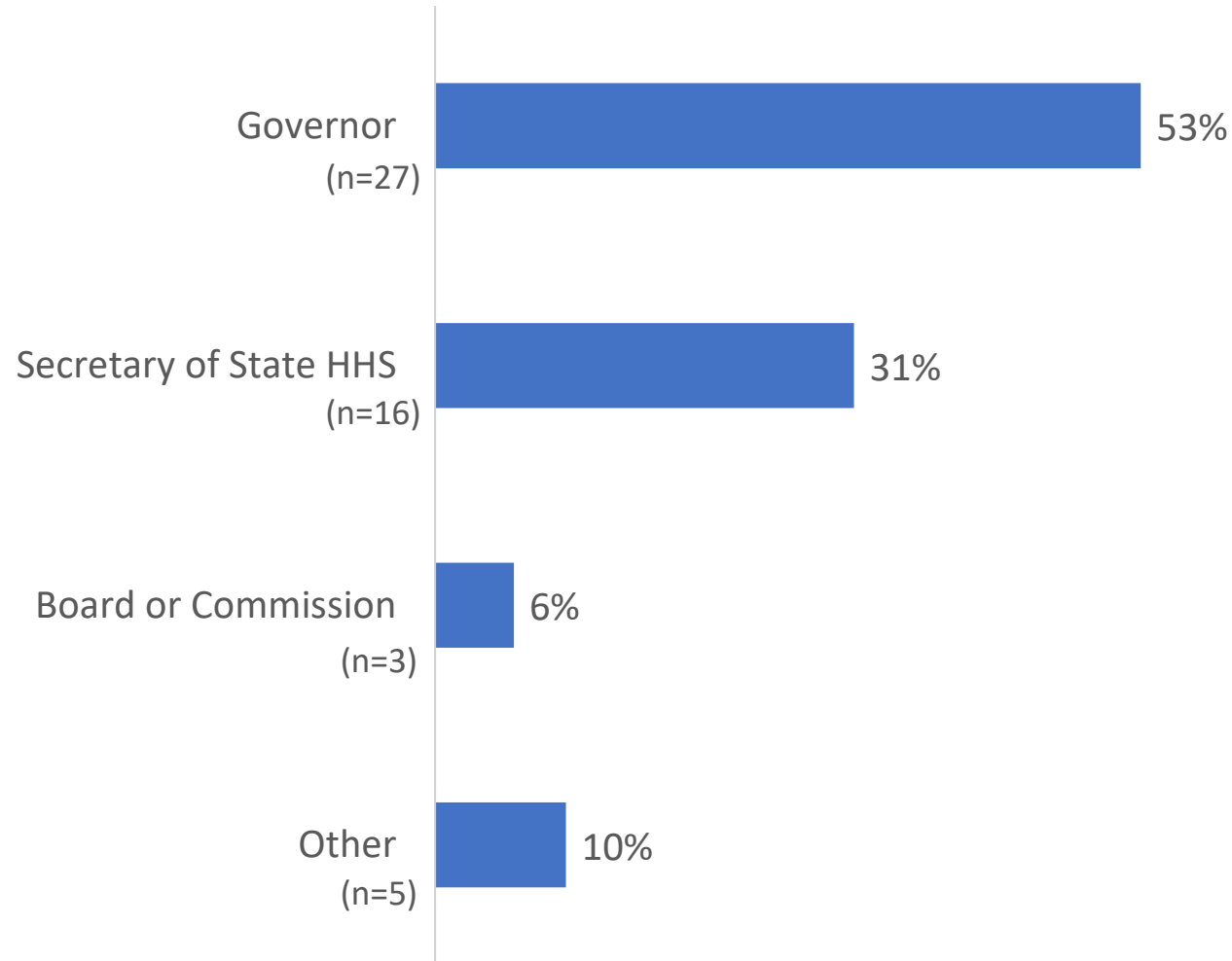
Who confirms the health official's appointment in each state?

The legislature appoints the health official in half of all states.



To whom does the health official directly report?

The health official reports to the governor in half of all states.



What do state boards of health do?

Adopt Rules Only (12)

CO, IN, IA, MA, NE, NJ, NY, NC, OH, VT, VA, WA

Reject Rules Only (1)

IL

Enforce Rules Only (1)

MD

Oversee Agency Only (1)

GA

Adopt and Enforce Rules (3)

AR, NV, ND

Adopt and Enforce Rules, Oversee Agency (1)

ID

Adopt and Enforce Rules, Oversee Agency, Appoint STHO (3)

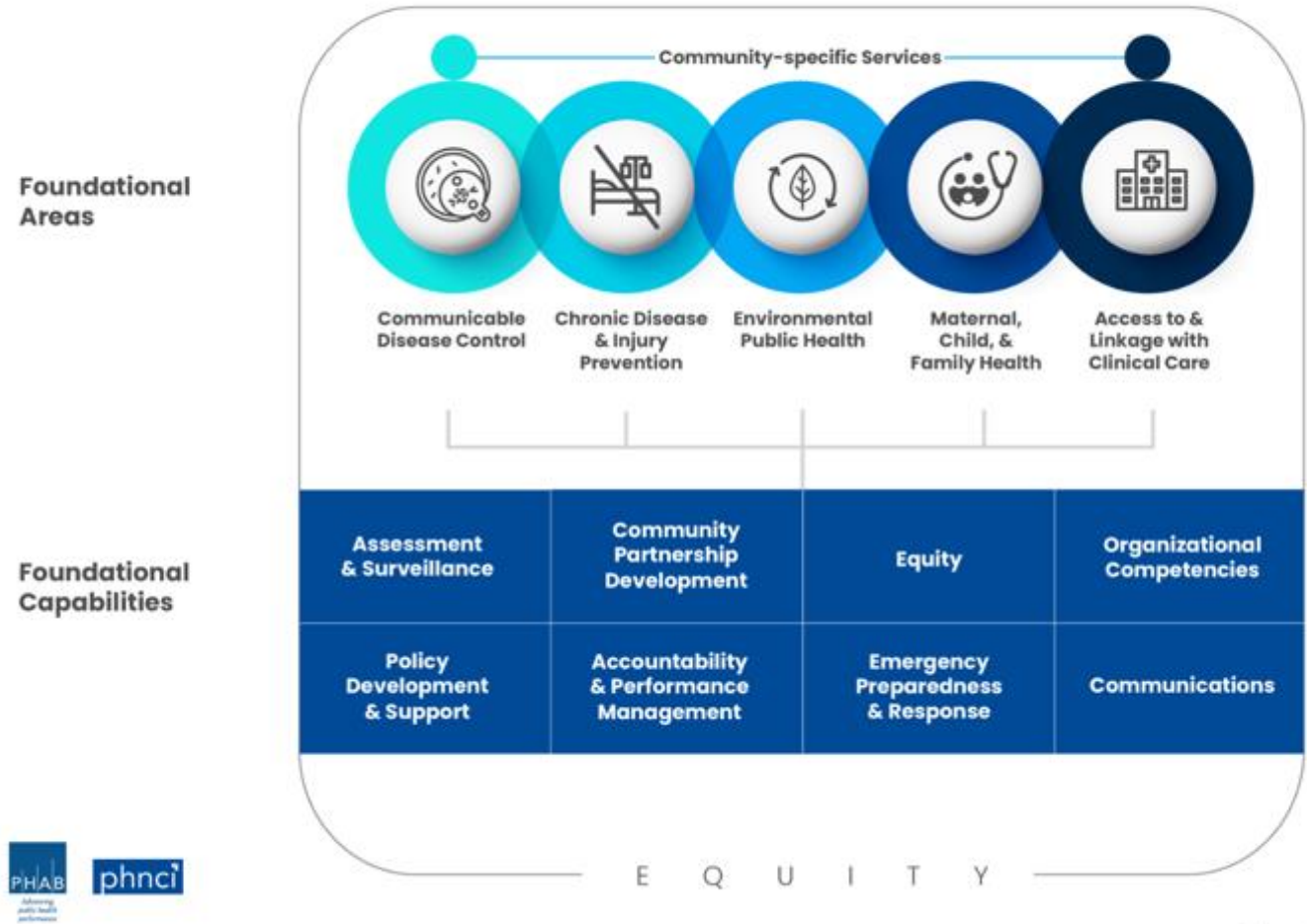
AL, MS, SC

Governance and Structure

No matter what organizational construct is used, public health agencies should work to ensure that the construct supports provision of the 10 Essential Services of PH to all people in the jurisdiction's (health equity), public health functions and capabilities, and that the agency is in a position to meet national public health standards for public health practice and other relevant public health accrediting bodies such as CLIA (public health labs) and CMS (regulation of nursing homes) as applicable.

Foundational Public Health Services

Foundational Public Health Services



February 2022

Governance and structure highlights

- Around 60% of state health agencies are free-standing/independent agencies.
- Most health officials are appointed by the governor, confirmed by the legislature, and report to the governor.
- Many states have reached out to ASTHO to inquire about other states considering changes to their SHA structure in 2021.

Research and Assessment Team Members:

Caroline Brazeel, MPH, PMP

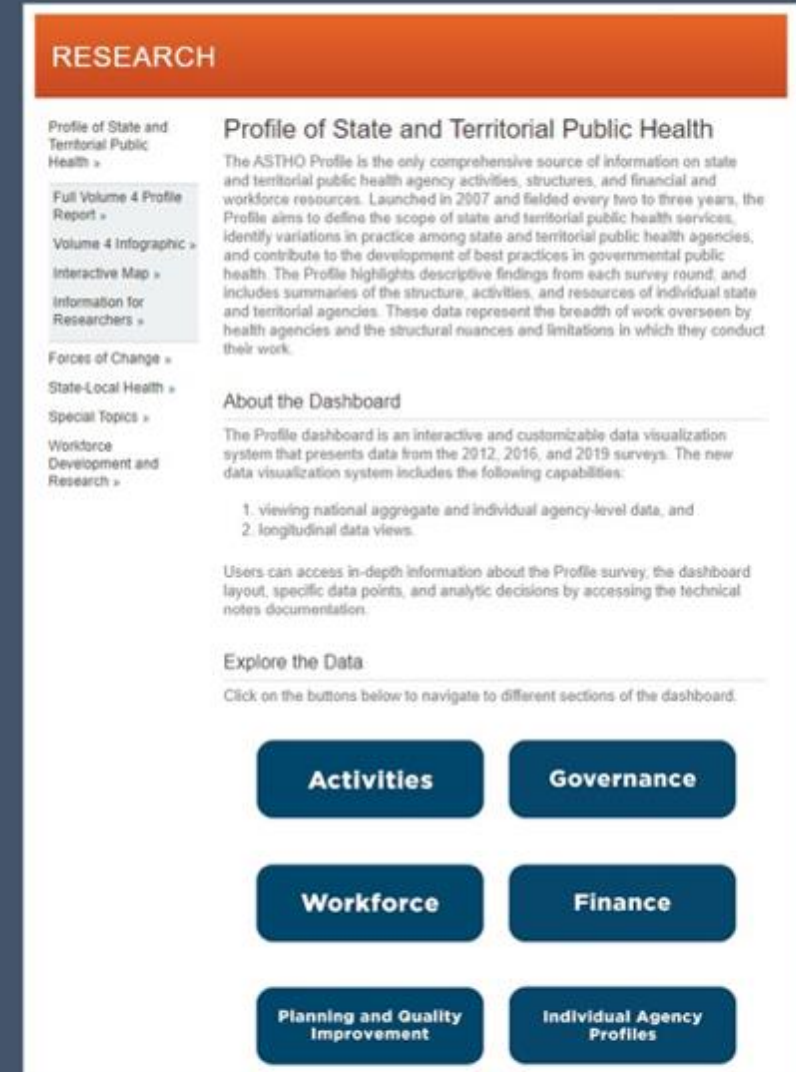
Alannah Kittle, MPH

Kristi Meadows, MPH

Cara J. Person, PhD, MPH, CPH

ASTHO Profile Dashboard: astho.org/Profile/

Contact: profile@astho.org





Recruiting and Retaining a Highly Qualified Governmental Public Health Workforce

NCSL State Public Health Symposium

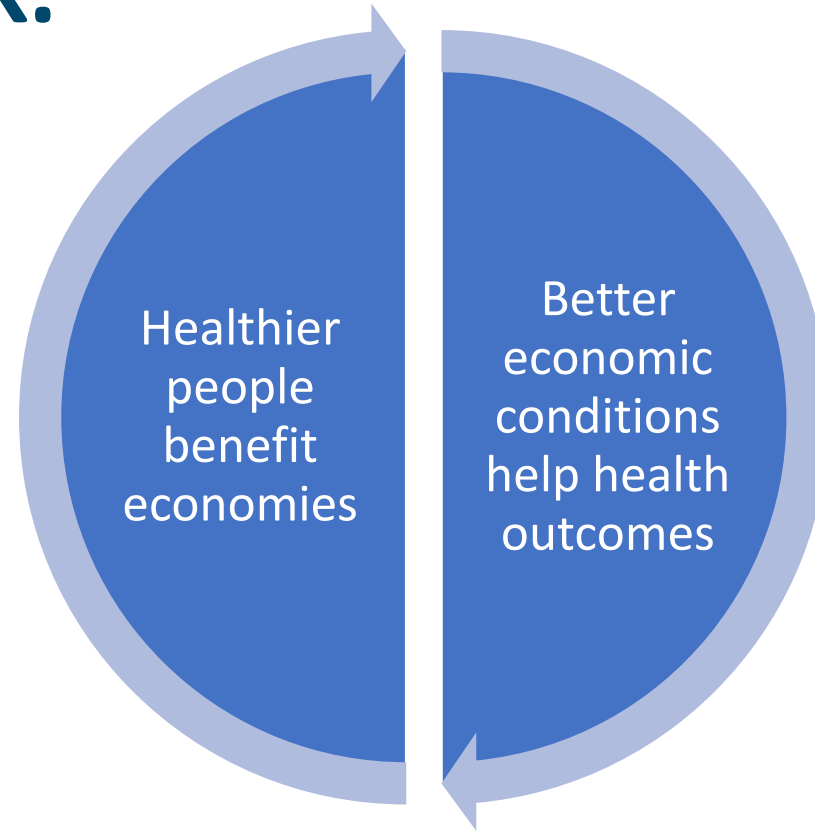
Amber Norris Williams
Senior Vice President, Leadership & Organizational Performance, ASTHO
June 22, 2022

The **public health workforce** plays an essential role in securing the vital conditions for optimal health and well-being for all to thrive. A *diverse, engaged, well-resourced, well-trained* public health workforce is needed meet the demands of public health today and prepare for the needs of tomorrow.



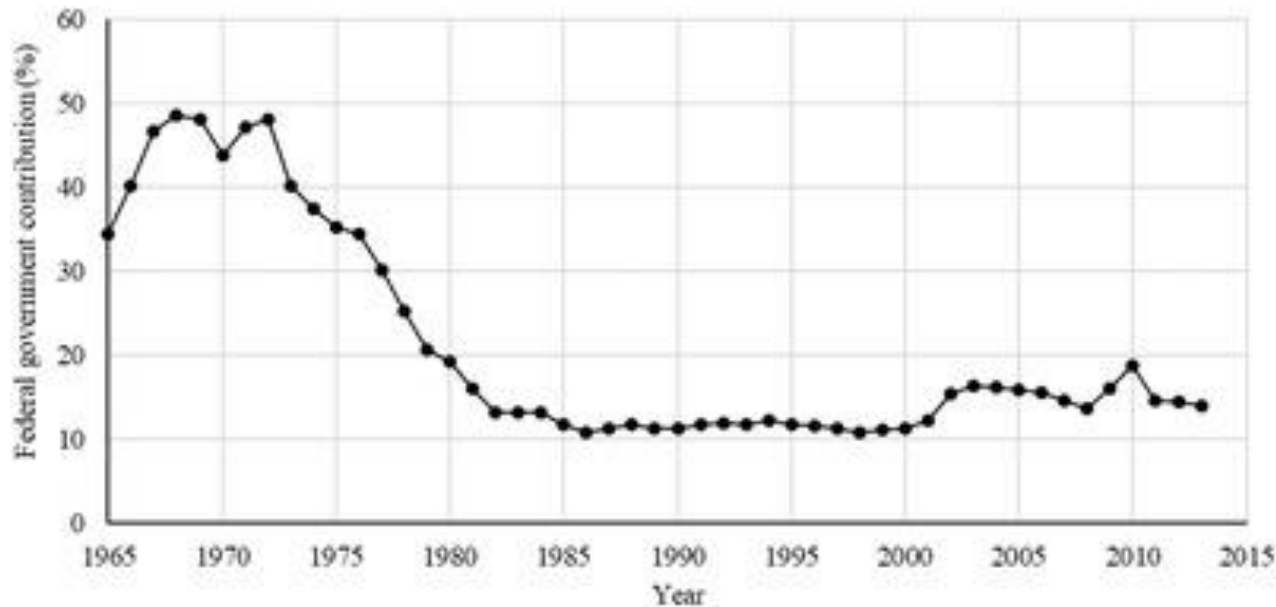
Public health has been underfunded long before COVID-19, hurting response to COVID-19 and limiting ongoing public health work.

As population increased from 2010 to 2018, **overall expenditures** by public health agencies **declined by 10.3%** (a difference in billions)

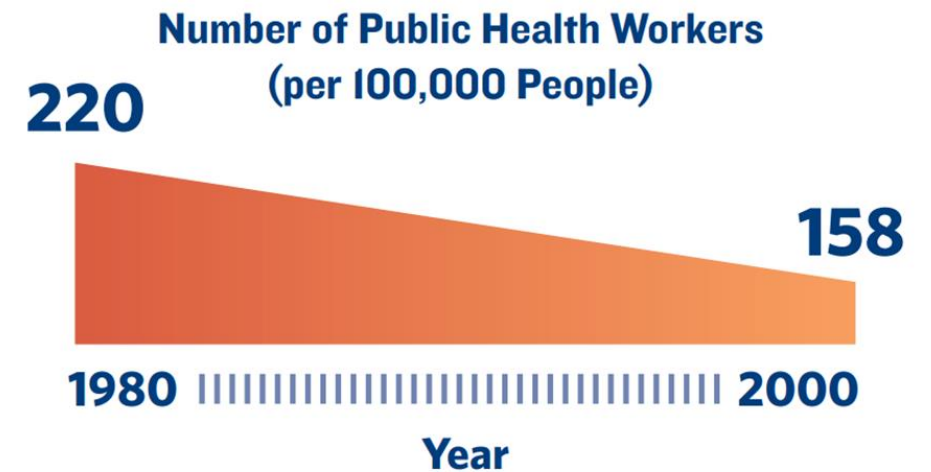


[Source: New Data on State Health Agencies Shows Shrinking Workforce and Decreased Funding Leading Up to the COVID-19 Pandemic | ASTHO](#)

Over 7 years prior to COVID-19, state health departments alone
lost over 10,000 positions



The ratio of public health workforce to US population
has decreased drastically



[Source: New Data on State Health Agencies Shows Shrinking Workforce and Decreased Funding Leading Up to the COVID-19 Pandemic | ASTHO](#)

Workforce Shortages Now & In the Future

- 2008 – warned that by 2020 "the nation will be **facing a shortfall of more than 250,000 public health workers**" calling for increased federal funding for state health departments, worker training, enumerate and identify current and future needs of the workforce
-Association of Schools and Programs in Public Health
- 2008 – Following the Great Recession, **governmental public health lost ~51,000 jobs and were never replaced**
- 2009 – Highlighted the "persistent lack of commitment to the public's health"
-American Academy of Pediatrics
- 2010 - "**Shortchanging America's Health**: A State-By-State Look at How Public Health Dollars Are Spent"
- Trust for America's Health
- 2012 – **Citation of insufficient funding** for public health
- Institute of Medicine (now the National Academy of Medicine)
- 2014 – PH WINS is first field reporting the **workforce is dissatisfied with pay level**; median annual earnings were \$55-65,000
12% of positions at state health agencies are vacant and **only 24% of those vacancies are being recruited for**
- 2017 – PH WINS finds a **large portion of workers are considering leaving their organization** in the next year due to dissatisfaction with pay and other factors
- 2021 – PH WINS data released so far shows **alarming levels of burnout and stress, threats and harassment**;
more than 25% are considering leaving

[Sources: A deficit of 250,000 public health workers is no way to fight Covid-19 \(statnews.com\)](https://www.statnews.com/2021/05/12/a-deficit-of-250000-public-health-workers-is-no-way-to-fight-covid-19/)

What Staffing Needed?

- State and local governmental public health departments **need an 80% increase in their workforce** to provide a minimum set of public health services to the nation.

Source: [Staffing Up: Workforce Levels Needed to Provide Basic Public Health Services for All Americans](#)

| | Local | State | Total |
|---------------------------------|---------------|---------------|---------------|
| Infrastructure | | | |
| Assessment | 4,500 | 4,500 | 9,000 |
| All Hazards | 3,000 | 2,000 | 5,000 |
| Other Foundational Capabilities | 17,500 | 8,000 | 25,500 |
| Foundational Areas | | | |
| Chronic Disease and Injury | 8,000 | 5,000 | 13,000 |
| Communicable Disease | 4,500 | 1,500 | 6,000 |
| Environmental Health | 7,500 | 2,000 | 9,500 |
| Maternal and Child Health | 5,500 | 1,000 | 6,500 |
| Access/Linkage to Care | 3,500 | 1,000 | 4,500 |
| Total | 54,000 | 26,000 | 80,000 |

The Workforce Burnout Data is Concerning



56%

reported at least 1
symptom of PTSD



25%

of the public health workforce
are considering leaving

The Public Health Workforce Interest and Needs Survey (PH WINS) is the first and only nationally representative survey of state, city, and local public health workers that identifies trends in attitudes, morale, and climate that impact our public health workforce resulting in costly turnover and infrastructure gaps, and heightened costs.

[Source: PH WINS 2021: Rising Stress and Burnout in Public Health \(debeaumont.org\)](https://debeaumont.org)

Public Health Workers are Being Threatened

41%

Percent of public health executives felt bullied, threatened, or harassed

Source: PH WINS 2021: Rising Stress and Burnout in Public Health
(debeaumont.org)



KRForbesPhotography
@KRForbesPhoto



A small group of protestors have gathered in front of the central Ohio home of Dr Amy Acton. Neighbors report several men walking up and down the street with assault weapons stating that there will be no violence. "For now" [#ohio](#) [#amyacton](#) [#thisisamerica](#) [#asseeninbus](#)

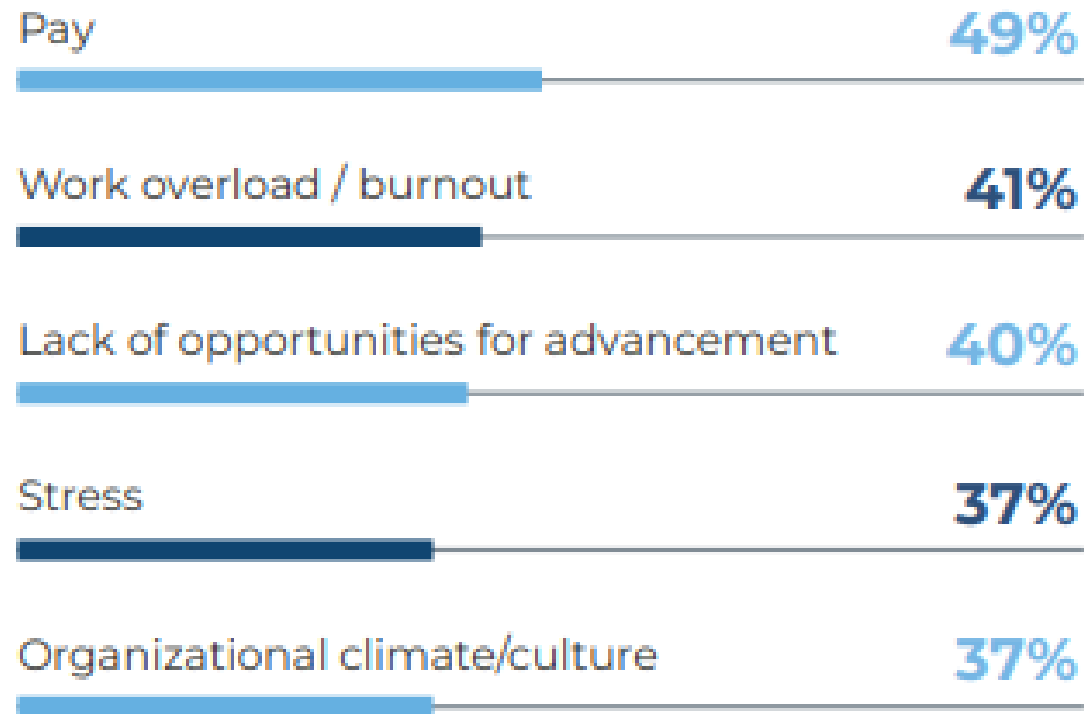


3:54 PM · May 2, 2020 from Columbus, OH



Many Public Health Workers Intend to Leave in the Next 5 Years

Top 5 Reasons for Leaving



39%

of employees who are considering leaving said the pandemic has made them more likely to leave.

Cost due to Public Health Workforce Turnover

A decline in the public health workforce could **threaten the health and safety of communities**, especially when combined with rising health threats, **including more frequent disease outbreaks, the opioid epidemic, and increases in chronic diseases**.

"These professionals do important work that most people don't even realize is happening, preventing major diseases and outbreaks before they even happen. They play an essential role in keeping communities healthy and safe, every day."

REPLACEMENT COSTS

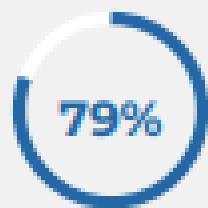
- Recruitment
- Administrative hiring
- Timing issues due to regulated hiring processes
- Training/onboarding

LOST PRODUCTIVITY

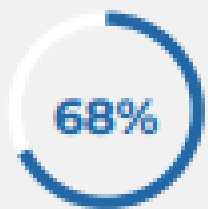
- Due to vacancies
- Due to coworkers taking on tasks
- Due to training period
- Due to complicated hiring mechanisms
- Due to loss of institutional knowledge and partnerships

Source: [New Workforce Survey: Public Health Turnover Could Pose Threat to Community Health - de Beaumont Foundation](#)

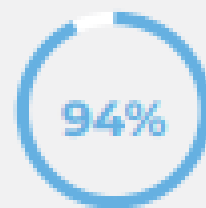
Overall, public health employees remain committed and satisfied



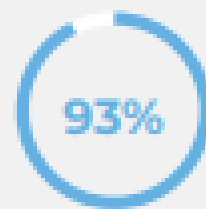
Satisfied with job



Satisfied with organization



"The work I do is important"



"I am determined to give my best effort at work every day"

Challenges to PH Recruitment

1. Overall **decline in quantity and quality of applications**
2. Lack ability to offer **competitive pay** and hiring incentives such as **loan repayment**
3. Limitations due to **outdated HR systems, rules, and procedures**
4. Working within **union/civil service environment**
5. Existing **policies that prevent attracting** a diverse and younger workforce



The background of the slide features a vibrant sunset or sunrise sky with warm orange and yellow tones. In the upper center, several black silhouettes of graduation caps are shown in mid-air, as if being tossed. In the lower foreground, the silhouettes of a group of people are visible, with their arms raised in celebration. The overall mood is one of achievement and optimism.

Public Health Graduates Interest in Governmental Public Health

- Between 1992 and 2016
 - the number of institutions awarding graduate public health degrees **quadrupled**
 - graduate public health degree conferrals increased more than **300%**
 - number of undergraduate public health degrees conferred increased **750%**
- Only **14%** of the workforce has formal public health training.

Source: [Attracting New Talent to GPH Workforce](#)

Strategies & Opportunities

- Appealing to and highlighting the benefits of **mission/purpose-driven work**
- Reviewing and updating position **classifications and qualifications**
- Focus on **morale, wellness (including mental wellbeing), and improving culture**
- Strengthening internal **professional development** programs
- Strengthening **pay and benefits**
- Expanding **recruitment** strategies

WELLNESS

- Mental health access/ EAPs
- Encourage self-care
- Link to wellness programs such as walking clubs or yoga classes

TIME

- Compensate employees fairly
- Allow for remote or hybrid work
- Flexible work schedules
- Emphasize wellbeing and self-care

ENGAGEMENT

- Increase (bi-directional) communications
- Support management to support teams
- Implement fair performance evaluations
- Mentorship programming & leadership development
- Consider rotations in different divisions
- Increase staff awards and recognition

Legislative Trends in Some States

- Consideration of legislation to **standardize health care volunteers** during emergencies
- Laws enacted to expand PH workforce
- Addressing harassment and threats of violence
- Efforts to sustain funding / study needs



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

Source: [Legislative Prospectus: Public Health Workforce](#) | ASTHO



State Legislative Actions Addressing Public Health and Health Care Workforce Challenges

Shannon Kolman, Health Policy Specialist, NCSL

Public Health Workforce State Examples

Colorado, Georgia, Oklahoma, Oregon and Utah

Reviewed or enacted laws that regarding protections for public health workers against harassment and/or threats of violence

Nevada S 424 (2021)

Creates the Public Health Resource Office to analyze public health infrastructure needs

New Hampshire S 419 (2022)

Establishes a commission to study the delivery of public health services



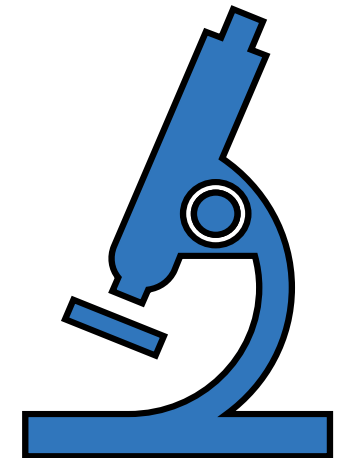
Healthcare Workforce State Action Strategies

**Understanding
Workforce Needs**

**Increasing the
Pipeline**

**Expanding the
Workforce/Scope
of Practice**

**Retaining Current
Professionals**



Understanding Workforce Needs

- Alabama SJR 62 (2022) – Creates the Health Care Workforce Taskforce to respond to staffing shortages. Includes six healthcare associations and two education boards. Findings and recommendations to be presented to the Alabama legislature.
- Maryland H 625 (2022) – Establishes a commission to study the healthcare workforce crisis in the state of Maryland and determine the extent of workforce shortages, turnover rates and strategies to address immediate needs.
- Tennessee H 2213 (2022) - Creates a task force to review how reimbursement rates and wages impact the availability of the healthcare workforce.



Increasing the Pipeline

- Connecticut S 251 (2022) – Requires the Office of Workforce Strategy, in collaboration with the Department of Health and others to increase the number of health care workers through expanding and enhancing higher education programs.
- Mississippi H 1517 (2022) – Makes an appropriation to the Office of Workforce Development for direct training and expenses related to healthcare training at community and junior colleges.
- Oregon H 4003 (2022) – Requires the Board of Nursing to issue a nurse internship license for students. Nurse interns may receive academic credit and monetary compensation for working as an intern.



Expanding the Workforce/Scope of Practice

- Wisconsin S 13 (2021) – Allows a dentist to administer coronavirus or influenza vaccine, and South Carolina H 3900(2021, *enacted*) – Authorizing certain podiatrists to administer COVID-19 vaccine.
- Illinois H 5465 (2022) – Creates the Task Force on Internationally Licensed Health Care Professionals to remove barriers to licensure and practice of healthcare professional from other countries.
- Tennessee S 1266 (2021) – Requires rules that permit persons qualified as nurse aids during a public health emergency to become certified as nursing assistants.





Retaining Current Professionals

- Maryland S 700 (2022) – Requires Secretary of Health to establish the Prevent Workplace Violence in Health Care Settings Awareness campaign.
- Illinois H 4645 (2022) – Creates a program to be administered by the Department of Health to allow health care professionals or behavioral health providers to apply for loan repayment assistance.
- New York A 9007 (2022) – Adds a state nurse loan repayment program that may be awarded to nurses working in areas determined to be underserved; nurses must work in the area for three consecutive years.

NCSL Resources

- [State Public Health Legislation Database](#)
- [State Action on Coronavirus \(COVID-19\) Database](#)
- [Health Costs, Coverage and Delivery State Legislation Database](#)
- [State Strategies to Recruit and Retain the Behavioral Health Workforce](#)

NCSL State Public Health Legislation Database

The screenshot displays the search interface for the NCSL State Public Health Legislation Database. It features two main filter sections: 'TOPICS' and 'STATES'. The 'TOPICS' section includes a list of checkboxes for various legislative areas such as 'Infectious Disease: Syringe Service Programs', 'Infectious Disease: Treatment and Prevention', 'Public Health: Information and Reporting', 'Public Health: Public Health Workforce', 'Vaccines: Access', 'Vaccines: Insurance and Workforce', 'Vaccines: Other', 'Vaccines: Registries and Reporting', and 'Vaccines: Requirements'. The 'STATES' section includes a list of checkboxes for various US states, including 'All States', 'Alabama', 'Alaska', 'Arizona', 'Arkansas', 'California', 'Colorado', 'Connecticut', and 'Delaware'. Below these filter sections is a search bar with five input fields: 'KEYWORD', 'STATUS' (with a dropdown menu set to 'All'), 'BILL NUMBER', 'YEAR' (with a dropdown menu set to '2022'), and 'AUTHOR'. At the bottom of the search bar are two buttons: 'Search' and 'Reset All'. In the bottom right corner, there is a logo for 'Powered by LexisNexis® State Net®'.

Legislative Respondents

Senator Kay Kirkpatrick, M.D.,
Georgia, District 32

Chair, Veterans, Military and Homeland Security

Representative Kyle Mullica
Colorado, District 24

Member, Health, Insurance and Environment and Business Affairs & Labor

- Select a legislative action directed at the healthcare workforce that could be applied to the public health workforce to discuss with your colleagues
- Select one person to report out a need and/or action



Breakout Activity

Questions

Contact for questions: Shannon Kolman, Policy Specialist
shannon.Kolman@ncsl.org; 303-856-1411



15 minute
break





State Trends in Vaccine Policy 2021-2022

Tahra Johnson

NCSL Health Program

State Legislative Priorities and Trends 2021-2022

Pharmacist Vaccine Authority

Arkansas HB 1134

California AB 1064

Maryland HB 1040

Ohio HB 6

Other Providers

Optometrists (Illinois and New Jersey)

Podiatrists (South Carolina)

Dentists (Wisconsin)

Cardiac/emergency technicians (Georgia)



State Legislative Priorities and Trends 2021-2022

Vaccine Access and Planning

[Colorado HB 1401](#)

[Georgia HB 1086](#)

[Mississippi SB 2799](#)

[Washington HB 1368](#)

Vaccine Exemption Policy

[Oklahoma SB 658](#)

[Connecticut HB 6423](#)



NCSL Vaccine Databases and Resources

NCSL Vaccine Tracking

[State Public Health Legislation Database](#)

[COVID-19 Database](#)

[Maternal and Child Health Database](#)

NCSL Vaccine Resources

[Vaccine Policy Toolkit, 2021](#)

[Health Policy Snapshot: COVID-19 Vaccine Infrastructure and Access, 2021](#)

[State Vaccine Exemptions Webpage, 2022](#)



NCSL Staff Contact Information

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- Tahra.Johnson@ncsl.org | 720.447.3775

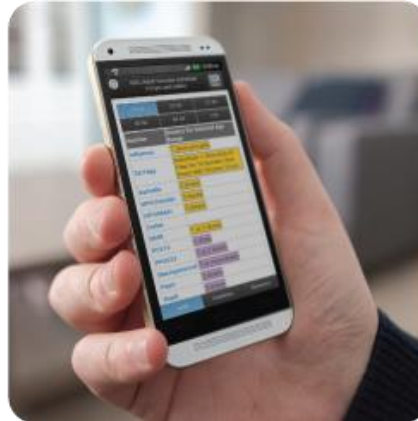
Shannon Kolman, MBA, policy specialist, Health Program

- Shannon.Kolman@ncsl.org | 303.856.1411



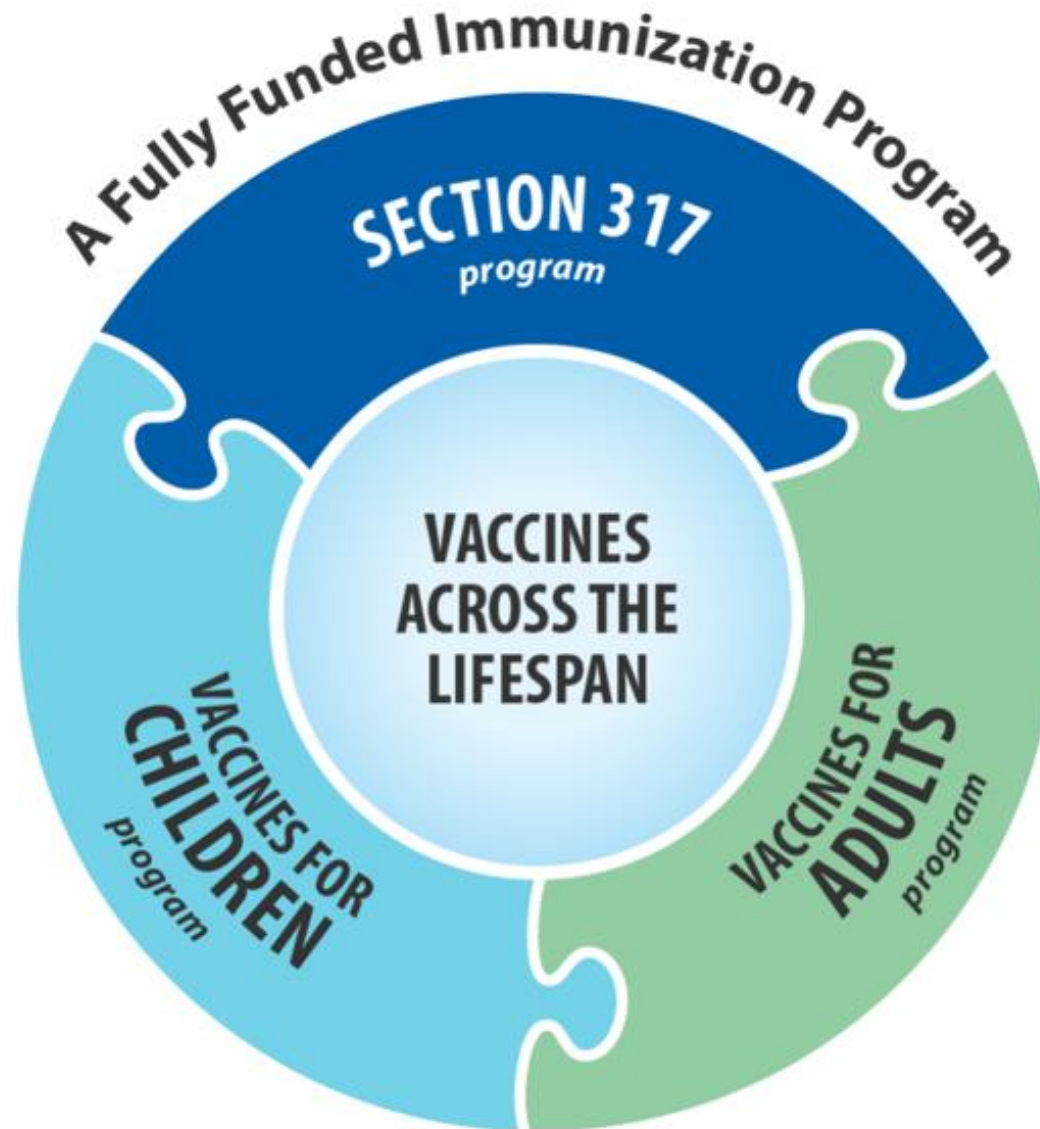
Thank you!

Immunization Overview



Georgina Peacock, MD, MPH
Director
Immunization Services Division

Comprehensive Immunization Program



Discretionary Immunization Funding

- Core public health infrastructure promotes immunization recommendations across the lifespan.
- Essential in protecting communities from VPDs, including providing a safety net for uninsured adults, responding to outbreaks of VPDs, and ensuring a scientifically sound and robust immunization infrastructure.



FY2023 President's Budget Request increase supports ongoing immunization program needs and supports future COVID-19 vaccinations.

Vaccines for Children (VFC) Program

- Important part of the comprehensive immunization program
- **FY2023 President's Budget Request:**
 - Increase for CDC's efforts to support state, tribal, local and territorial (STLT) health departments
- **Requested Program Updates Requiring Legislative Authority**
 - Expanding the program to include all children under age 19 enrolled in CHIP
 - Making program improvements
 - updating the provider administration fee structure to increase provider capacity
 - eliminating cost-sharing for eligible children

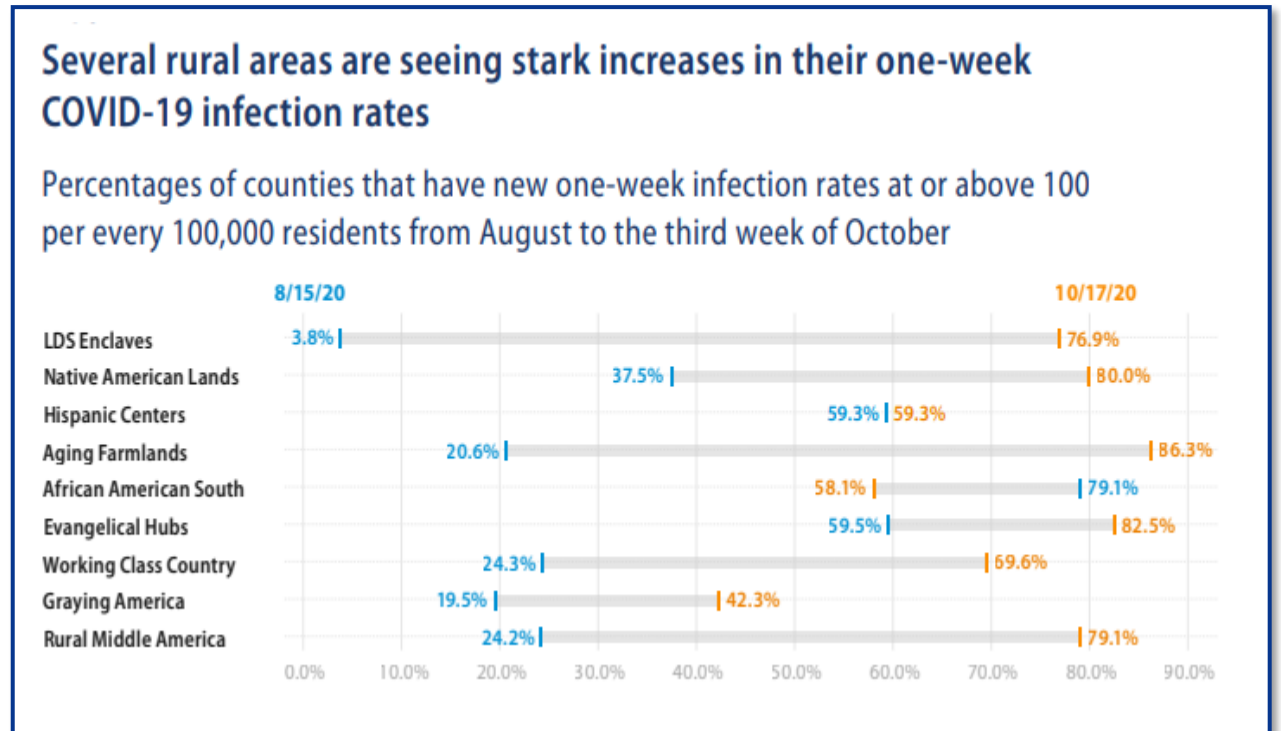


Sources: 1. Long-Term Payoff: An Economic Perspective on Immunization December 23, 2019. 2. Since The Start Of The Vaccines For Children Program, Uptake Has Increased, And Most Disparities Have Decreased

Adult Immunization Program

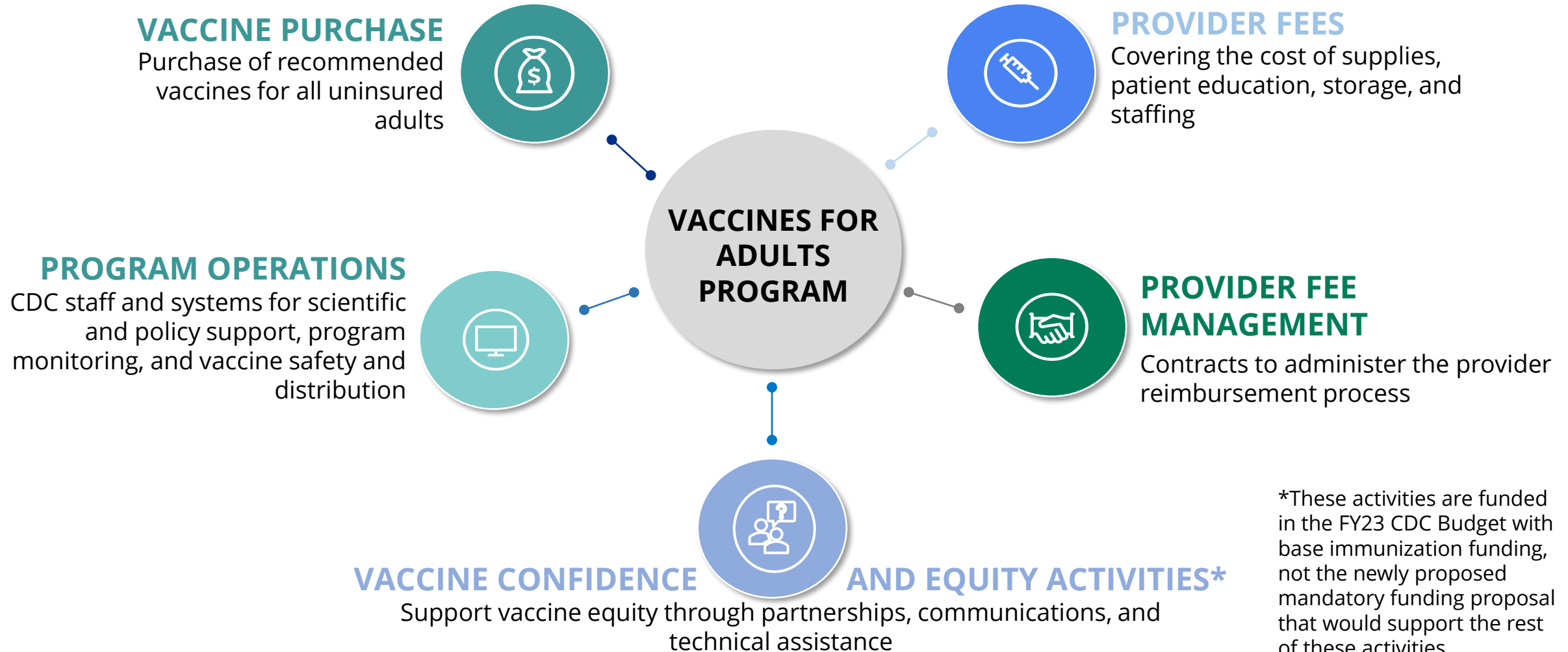
COVID-19 has further highlighted the need for a robust adult immunization program

- The **lack of a robust, national adult immunization program** that facilitates a more agile and effective response to pandemics has hindered federal and state government response
- COVID-19 has disproportionately impacted groups who have been marginalized – including rural, low-income, and essential worker communities – **highlighting long-standing and systemic inequities** in health care and public health



Vaccines for Adults (VFA) Program

The proposed Vaccines for Adults program would reduce the spread of vaccine-preventable diseases and pave the way to greater health equity



Impact of COVID-19

- Stood up COVID vaccination program, distributing 600 Million doses have been distributed nationwide to over 92,000 providers in just one year.
- COVID-19 pandemic's impact on the U.S.'s health and economy included disruption of health systems' administration of routine childhood immunization
- Increased need for health equity and vaccine confidence programs



COVID-19 vaccines administered (as of June 16, 2022)

% of People Fully Vaccinated:



≥5 years of age:
71%



≥18 years of age:
77%



≥65 years of age:
91%

% of Fully Vaccinated People with First Booster Dose:



≥12 years of age:
49%



≥18 years of age:
51%



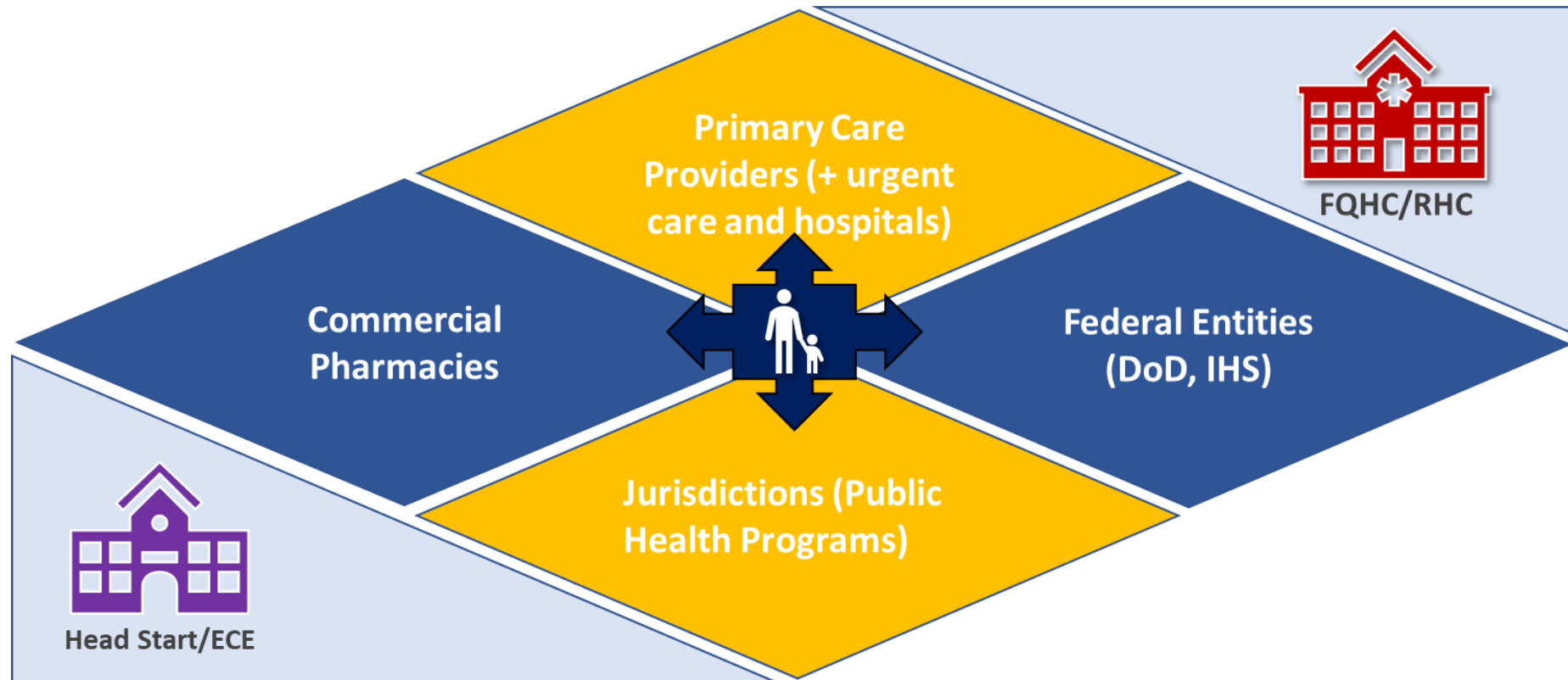
≥65 years of age:
70%

Pediatric vaccination update

- On June 16, 2022, FDA granted emergency use authorization for:
 - A two dose Moderna COVID-19 vaccine primary series for administration to individuals ages 6 months through 17 years
 - A three dose Pfizer-BioNTech COVID-19 vaccine primary series for administration to individuals ages 6 months through 4 years

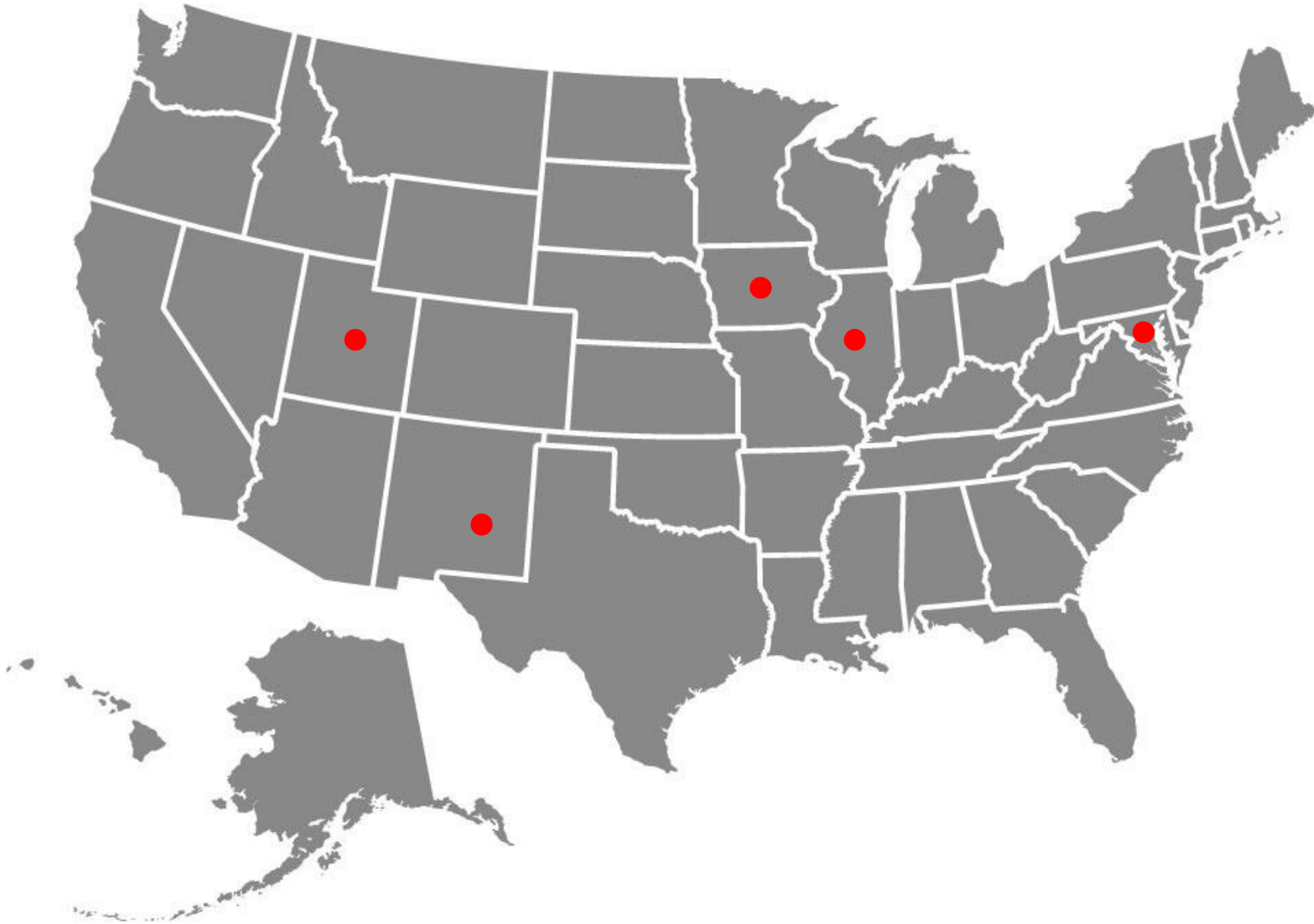
Approach to Reaching All Children Aged 6 Months–4 Years

Goal: Ensure all eligible children <5 years old (~20 million) have access and ability to get vaccinated*

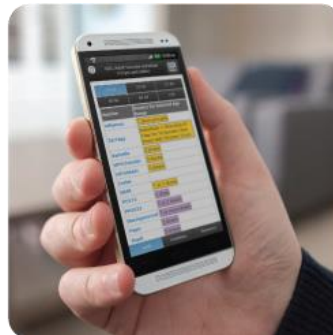


*ECE: Early care and education, DoD: Department of Defense, IHS: Indian Health Service, FQHC: Federally Qualified Health Center, RHC: Rural Health Clinic

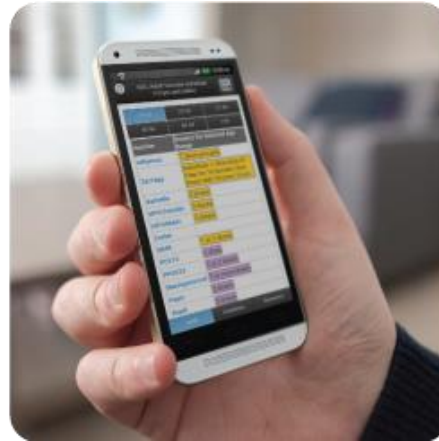
State Examples of Vaccine Implementation



Thank You



Routine Childhood Vaccinations



Georgina Peacock, MD, MPH
Director
Immunization Services Division

IN SOUTHERN TEXAS

Philadelphia Battles a Measles

First Epidemic in 1992 Stride WITT

New York Times

a Popular Tourist Area Feb. 19 — City

disease control. "But measles itself is not even close to peaking. This is an epidemic."

deaths from the childhood disease.

Measles is fatal in

Measles Cases Are Epidemic In the Region

Officials Call Problem

Federal officials say.

The "children will be out of luck" unless state and local governments can find emergency money or Congress can provide more money soon, a Kenneth Almer of the Federal Center

Measles Resurgence of 1989-1991 Spurs VFC Program

TALLS ON MONEY

S. Runs Out of Funds for Emergency Vaccinations to Fight the Epidemic



Vaccines for Children Program (VFC) Section 1928 of the Social Security Act

- Enacted in 1993 (Omnibus Budget Reconciliation Act); implemented in 1994
 - Response to measles resurgence of 1989-1991
 - Part of Childhood Immunization Initiative
- Entitlement program
 - Funding from Medicaid Trust Fund
 - CDC delegated responsibilities for vaccine
 - Centers for Medicare and Medicaid Services (CMS) delegated responsibility for administration fee
 - Advisory Committee on Immunization Practices (ACIP) responsible for VFC formulary
 - Entitlement is to the child

VFC Program Benefits

- Allows children to receive vaccination services in the medical home
- Eliminates or reduces vaccine cost as a barrier to vaccinating eligible children
- Entitlement allows new vaccines to be provided more quickly than through annual appropriation
- Incentivizes innovation with price caps on legacy vaccines
- No state contribution for vaccine purchase for children on Medicaid
- Helps assure vaccine availability through stockpiles
- Opportunities for public health to work with providers on quality improvement of vaccination services



VFC Program Eligibility

Children 0 through 18 years of age who meet at least one of the criteria:

- Medicaid eligible
- Uninsured, or
- American Indian/Alaska Native, or
- Underinsured*

*Eligible to receive vaccine only through an enrolled Federally Qualified Health Center (FQHC), Rural Health Center (RHC) or a deputized provider under Delegation of Authority

VFC eligibility by age group (PES, FY 2019)

| <1 | 1 to 2 | 3 to 6 | 7 to 18 | total |
|-------|--------|--------|---------|-------|
| 57.2% | 52.1% | 51.3% | 49.6% | 50.7% |





VFC Program Reach

- \$4.3 billion program
- CDC distributes more than 76M doses of pediatric vaccine each year, the vast majority of which is purchased through VFC. (Avg of 2017-2019)
- Approximately 600,000 routine vaccine shipments/year
- Nearly 38,000 VFC provider locations across 61 VFC awardee jurisdictions

Impact of COVID Pandemic on Routine Vaccination

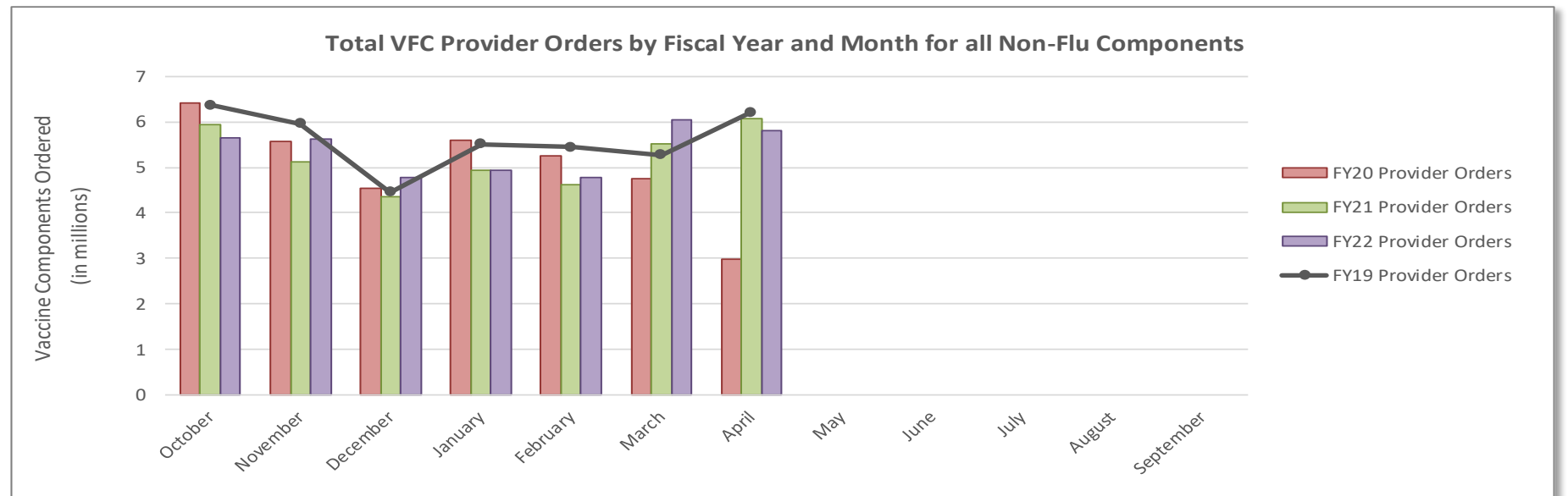
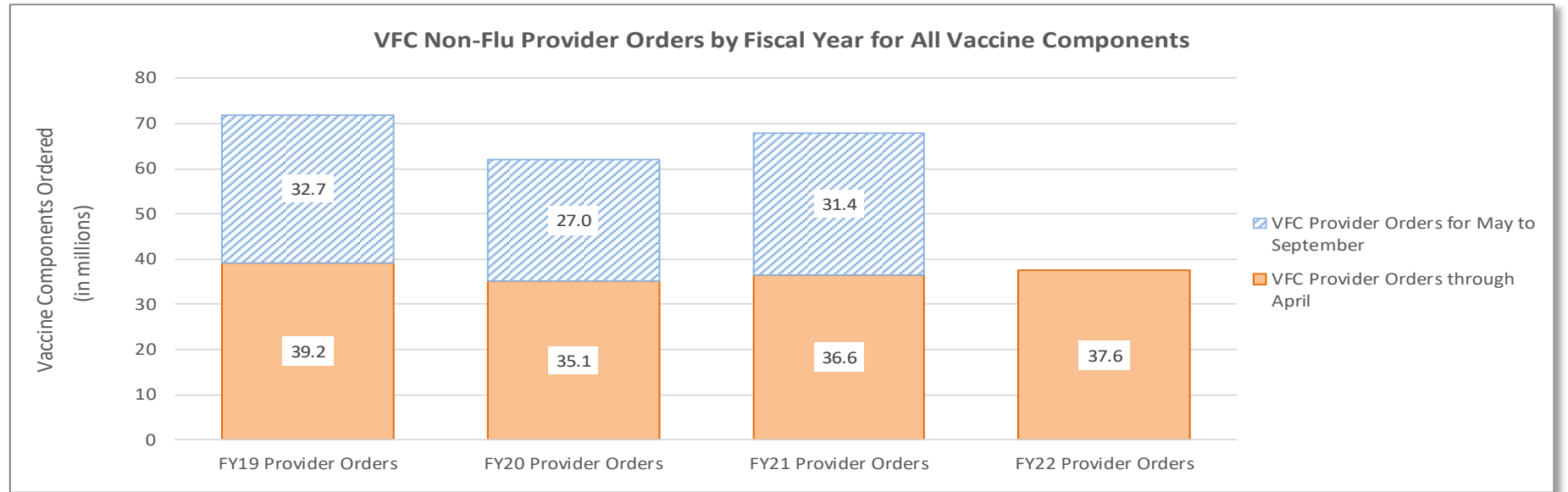
2020-2021 Kindergarten Vaccination Assessment

- Decrease in reported kindergarten enrollment
≈ 10%, 400,000 students
- Decreased response rates from schools
- Easing of vaccination requirements, especially for remote learning
- Formal/informal expansion of grace period /provisional enrollment
- Reduced access to well-child appointments & parental reluctance
- Reduced submission of documentation by parents
- Less time for school nurses to follow-up with students
- Fewer staff to work on assessment & reporting
- Changes to kindergarten vaccination coverage data collection schedules



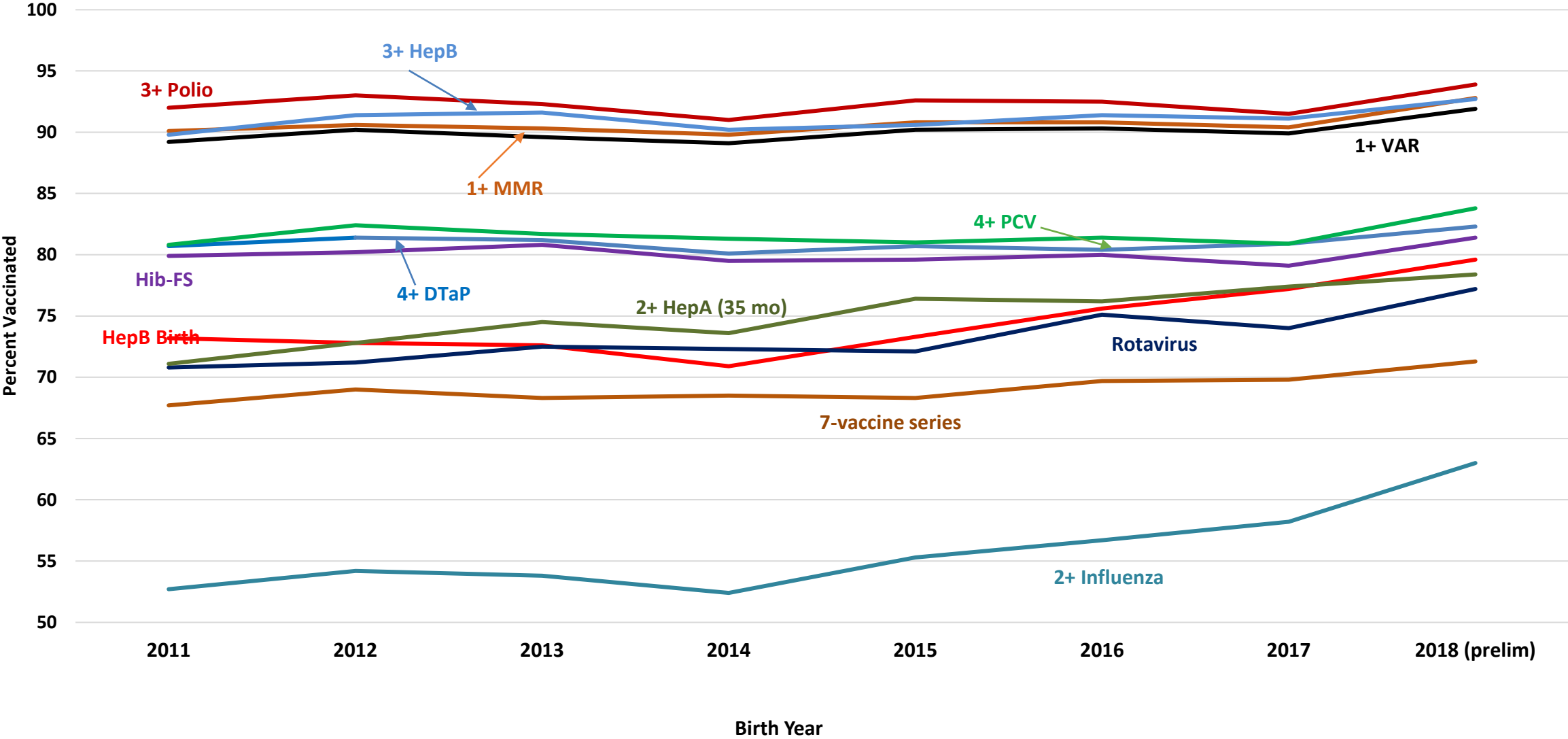
<https://www.cdc.gov/mmwr/volumes/71/wr/mm7116a1.htm>

Vaccines For Children Provider Orders for All Non-Flu Vaccine Components by Fiscal Year*

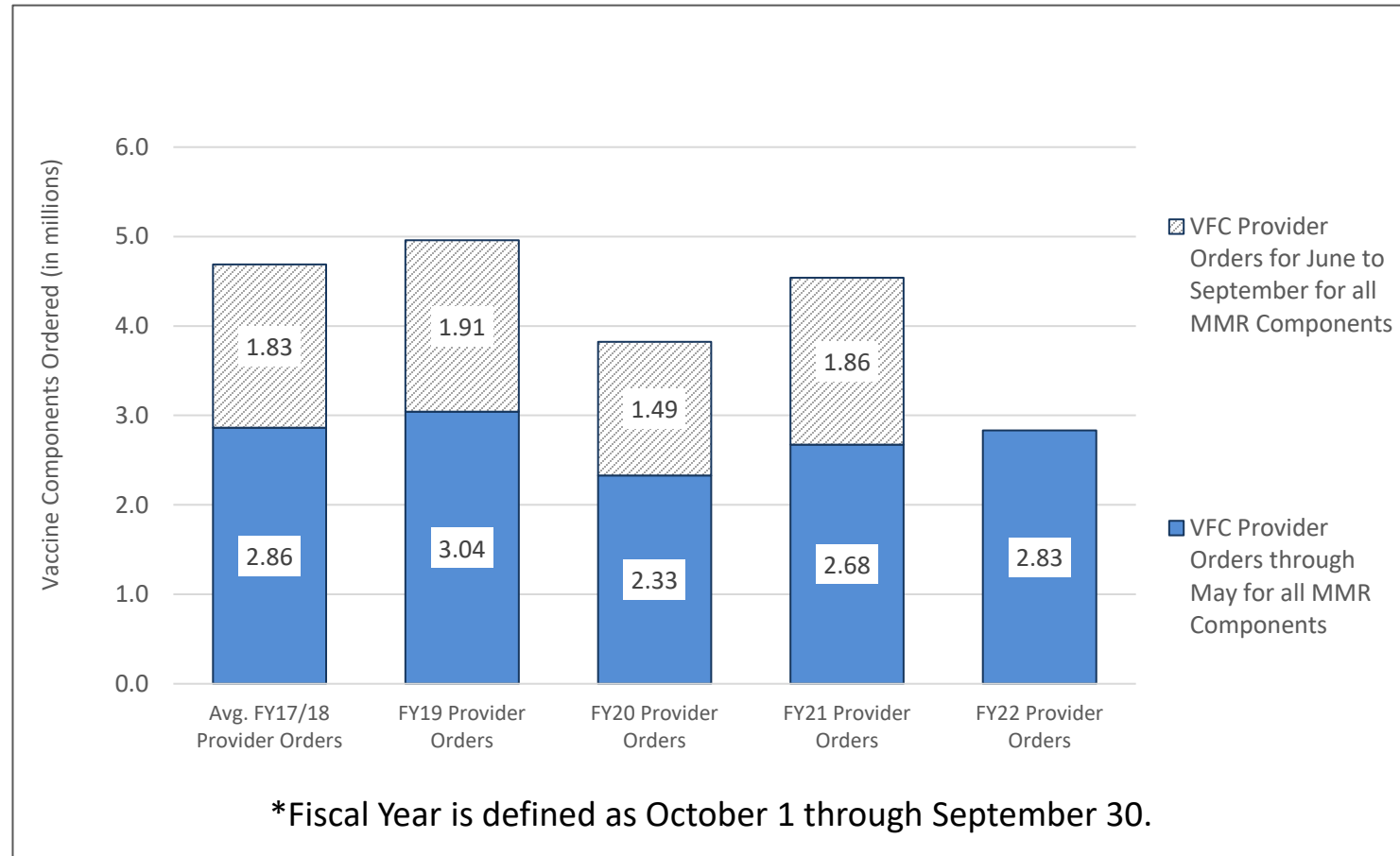


*Fiscal Years are from October 1 through September 30. FY2022 is from October 1, 2021 through April 30, 2022.

Estimated Vaccination Coverage by Age 24 Months, by Birth Year, National Immunization Survey-Child, United States, 2012-2020



Comparison of VFC Provider Orders for All Measles Components by Fiscal Year*

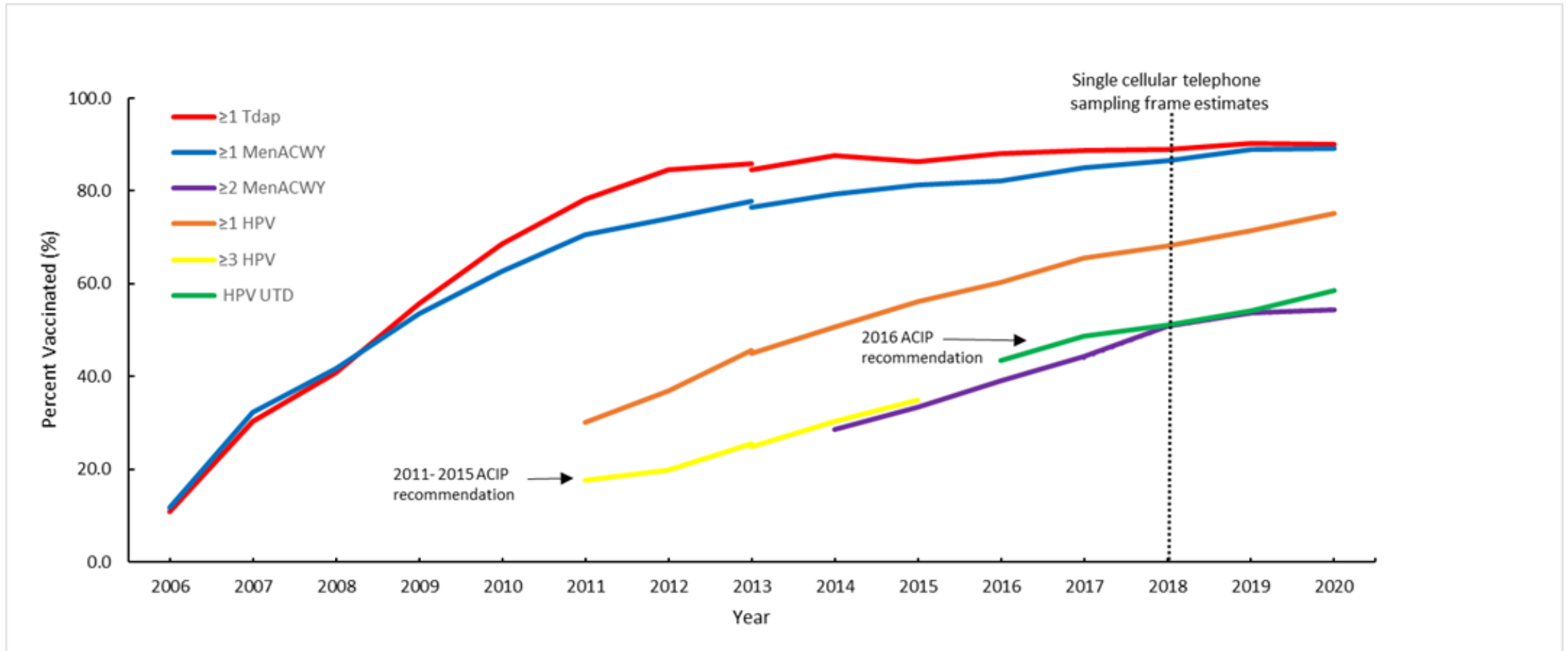


Compared to FY17/18

- FY2020: Total vaccine orders **decreased 18%**
- FY2021: Total vaccine orders **decreased 3%**
- FY2022: year to date (May 2022) orders are **similar**

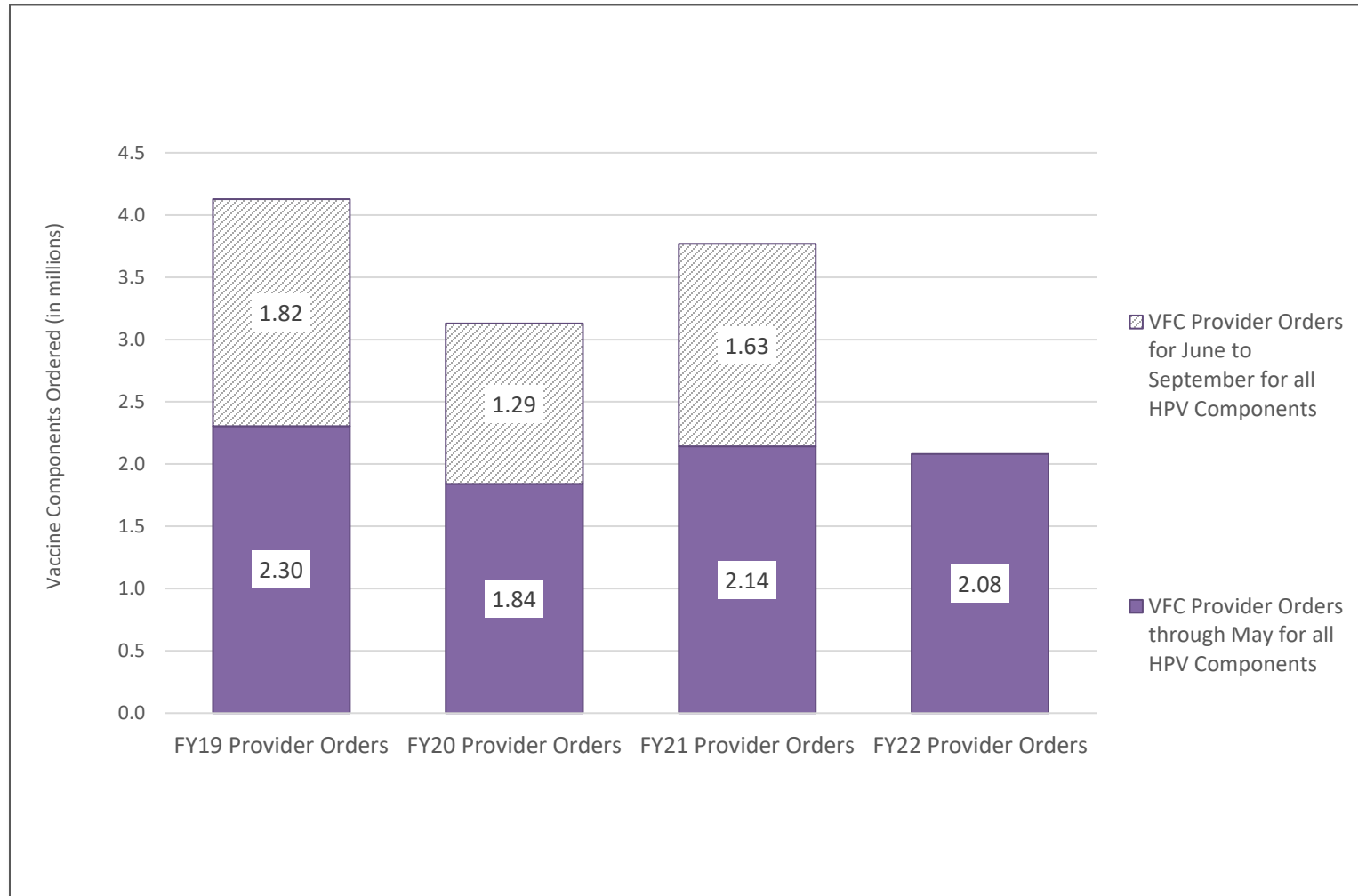
* The Measles containing provider orders for FY19 were adjusted to represent the average number of total doses ordered in FY17 and FY18. This is due to provider orders in FY19 being larger than normal as a result of Measles outbreaks that fiscal year.

Estimated vaccination coverage among adolescents aged 13-17 years, by survey year—National Immunization Survey-Teen United States, 2006-2020



Abbreviations: Tdap = tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine; MenACWY = quadrivalent meningococcal conjugate vaccine; HPV = human papillomavirus; ACIP = Advisory Committee on Immunization Practices.

Comparison of VFC Provider Orders for All HPV Components by Fiscal Year*



Compared to FY2019

- FY2020: Total vaccine orders **decreased 24%**
- FY2021: Total vaccine orders **decreased 9%**
- FY2022: year to date (May 2022) orders are **down 10%**

*Fiscal Year is defined as October 1 through September 30.

Routine Childhood Immunization Catch-Up

Continued impact of the COVID-19 pandemic on routine childhood immunization

- During the 2020-2021 school year, national vaccination coverage among kindergarten children dropped from 95 percent to below 94 percent
- Amounts to at least 35,000 more children across the U.S. that entered kindergarten without documentation of complete vaccination against common diseases (measles, whooping cough, chickenpox)
- Enrollment in kindergarten dropped by 10%
 - 400,000 fewer children entered kindergarten than expected—might not be up to date on their routine vaccinations
- Good news: routine vaccination coverage remains high, and we can recover ground lost during the pandemic.
- CDC is focusing on rebuilding and reconnecting with communities and partners.



NCSL State Public Health Symposium

Considerations for Routine Child Vaccination

Joseph M. Kanter, MD, MPH

State Health Officer, Louisiana Department of Health

6/30/2022

Louisiana Vaccination Rates Pre vs Post School Entry

≥1 dose MMR among children before they go to school (2 yo)

Louisiana ranks **40th**

- Louisiana coverage: 89.8%
- U.S. coverage: 92.8%

≥2 dose MMR among children after they go to school (13-17 yo)

Louisiana ranks **24th**

- Louisiana coverage: 94.0%
- U.S. coverage: 91.9%

Vaccination coverage by age 24 months among children of different races/ethnicities (2014-2017)

7 series

| | Louisiana | U.S. |
|-----------------|-----------|-------|
| White | 66.9% | 71.2% |
| Black | 68.6% | 64.2% |
| Hispanic | 70.6% | 70.2% |

Flu (2 doses)

| | Louisiana | U.S. |
|-----------------|-----------|-------|
| White | 47.9% | 59.1% |
| Black | 34.1% | 43.4% |
| Hispanic | 45.7% | 53.5% |

Louisiana Shots for Tots

- LA Shots for Tots is a 501(c)3 nonprofit, statewide organization comprised of a **network of public and private entities working to educate parents and providers** to achieve the highest level of immunizations for children in Louisiana
- **Shared goal: 90% of all Louisiana children** are immunized with their primary series by age two
- Specific focus on HPV vaccine



HPV Vaccination coverage among adolescents ages 13-17 (2015-2019)

HPV

| | LA | U.S. |
|----------|-------|-------|
| White | 36.9% | 44.1% |
| Black | 62.2% | 48.7% |
| Hispanic | 45.5% | 53.7% |

Health Heroes School Partnership program

- Mobile Vaccination Contracts with Health Heroes and other contract vaccination teams across the state
- Vaccinate students (and staff) at schools for flu, COVID-19 and other routine immunizations
- Since March 2021, LDH has tasked contract teams to **507 School Located Vaccination events** administering **13,497 vaccine doses** to students and staff



Direct to Family Outreach

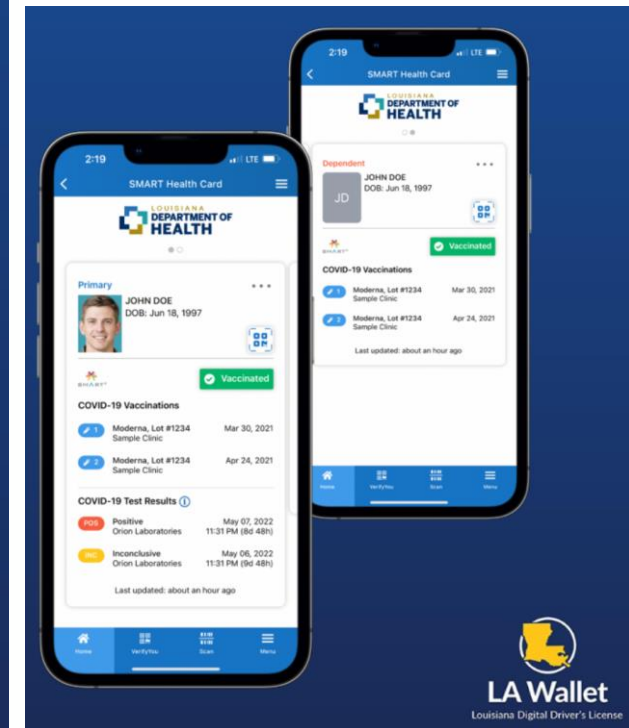
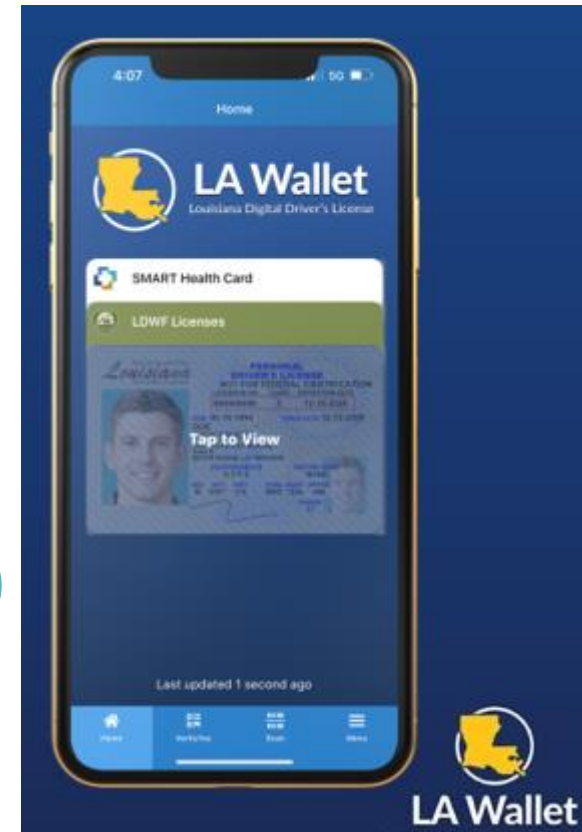
- Utilization of Immunization Information System (ISS) to send targeted mailings and text messages to families
- Useful for back-to-school vaccine drives and other periodic reminders
- Can be targeted to specific gap regions or populations



Digital Health ID- LA Wallet

All of your credentials in one place

- Driver's License or State ID
- Wildlife & Fisheries Licenses
- SMART Health Card
- Dependent SMART Health Cards
- Organ Donor Status
- Vehicle Registration (*Coming Soon*)
- Concealed firearm Permit (*Coming Soon*)



Learned lessons

- Empower local trusted messengers
- Identify and enlist confidential experts
- Constantly ask yourself: Who is not being served currently?
- For hearings and organized public events, anti-vax showing is increasingly likely: Have a plan, be strategic, and do not allow your event to inadvertently aid in the propagation of disinformation
- Prevention (pre-bunking) is more effective than treatment (de-bunking)
- Despite the loudest voices, overwhelming majority of the public remains very pro-vaccine
- Be careful of opening Pandora's box

Legislative Respondents

Senator Michael Kennedy
Utah, District 14

Delegate Ariana Kelly
Maryland, District 16

Lunch and Table Discussions



Long
COVID

Nutrition

Tobacco

Vaccines

Maternal
Health

Health
Equity



Vaccine Information and Data

Rebecca Coyle, Executive Director
American Immunization Registry Association

NCSL State Public Health Symposium
Emory Conference Center



AIRA
AMERICAN IMMUNIZATION
REGISTRY ASSOCIATION

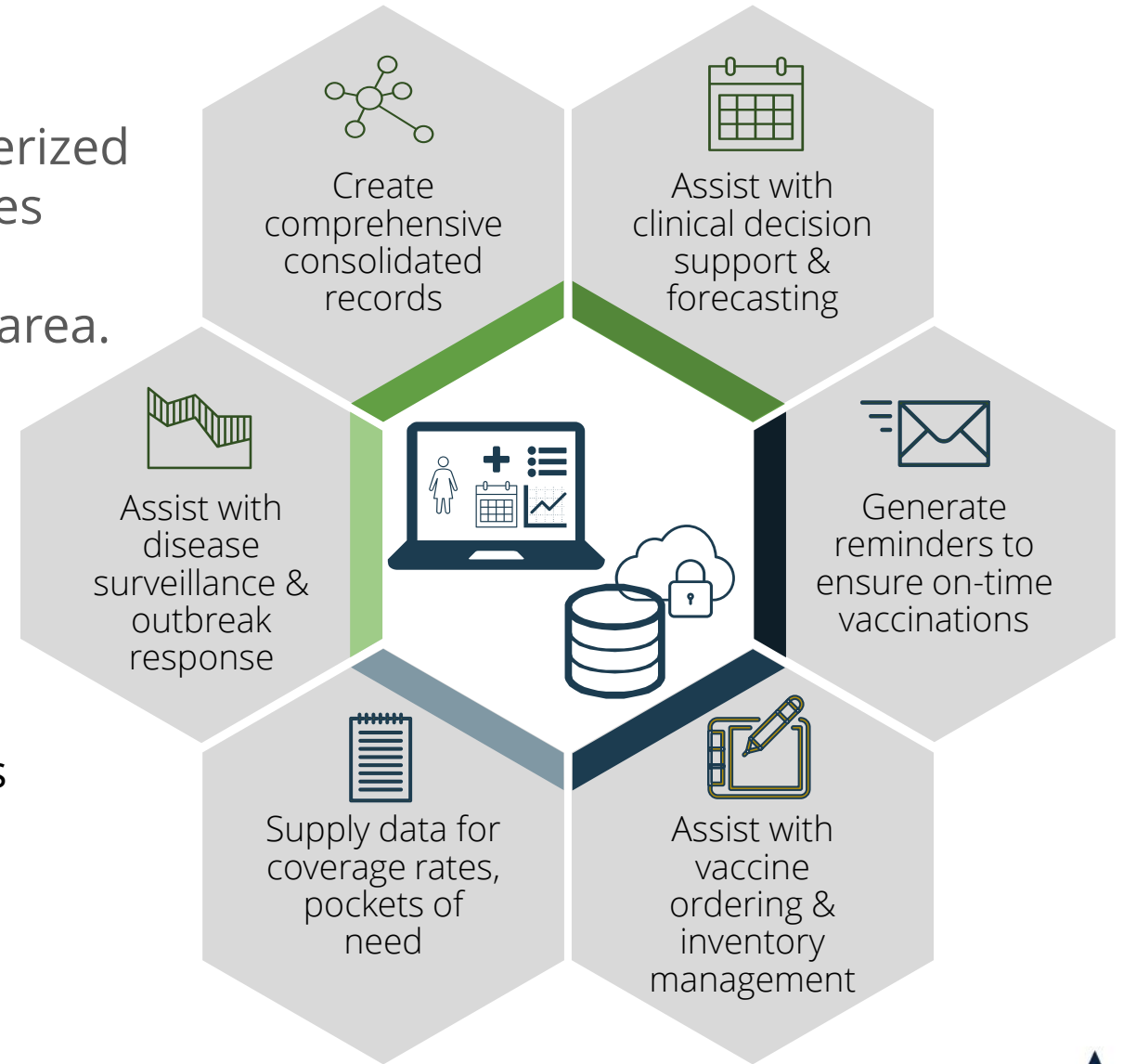
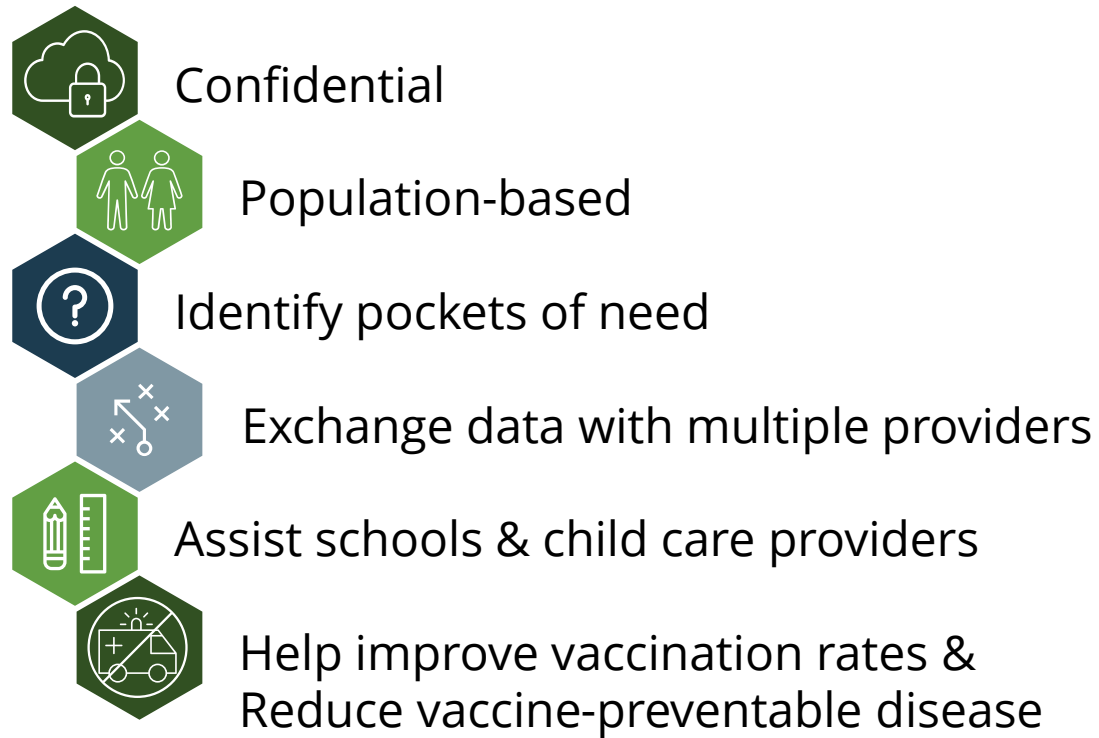
Immunization Information Systems (IIS)

NCSL State Public Health Symposium
June 22, 2022

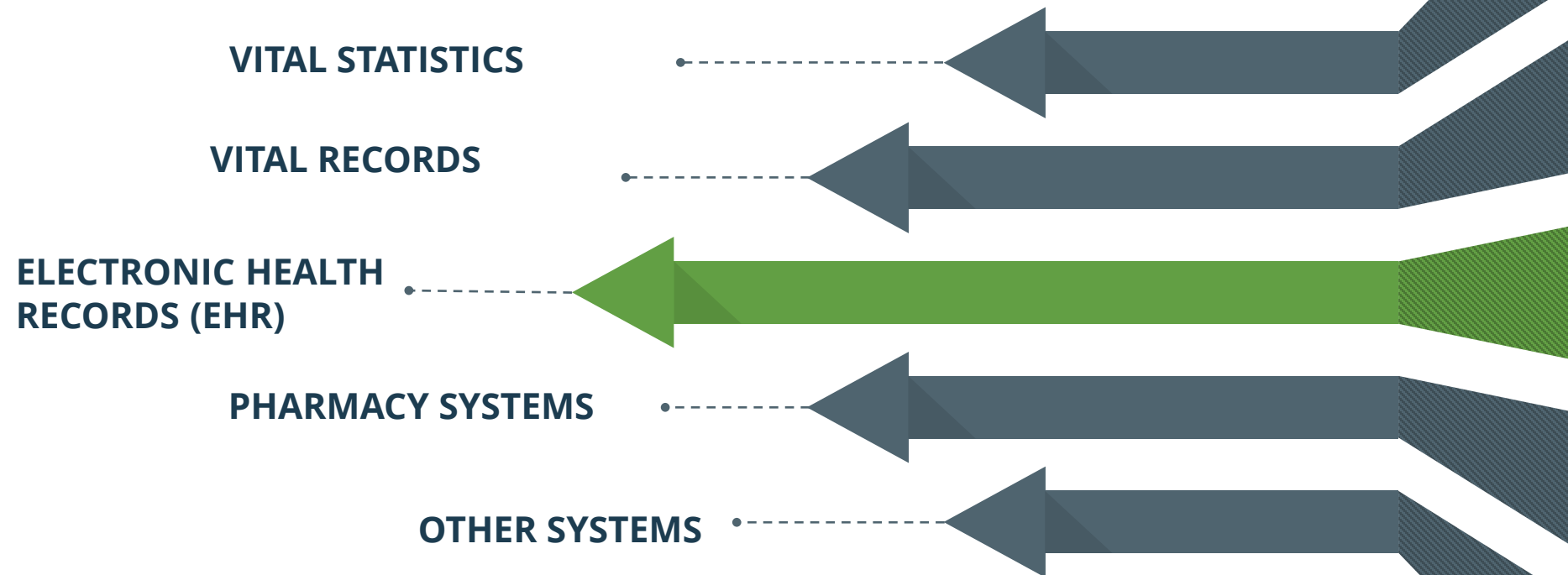
Rebecca Coyle, Executive Director
American Immunization Registry Association

IIS...

are confidential, population-based, computerized databases that record all immunization doses administered by participating providers to persons residing within a given geopolitical area.



Most IIS Data Comes From Data Exchange



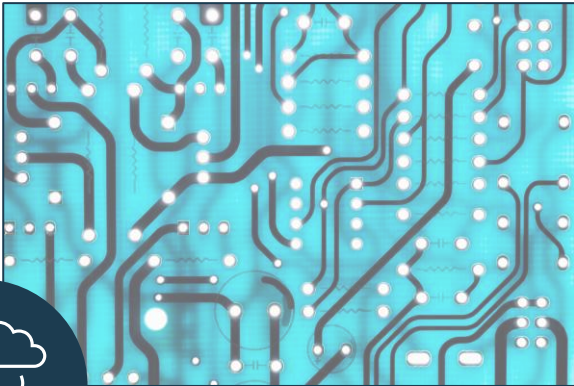
Bidirectional Data Exchange

- In 2020, IIS reported **over 121,000** HL7 data exchange connections
 - 2021 data forthcoming
- **~58%** of connections were bidirectional
 - ~46% in 2019





Policy



Technology



Operations



Workforce



Policies



Policies to consider

Does your state have IIS enabling legislation?

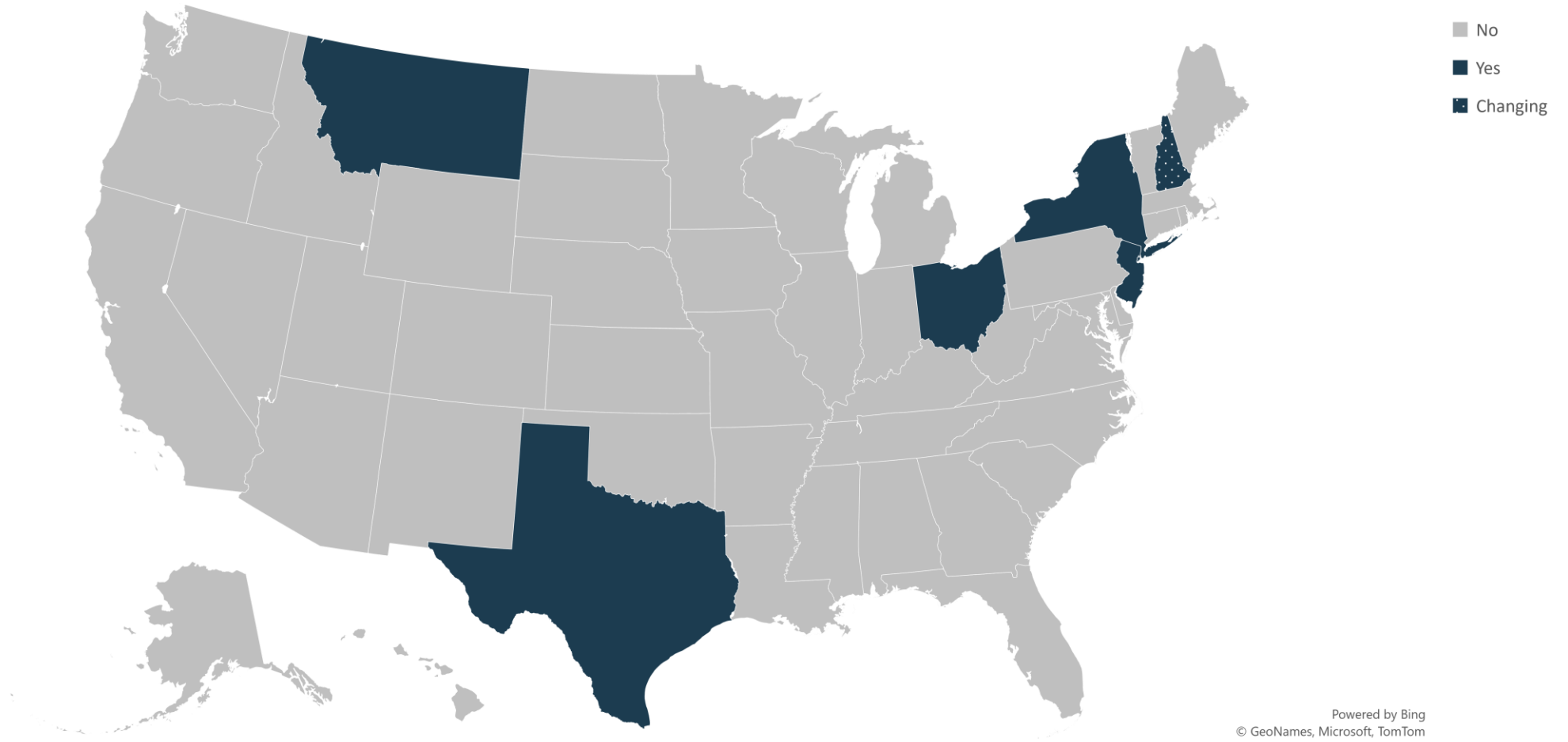
- Law/statute may be silent

Consent

- Is consent required?
- Is it required for specific populations (≥ 19)



Opt-in Required for Adults (19+)



Policies to consider

Does your state have IIS enabling legislation?

- Law/statute may be silent

Consent

- Is consent required?
- Is it required for specific populations (≥ 19)

Reporting to IIS

- Is it required for specific populations (e.g., 0-18)
- Is it required for specific provider types (e.g., pharmacies)



Required provider reporting for vaccinations administered for individuals >19 years

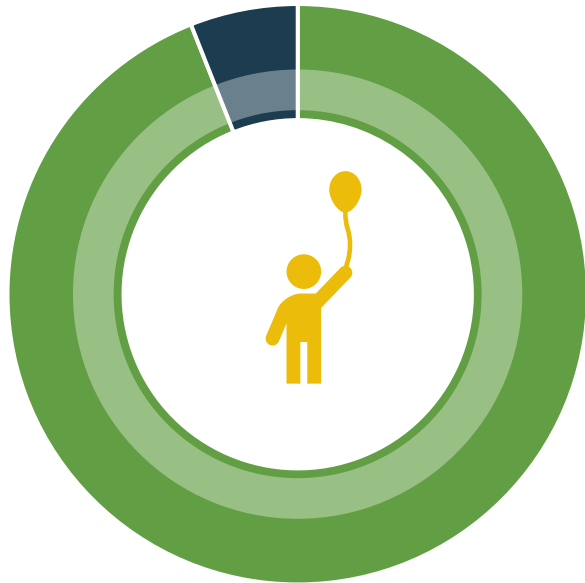
- **16** required for all vaccinations from all providers
- **12** required for all vaccines, but only from specific providers
- **7** only for adult vaccines provide through the state vaccine program
- **3** yes, for specific vaccinations from specific providers
- **16** no requirements



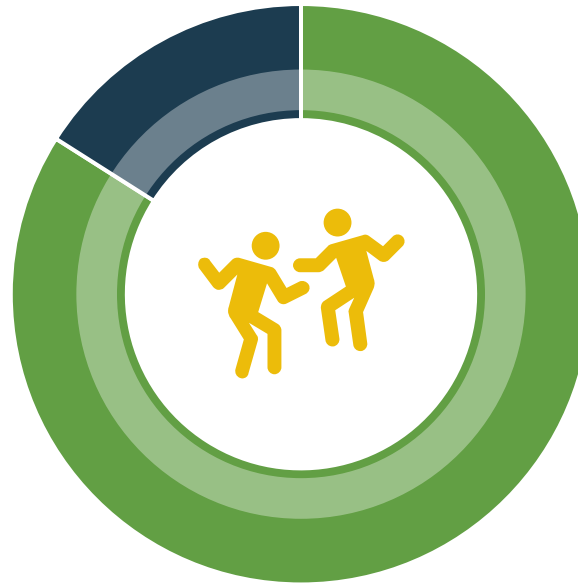
Data Capture



Data Capture Across All IIS – 2020



Children Under 6:
94%



Adolescents 11-17:
84%



Adults 19+:
68%

- *Participation for children and adolescents requires two or more vaccines*
- *Participation for adults requires at least one adult vaccine*





§Chicago, Houston, New
York City, Philadelphia,
San Antonio

National Participation:
68%
(excluding Territories)

Purpose & Utility



Policies to consider

Access

- Who can have access and for what purposes?
 - Clinical care
 - Schools
 - Other public health programs, Medicaid, etc.?
 - Payers?

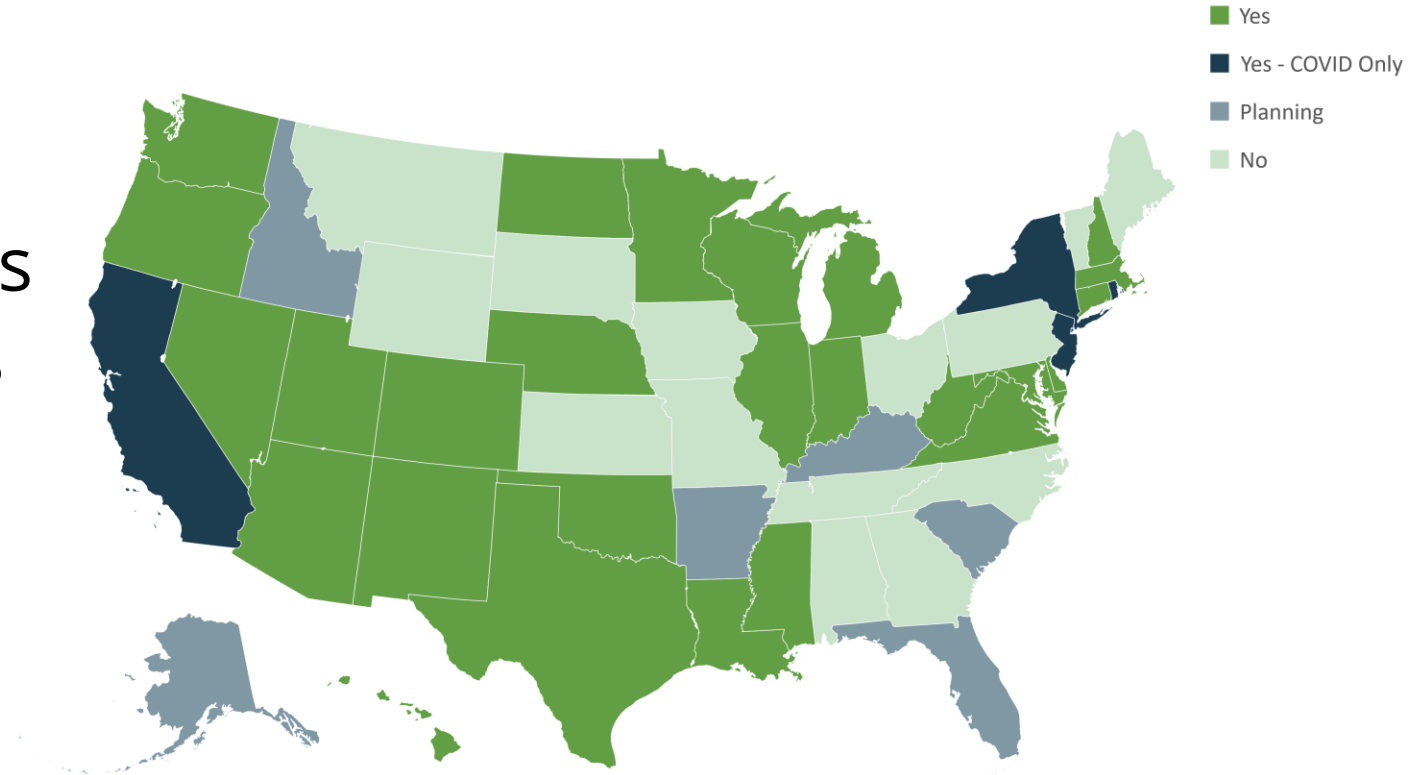
Data Use

- What can data be used for?
- In what format can data be shared (aggregate, deidentified, etc.)
- Research?



Consumer Access

- There are differences across the U.S.
- Each state determines
 - Who can access the IIS
 - What records it will provide
 - What format(s) it will provide



The Evolution of Vaccine Records

| VACCINE | Date Given MO/DAY/YR | DOCTOR OR CLINIC | DATE NEXT DUE |
|---|-------------------------|---------------------------------------|------------------|
| 1 | AUG 25 1989 | State of Hawaii, PHN# | |
| 2 | 10/24/88 | JOSEPHINE COUNTY HEALTH DEPT. | |
| 3 | 10/24/88 | JOSEPHINE COUNTY HEALTH DEPT. | |
| 4 | 1-1-93 | JOSEPHINE COUNTY HEALTH DEPT. | |
| 5 | | | |
| DPT | 1 | AUG 25 1989 State of Hawaii, PHN# | |
| diphtheria, pertussis (whooping cough), tetanus | 2 | 10/24/88 R. F. FINEBERG MD/HS | |
| DT or Td | 3 | 10/24/88 R. F. FINEBERG MD/HS | |
| | 4 | 10-9-89 JOSEPHINE COUNTY HEALTH DEPT. | |
| | 5 | 1-1-93 JOSEPHINE COUNTY HEALTH DEPT. | |
| | 6 | 3-17-97 Olivia Leo Codes | |
| MEASLES | | | |
| RUBELLA | 10-9-89 | JOSEPHINE COUNTY HEALTH DEPT. | |
| MUMPS | | | |
| Hemophilus fl. | 2-26-90 | JOSEPHINE COUNTY HEALTH DEPT. | |
| OTHER | | | |
| T.B. - first test done 6/29/85: Neg. | | | |
| Hep | | | |
| VACCINE REACTIONS AND OTHER NOTES: | | | |
| EXEMPTION-VACCINE: | PROVIDER: | DATE: | |

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name _____ First Name _____ MI _____
 Date of Birth _____ Patient number (medical record or NS record number) _____

| Vaccine | Product Name/Manufacturer Lot Number | Date | Healthcare Professional or Clinic Site |
|----------------------------------|---|--------------|---|
| 1 st Dose COVID-19 | | mm / dd / yy | |
| 2 nd Dose COVID-19 | | mm / dd / yy | |
| Other | | mm / dd / yy | |
| Other | | mm / dd / yy | |

HPV Vaccine
Not due until May 4, 2021
Previously done: 11/4/2020
[Learn more](#)

Meningitis ACWY Vaccine
Not due until October 28, 2022
Previously done: 12/15/2015, 2/8/2013, 5/18/2012, ...
[Learn more](#)

Tdap / DTaP / Tetanus Immunization
Not due until October 28, 2022
Previously done: 12/15/2015, 2/8/2013, 5/18/2012, ...
[Learn more](#)

Hepatitis B Vaccine
Completed on May 18, 2012
Previously done: 5/18/2012, 1/9/2012, 10/28/2011
[Learn more](#)

Hepatitis A Vaccine
Completed on May 10, 2013
Previously done: 5/10/2013, 11/9/2012
[Learn more](#)

IPV Vaccine
Completed on December 15, 2015
Previously done: 12/15/2015, 5/18/2012, 3/18/2012, ...
[Learn more](#)

MMR Vaccine
Completed on December 15, 2015
Previously done: 12/15/2015, 11/9/2012
[Learn more](#)

COVID-19 Vaccination Record Card

NAME: ANYPERSON/JOHN B. DATE OF BIRTH: 01/20/1951

| | | |
|---|------------------------------|---|
| 1 | Vaccine Product, Lot #348712 | 03/12/2021, Dose 1 Issuer Clinic, IAL 1.4 |
| 2 | Vaccine Product, Lot #436732 | 04/01/2021, Dose 2 Issuer Clinic, IAL 1.4 |

SMART[®] Health Card

SMART[®] Health Card

You can import your COVID-19 Vaccination Record into any app that accepts SMART Health by clicking Download SMART Health Cards or scanning the QR code below.

COVID-19 Vaccination Record Card

NAME: ANYPERSON/JOHN B. DATE OF BIRTH: 01/20/1951

| | | |
|---|------------------------------|---|
| 1 | Vaccine Product, Lot #348712 | 03/12/2021, Dose 1 Issuer Clinic, IAL 1.4 |
| 2 | Vaccine Product, Lot #436732 | 04/01/2021, Dose 2 Issuer Clinic, IAL 1.4 |

SMART[®] Health Card

Federal Role

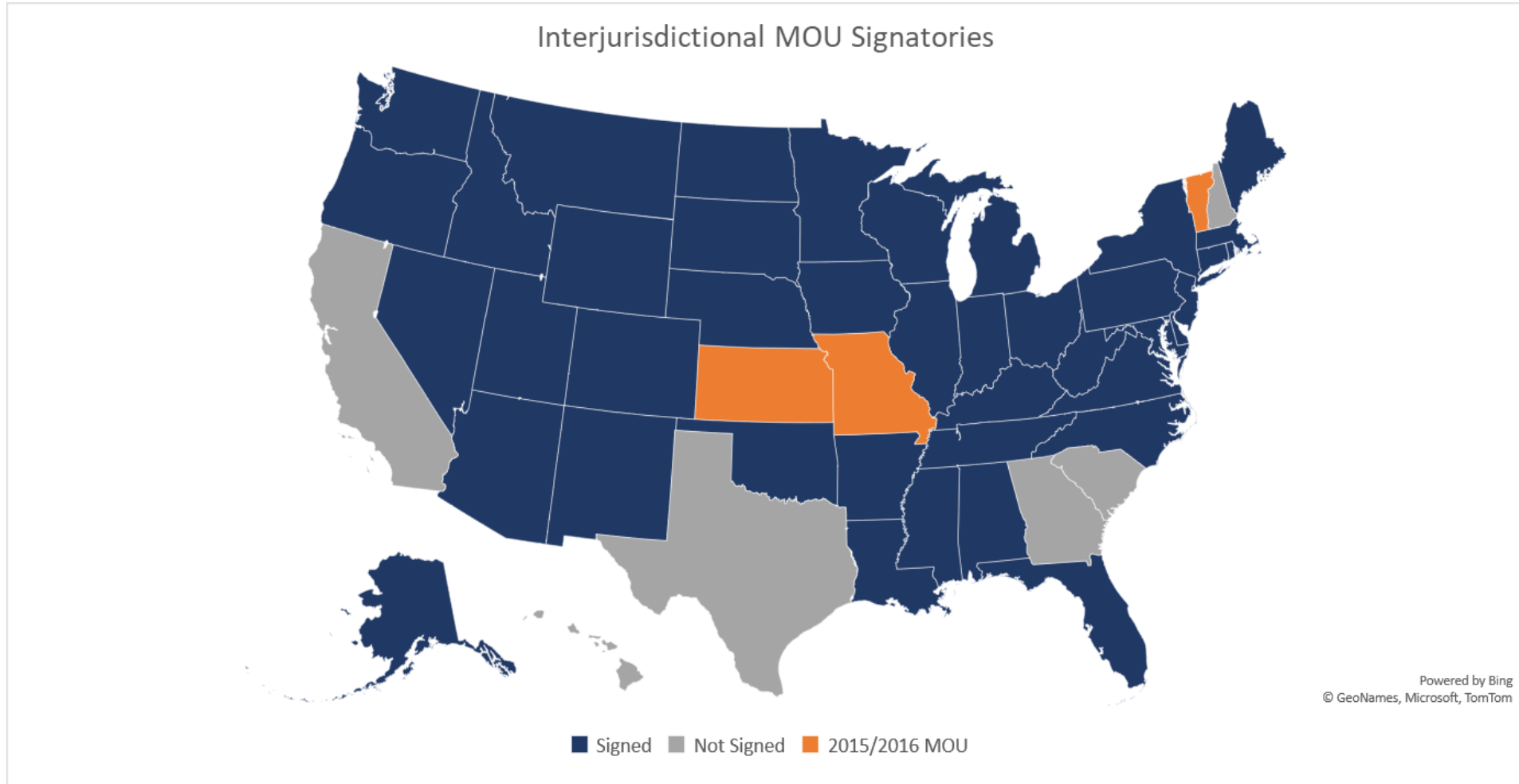


Federal Laws Relevant to IIS

- Health Insurance Portability and Accountability Act (HIPAA)
 - **Is the IIS a covered entity? A hybrid?**
- Family Educational Rights and Privacy Act (FERPA)
 - Protects the privacy of student education records but indirectly affects data exchange between schools/IIS
- 21st Century Cures Act
 - Health information reform, includes provisions around TEFCA (Trusted Exchange Framework and Common Agreement)



Sharing Data Across Jurisdictions



“I am not an advocate for frequent changes in laws and constitutions, but laws and institutions must go hand in hand with the progress of the human mind. As that becomes more developed, more enlightened, as new discoveries are made, new truths discovered and manners and opinions change, with the change of circumstances, institutions must advance also to keep pace with the times...”

- Thomas Jefferson



Thank you!

More information @ www.immregistries.org



Extra Slides



Technology

- Update and maintain systems
- Enhancements,
- New developments
- Monitor quality
- etc.
- System security

Operations

- Funding to support IIS
- State funds can open the door to more funds (Medicaid match funds), state priorities
- Integration



Vaccine Information and Data

NCSL State Public Health Symposium
Emory Conference Center

State Actions 2021-2022

Vaccine Data & Reporting

[Arizona SB 1505](#)

[Connecticut SB 457](#)

[New Hampshire HB 572](#)





Vaccine Messaging and Communication

State Public Health Symposium
Atlanta, GA

June 22, 2022



State Action on Vaccine Messaging & Communication

Raise Awareness

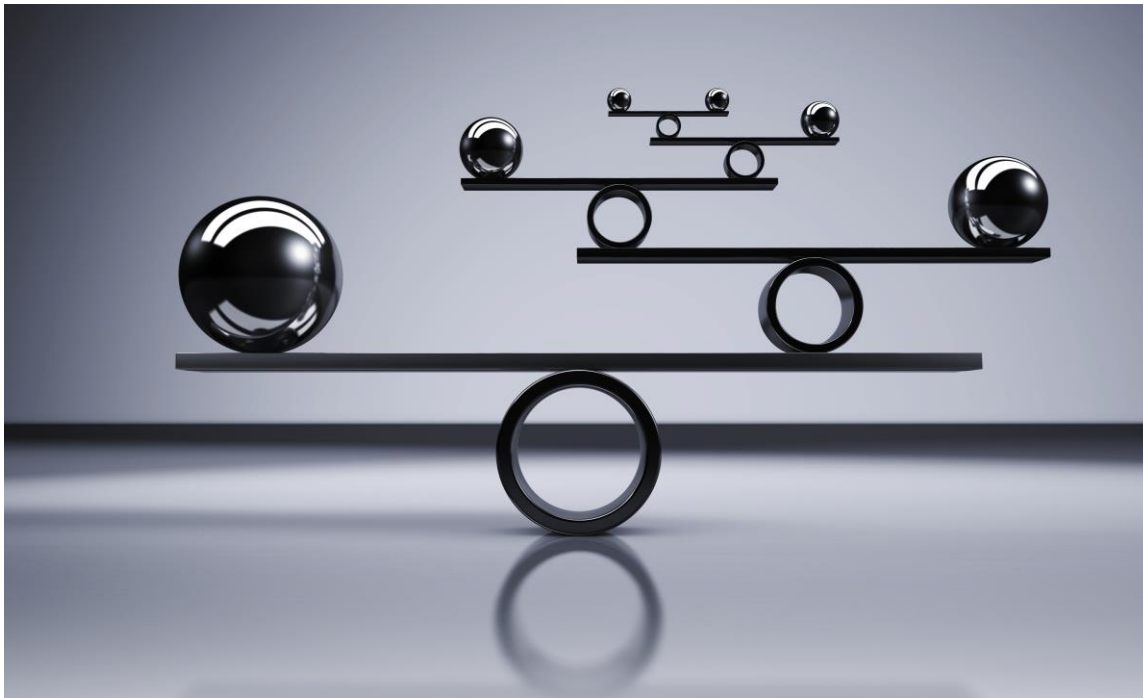
Disseminate Accurate Information & Address
Equity

Raise Awareness

- **Illinois [HR 196](#)** (2019) – Increases public awareness of the importance of preteens and adolescents receiving vaccines against meningococcal disease, HPV, influenza, tetanus, diphtheria, pertussis, measles, mumps and rubella, and promotes outreach and education efforts concerning vaccination.
- **Nebraska [LR 95](#)** (2021) – Recognizes August as National Immunization Awareness Month and cites the importance of vaccines to maintain and improve child and adolescent health.
- **South Carolina [HR 5226](#)** (2020) – Calls attention to the connection between HPV and cervical and other cancers and spreads awareness of vaccine protection.



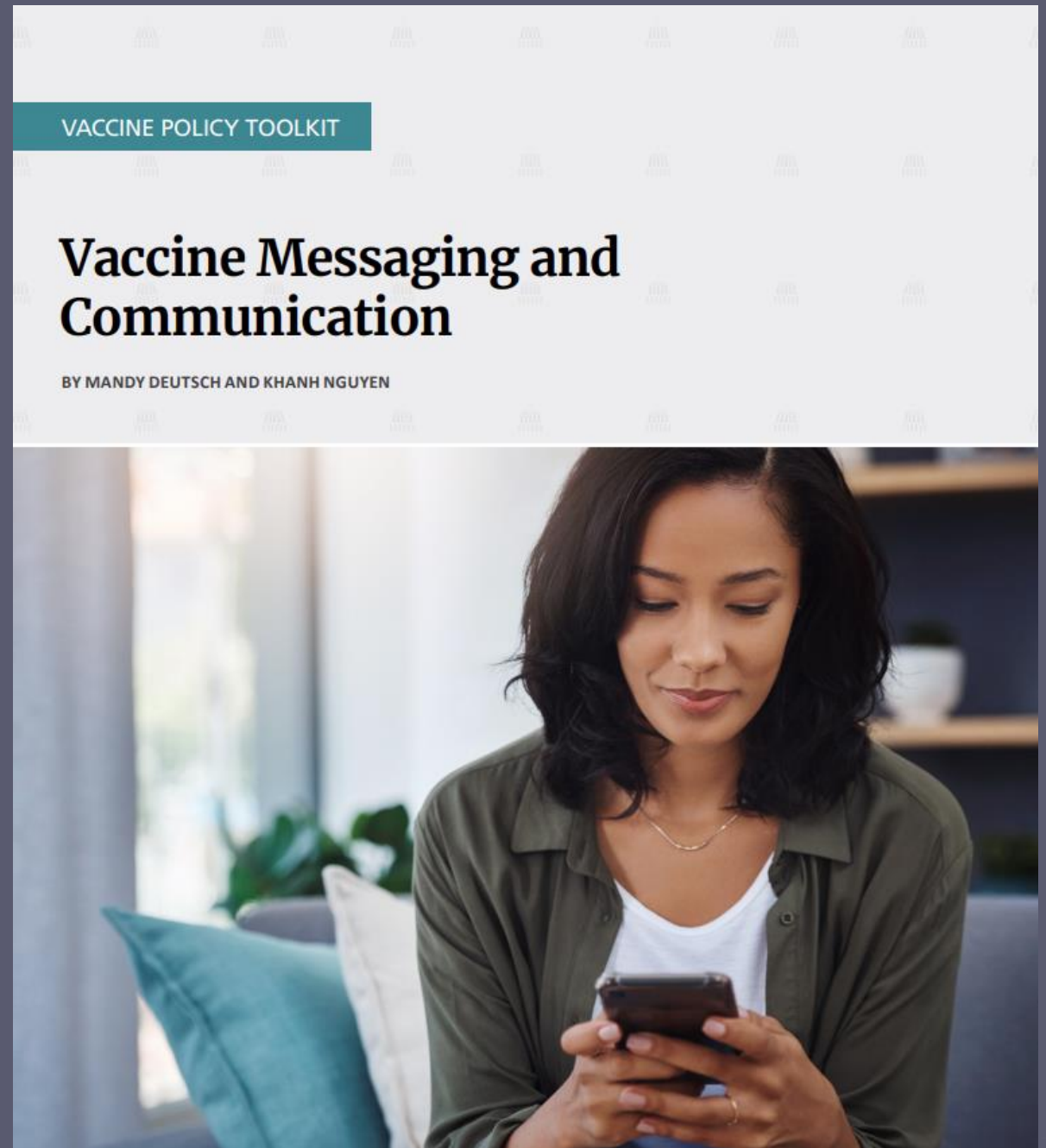
Disseminate Accurate Information & Address Equity



- **Arkansas [HB 1547](#)** (2021) – Requires all data and information about the safety and effectiveness of any FDA-approved vaccine be available on a public website maintained by the health department.
- **Florida [HB 9](#)** (2021) – Prohibits the dissemination of false or misleading vaccine information with specified intent.
- **Massachusetts [HB 5164](#)** (2020) – Requires health equity in design, development, implementation and oversight of the state's vaccine plan, including culturally and linguistically diverse public education and outreach.

NCSL Resources

- [State Public Health Legislation Database](#)
 - Vaccines: Access, Insurance & Workforce, Registries & Reporting, Requirements
- [Maternal and Child Health Database](#)
 - Child Immunization Requirements
- [State Action on Coronavirus \(COVID-19\)](#)
 - Health: Vaccine
- [Vaccine Policy Toolkit](#)
- [States With Religious and Philosophical Exemptions From School Immunization Requirements](#)



Faculty



Joe Smyser, PhD, MPH

Chief Executive Officer
Public Good Projects



Claire Hannan, MPH

Executive Director
Association of Immunization Managers

Vaccine Communications

Joe Smyser, PhD, MSPH
CEO, PGP
joe.smyser@publicgoodprojects.org

Social Listening Programs

Mis/Disinformation Monitoring



PROJECT VCTR

Since 2019, Project VCTR has tracked vaccine-related public communications within all 50 US states. Each week, PGP's analysts provide insights on trending or emerging misinformation, as well as legislation and advocacy related to vaccines.

Project VCTR is a free resource designed for health organizations, health educators, or members of the press who report on health.



Vaccination
Demand
Observatory

The VDO is a UNICEF-led initiative that identifies, tracks, and responds to vaccine misinformation. It provides three services that work together in concert: (1) Identifying misinformation & information gaps; (2) responding to misinformation through local UNICEF offices; and (3) training and technical assistance.



PROJECT VCTR

March 1, 2020 - June 21, 2022
All vaccine references in U.S.

Total Mentions

484.3M

Total Mentions

Average Counts

574,593

Average Per Day

23,941

Average Per Hour

Potential Impressions

8.5T

Potential Impressions

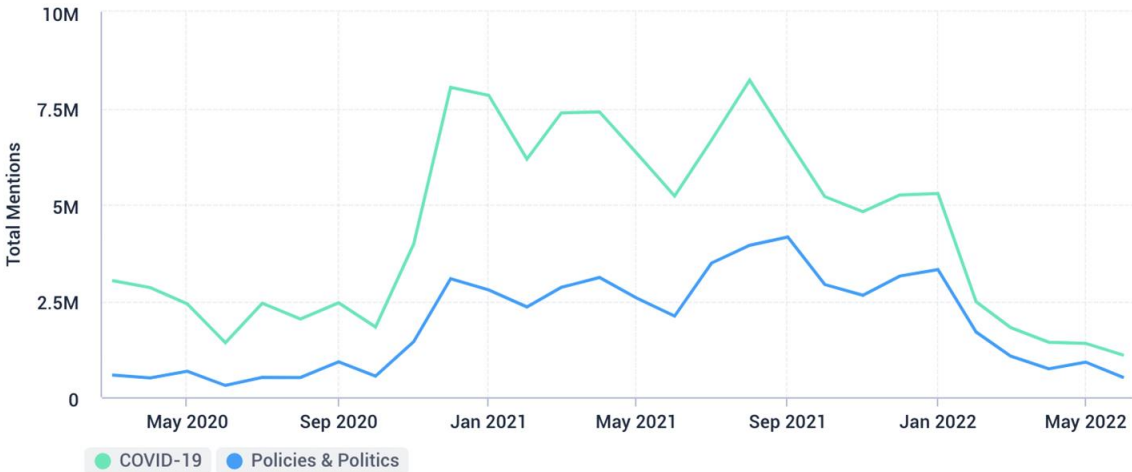
Conversation Theme Trends

Week Month



Conversation Theme Trends

Week Month

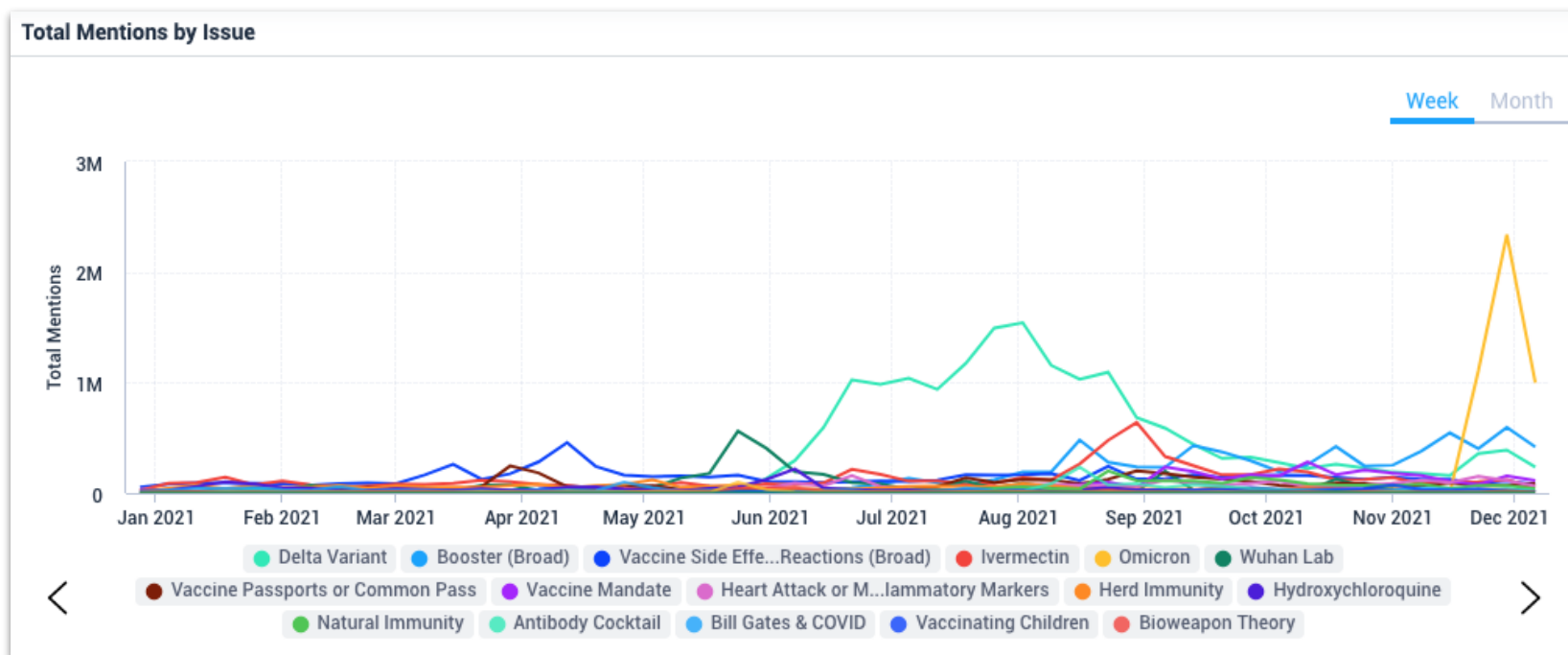




PROJECT VCTR

Deeper into COVID narratives

Some of the most widely discussed throughout 2021:



Jan. 2021

COVID
Origins

Vaccine
Side Effects

Bioweapon/
Man-made
Virus

Delta
Variant

Vaccine
Alternatives

Omicron
Variant

Boosters &
Vaccinating
Children

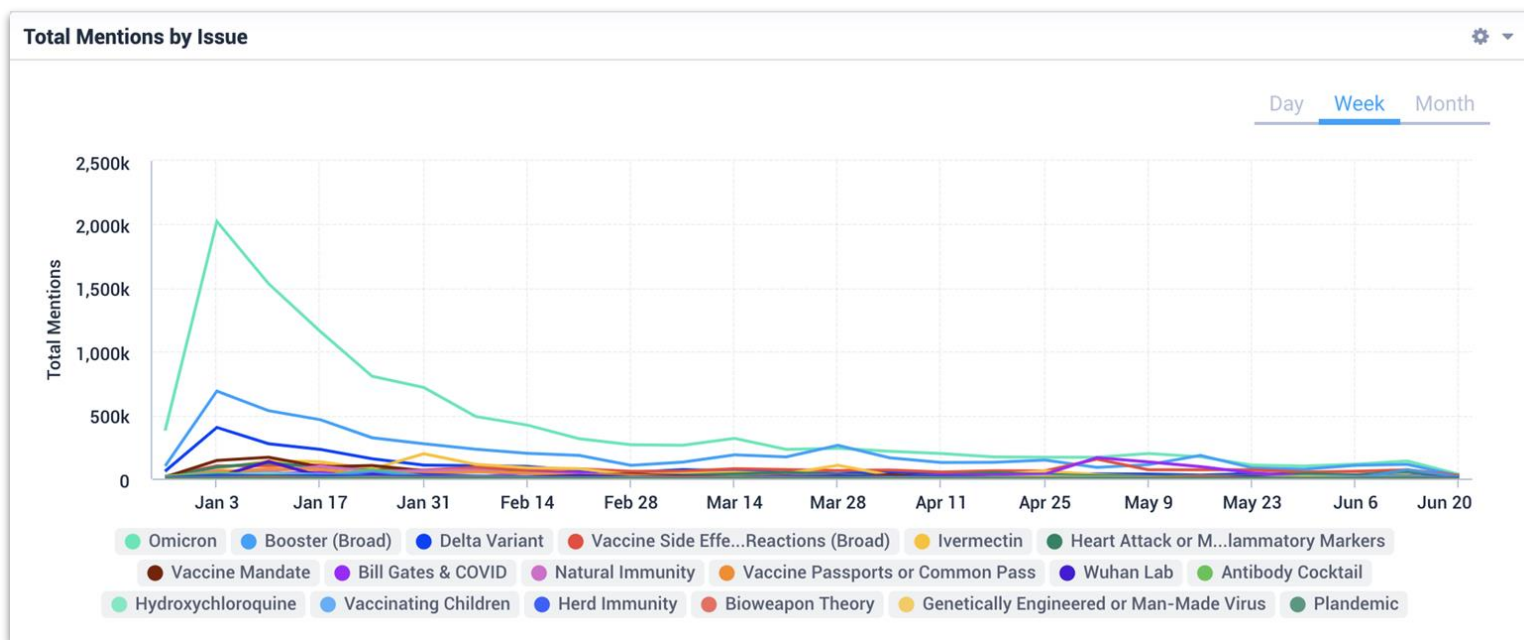
Dec. 2021



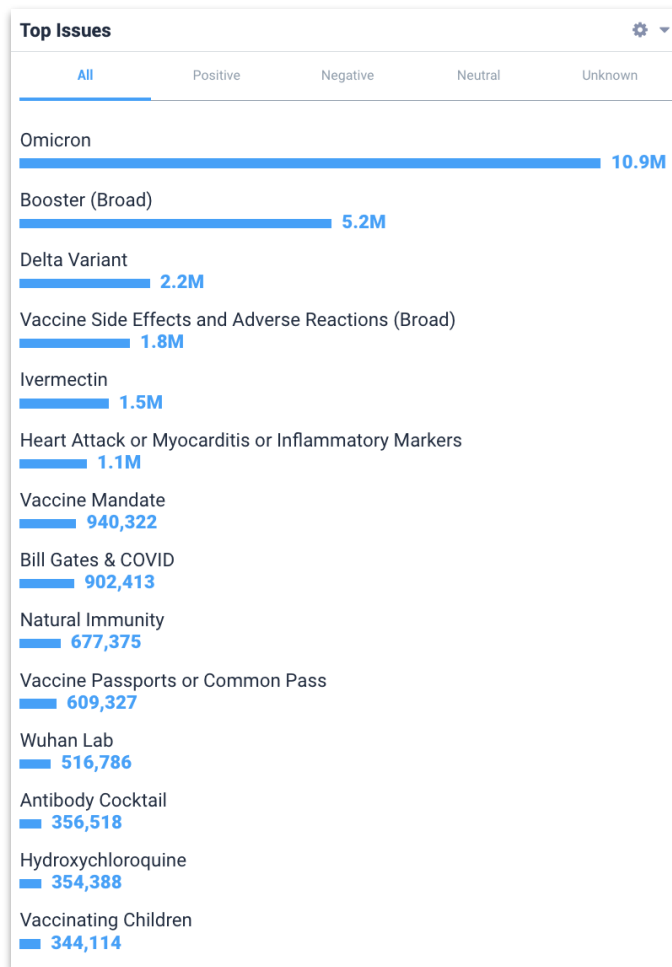
PROJECT VCTR

Deeper into COVID narratives, 2022

People are still discussing variants, boosters, and side effects:



January 1st - June 21st, 2022

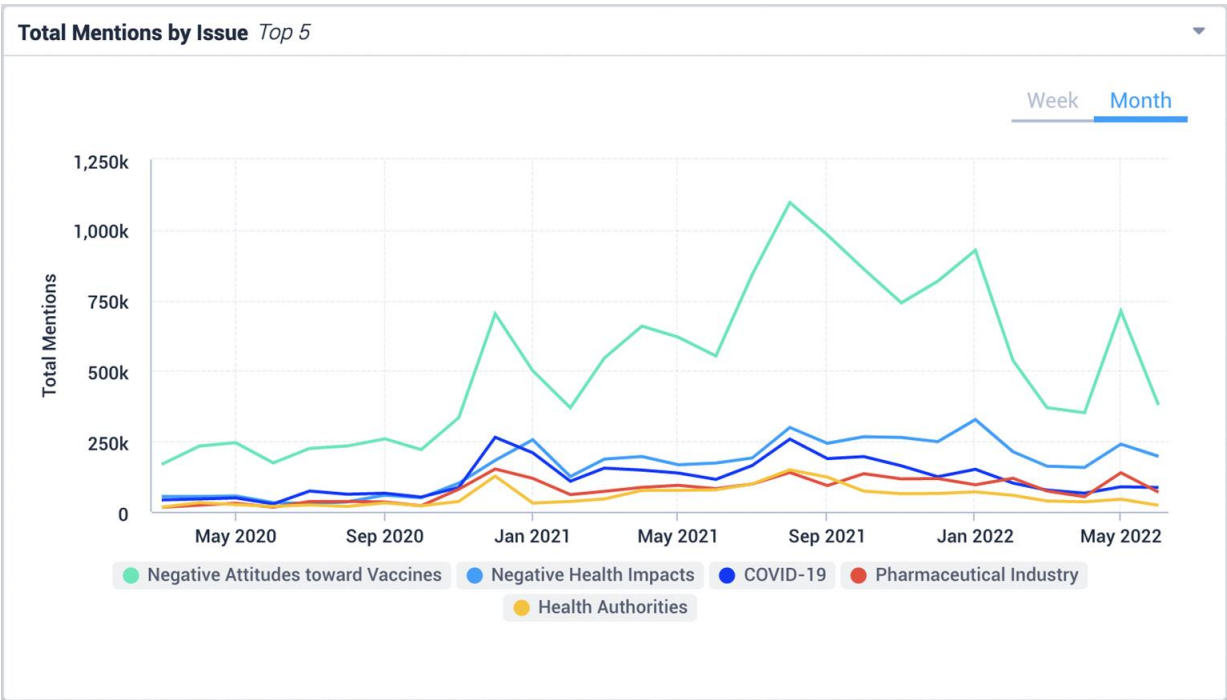




PROJECT VCTR

March 1, 2020 - June 21, 2022
Vaccine opposition references in U.S.

| Total Mentions | Average Counts | Potential Impressions |
|-------------------------|---|---------------------------------|
| 14.7M Total Mentions | <div>17,384 Average Per Day</div> <div>724 Average Per Hour</div> | 104.1B Potential Impressions |



Bonnevie, E., Gallegos-Jeffrey, A., Goldberg, J., Byrd, B., & Smyser, J. (2021). Quantifying the rise of vaccine opposition on Twitter during the COVID-19 pandemic. *Journal of communication in healthcare*, 14(1), 12-19.

Bonnevie, E., Goldberg, J., Gallegos-Jeffrey, A. K., Rosenberg, S. D., Wartella, E., & Smyser, J. (2020). Content themes and influential voices within vaccine opposition on Twitter, 2019. *American journal of public health*, 110(S3), S326-S330.



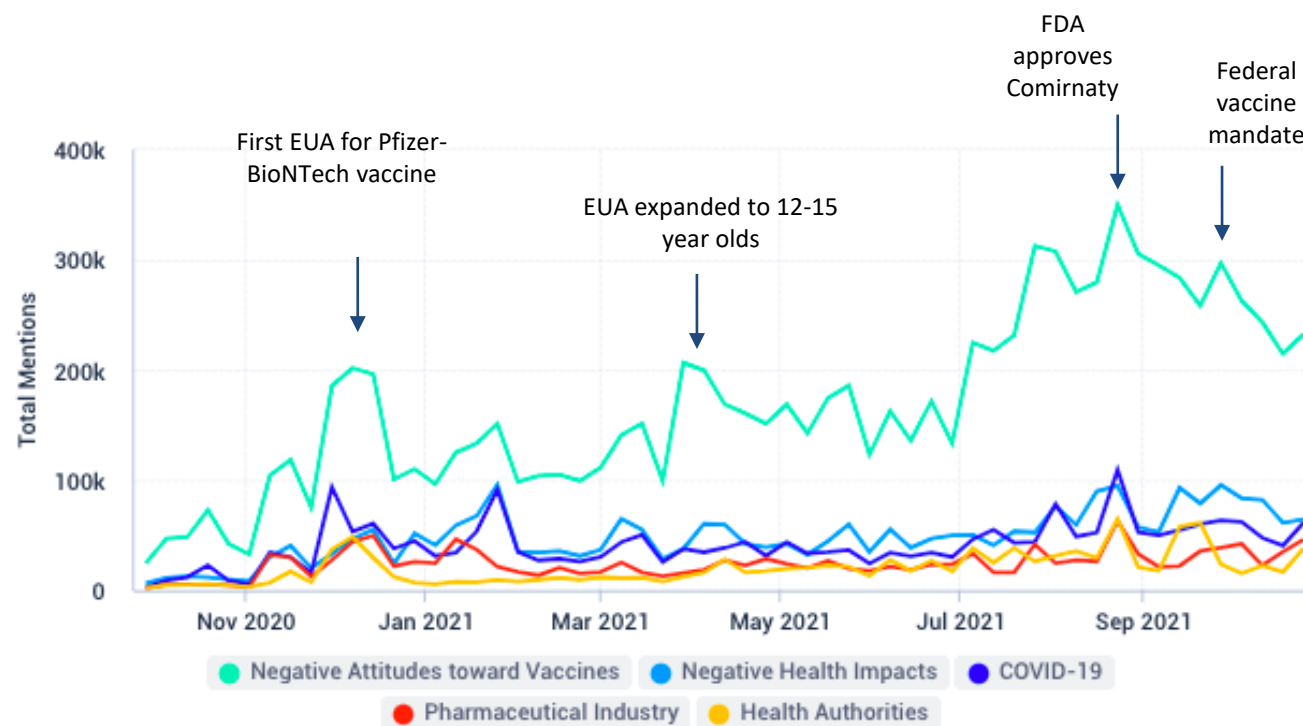
Drivers of Vaccine Misinformation

Anti-vaccine rhetoric was led by niche groups up to 2020, but the pandemic has exploded it into the mainstream. It's becoming inseparable from identity.

Vaccine misinformation spikes every time federal, state, or local authorities make decisions.

During the pandemic, a top anti-vaccine Twitter account referenced vaccines over 47,000 times before it was suspended.

Even though many more groups are skeptical or opposed to vaccines than prior to 2020, the talking points still come from identifiable sources.



Each issue represents a complex conversation.

Emerging Data

Vaccine Skepticism



- Skepticism and opposition to COVID-19 vaccine policy is now extending to all other vaccines.
- Political identity appears to be the main driver – this is very new - and messaging by well known anti-vaccine and anti-government individuals and groups are leveraging this.
- US discourse on vaccines is reaching every corner of the globe. We find statements from US elected officials, fringe health care providers, and pundits shared and echoed in even the most remote places on Earth.

Vaccine Messaging and Communication

State Vaccine Confidence and Communication Campaigns



Claire Hannan, MPH

Association of Immunization Managers
Executive Director

NCSL State Public Health Symposium
June 22, 20



Association of
Immunization
Managers

About AIM – Who We Represent

- The **Association of Immunization Managers (AIM)** represents the 64 immunization programs that receive funding from CDC's National Center for Immunization and Respiratory Diseases (NCIRD)
- 50 states, 6 major cities, 8 territories/federated states
- AIM works to:
 - Collaborate with partners
 - Promote efficient allocation of resources
 - Promote development/implementation of policies and programs
 - Provide a forum for information sharing and leadership development

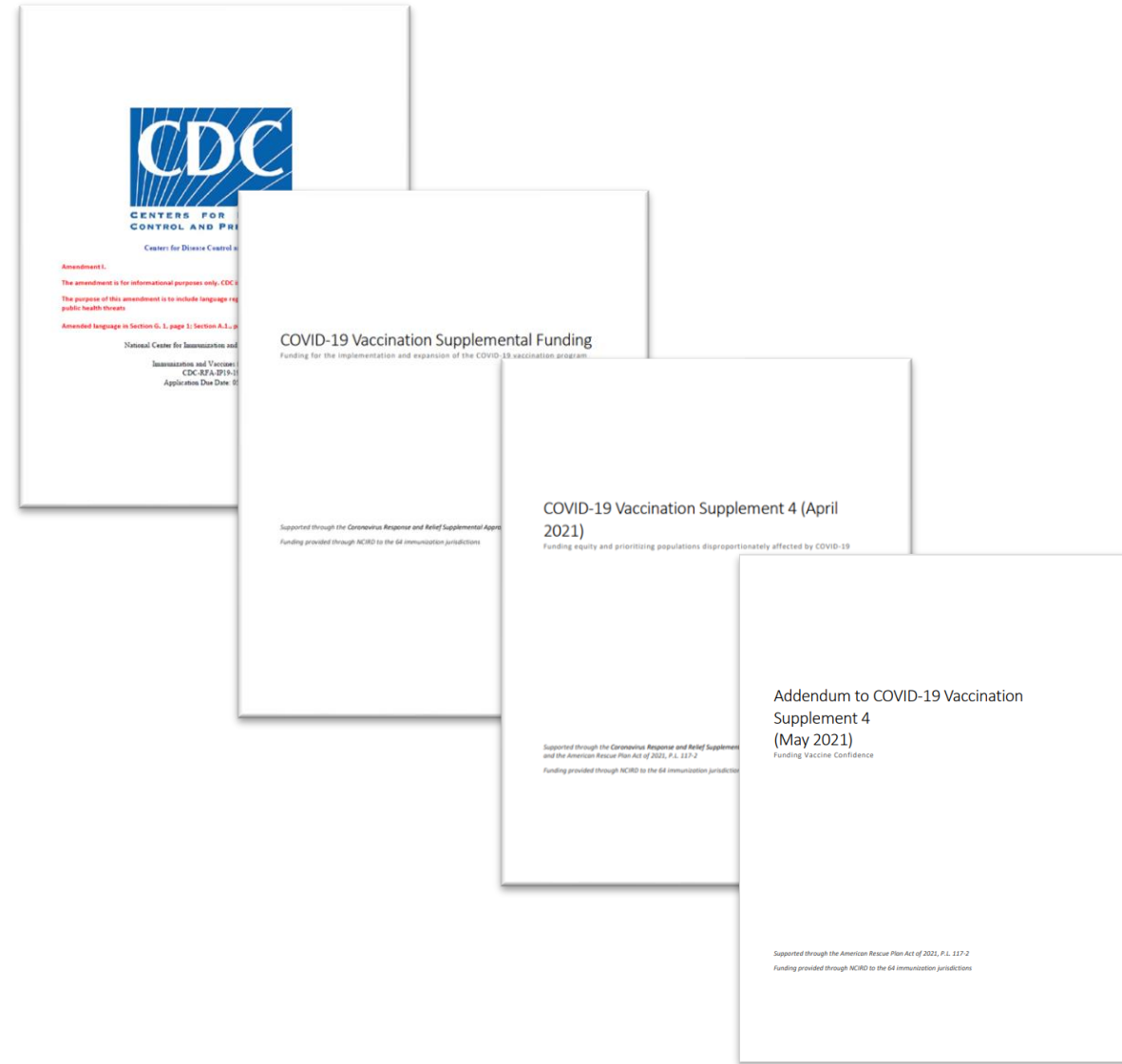
Today's Discussion

- Background: vaccination rates and what is at stake
- Building confidence in vaccines
 - Supplemental funding to state and local health agencies
 - CDC guidance
- State communication and confidence campaigns
 - Public perceptions (KANSAS)
 - Community engagement (WISCONSIN, TEXAS)
 - Provider education (INDIANA, NORTH DAKOTA, WA STATE)
 - COVID campaign example (ALASKA, MARYLAND)
- Tips and resources

Building Confidence: Supplemental Funding and Guidance

COVID-19 supplemental funding guidance for immunization program awardees

- **COVID-19 Funding**
 - Coronavirus Response and Relief Supplemental Appropriations Act of 2021
 - The American Rescue Plan Act of 2021
- **Supplemental Funding Opportunities**
 - COVID-19 Vaccination Supplemental #3 Funding Guidance
 - COVID-19 Vaccination Supplemental #4 Guidance
 - Addendum to COVID-19 Vaccination Supplement 4



Using a community driven approach to reduce vaccination disparities

- This guidance provides a community-driven approach to identifying partners as well as increasing vaccine confidence and uptake using five steps
 1. Use data to identify and prioritize communities of focus
 2. Identify relevant government officials and community partners
 3. Understand barriers in community and create an implementation plan
 4. Help community partner networks implement plans
 5. Conduct continuous program evaluation



State Communication and Confidence Campaigns

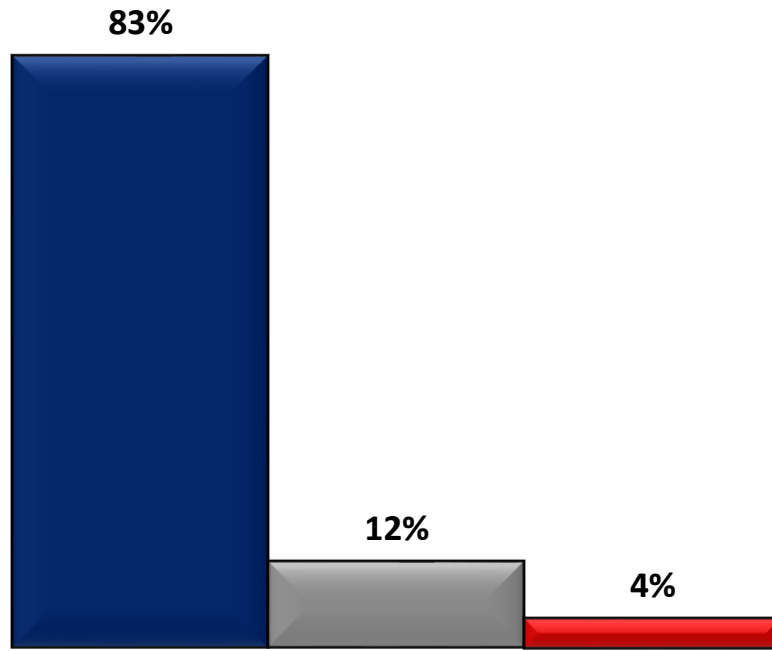


Kansas Statewide Survey: Attitudes Toward Vaccines

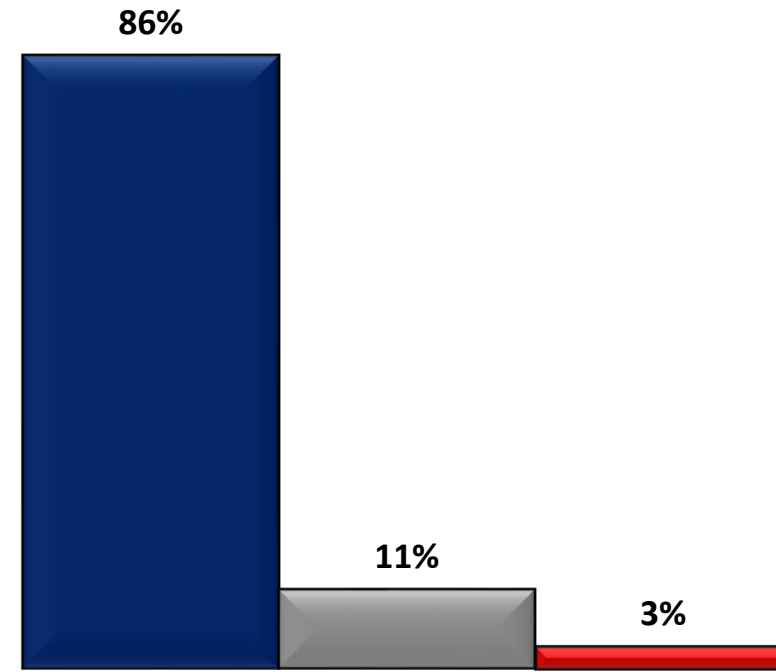
Key findings from a statewide survey of 600 registered voters
in Kansas, conducted January 27-February 3, 2022.

More than 80% of Kansas voters say wellness vaccines are completely/mostly safe and completely/mostly effective.

“Do you believe wellness vaccines are completely safe, mostly safe, somewhat safe, mostly unsafe or completely unsafe?”



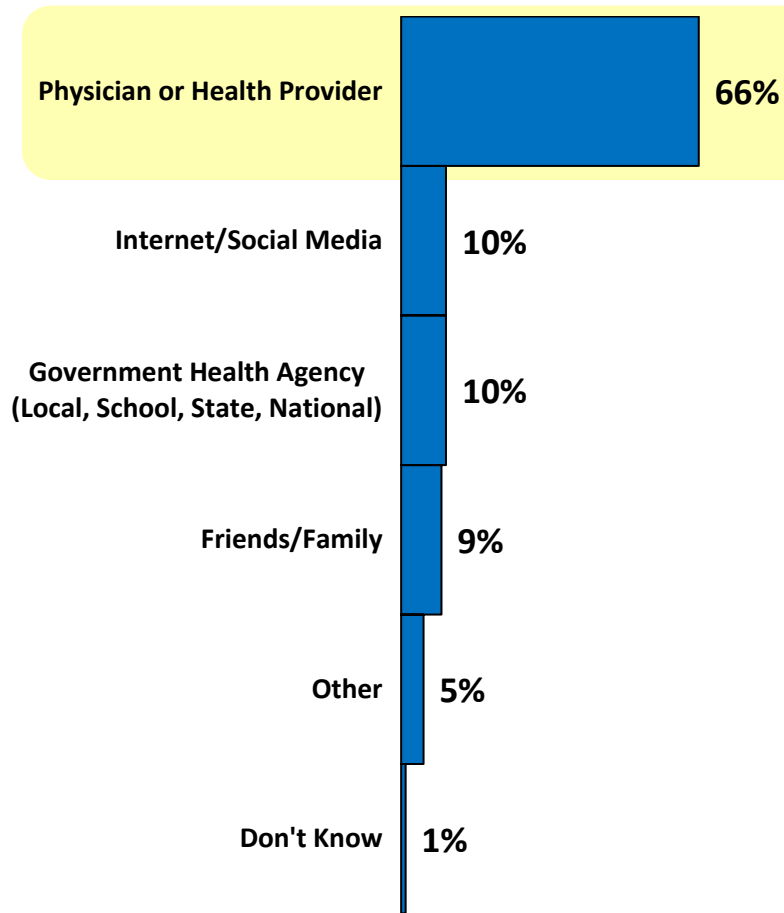
“Do you believe wellness vaccines are completely effective, mostly effective, somewhat effective, mostly ineffective or completely ineffective?”



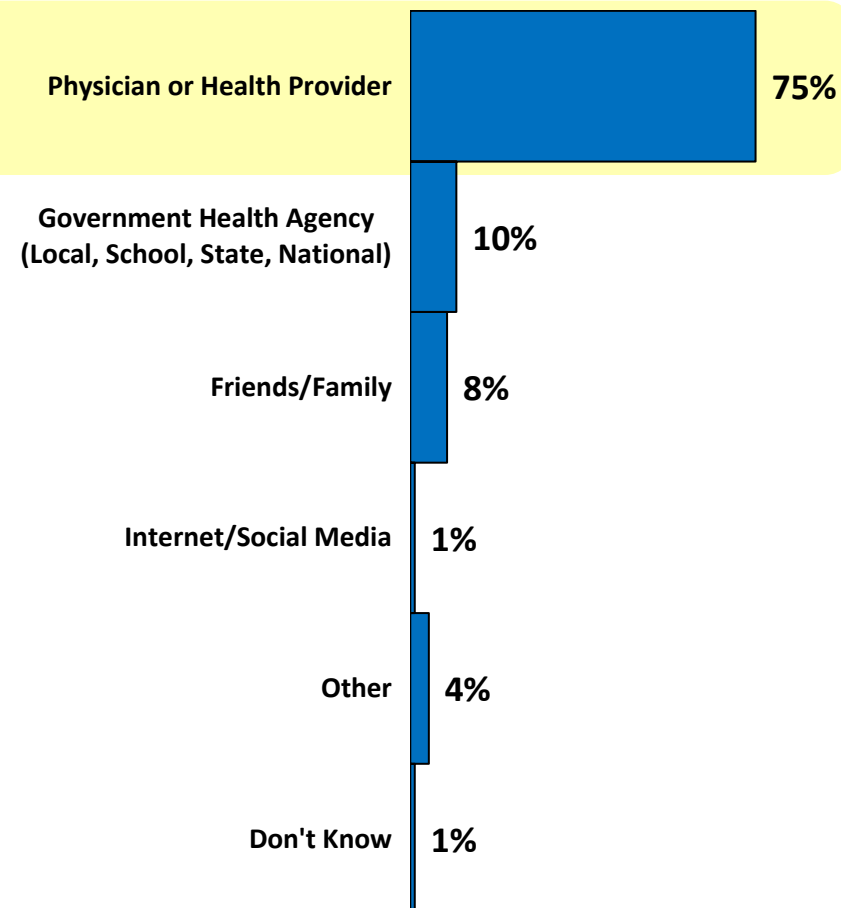
■ Completely/Mostly ■ Somewhat ■ Mostly/Completely Unsafe/Ineffective

When it comes to wellness vaccine info, physicians are the dominant source of information and by far the most trusted.

“Where do you receive most of your information about wellness vaccines?”^



“What source would you say you trust the most when it comes to information about wellness vaccines?”^^

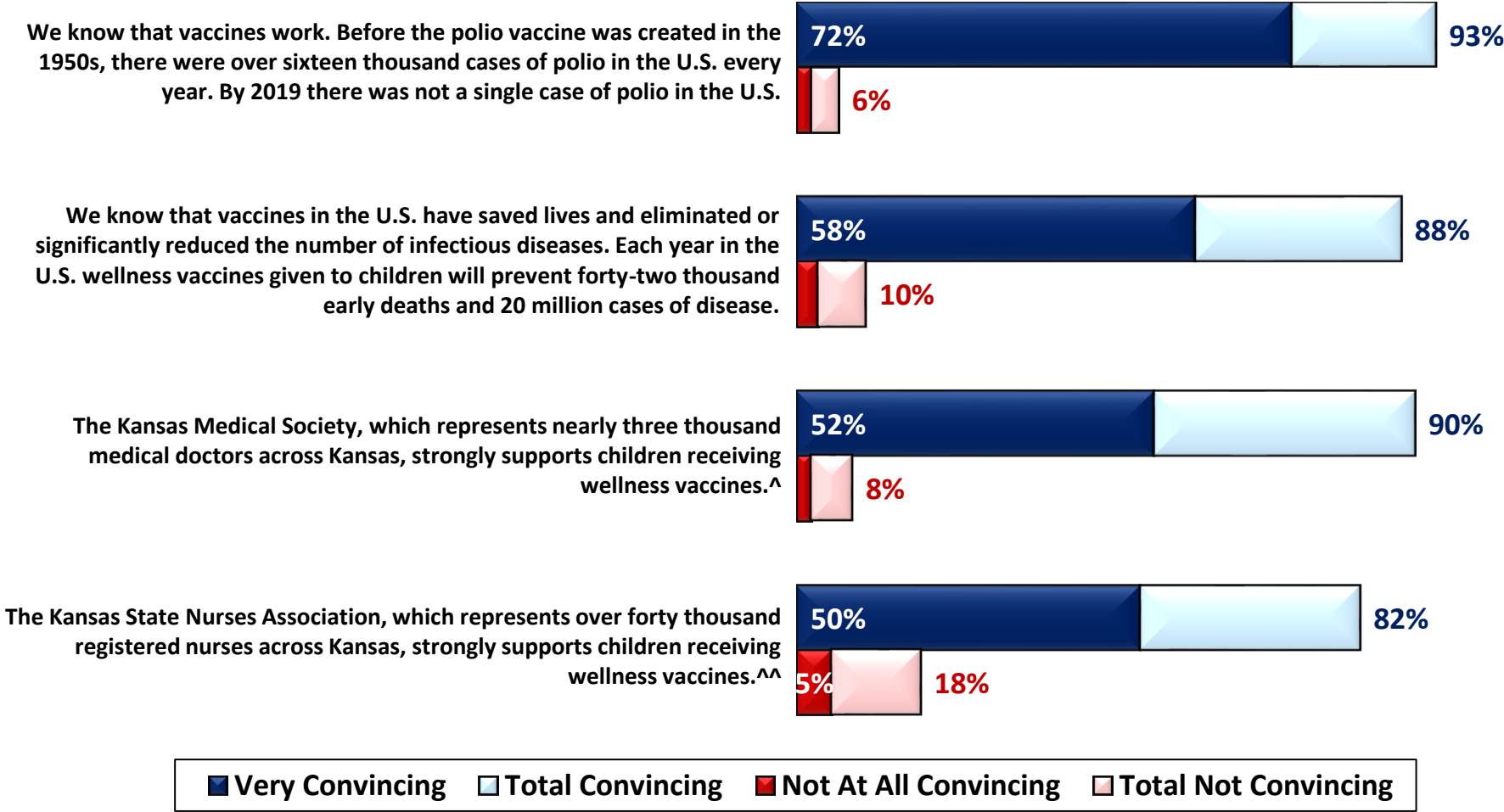


[^]Split Sample A, N=296; ^{^^}Split Sample B, N=304.

All four messages in support of taking wellness vaccines resonate strongly; the polio example resonates the most.

“Now I'd like to read you some statements people have made in support of taking wellness vaccines, and after I read each statement, please tell me if you think that statement is very convincing, somewhat convincing, not very convincing, or not at all convincing as a reason to take wellness vaccines.”

Ranked by % Very Convincing



[^]Split Sample A, N=296; ^{^^}Split Sample B, N=304.

Wisconsin Department of Health Services

Vaccination Community Outreach Grant Program



Over 4K Vaccination
Events

Over 131K
vaccinations
administered



Over 24K education
events



Nearly 3T paid and
social media ads



Estimated trillions of
impressions

Funded Projects

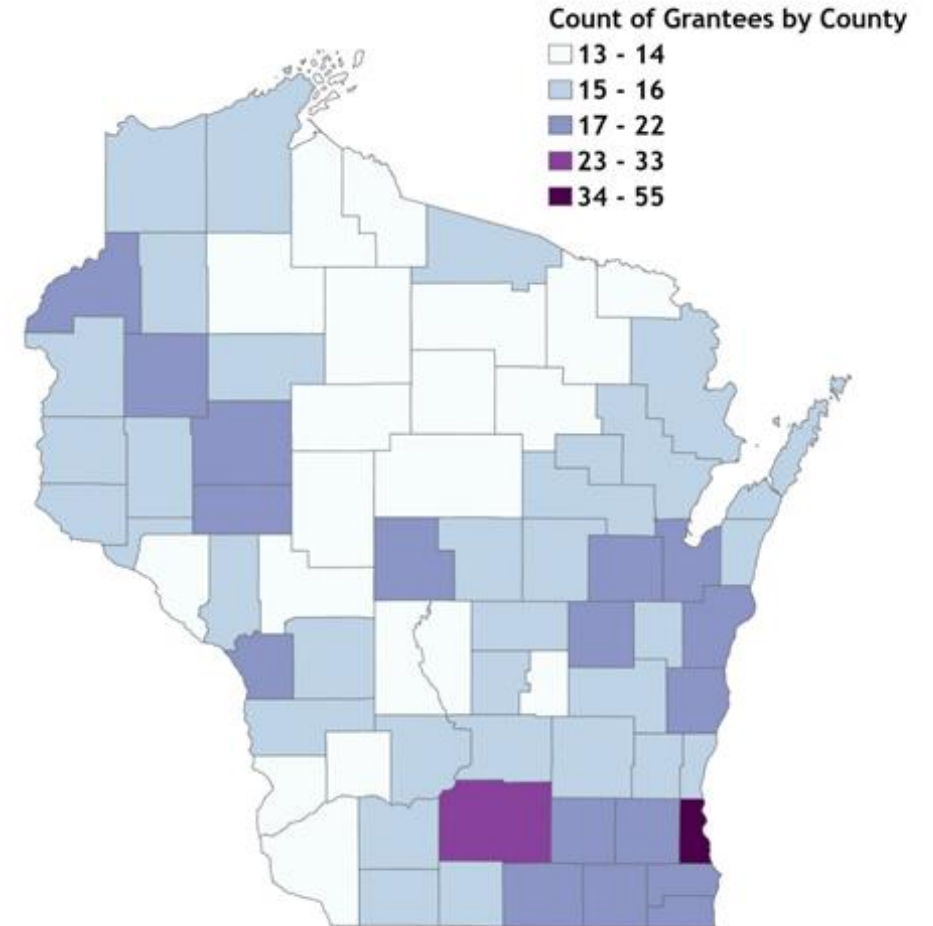
Funded organizations include:

- Federally Qualified Health Centers (FQHCs)
- School districts
- Local/tribal health departments
- Community-based organizations

Round 1: 6.3M to 101 Community level organizations

Round 2: 11.6M to 135 Community level organizations

Count of Round 1 VCO Grantees by County



Successes



"Our goal was for 5,000 households to be reached through door-to-door canvassing, and we exceeded that goal with **over 8,000+ households reached** over a 7-week period."

Sherman Park Community Association



"We were able to help vaccinate **over 400 Hmong and Southeast Asian elders and adults**. Individuals shared with us that if it was not for our mobile vaccine clinics, they would not have been able to get vaccinated because they lacked the computer skills to register online...[and] due to language barriers"

The Hmong Institute

Utilize and Build Trusted Relationships



“the trust that exists in pre-existing relationships between OASD liaisons and family members helped families feel more comfortable about the vaccine.”

Oshkosh Area School District

“Focus more on **one-on-one outreach activities** in communities with low vaccination rates. Empower community members to share their own experiences when they get vaccinated to dispel myths and misconceptions. **Personal experience was the most requested and effective way to share vaccine information.**”

Wisconsin Literacy Inc.

Texas COVID-19 Vaccine Outreach & Education Grant Program

Building vaccine confidence through supporting local community focused activities.



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Creative

Community

Engagement

Partnerships

&

Locations



Communication Service for the Deaf (CSD)
& Deaf Action Center (DAC)



BOYS & GIRLS CLUBS
OF CENTRAL TEXAS



Images From Events & Community Conversations



Images

From

Community

Messaging



The flyer is for a community health event at the Quang Duc Buddhist Temple. It features logos for VANA (Vietnamese American Nurses Association) and the Houston Unity Lions Club. The main title is 'Your Health Is Our Priority' in blue text, accompanied by a large pink heart with a white checkmark inside. The event details are: Quang Duc Buddhist Temple, 17703 French Rd, Houston, TX 77084, Sunday, March 27, 2022, from 9AM to 1PM. It lists two categories of services: Health Services (including vision, bone density, cholesterol, hypertension, blood glucose, Pap smear, colon cancer, breast exam, and health scans) and Other Services (including creating a will, COVID-19 testing and vaccination, smoking cessation, Medicare/Medicaid/ACA Marketplace enrollment, diabetes prevention, funeral pre-planning, fire safety, and other resources). Contact information is provided as 832-404-8345. At the bottom, there are logos for various partner organizations including H-E-B Pharmacy, Texas Woman's University, HOPE Clinic, VAPHA, BPSSB, Molina, Amerigroup, TMT Insurance, United Healthcare, and Dignity.

Logos: Vietnamese American Nurses Association (VANA), HOUSTON UNITY LIONS CLUB

Your Health Is Our Priority

Quang Duc Buddhist Temple
17703 French Rd, Houston, TX 77084
Sunday, March 27, 2022
From 9AM - 1PM

HEALTH SERVICES

- Vision screening
- Bone density screening
- Cholesterol screening
- Hypertension screening
- Blood glucose screening
- Sign-up for Pap smear exam
- Colon cancer with FIT test provided
- Clinical breast exam & schedule for mammogram
- Health Scans: BMI, visceral fat, antioxidant level

OTHER SERVICES

- Create a Will
- Covid-19 Test
- Covid-19 Vaccine (adult & children)
- Covid-19 Booster (bring vaccine card)
- Smoking Cessation
- Medicare, Medicaid, ACA Marketplace (Obama Care)
- Diabetes prevention
- Funeral pre-planning
- Fire safety & prevention information
- And many other resources

Contact Us ☎ 832-404-8345

Logos: H-E-B Pharmacy, TEXAS WOMAN'S UNIVERSITY, HOPE CLINIC, VAPHA, BPSSB, MOLINA, Amerigroup, TMT INSURANCE, United Healthcare, Dignity



Ongoing Vaccine Confidence Campaign

890M Vaccine Impressions in 2021

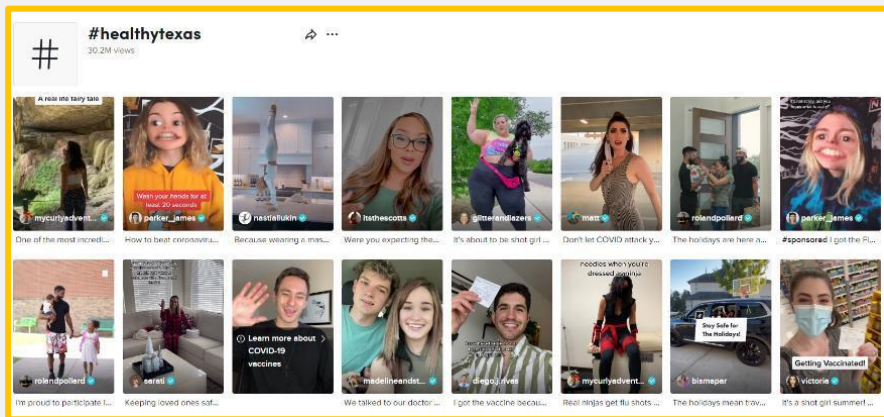
First COVID shot protection is like:



Second COVID shot protection is like:




Booster shot protection is like:



Community-based Vaccine Confidence Building

LESSONS LEARNED




- Offer COVID vaccine + other vaccines
 - Address misinformation
 - Messages from local, trusted medical professionals
 - Partnerships with trusted community members:
churches, workplaces, or schools
 - Flyers and posters in common community spaces
 - Information in multiple languages
- 

Community-based Vaccine Confidence Building

LESSONS LEARNED



- Fear tactics and dire warnings ineffective
 - Specific and targeted messaging
 - One-on-one conversation at community events
 - Messaging focused on overall healthy behaviors or community health
- 



"COVID-19 vaccine-hesitant individuals became less hesitant after a brief recommendation from a doctor."

We are rounding the corner into another pandemic summer, and COVID vaccine uptake for children continues to be slow. That's a problem as new COVID-19 variants continue to spread. With boosters for children 5 - 11 being approved and the possibility that a vaccine for children under five may finally be available for children this summer, it's essential to be ready to have conversations with parents.

[Researchers at UMass Medical School](#) found that "COVID-19 vaccine-hesitant individuals became less hesitant after a brief recommendation from a doctor." That means doctors and healthcare providers have a unique opportunity to persuade parents who may be on the fence. Luckily, there are tips to help you with those conversations.

A recent [study](#) conducted by IUPUI in collaboration with the Indiana Department of Health and the Indiana Department of Education looked at the factors that differentiate COVID-19 vaccine intentions among Indiana parents.

The researchers determined that to motivate parents that are hesitant to vaccinate their children, rather than highlighting the risks of COVID, healthcare providers should emphasize the safety and efficacy of the vaccine. Click the button below to read a summary of the findings.

Conference: North Dakota State University Center for Immunization Research and Education (CIRE)

**TRANSCENDING COVID-19 VACCINE BARRIERS:
Strategies to Increase Confidence and Acceptance**

**June 16-17, 2021
FREE Virtual
Conference**



Conference Objectives

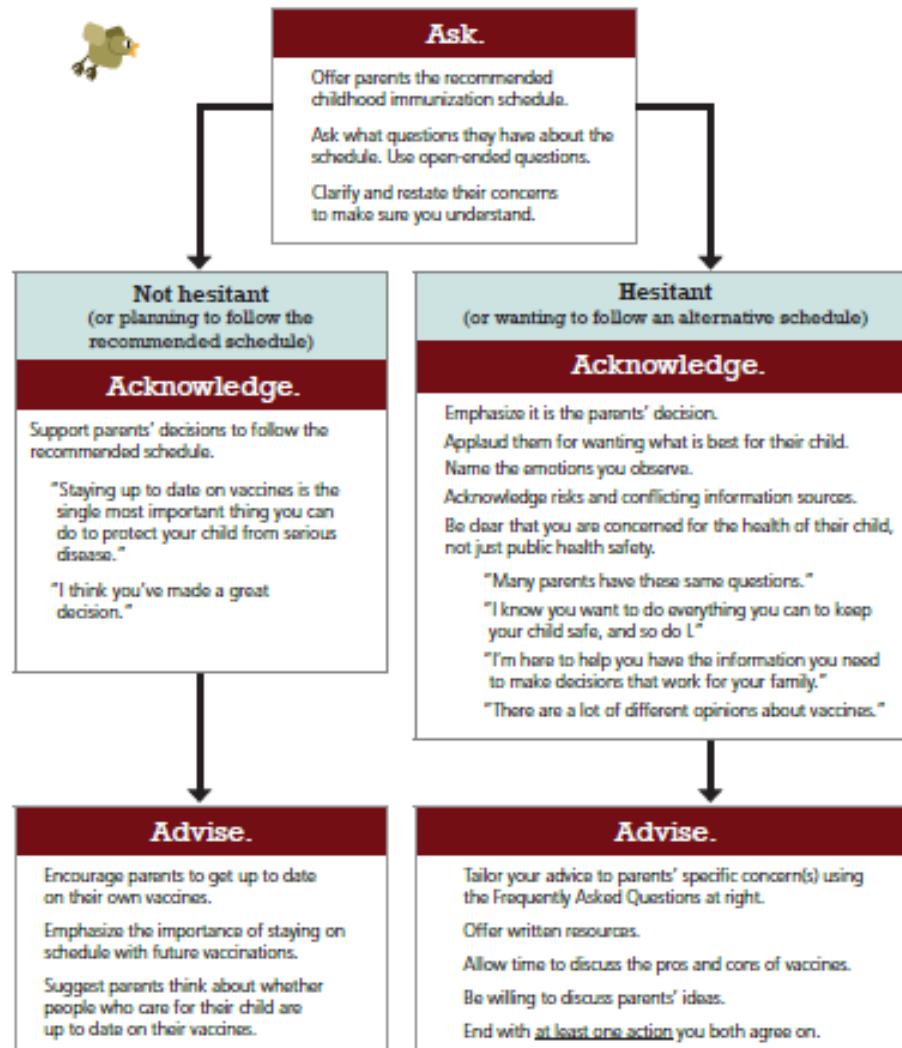
- Explore strategies to address COVID-19 vaccine with patients, to ultimately increase vaccination rates in healthcare practices.
- Examine the role social media can play in COVID-19 vaccine communication.
- Summarize COVID-19 vaccine safety monitoring systems and safety data.



WORKING TO ADDRESS VACCINE CONFIDENCE
IN WASHINGTON STATE

Intervention: respectful, proactive communication

Ask. Acknowledge. Advise.



Frequently Asked Questions

What are the benefits of vaccines?

Vaccines protect against diseases that can harm your child. Some of these diseases can cause serious long-term health problems or death.

Vaccines have saved more lives than any other medical intervention, including antibiotics or surgery. Vaccines also help prevent disabilities such as blindness and paralysis that can be caused by disease.

What are the risks of vaccines?

Vaccines can cause mild side effects that usually appear within a couple days. The most common are fever or soreness where the injection was given.

Serious side effects from vaccines are extremely rare. For example, one child in a million may have a severe allergic reaction to the DTaP vaccine. There is no evidence that vaccines are linked to chronic diseases such as autism, autoimmune disease, asthma, or diabetes.

The benefits of vaccines far outweigh the risks.

Haven't we gotten rid of these diseases in the U.S.?

No. The vaccines we recommend are for diseases that still show up in the U.S., so children are still at risk. You may have heard about whooping cough (pertussis) becoming more common in the Northwest—there were more than 4,000 cases in Washington and Oregon between 2004 and 2007. Other diseases may be just a plane ride away.

Will my child be exposed to toxins from these vaccines?

No. Vaccines do contain some additives. Vaccines today contain fewer additives than the ones you may have had as a child. But some additives are necessary for vaccines to be safe and effective.

Aluminum is present in some vaccines to improve immune response. However, healthy babies quickly eliminate aluminum from their bodies. In fact, babies get more aluminum from breast milk or formula in their first six months of life than they do from vaccines.

The influenza vaccine—or "flu shot"—is the only childhood vaccine that contains the mercury-based preservative thimerosal. But our best evidence clearly shows that thimerosal in vaccines does not cause autism or other harmful effects. The form of mercury known to be dangerous to health has never been in any vaccines.

Why does my child need all these vaccines at such a young age? Is it safer to delay some shots?

The vaccines we offer to young babies are for diseases that are especially dangerous to them. These diseases can have devastating long-term effects on your baby's health.

It is actually more dangerous to delay vaccines than to give them. This is because the diseases that vaccines prevent are more severe than any side effects. Most of the time, young babies are exposed to these diseases from people around them every day, such as brothers, sisters, parents, and other family members and caregivers.

Isn't this too many shots at one visit?

There is no evidence that getting more than one vaccine at the same time will harm your child. Newborn babies successfully respond to many more new substances every day than are in the vaccines we recommend. The human immune system can recognize and respond to thousands of organisms in the body at the same time. This is true even for newborn babies.

Your choice to stick to the recommended vaccine schedule actually makes your child's immune system stronger.

Can I separate the MMR vaccine into individual shots?

Separate MMR shots are not available in the U.S. But that's a good thing. When the MMR was given separately, there were gaps of time when children were still vulnerable to the serious diseases the MMR prevents: measles, mumps, and rubella.

We use the combination MMR because we know it is safe—and because it protects against three diseases in only one shot. That's less discomfort for your child.

Can I use an alternative schedule?

The evidence suggests that there is no benefit to delaying vaccines. In fact, it actually places your child at risk for getting a disease that vaccines could otherwise prevent.

There is flexibility within the recommended schedule. Let's look over it together and come up with a plan that you're comfortable with.

For more resources visit
vaxnorthwest.org

Sleeves Up, Alaska

- **Sleeves Up for Summer**
 - Community-driven campaign to increase COVID-19 vaccinations statewide
 - Events planned by local communities, business groups and health care and community organizations
- **Sleeves Up for School (2021-2022)**
 - DHSS provided information about COVID-19 vaccinees for Alaska's youth and families



Maryland Department of Health GoVAX Campaign

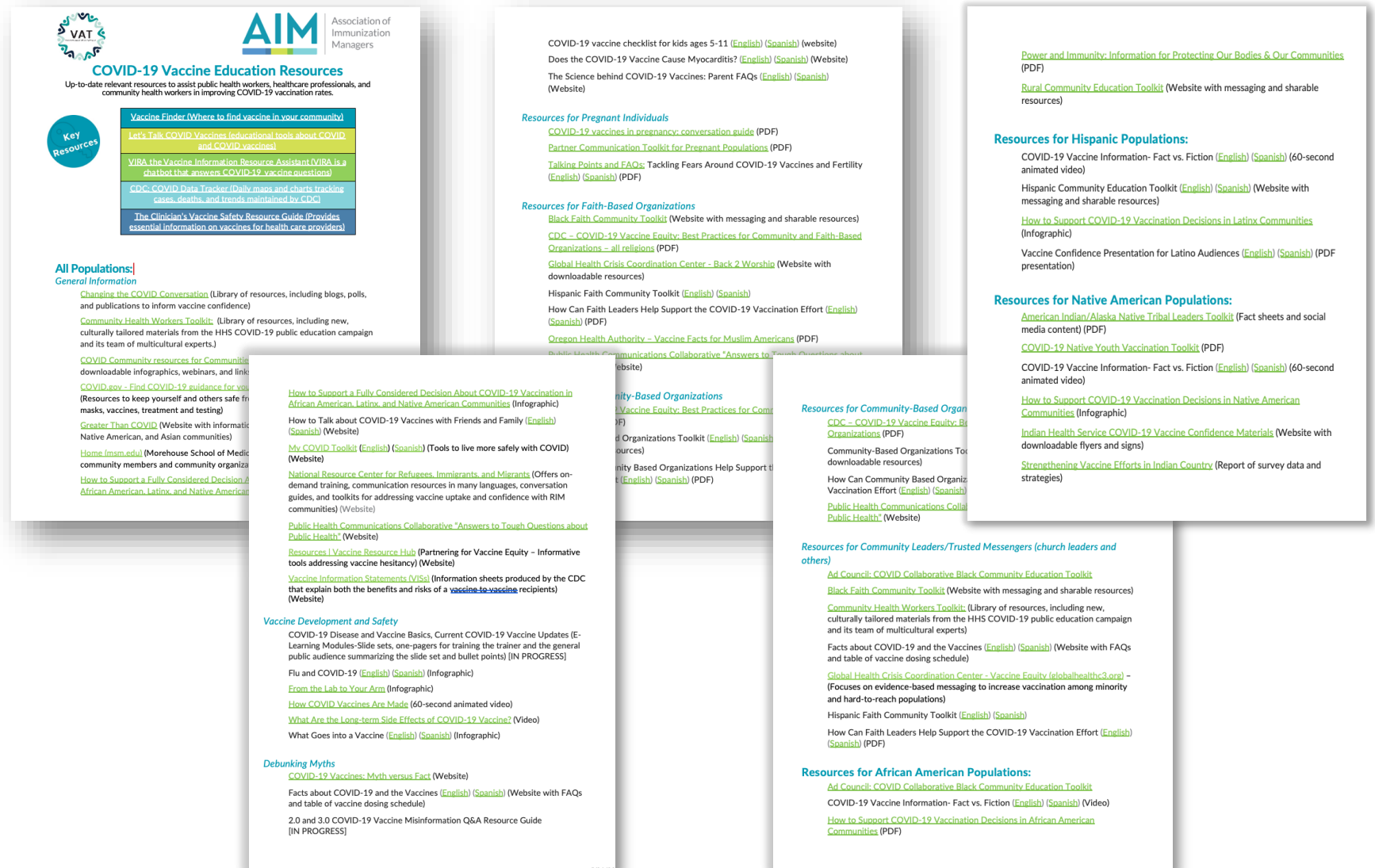


The Awosika Family / Montgomery County, MD

Resources

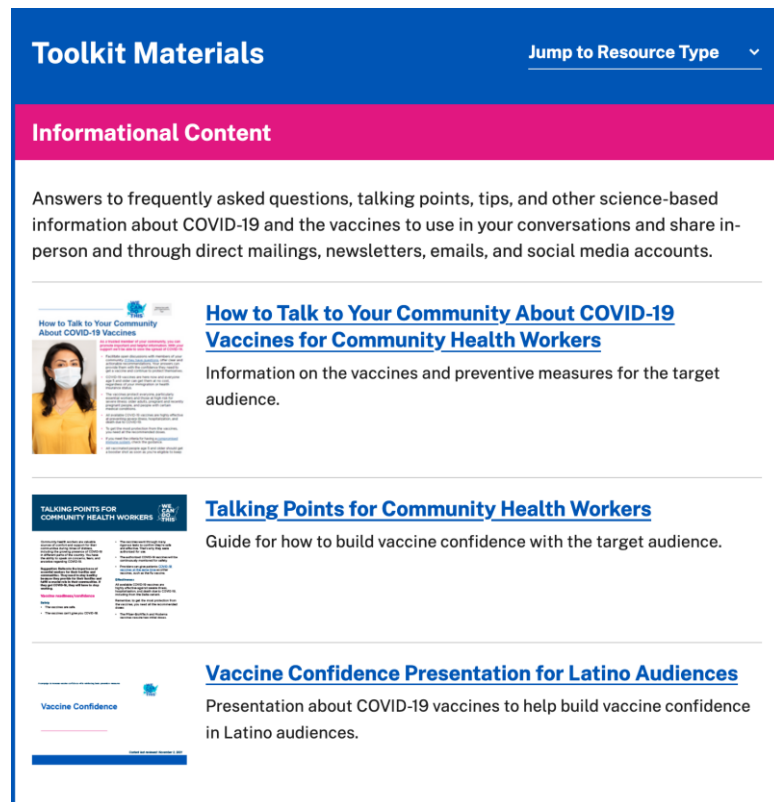
COVID-19 Communication Resources

Resources to improve informed decision-making, health equity & COVID-19 vaccination coverage in communities.



General Resources/Toolkits for Communities

Community Health Workers Toolkit: We Can Do This



The screenshot shows the 'Toolkit Materials' page with a blue header and a pink 'Informational Content' section. It lists three resources: 'How to Talk to Your Community About COVID-19 Vaccines', 'Talking Points for Community Health Workers', and 'Vaccine Confidence Presentation for Latino Audiences'. Each resource includes a small thumbnail image and a brief description.

Toolkit Materials Jump to Resource Type ▾

Informational Content

Answers to frequently asked questions, talking points, tips, and other science-based information about COVID-19 and the vaccines to use in your conversations and share in-person and through direct mailings, newsletters, emails, and social media accounts.

[How to Talk to Your Community About COVID-19 Vaccines](#)
Information on the vaccines and preventive measures for the target audience.

[Talking Points for Community Health Workers](#)
Guide for how to build vaccine confidence with the target audience.

[Vaccine Confidence Presentation for Latino Audiences](#)
Presentation about COVID-19 vaccines to help build vaccine confidence in Latino audiences.

COVID-19 Community Resources



The screenshot shows the 'COVID-19 Community Resources' page with a light blue header and a navigation bar. It features a large illustration of diverse people wearing masks. The page includes a welcome message and a link to a survey.

COVID-19 Community Resources

[DOWNLOAD CENTER](#) [VIDEOS](#) [KEY MESSAGING](#) [WEBINARS](#) [ADDITIONAL RESOURCES](#)

Welcome to the COVID-19 Community Resource Center. This site was created to support community-based organizations, specifically those that serve communities of color, in their tireless efforts to protect the people in their communities from COVID-19. Here you will find free resources to complement your existing work.

If you are looking for something specific that is not currently available, please tell us what you need by filling out this [short survey](#) and we will review your request.

Summary of Key Activities

- Community-driven messaging and messengers
- Building trusted relationships in communities
- Reviewing science and data with providers
- Education campaigns for public
 - Using familiar voices
 - Acknowledging questions are okay but vaccinating is the norm
 - Encourage discussion with pediatrician/medical home
- Monitoring and dispelling myths and misinformation

Tips for Vaccine Policy Discussions

- Know the audience (constituent versus organized natl campaign)
- Expect media and public attention
- Build on core values and common ground
 - Everyone wants children to be healthy
- Don't get bogged down arguing the specific details of the science
 - Science and data must be considered in their totality
- Be respectful: put information out that is factual and accurate
- Be empathetic: listen to constituents; acknowledge that it is ok to have questions
- Invest in data and evaluation
- Invest in communities

Thank you!



immunizationmanagers.org



[@AIMimmunization](https://twitter.com/AIMimmunization)



Association of Immunization
Managers



Association of
Immunization
Managers

How have you managed vaccine communication in your legislative work (during hearings, with constituents or colleagues, etc.)?



Table Discussion

Thank you!



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