National Stakeholder Consultation Meeting

July 11-12, 2022 | Virtual

COLLABORATION TO ADDRESS INFLUENZA VACCINATION AMONG OLDER ADULTS

NACCHO

National Association of County & City Health Officials

Executive Summary

The National Association of County and City Health Officials' (NACCHO) mission is to improve the health of communities by strengthening and advocating for the nation's nearly 3,000 local health departments (LHDs). NACCHO's vision is to improve the public health system at the local level to create conditions for optimal health, equity, and security for all people.

In July 2022 NACCHO hosted and facilitated a collaborative virtual roundtable to address issues surrounding influenza vaccination of older adults. Participants were tasked with reviewing and updating recommendations from the previous year's meeting hosted by NACCHO in June 2021. At the time of the first meeting in 2021, it was noted that the COVID-19 vaccination rate for older adults was 79% whereas the influenza vaccination rate for the same age group was only 74% in the 2020-2021 season. In 2021, participants agreed on a Call to Action with steps toward achieving an 80% influenza vaccination rate among adults, 65 years of age and older, for the 2021-2022 flu season. The final report for the June 2021 meeting can be accessed here.

Following the same framework, participants in 2022 recommended specific actions which build from or adapt the recommendations of the previous year within four themes: Access, Communication, Data & Reporting, and Policy (Figure 1). Underpinning each of these is a focus on equity and partnerships to implement the recommendations and reach goals of equitable access to, and uptake of, influenza vaccine. This report outlines the recommendations made to NACCHO by participants during the 2022 meeting.

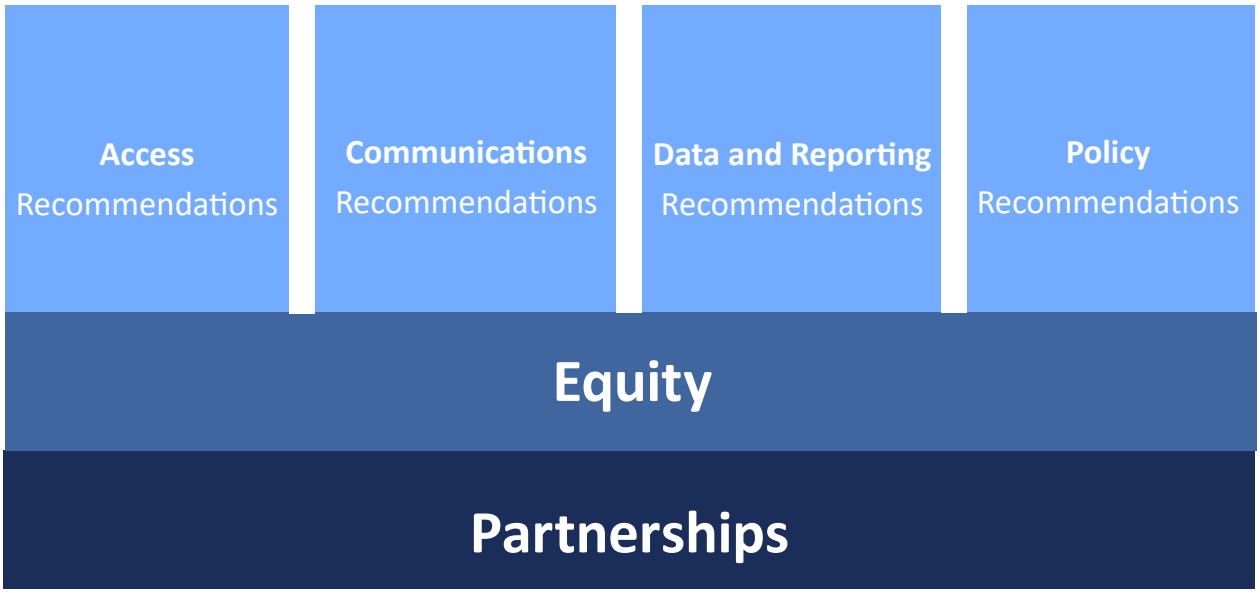

Figure 1: The four areas of focused conversation were Access, Communication, Data & Reporting, and Policy, with action items built upon foundations of equity and partnerships.

2022 Stakeholder Meeting

NACCHO convened a follow-up session in July 2022. The goal was to reevaluate the overarching 2021 goal of increasing influenza vaccination of older adults to 80%, reflect upon the specific Calls to Action for each theme identified in 2021, and refine or develop new actions as appropriate for the current state of vaccination acceptance and uptake. The 2022 meeting convened 40 participants representing health representatives from federal, state, local, and private agencies or departments.

Participant discussion and polling in the July 2022 session affirmed the 2021 recommendations and Calls to Action and agreed that health departments, and their partners at all levels, should continue with those goals and pursuits.

Participants recognized that health departments nationwide have gained a better understanding and have made great advances in addressing access issues, developing messaging and message delivery protocols, discovering the need for thorough and robust data collection, and utilizing data for more effective reporting. However, participants elevated the areas of communication and policy as two areas which need continued and further development.

The overall goals and recommendations for each of the theme discussed in the 2021 meeting were as follows in this document.

Access

Increase the availability and ease of access to annual influenza vaccination for older adults. In collaboration with key partners, LHDs should continue addressing transportation barriers, providing vaccines in non-traditional settings, developing effective technology options (e.g., vaccine appointment notification apps), meeting the unique and specific needs of those with disabilities, address the special challenges in long-term care facilities, and working with healthcare and other service providers to identify and remove barriers.

2021 Access Recommendations (more detail on page 10 of the full report)

- Increase the number and variety of settings for annual influenza vaccination for older adults.
- Make it easy for people: provide transportation, judicious use of technology, and address language and literacy barriers.
- Use data to inform strategies which focus on access and equity.
- Move from crisis-born relationships to long-term partnerships in public health.

NACCHO Commitments to Advance Access

- Facilitate partnerships with novel actors who can support wrap around services at the local level. Ideas include public and private transportation providers, grocery stores, pop-up clinics, food banks and homeless shelters, faith-based settings, paratransit/senior transportation (require vaccination to ride), exercise classes, restaurants, vaccination clinics at voting booths, barber shops and hair salons, eyeglass providers, and school reunions.
- Share resources and/or create a toolkit for vaccine home visits which includes information regarding vaccine storage, handling, scheduling, administration, and reporting.
- Share best practices and examples of successful coadministration of influenza vaccines alongside other vaccines.

Communication

Increase coordination and collaboration to ensure timely and effective messaging about the importance, safety, and effectiveness of annual influenza vaccination.

2021 Communication Recommendations (more detail on page 13 of the full report)

- Create and distribute effective messaging.
- Leverage partners for effective messaging.
- Leverage COVID-19 funds to concurrently advance influenza goals.
- Incorporate health equity principles into influenzamessaging.

NACCHO 2022 Commitments to Advance Communication

- **Host webinars to discuss messaging: vaccination promotion and administration is integral to health across an individual's lifespan, particularly for older adults who are at greatest risk for comorbidities.**
- **Use data to help identify relevant language(s) for messaging, considerations for the use of incentives, and to help identify barriers linked to socio-economic groupings or other determinants of health.**
- **Provide examples and information on how pandemic funding can be leveraged to advance other vaccination goals.**
- **Support LHDs in identifying providers who administer COVID-19 but not flu vaccines, then support outreach to encourage administration of influenza and other vaccines as applicable.**

Data and Reporting

Increase the number of vaccine providers submitting data to Immunization Information Systems (IIS), enhance interoperability of IIS with other systems, boost the percentage of complete adult vaccination data in IIS, and use data to determine the efficacy of outreach, education, and vaccination strategies.

2021 Data Reporting (more detail on page 12 of the full report)

- Increase the number of vaccine providers enrolled in immunization registries reporting flu doses.
- Increase interoperability of immunization registries across jurisdictions.
- Incorporate health equity principles into data and reporting.

NACCHO 2022 Commitments to Advance Data & Reporting

- **Survey city and county public health departments to better understand frequency of and barriers to vaccination data reporting though IIS.**
- **Identify ways to build LHDs GIS capacity to better map pockets of vulnerability and low vaccination.**
- **Convene (perhaps in conjunction with AIM, AIRA, and ASTHO) a task group to work through issues and suggest a phased approach to how LHDs and states can overcome data and reporting barriers.**
- **Support IT workforce development via trainings and sharing funding opportunities to the local level. Includes supporting data literacy.**
- **Update and expand upon resources that support LHDs in billing and administration best practices.**
- **Partner with AIRA to identify jurisdictions where race and ethnicity data are collected; share lessons learned from jurisdictions with improved data quality.**

Policy

Align public-sector regulations and govern the funding and distribution of monies to improve immunization infrastructure, prioritize vaccination of healthcare workers and service providers, and enhance the use of IIS data to identify and address health disparities in older adult populations.

2021 Policy Recommendations (more detail on page 9 of the full report)

- Create policies that require participation and transparency in data and reporting systems.
- Provide reimbursement and incentives.
- Institutionalize and adapt COVID-19 programs that can jointly serve influenza vaccination.
- Fund vaccine infrastructure to capitalize on lessons learned from the COVID-19 pandemic.
- Address equity from a policy standpoint.

NACCHO 2022 Commitments to Advance Policy

- **Share lessons learned between jurisdictions who have successfully implemented state and local policies which promote immunization data, administration and promotion.**
- **Elevate and recognize the diverse needs of local health departments with federal agencies to improve policies and regulations which support local immunization programs.**
- **Bolster and improve access to public health funding for local health departments, particularly related to public health workforce, infrastructure, data modernization and communication efforts to mitigate the influence of mis- and dis-information.**

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Collaboration to Address
Influenza Vaccination Among Older Adults

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Meeting Report

Background

In June 2021, the National Association of County and City Health Officials (NACCHO) hosted and facilitated a collaborative virtual roundtable to address issues surrounding influenza vaccination of older adults (aged 65 and older). That meeting convened more than 50 public health leaders and key stakeholders to capture insights and concerns about how the COVID-19 pandemic impacted influenza vaccinations. It was noted that the COVID-19 vaccination rate for older adults in 2020-2021 was 79% whereas the influenza vaccination rate for the same age group was only 74% (Figure 2). Participants agreed upon a desire to see the percentage of older adults vaccinated against influenza increase to match the COVID-19 vaccination rates. In an effort to pursue that objective and align with the Healthy People 2030 objective to 'increase the proportion of people who get the flu vaccine every year', participants established a Call to Action with steps toward achieving an 80% influenza vaccination rate among adults, 65 years of age and older, for the 2021-2022 flu season.

The final report for the June 2021 meeting in linked here.

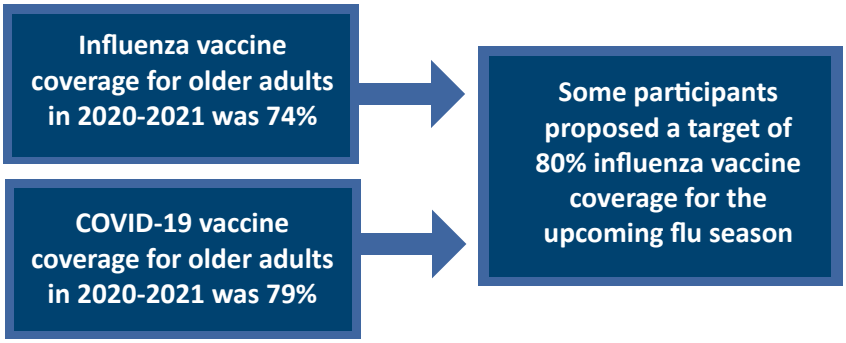

Figure 2: Participants in the June 2021 meeting set a goal of an 80% adult influenza vaccination rate for the 2020-2021 influenza season after comparing influenza and COVID-19 vaccination rates.

[1]Increase the Proportion of People Who Get the Flu Vaccine Every Year IID-09. US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/vaccination/increaseproportion-people-who-get-flu-vaccine-every-year-iid-09.



2022 Stakeholder Meeting

NACCHO convened a follow-up session in July 2022. The goal was to reevaluate the overarching 2021 goal of increasing influenza vaccination of older adults to 80%, reflect upon the specific Calls to Action identified in 2021, and refine or develop new actions as appropriate for the current state of vaccination acceptance and uptake. The 2022 meeting convened 40 participants representing health representatives from federal, state, local, and private agencies or departments. A mix of viewpoints from those who participated in the 2021 meeting as well as those who did not enriched discussions about progress made during the past year and recommendations for next steps. Meeting participants and affiliations are listed at the end of this document.

Meeting Format

The foundation for the meeting was set through presentations by Dr. Debra Blog[2], from the Centers for Disease Control and Prevention (CDC), and Dr. Matt Zahn,[3] NACCHO Representative to the Advisory Committee on Immunization Practices (ACIP). Dr. Blog provided an overview of influenza epidemiology, vaccine coverage, and priorities in addressing influenza in older adults. Dr. Zahn presented the recent ACIP recommendation that adults aged 65 years and older preferentially receive a higher dose, adjuvanted, or recombinant influenza vaccine rather than the standard dose whenever possible.

The remainder of the meeting included (1) panelist discussions, (2) facilitated plenary conversations, and (3) small breakout dialogues. Through these various forms of engagement, participants discussed issues and innovations in four key categories: Access, Communication, Data & Reporting, and Policy.

The central questions examined were:

- What lessons from COVID-19 vaccination efforts can be applied to increase adult influenza vaccination by 5%? Which gaps were narrowed? Could similar measures be taken for flu?
- What priorities and strategies would make the biggest impact in 2022-2023?
- What steps are needed to institutionalize long-term key recommendations?
- What events last year impeded adult vaccination? What propelled adult vaccination?
- What can NACCHO do to support the recommendations made by meeting participants?

[2] Dr. Debra Blog, MD, MPH, Medical Office Adult Immunization Team, from the Centers for Disease Control and Prevention
[3] Matt Zahn, MD, Medical Director for the Epidemiology, Assessment, and Immunization Program at the Orange County Health Care Agency in California (OCHCA), NACCHO Representative to the ACIP

The panelist discussion was moderated by representatives from Immunize.org, L.J. Tan, Chief Policy and Partnerships Officer, and Carolyn Bridges, Director of Adult Immunization. The panelists included:

- Chelsea Toledo, *Public Health Advisor for Immunization Services Division, National Center for Immunization and Respiratory Diseases (NCIRD), CDC*
- Jillian Brown, *Pediatric and Adult Vaccination Program Manager at the Philadelphia Health Department*
- Shannon Kolman, *Policy Specialist for Health Programs at the National Conference of State Legislatures*
- Randy McDonough, *American Pharmacists Association Trustee and Director of Clinical Services at Towncrest Pharmacies*

Innovative successes from local health departments were spotlighted in each of the four focus areas. Presenting these innovations were:

- Access Innovation - Lisa Filipczak and Rachael Goucher – Public Health Institute at Dever Health, CO
- Communication Innovation - Jamie Moore - Monongalia County Health Department, WV
- Data and Reporting Innovation - H. Omar Salgado – Houston Health Department, TX
- Policy Innovation - Sandra Swann - Trumbull County Combined Health District, OH

Older Adults Bear the Burden of Severe Influenza but Immunization has Far-Reaching Secondary Benefits

Dr. Debra Blog presented evidence that adults 65 years of age and older bear the greatest burden of severe flu and comprise 50-70% of seasonal flu-related hospitalizations and 70-85% of seasonal flu deaths[4]. Immunization is proven to be the most effective method for preventing influenza infection and is associated with decreased hospitalization and death from other secondary outcomes, especially for those with cardiac and/or cerebrovascular disease. Implementing comprehensive evidence-based interventions is imperative for increasing flu vaccine coverage, building vaccine confidence, and reducing misinformation[5].

The ACIP Preferential Recommendation for High-Dose, Adjuvanted, or Recombinant Influenza Vaccines for Adults 65 years and Older

Dr. Matt Zahn presented the ACIP recommendation that adults aged 65 years and older preferentially receive a high-dose, adjuvanted, or recombinant influenza vaccine rather than the standard dose whenever possible.

The preferentially recommended vaccines have about 15-25% greater effectiveness compared to the standard dose vaccine, depending on the trial, season, and outcome measured. This will translate to thousands fewer cases of influenza each year. However, if one of these vaccines is not available at the time of administration, those in this age group should get a standard-dose flu vaccine instead.

[4]Flu & People 65 Years and Older. Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases. Accessed July 24, 2021, from https://www.cdc.gov/flu/ highrisk/65over.htm.

[5]Flu & People 65 Years and Older. Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases. Accessed July 24, 2021, from https://www.cdc.gov/flu/ highrisk/65over.htm.

Public Health Concerns About Implementing the New ACIP Recommedations

Though most in public health support the ACIP recommendation for high-dose, adjuvanted, or recombinant vaccines for older adults, there are some recognized issues that need to be addressed. The recommended vaccines are more costly than the standard-dose vaccine and public health buyers, particularly states and counties with fixed budgets, might face trade-offs in vaccine supply and economic availability. However, Medicare and private payer reimbursement will continue to support provider use of higher-dose or adjuvanted formulations. Implementing this recommendation effectively and equitably will require ongoing effort from public health and health care providers.

Adults 65 years of age and older bear the greatest burden of severe flu, comprising:

- 50-70% of seasonal flu-related hospitalizations
- 70-85% of seasonal flu deaths

Immunization is proven to be the most effective method for preventing influenza infection.

Influenza vaccination in adults 65 years leads to:

Fewer hospitalizations:

- 19% less for cardiac disease
- 16- 23% less for cerebrovascular disease
- 29- 32% less for pneumonia or influenza

Fewer deaths:

- 48-50% reduction in deaths attributable to any cause

Adults 50 years who receive a flu vaccine during hospitalization see outcomes such as:

- 28% lower risk of a heart attack the following year
- 47% lower risk of a mini stroke (transient ischemic attack)
- 85% lower risk of cardiac arrest
- 73% lower risk of overall death

Overall, the enhanced effectiveness of the preferentially recommended vaccines provides better protection against severe disease. Increased use of these vaccines in persons ≥ 65 years will prevent illness and save lives. Therefore, use of the preferentially recommended vaccines is justifiable based upon available data.

Key Themes

Access Innovations, Issues, and Recommendations

Participants largely expressed that the COVID-19 pandemic led to a deeper understanding of the issues surrounding access to healthcare and provided a framework for identifying solutions. Many responses that were novel at the time are now commonplace: running mass clinics, taking vaccinations to the homebound or homeless, and bundling services. COVID-19 also opened

the door to legislation that allowed pharmacies, medical technicians, dentists, and specialist physicians to vaccinate certain populations. This cleared the path for opportunistic vaccination of patients during routine visits at dental, optometric, hospital, pharmacy, or primary care locations.

Access Issues

However, **ongoing issues and impediments** to influenza vaccination remain. Some of these are:

- Mobility and transportation, especially for the traditionally underserved and underrepresented.
- Vaccine availability – particularly the higher-dose or adjuvanted influenza vaccines which are important for those 65 years of age and older.
- Individual finances – the COVID-19 vaccine was free to all, but this is not the case with the flu vaccine in some circumstances.
- Uninsured individuals make fewer visits to primary care physicians and therefore can miss messaging from an influential source.
- Sustaining long-term relationships with Community Based Organizations (CBOs), faith-based groups, and other partners requires a continuous source of funding. Those partners often provide crucial information and connections that remove barriers to access.

Access Innovation Spotlight

Lisa Filipczak and Rachael Goucher from the Public Health Institute at Denver Health presented innovative approaches to reducing access barriers. They have two RNs and two medical assistants, and some of the staff speak Spanish. These teams work in communities with low childhood or COVID-19 vaccination rates, transitional sites for Afghan and Ukrainian evacuees, food banks, veteran and family services, and senior centers.

An admittedly **time intensive - yet innovative** - approach they have embraced is a reminder campaign that uses available data in the IIS. They target adults 50 years of age and older who were due for a second COVID booster. They call individuals by phone and schedule them for a vaccine appointment. This process requires a lot of staff time, often necessitating two or more contacts (i.e., leaving messages, and making call backs). Nonetheless, they recommend that if any groups have an outreach staff with time for this work, the approach can be worthwhile.

Access Recommendations

Participants made several recommendations that can increase accessibility to influenza vaccination. These include:

- Run vaccination campaigns year-round which include influenza as well as other routine vaccinations for adults and children.
- Support state and federal funding for vaccines for uninsured and underinsured individuals.
- Work with the public school system to make vaccines accessible through onsite vaccination programs.
- Work with homeless shelter coordinators to develop a list of cell phone numbers for transient and regular visitors of shelters.
- Creatively bundle opportunities. For instance, Monongalia County, West Virginia bundles

NARCAN training and treatment with COVID-19 vaccination. They hope to add influenza to this training and treatment protocol.

Communication Innovations, Issues, and Recommendations

Communication and messaging arose as a dominant theme during these meetings. While most messaging has traditionally focused on reaching the general public, participants in this meeting identified new approaches and audiences. These audiences for communication outreach are:

1. **Public:** Reinforce the risks of getting the flu and improving knowledge about the benefits of flu vaccination, especially for those with pre-existing conditions.
2. **Primary Care Providers:** Focus heavily on educating primary care providers about the importance of their influence on patients and keeping messaging to their patients very clear. Provider communication is still very important and is the #1 avenue for vaccine acceptance.
3. **Legislators:** Develop messaging for legislators because communication efforts and sustaining partnerships suffer without sustained funding. Therefore, legislation that designates funding for public health promotion strategies is vital. The polarization during COVID-19 makes it increasingly important to have accurate and convincing messaging for policymakers. Participants felt that legislators need to be educated before they see healthcare bills come across their desk which could lead to more effective policy.

Communication Issues

Participants believe a major issue is that the public does not perceive influenza to be as urgent as COVID-19, and often fail to understand the seriousness of illness from the flu. Additional communication issues identified by the participants are:

- The public is wary of scare tactics.
- Because of COVID-19, the public is now more educated about vaccine efficacy (VE). The public is correctly hearing that the flu vaccine has a low VE relative to the COVID-19 vaccine, compelling patients to question the benefit of flu vaccination.
- There is research showing a disconnect between what providers think they have recommended about vaccination, and how the patient interprets what their doctors are saying.
- There is a lack of funding for influenza. These funds are needed for message development and delivery, and to sustain ongoing partnerships with community organizers who are trusted messengers.
- It is getting harder to find “fresh” trusted messengers, but the public stops listening if the messages don’t continually evolve.
- There is a lack of funding for ongoing communication campaigns.
- New vaccine recommendations for older adults will need to be publicized and implemented before medical providers order vaccine for the next season.

Spotlight on Communication Innovations

Jamie Moore, from Monongalia County Health Department (West Virginia) provided a spotlight on their Preparedness Action Coalition Team (PACT), which formed after 9/11. PACT is made up of six counties with a population of approximately 250,000. It is an outgrowth of threat

preparedness but serves as an organizational structure for counties to work together to respond to floods, disasters, and immunizations. They feel lucky to have a steady supply of funds through grants and contracts.

PACT works with John Hopkins University on messaging, and has adopted a multi-venue approach, including radio, TV, print ads, direct mailings, and person-to-person activities. They have a full-time Public Information Officer and PACT partners with farmers' markets, local health departments (LHDs), school nurses, and many CBOs. They rely on social media and have about 10,000 followers. They observed that when they used Facebook ads, their attendance at vaccination events increased. In addition, they noticed that a method that works in one region does not always work in another area. As a result, they are learning to tailor their approach and remain nimble. In some locations, they "literally walk up under bridges and ask if people need shots," using mobile electronics to keep records, just as they would in a clinic.

Other participants shared additional innovations. For example, during a South Carolina heat wave, health officials ran a cooling tent. Inside, they looped a vaccine video and had English and Spanish-speaking vaccine educators present. Participants also discussed the Health Advocates In-Reach and Research (HAIR) program, in which stylists and barbers are trained to provide scientifically sound and culturally tailored communications to help communities of color make informed decisions about vaccination.

General Communication Recommendation

- Avoid scare tactics. Use the positive statistics related to influenza vaccination instead. For instance:
    - Vaccines might not always prevent infection, but they are very effective at preventing hospitalization and death.
    - Influenza vaccination correlates to a 19% decrease in hospitalization from cardiac related disease.
- Focus on what is important to each community. If information campaigns are focused on kidney health or diabetes, link these to the positive related effects of getting a flu vaccine.
- Identify where people linger and talk, such as bars, libraries, laundromats, and barbershops and hair salons. Inform and train the employees to deliver positive vaccination messaging.
- Use local insight to determine what venue for messaging works best for your older adult community. For instance, in Monongalia County, West Virginia, 85% of adults 65 and older use Facebook.
- Continue developing culturally appropriate messaging with trusted messengers who speak and look like those they are trying to reach.
- Support and train <u>all</u> employees of medical facilities in providing evidence-based information. Quite often, patients have the most contact time with the receptionist or discharge-person at clinics and pharmacies.
- Be flexible and pivot. Don't get into a rut with communication methods. Try direct mailing, person-to-person, social media, flyers, pop-up information sessions.

Specific Messages for the Public

- Make messages clear. For instance, "it is impossible to get the flu from the flu vaccine."
- Messaging that describes flu vaccination as another healthy choice among others. For instance, "eat healthy food, go for walks, get your flu vaccine."

- Be positive about prevention. For instance, "Preventing loss of function for those 65 years of age and older is so important, yet there is always loss of function when you go into the hospital. But the flu vaccine can reduce the likelihood of serious flu that results in hospitalization!"
- Publicize the positive statistics from flu vaccine while making sure the public understands the potential for preventative outcomes for those with diabetes as well as cardiac, pulmonary and other chronic diseases.

Specific Messages for the Primary Care Physicians

- Recommend that patients get both influenza and COVID-19 vaccinations while they are still in the office, despite the reason for the visit.
- Learn which vaccines can be co-administered and keep clear guidance at hand as to which vaccines are compatible.
- Acknowledge the evidence that shows that even when physicians think they are communicating about vaccines clearly, the take-home message to patients is not the same. Be straightforward, clear and strong in your recommendation for vaccination.

Specific Messaging Tactics for Approaching Legislators

- Build relationships with internal and external key partners that already engage with legislators. For example:
    - Department legislative liaison with the Governor's office
    - State programs like Medicaid and WIC
    - Immunization coalitions
    - Department of Education
    - Hospital or health care associations
- Educate policymakers through newsletters and fact sheets. Do not overwhelm them with data but do provide enough data that is relevant to their constituents.
- Invite policymakers to visit local immunization programs.

Data & Reporting Innovations, Issues, and Recommendations

Data & Reporting Issues

One of the biggest issues facing health professionals working with data is the lack of reporting. Different states have varying laws about reporting to the state IIS, not all registry systems cross-link data between jurisdictions, and physicians and clinic staff sometimes lack the training to enter data so that it is simultaneously entered into the state IIS. Participants reported there are still many providers that don't have electronic Digital Health Records (DHR) systems and aren't reporting to the IIS.

Other major, related issues are:

- Data & reporting software is a revolving door. Most participants report having to learn multiple data and reporting programs. One participant has had to learn 10 different

systems. Switching often causes fatigue and reduces feasibility to consistently and accurately record data.

- Lack of a nationwide electronic system. There is no federal-level recording system to connect over 3000 health departments. Individuals also move and sometimes get vaccinated in states other than where they live. Since no federal-level recording system exists, that data is not fully captured across all jurisdictions.

Data & Reporting Innovation Spotlight

Omar Salgado, from the City of Houston Immunization Bureau, presented innovative approaches to using data from the state IIS to target communications, reduce access barriers, and identify policy that is working and policy that needs modification or introduction. Texas has several pieces of legislation that the Immunization Bureau is using to capitalize on data and recording.

One major issue in Texas is that it is one of the few states in which parents must consent for their children's information to be added to the IIS. But after the age of 18, and prior to age 26, individuals must consent again, or their vaccination data is deleted from the system. Prior to COVID-19, the Texas IIS had about 5,000 adults. But during COVID-19, there was a 10-fold increase in the number of adults consenting to their immunization history being recorded in the IIS. As a result, the number of individuals in the IIS jumped to over 57,000. The increase in number of people in the registry helps with outreach and reducing barriers to access.

Another data issue in Texas is that many long-term care facilities do not record immunization of residents or employees in the IIS, despite a Texas law requiring that all long-term care facilities ensure residents and employees are vaccinated against flu and pneumococcal. One spotlighted success is a program which trains healthcare workers to encourage patients and residents to register in the IIS.

The Immunization Bureau uses the updated IIS data to create maps, and then focus resources wherever influenza vaccination is low. Anyone who received a previous flu shot is sent a postcard reminder to check with their provider or healthcare center. They use the IIS and other databases to identify underserved and traditionally overlooked populations and send community outreach workers into priority zip codes to knock on doors.

Data & Reporting Issues

- Legislation is needed that requires reporting to immunization registries, but there must also be support for training and implementation so that healthcare providers know how to enter data properly, and how to engage with patients to encourage registry consent where needed.
- Vaccines for Adults (VFA) is promising federal proposal which would make improvements to the system, but it should not be at the expense of 317 and other existing programs. 317 still covers an important population and needs to be strengthened.

Data & Reporting Recommendations

- Increase use of the immunization information system (IIS) and other reporting systems for older adults.
- Use data to identify and decrease racial and ethnic disparities in vaccination coverage of older adults.

- Share geocoded (zip codes and census blocks) immunization data with policymakers.
- Require data to be reported within specific time frames. For instance, COVID-19 vaccines were required to be entered to the IIS within 24 hours.
- Use data creatively. For instance, identify what days of the week are busiest for vaccination in a particular neighborhood and why. Use this type of data to schedule and plan for future weeks of vaccination campaigns.
- Increase the number of vaccine providers enrolled in immunization registries and improve reporting of flu doses administered to adults 65 years of age and older.
- EHR interoperability with IIS for real-time data exchange; create a how-to for LHDs to support providers.
- Facilitation guides for enrolling and onboarding providers into IISs.
- Increase interoperability of immunization registries across jurisdictions.
- Engage SACCHOs to support state legislation which requires all vaccines administered be reported to IIS.
- Support efforts by the American Immunization Registry Association (AIRA) and the Council of State and Territorial Epidemiologists (CSTE) which promote better data sharing and interoperability.

Policy Innovations, Issues, and Recommendations

Reflecting on the political polarization of vaccination, participants made the point that policy efforts should no longer focus on developing mandates for the public but instead work on measures that:

- Allow health officials to build long-term relationships with trusted community partners,
- Expand vaccine access points, including provider types and localities,
- Bolster IIS and other reporting systems,
- Make the influenza vaccine free regardless of insurance status, and
- Sustain long-term funding sources for ongoing messaging about vaccinations, diseases, and healthy living choices.

Policy Innovation Spotlight

Policy that advances access can simultaneously negatively impact the business practices of other providers. In her Spotlight on Policy Innovations presentation, Sandra Swan, from Trumbull County (Ohio) Health Department explained that policy changes in Medicare billing and the ability of pharmacies to vaccinate likely improved access to many residents but also resulted in Trumbull County Health struggling to fund their vaccination programs.

They began contracting with VAXCARE[6] in 2017, which eliminates the risk of excess inventory and simplifies billing because VAXCARE invoices the insurance companies. This contract allows them to continue providing vaccine in regions without pharmacies. This creative contracting led to a continuation of services for those most in need and protects the health department from some financial risks.

[6]https://www.vaxcare.com/

Policy Recommendations

Participants recognized that some of the heavy lifting for vaccine uptake must come through legislation. They recommend:

- Engage with policymakers and have data available to support your position.
- Understand the priorities of your policymakers and relate immunization to those priorities.
- Encourage legislation that requires hospitals and care facilities to offer (not require) the flu vaccine to patients 50 years of age and older at discharge.
- Encourage legislation that expands the number and type of healthcare providers that can administer vaccines.
- Encourage legislation that provides resources to improve vaccine reporting (i.e., IIS).
- Review COVID-19 incentives for methods used and their efficacy. Identify the most efficient and effective level to apply incentives, i.e., provider versus patient incentives. Legislate the support for these methods.
- Strengthen Centers for Medicare & Medicaid Services measures for adult immunization for older adults who are not in long term care facilities.
- Participants agreed that legislation geared toward making vaccination easier without strictly requiring it would likely be welcomed. Examples included requiring that hospitals offer flu vaccinations to anyone 50 years of age or older when being discharged from the hospital, or measures that promote vaccination of long-term and home-health caregivers.
- In addition, participants cited a 2017 Johns Hopkins University study which found that authorizing pharmacists to deliver influenza vaccines during a severe influenza pandemic could mitigate up to 23.7 million symptomatic influenza cases and save up to $2.8 billion. Legislation supporting a “no wrong door” approach to vaccination, including via health departments, private providers, and pharmacies, based upon good data, can further positive healthcare outcomes.

How Can NACCHO Help?

NACCHO has identified a variety of ways they are available to help local health departments achieve their influenza immunization goals for adults 65 years of age and older. Participants are invited to reach out to NACCHO to discuss the support they need. Ideas are listed below.

NACCHO 2022 Commitments to Advance Access

- Facilitate partnerships with novel actors who can support wrap around services at the local level. Ideas include public and private transportation providers, grocery stores, pop-up clinics, food banks and homeless shelters, faith-based settings, paratransit/senior transportation (require vaccination to ride), exercise classes, restaurants, vaccination clinics at voting booths, barber shops and hair salons, eyeglass providers, and school reunions.
- Share resources and/or create a toolkit for vaccine home visits which includes information regarding vaccine storage, handling, scheduling, administration, and reporting.
- Share best practices and examples of successful coadministration of influenza vaccines alongside other vaccines.

NACCHO 2022 Commitments to Advance Communication

- Host webinars to discuss messaging: vaccination promotion and administration is integral to health across an individual's lifespan, particularly for older adults who are at greatest risk for comorbidities.
- Use data to help identify relevant language(s) for messaging, considerations for the use of incentives, and to help identify barriers linked to socio-economic groupings or census blocks.
- Provide information or a webinar on leveraging pandemic funding to advance other vaccination goals.
- Support LHDs in identifying providers who administer COVID-19 but not flu vaccines, then support outreach to encourage administration of influenza and other vaccines as applicable.

NACCHO 2022 Commitments to Advance Data & Reporting

- Survey city and county public health departments to quantify vaccination data reporting. It is estimated 88% of health departments have systems for data recording but it is unclear how many report to an IIS.
- Identify ways to build LHDs GIS capacity to better map pockets of vulnerability and low vaccination.
- Convene (perhaps in conjunction with AIM, AIRA, and ASTHO) a task group to work through issues and suggest a phased approach to how LHDs and states can overcome data and reporting barriers.
- Support IT workforce development via trainings and sharing funding opportunities to the local level. Includes supporting data literacy.
- Update and expand upon resources that support LHDs in billing and administration best practices.
- Partner with AIRA to identify jurisdictions where race and ethnicity data are collected; share lessons learned from jurisdictions with improved data quality.

NACCHO 2022 Commitments to Advance Policy

- Share lessons learned between jurisdictions who have successfully implemented state and local policies which promote immunization data, administration and promotion.
- Elevate and recognize the diverse needs of local health departments with federal agencies to improve policies and regulations which support local immunization programs.
- Bolster and improve access to public health funding for local health departments, particularly related to public health workforce, infrastructure and data modernization.

Conclusion

During the COVID-19 pandemic, health departments nationwide gained a better understanding and have made great advances in addressing access issues, developing health communications messaging and message delivery protocols, defining what is needed for thorough and robust data collection, and utilizing data to create effective reporting. The four areas of concern discussed – Access, Communication, Data & Reporting, and Policy – are intertwined. Each of these themes affects, and is influenced by, the others, reinforcing and informing the steps needed to advance thematic goals. The major linkages identified during this meeting are identified in Figure 3.

While it is critical to continue acting upon those lessons learned, participants in this meeting elevated the areas of Communication and Policy as two areas which need continued and further development.

Participants voiced positive affirmation about how much has been learned during the past few years about messaging and message delivery for the public and revealed a further need to direct

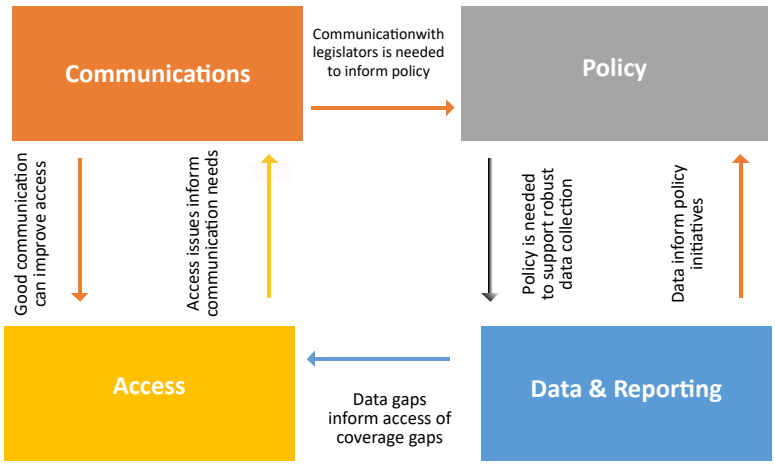

Figure 3: The major linkages between the four areas of focused conversation.

messages and messaging toward policy makers. Access issues and data limitations can help inform what messages need development and which legislative bodies to approach.

Participants agreed that mandates which impact the general public, such as mask-wearing, seem to create public resistance and increase polarity. However, policy which focuses on systemic changes are needed. Examples suggested include:

- Reporting all adult vaccinations administered to the state IIS.
- Interoperability and data sharing between state IIS systems.
- Sustainable and reliable funding to maintain health department relationships with community partners is essential.

As a result of these conversations, NACCHO has identified a variety of ways they are available to help local health care departments and stakeholders at all levels achieve their influenza immunization goals for adults 65 years of age and older (refer to "NACCHO 2022 Commitments to Advance" boxes throughout this document). Participants are invited to reach out to NACCHO to discuss the support they need.

Resources Suggested by Participants

#BeAGoodRelative campaign by NCUIH promotes protecting the people in your family by getting vaccinated. https://www.youtube.com/watch?v=OkgSDjeRFUI

Using Data Exchange to Improve Public Health https://www.ncsl.org/research/health/using-data-exchange-to-improve-public-health-magazine2022.aspx

National Conference of State Legislatures is a bipartisan org representing all legislators and their staff. They foster an exchange of information, and do not advocate for or against policies. https://www.ncsl.org/

NFID "Rise to Immunize" created a 2-minute video: https://vimeo.com/723113187

Association of Immunization Managers. Working together to navigate the legislative environment and address misinformation tip sheet: https://www.immunizationmanagers.org/content/uploads/2022/03/IP-PIO-Tips-Sheet_030722.pdf

National Public Health Information Coalition (NPHIC) has information about working with legislators: https://www.nphic.org/

P4VE Vaccine Resource Hub with messaging anyone can download and use: https://vaccineresourcehub.org/ and https://vaccineresourcehub.org/resources?field_last_reviewed=All&field_date=All&low_literacy=1

The Health Advocates In-Reach and Research (HAIR) programs are known under names such as "Maryland Barbers and Stylists United for Health" and "Wellness Warriors – Barbers and Stylists" which train these trusted community messengers in now to talk with clients about vaccination. HAIR Wellness Warriors Program

Immunize.org and AIM handout for providers about communicating the benefits of influenza vaccine during the COVID-19 pandemic: https://www.immunize.org/catg.d/p3115.pdf

National Foundation for Infectious Diseases results of surveys about chronic health conditions. https://www.nfid.org/infectious-diseases/2021-chronic-health-conditions-survey-gaps-between-healthcare-professionals-and-adult-patients/

Partnering for Vaccine Equity program has a network of more than more than 500 funded partners to increase vaccine confidence and uptake for both COVID-19 and influenza)

NACCHO Statement of Policy on Third Party Billing for Immunization https://www.naccho.org/uploads/downloadable-resources/11-02-Third-Party-Billing-for-Immunization.pdf.

Acronyms

ACIP = Advisory Committee on Immunization Practices
CBO = Community Based Organization
CDC = Centers for Disease Control
HAIR = Health Advocates In-Reach and Research (HAIR)
IIS = Immunization Information System
LHD = Local Health Department
P4VE = Partnering for Vaccine Equity
PACT = Preparedness Action Coalition Team
VFA = Vaccines for Adults

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NACCHO would like to thank all participating organizations for their time and insight during this meeting. The views and recommendations in this report do not reflect the views of all organizations or participants in attendance.

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NACCHO
National Association of County & City Health Officials

Public Health
Prevent. Promote. Protect.

The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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