

NATIONAL CONFERENCE FOR IMMUNIZATION COALITIONS AND PARTNERSHIPS  
NCICP





# Welcome to Philadelphia!

*Angela Shen*  
ScD, MPH





# National Network of Immunization Coalitions



# 16<sup>th</sup> Annual National Conference of Immunization Coalition & Partnerships Conference



A photograph of a suspension bridge at sunset. The sky is a mix of orange and red. A train is crossing the bridge, and its headlights are on. The bridge's steel structure is silhouetted against the sky.

[Download Guidebook Here](#)







# Communication: A journalist's perspective

*Lena Sun*

*National Reporter, Washington Post*





# The Washington Post

- Multiple news cycles, always on deadline
  - 82 million domestic digital + 20 million intl
  - 900 staff (news + opinion)
- 30 foreign correspondents, 24 locations
  - Multiple social media platforms







# Health and Science Reporting teams

- Part of the Post's national staff
  - About 14 health and science reporters
  - New vertical called Well + Being
  - Separate climate/environment team
- Weekly and daily newsletters on health, science, personal health
- Weekly Health section on Tuesdays, consumer-focused, freelance staff



# What makes a public health story?

- Impact on people, need to explain how this affects people's everyday lives
- Unusual nature of the event
- Other factors: conflict, timeliness
- What you might tell a friend, partner and they say, “holy, sh--!”



# Multiple News Cycles = Always on Deadline

- Early heads up
- Explain in English
- Use strong quotes
- Start clearance process BEFORE reporters call
- We are not peer-reviewed journals



# How community groups can help reporters

- During breaking news events, we need comments and quotes in the same news cycle. Not the next day.
- We need specific examples of problems or issues explained as if you were talking to your neighbor next door.
- We need voices of real people who are willing to be interviewed and photographed.



## Good Quotes

- In a story debunking studies in cell culture to show ivermectin's ability to treat flu and RSV: the quote from this expert:

“If you threw Coca-Cola into cell culture, you would see an antiviral effect. But you wouldn't want to be squirting Coca-Cola up your nose against the flu and RSV,” said John P. Moore, a professor of microbiology and immunology at Weill Cornell Medical College.
- When Tom Ksiazek, a virologist at the University of Texas Medical Branch in Galveston, is asked whether there are more viruses these days, he says, “The short answer is no, because I don't think any of these things have been dropped off by a flying saucer recently.”





# Explaining science in easy-to-understand words

From a story about the Titan submersible and the difference in water pressure where the Titanic submersible was --about 6,000 pounds per square inch, compared to atmospheric pressure, about 14.7 pounds per square inch.

“To offer one visual image: The average depth of the planet’s seafloor hydrothermal vents is 7,000 feet. Researchers studying these ecosystems – where life exists using chemosynthesis rather than photosynthesis – **have carried standard foam cups to such depths. The cups retain their form but are compressed to the size of a shot glass.**



# Stories that show the impact on people

## Unaware he had measles, a man traveled from N.Y. to Michigan, infecting 39 people

'Patient Zero' offers a cautionary tale about how speedily one of the most infectious pathogens on the planet can spread



A woman passes a Brooklyn health clinic where measles shots are being administered after New York City declared a public health emergency. (Sharon Zuker for The Washington Post)

By **Lena H. Sun**  
April 10

Last month, a traveler raising money for charity in Brooklyn's ultra-Orthodox Jewish community drove through the night to Detroit — his next fundraising stop. He felt sick en route and saw a doctor when he got there. But the doctor, who had never seen measles, misdiagnosed the man's fever and cough as bronchitis.

During the next two weeks, the traveler would become Michigan's Patient Zero, spreading the highly contagious [respiratory virus](#) to 39 people as he stayed in private homes, attended synagogue daily and shopped in kosher markets. His case offers a cautionary tale about how easily one of the [most infectious pathogens](#) on the planet spreads within close-knit communities — especially those whose members live, work and socialize outside the mainstream.

"Every one of our cases has had a link to the initial case," said Leigh-Anne Stafford, health officer for Oakland County, a Detroit suburb where all but one case was reported.



### Most Read National

- 1 Apollo rocks showed how the moon was made, and now they're about to solve more mysteries.
- 2 A prison gang member was overheard plotting a 'pizza party' for a prosecutor. He didn't mean food.
- 3 His loan overgrew while he was lending to his mom's estate. Now, he faces foreclosure and a \$30,000 fine.
- 4 'Who's going to take care of these people?'
- 5 Mike Pence's advice to Christian



HEALTH & SCIENCE

# Anti-vaccine activists spark a state's worst measles outbreak in decades



By [Lena H. Sun](#)

May 5, 2017 at 7:00 a.m. EDT



**The Washington Post**  
*Democracy Dies in Darkness*



Suaado Salah comforts her 3-year-old son, who got measles during an outbreak in Minneapolis. His 5-year-old brother, left, did not get sick and has now been vaccinated. Salah had previously refused the MMR vaccine for them because of false rumors that it caused autism. (Courtney Perry for The Washington Post)



**The Washington Post**  
*Democracy Dies in Darkness*



Tahlil Wehlie comforts his son, who is recovering from measles. His 18-month-old daughter also became ill and was hospitalized. (Courtney Perry for The Washington Post)



# Misinformation spread among Somali community

- The young mother started getting advice early on from friends in the close-knit Somali immigrant community here. Don't let your children get the vaccine for measles, mumps and rubella — it causes autism, they said.
- Suaado Salah listened. And this spring, her 3-year-old boy and 18-month-old girl contracted measles in Minnesota's **largest outbreak** of the highly infectious and potentially deadly disease in nearly three decades. Her daughter, who had a rash, high fever and cough, was hospitalized for four nights and needed intravenous fluids and oxygen.
- “I thought: ‘I’m in America. I thought I’m in a safe place and my kids will never get sick in that disease,’ ” said Salah, 26, who has lived in Minnesota for more than a decade. Growing up in Somalia, she’d had measles as a child. A sister died of the disease at age 3.



## What she eventually learned

- When their two sick children are well, Suaado Salah and her husband, Tahlil Wehlie, plan to talk to friends and acquaintances to spread the word that the anti-vaccine groups are wrong and that all youngsters should get immunized.
- “Because when the kids get sick, it’s going to affect everybody. It’s not going to affect only the family who have the sick kid,” she said. “They make sick for everybody. That’s when you wake up and say, ‘Okay, what happened?’ ”
- But she understands the apprehension that fed the outbreak. With a parent whose child has autism, she said, “it’s something that you’re looking for an answer for how it happened and what happened to your kid.”



HEALTH & SCIENCE

# Meet the New York couple donating millions to the anti-vax movement

By [Lena H. Sun](#) and [Amy Brittain](#)

June 19, 2019 at 7:05 p.m. EDT





A wealthy Manhattan couple has emerged as significant financiers of the anti-vaccine movement, contributing more than \$3 million in recent years to groups that stoke fears about immunizations online and at live events — including two forums this year at the epicenter of [measles outbreaks](#) in New York’s ultra-Orthodox Jewish community.

Hedge fund manager and philanthropist Bernard Selz and his wife, Lisa, have long donated to organizations focused on the arts, culture, education and the environment. But seven years ago, their private foundation embraced a very different cause: groups that question the safety and effectiveness of vaccines.

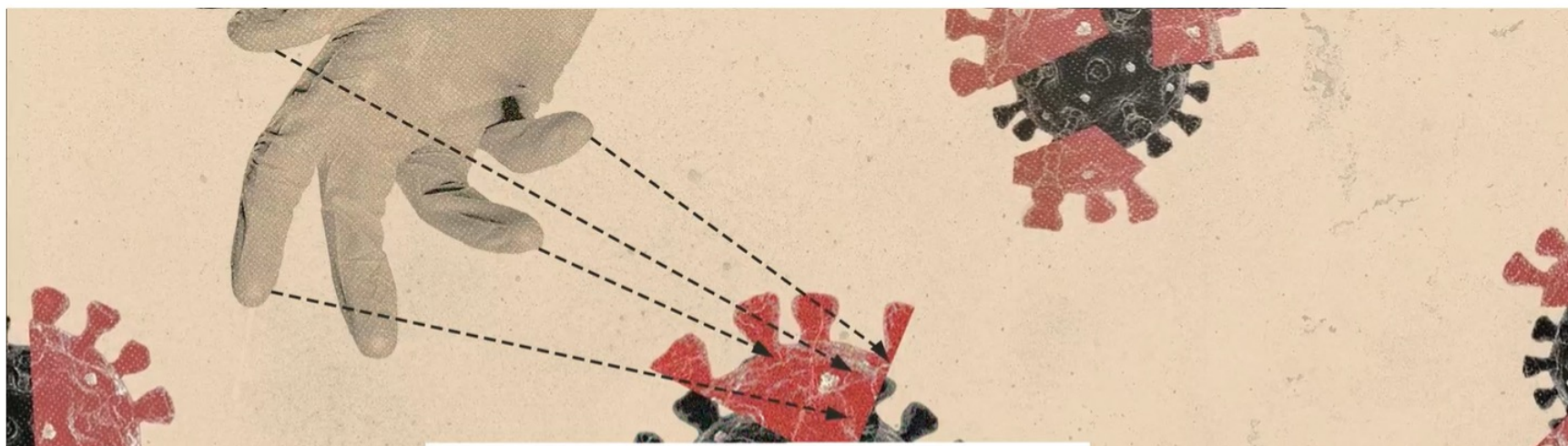
How the Selzes came to support anti-vaccine ideas is unknown, but their financial impact has been enormous. Their money has gone to a handful of determined individuals who have played an outsized role in spreading doubt and [misinformation about vaccines](#) and the diseases they prevent. The groups’ false claims linking vaccines to autism and other ailments, while downplaying the [risks of measles](#), have led growing numbers of parents to shun the shots. As a result, health officials have said, the potentially deadly disease has surged to at least 1,044 cases this year, the highest number [in nearly three decades](#).



**The Washington Post**  
*Democracy Dies in Darkness*

# Doctors who put lives at risk with covid misinformation rarely punished

By [Lena H. Sun](#), [Lauren Weber](#) and Hayden Godfrey  
July 26, 2023 at 6:00 a.m. EDT



Across the country, doctors who jeopardized patients' lives by pushing medical misinformation during the pandemic and its aftermath have faced few repercussions, according to a Washington Post analysis of disciplinary records from medical boards in all 50 states.

State medical boards charged with protecting the American public often failed to stop doctors who went against medical consensus and prescribed unapproved treatments for covid or misled patients about vaccines and masks, the Post investigation found.

At least 20 doctors nationally were penalized for complaints related to covid misinformation between January 2020 and June 2023, according to board documents, which The Post obtained by filing requests with state medical boards and reviewing public records. Five of those doctors lost their medical licenses — one had his revoked, while four surrendered theirs. Discipline is typically connected to patient care, not just what doctors say.



**The Washington Post**  
*Democracy Dies in Darkness*

# Florida surgeon general defies science amid measles outbreak

By [Lena H. Sun](#) and [Lauren Weber](#)

February 22, 2024 at 8:02 p.m. EST



# There are over 15,000 comments on this story...

🗨️ 15046 Comments

” I worked in the ER of a small community hospital. The nearest large hospital was over an hour away. I did admitting and processed insurance, I was not a care provider.

” This lady came in, very visibly pregnant. Her face was beet red and she was coughing. She said her kids were not vaccinated and had brought measles into the home. She said she thought they were exposed at church Sunday school.

” Thank you for this. I beg of you to please keep telling your story everywhere you can share it since younger people have no clue what it's like to grow up with these deadly childhood diseases.

” We routinely sent pregnant patients to the OB dept, for an OB check, to see if they were in labor. They did not stay in the ER. .... But this time. OB staff refused to allow her in their dept. They said she would have to be treated in the ER. The measles could be spread to the newborns.

” The lady was kept in an ER room, and ER staff treated her. They talked to the OB staff on the phone, but OB staff would not come to ER. They were very afraid of spreading the measles. If the lady went into labor, the newborn would have been kept away from other newborns.

” Just what planet is this idiot from? I'm 84 years old. I Was born before the advent of vaccines. I've had measles, whooping cough, mumps, and chickenpox. I was extremely lucky not to have gotten poliomyelitis. I'm originally from Texas, which at the time, especially in the summer, was rampant with polio. Everyone lined up to get the Salk vaccine. This idiot doesn't have a clue as to what these diseases are like. Is this "person" even a doctor? Has he forgotten his Oath? Btw, I was also in the U.S. Army. You weren't given a choice. You were given ALL your shots. I even got a yellow fever shot! WHAT AN IDIOT!!!!







# Not all tragedy and pain and malfeasance...

Here is me building a home air filter.





# How to Reach Me

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NATIONAL CONFERENCE FOR IMMUNIZATION COALITIONS AND PARTNERSHIPS  
NCICP





# Healthier Living for All...

*Georgina Peacock,  
Director, Immunization Services Division, CDC*





# Healthier Living For All: A National Perspective on Increasing Vaccination Coverage

**Georgina Peacock, MD, MPH, FAAP**

Director, Immunization Services Division

National Center for Immunization and Respiratory Diseases

Centers for Disease Control and Prevention (CDC)



# ISD Mission, Vision, and Goals





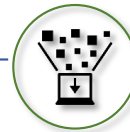
# Immunization Services Division (ISD) Goals



Increase Vaccine Access



Promote Vaccine Confidence & Demand



Enhance Data, Research, and Evaluation



Strengthen Program Support for Partners



Improve Vaccine Equity



Enhance Vaccination Response Readiness

**How do immunization  
coalitions align with  
ISD goals and  
strategies?**

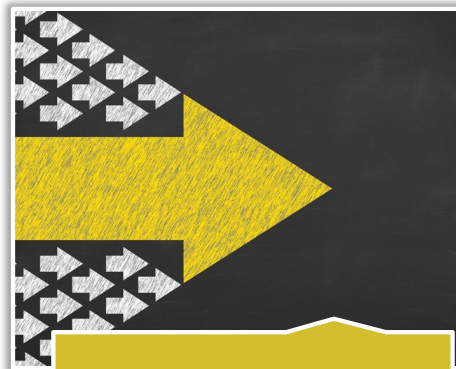




# The Power of Immunization Coalitions



Bring Together  
Community Partners



Pool Resources



Share Information



Amplify Awareness




# Immunization Coalitions Align with ISD Goals and Strategies



## Strengthen Program Support for Partners

- Strengthen technical assistance and resources to build partner capacity including on data and vaccine confidence and demand, reducing disparities, and improving access for all
- **Promote increased collaboration and information sharing across partners**
- Identify, sustain, and scale evidence-based interventions across partners
- **Work with a wide range of partners to develop innovative programs to improve vaccine coverage**

# Example ISD Partnerships

 Strengthen Program Support for Partners

## State and Local



## Professional Association & Non-Profit



## Academia & Research



EMORY  
UNIVERSITY



Association of  
Immunization  
Managers



Increase Vaccine Access

**Uninsured?**

**Get an updated  
COVID-19 vaccine  
for free.**



**Find yours at  
[Vaccines.gov](https://www.vaccines.gov)**



Insert  
Partner  
Logo

Protégete con una vacuna contra el COVID-19 actualizada sin costo alguno para ti.

Encuentra una vacuna contra el COVID-19 actualizada en [Vacunas.gov](https://www.vacunas.gov)





Increase Vaccine Access

## The Bridge Access Program has made over 1.3 million COVID-19 vaccine doses available and accessible to eligible adults

The two-part approach to this program has so far allowed for **over 1.3 million vaccine doses** to be ordered and administered to **individuals in the locations that are most accessible** for them.

**789,949 doses**

have been administered **through pharmacies** as of 3/15/24



**575,949 doses**

have been ordered **through public health safety net providers** using 317 funds as of 3/15/24

Through the Affordable Care Act, the Inflation Reduction Act's requirements of payors, and through the Bridge Access Program, **98% of adults** who received a COVID-19 vaccine from 9/14/23 – 11/11/23 paid **zero out-of-pocket costs**.\*

\*Source: COVID-19 vaccine Bridge Access Program awareness and use among adults, National Immunization Survey-Adult COVID Module (NIS-ACM), November 5-11, 2023; pharmacy dose administration data is from the HHS Protect database; public health safety net provider order data is from VTrckS.



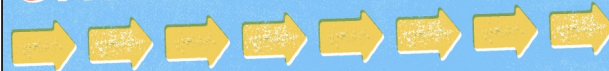
# Vaccines For Adults Program





Promote Vaccine Confidence & Demand

# JOURNEY OF YOUR CHILD'S VACCINE



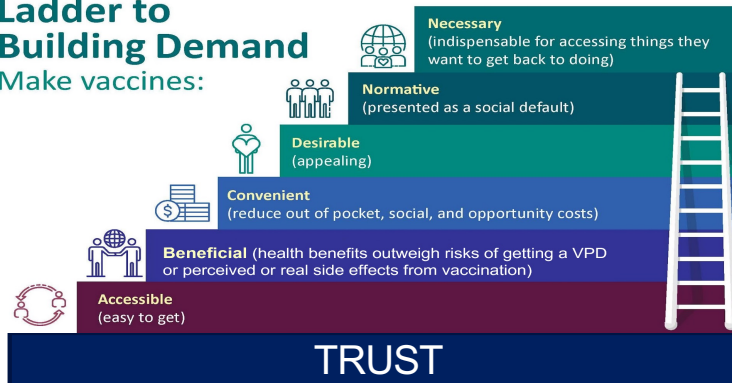
Learn about the journey of a childhood vaccine's development, from lab testing through safety monitoring.

[www.cdc.gov/vaccines/parents/resources/childhood.html](http://www.cdc.gov/vaccines/parents/resources/childhood.html)



## Ladder to Building Demand

Make vaccines:

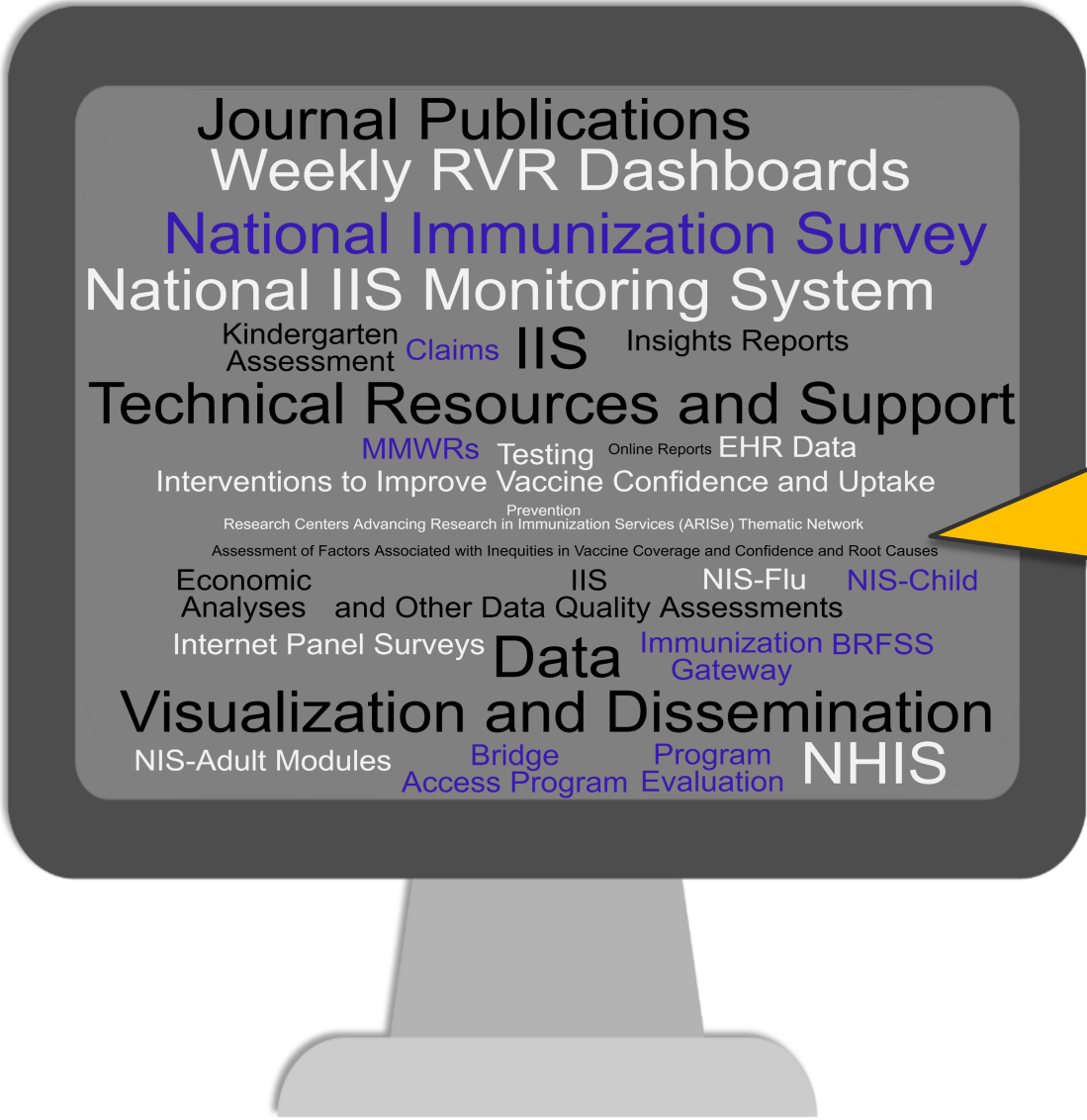


**YOU** are patients' most trusted source of information on vaccines.





Enhance Data, Research, and Evaluation



Understanding vaccine coverage is key to understanding where to focus efforts.

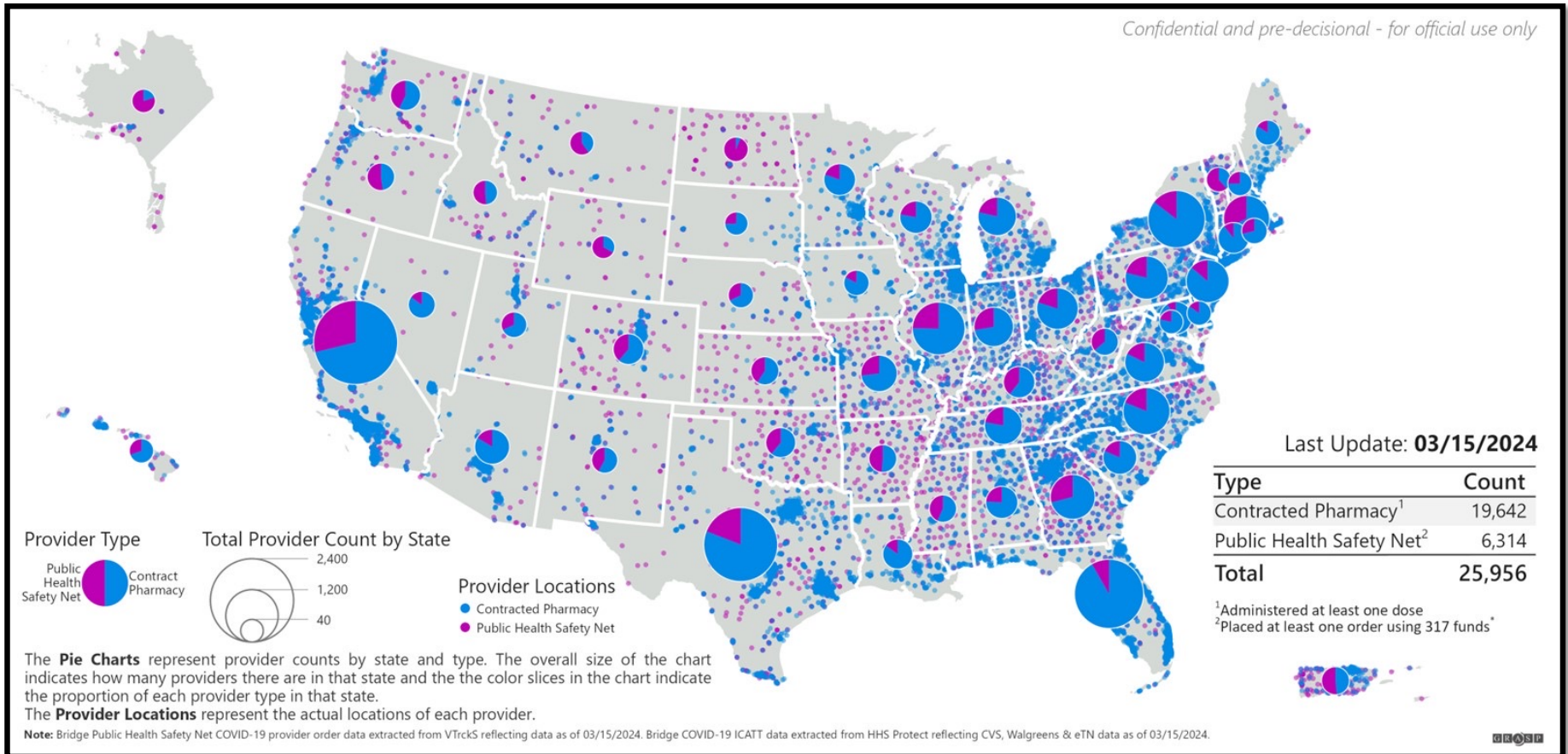






# Leveraging Bridge Access Program Providers for Respiratory Virus Season

Confidential and pre-decisional - for official use only



# Vaccines for Children (VFC) Program



Improve Vaccine Equity

## Vaccines for Children Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.



CDC estimates that vaccination of children born between 1994 and 2021 will:

prevent **472 million** illnesses  
*(29.8 million hospitalizations)*



more than the current population of the entire U.S.A.

help avoid **1,052,000** deaths



greater than the population of Seattle, WA

save nearly **\$2.2 trillion** in total societal costs  
*(that includes \$479 billion in direct costs)*



more than \$5,000 for each American

Updated 2021 analysis using methods from "Benefits from Immunization during the Vaccines for Children Program Era—United States, 1994-2021"

## 30<sup>th</sup> Anniversary

# Vaccine Equity Partnership Overall Reach

**78 funded partners**



**>2.3 million**  
COVID-19 and flu  
vaccines administered



**550,594**  
clinicians engaged



**325,858**  
trusted messengers  
trained

As of September 2023



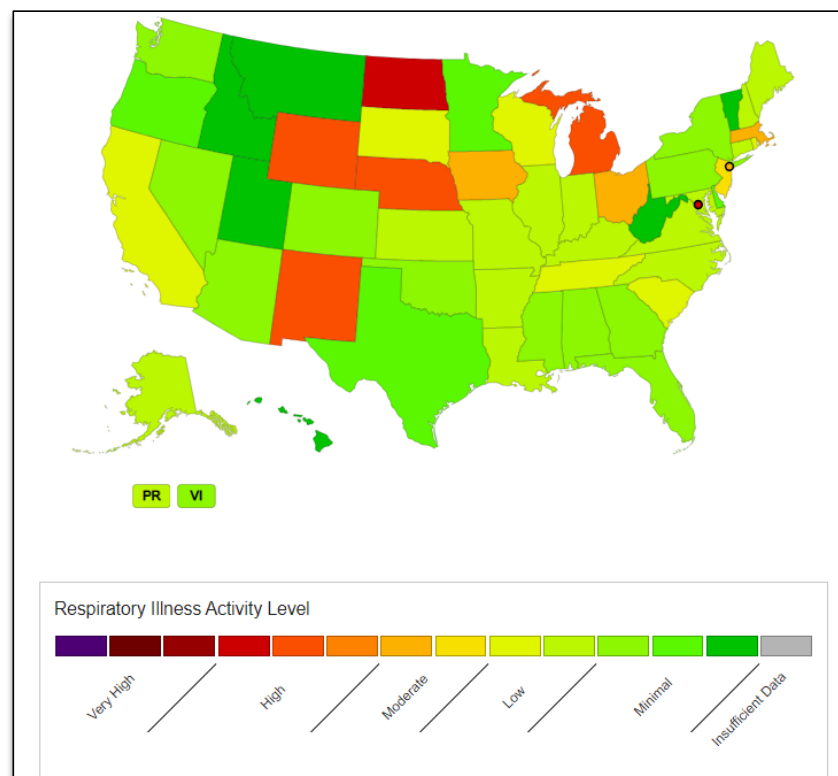
Enhance Vaccination Response Readiness

## Weekly cases\* of mpox, United States & U.S. Territories, Week ending March 30, 2024

Reporting Area	Current week	Previous 52 weeks Max †	Cum YTD 2024 †	Cum YTD 2023 †
New England	1	5	25	8
Middle Atlantic	6	26	220	41
East North Central	9	15	93	22
West North Central	-	7	9	8
South Atlantic	4	17	135	63
East South Central	2	5	22	11
West South Central	1	10	46	67
Mountain	-	11	33	11
Pacific	-	34	75	75
U.S. Territories	-	2	6	1
<b>Total</b>	<b>23</b>	<b>74</b>	<b>664</b>	<b>307</b>

\*Case count is preliminary and subject to change.

## Level of Respiratory Illness Activity (as of April 4, 2024)

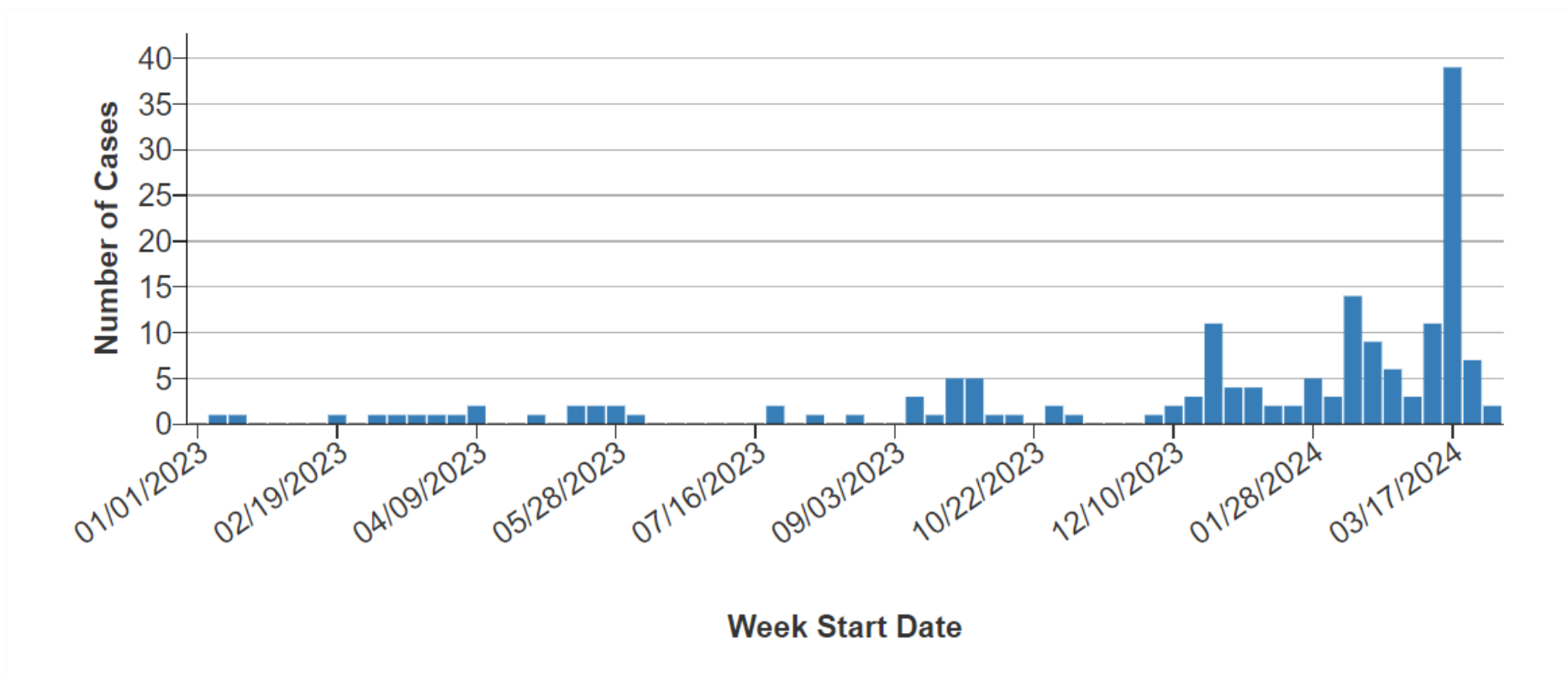


## Increase in imported measles cases as measles increases around the world.



Enhance Vaccination Response Readiness

Number of measles cases reported in the United States by week, 2023–2024\* (as of April 4, 2024)



\*Case count is preliminary and subject to change.

[Measles Cases and Outbreaks](#)

**CDC's  
FY 2025 President's  
Budget Request**



# FY 2025 President's Budget Request

**CDC FY25 PB Request (budget authority, PPHF, Evaluation Funds)..... \$9.683 Billion**

Accounts/Funding Lines	Proposed Amount	Change from FY2023 budget
Immunization and Respiratory Disease Total	\$731,933,000	<b>+\$50,000,000</b>
Acute Flaccid Myelitis	\$6,000,000	No change
Influenza Planning and Response	\$231,000,000	No change

**Request is \$50,000,000 above the FY23 appropriated level, and would support**

- Ongoing work on COVID-19 and the highest priority activities of the immunization program
  - Dedicated resources to urgent public threats
  - Staffing expertise needed for effective national public health monitoring and prevention of respiratory viruses
  - Continued efforts to modernize immunization information systems
  - Implementation of new strategies for vaccine equity, building vaccine confidence, and expanding the scientific evidence base
-

# President's Budget, Fiscal Year 2025 Mandatory Proposals

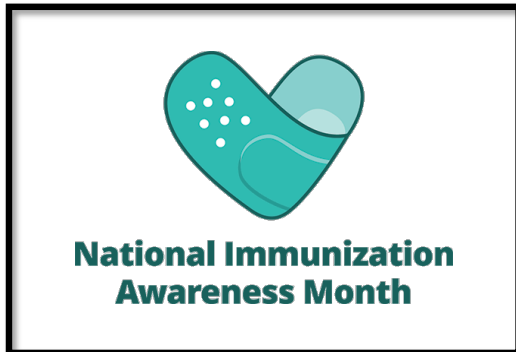
- **Vaccines for Adults (VFA): \$12.000 billion over 10 years**
    - CDC's FY 2025 budget requests \$12 billion in **capped** mandatory funding over ten years to maximize public health impact. This includes \$1,004,000,000 for FY 2025 to establish a Vaccine for Adults (VFA) program to **expand access** to routine and outbreak vaccines for uninsured adults.
  - **Vaccines for Children (VFC) Amendments (CHIP, Fee Structure): \$8.040 billion**
    - Budget would also expand the VFC to include all children under age 19 enrolled in a separate Children's Health Insurance Program and make program improvements, including setting a floor for provider reimbursements for vaccine administration and cover the vaccine administration fee for uninsured children without state share, eliminating cost sharing for all vaccines for CHIP eligible children.
      - *\$2.2 billion in savings to CHIP over 10 years; 1.9 billion in net costs over 10 years.*
-



# Increasing Vaccination Coverage Together



# Increasing Vaccination Coverage: Initiatives & Campaigns



# Ways Partners Can Take Action

**Prioritize ensuring everyone catches up on routine vaccination.**

- Identify individuals behind on their vaccinations.
- Encourage vaccination catch-up through reminders, recall, and outreach.
- Make strong vaccine recommendations.
- Make vaccines easy for everyone to find and afford
  - [Help children get free vaccines.](#)
  - [Find providers enrolled in the Vaccines for Children \(VFC\) Program.](#)



Traveling abroad for spring or summer break?  
Not protected against measles?  
**Get your measles vaccination.**

**Measles is a plane ride away.**  
Since measles is still common in many countries, **unvaccinated travelers** continue to get measles in other countries and bring it into the U.S.

Passport

CDC



# 2024 CDC Immunization Program Priorities

1

**DATA:** *Develop an approach for estimating vaccine coverage at different levels of granularity (e.g., race and ethnicity, age group, vaccine type) using multiple data sources*

2

**ACCESS:** *Advance vaccine access in children and adults:*

- Increase number of "non-traditional" providers (e.g., pharmacies, long term care facilities, community located vaccination, school located vaccination)
- Increase number of VFC-participating providers in VFC provider deserts

3

**CONFIDENCE:** *Increase vaccine equity and confidence in VFC through Let's Rise collaborative initiative to reduce declines in the 24-month 7-vaccine series and kindergarten vaccine coverage rates*

4

**PREPAREDNESS:** *Improve VPD outbreak response readiness for ISD staff and jurisdictional programs*

AS

GU

PR

VI

FM

MP

PW

MH



**Thank You!**



**Centers for Disease  
Control and Prevention**  
National Center for Immunization  
and Respiratory Diseases

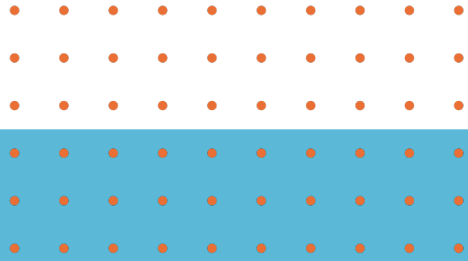


Welcome to:

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# Collaborating with Trusted Community Partners to Promote Vaccines as Wellness





# Healthy Emerging Adult Leaders

Sarah Vivo

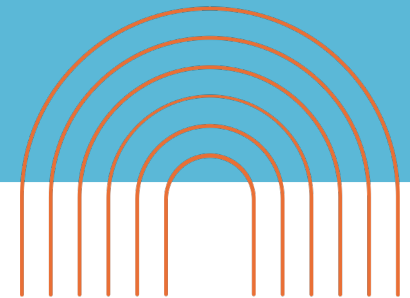
[sarah@vaccinateindiana.org](mailto:sarah@vaccinateindiana.org)

Sara Dillard

[sarad@vaccinateindiana.org](mailto:sarad@vaccinateindiana.org)

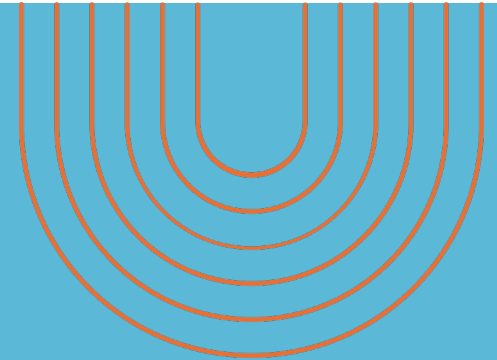


INDIANA  
IMMUNIZATION  
COALITION  
[#VACCINATEINDIANA](https://www.instagram.com/vaccinateindiana)





# Welcome and Introductions



# Program Overview

- Problems facing us in Indiana (and many other places)
  - Lack of clear health information resources for teens
  - Health misinformation spreads quickly
  - Increasingly regulated sexual health education in public schools
  - Kids “graduating” to adulthood without knowing how to navigate the health system
  - This population is called “emerging adults”
- Idea formed from the PATCH program in Wisconsin
  - Physicians And Teens Communicating for Health
  - This program focuses on teaching teens to be health advocates and inform physicians about what teens need in the healthcare environment
  - A great program!!



# What is the Solution?

- Engaging adolescents and young adults (AYA) in health organizations
- Combatting misinformation with information about good health resources
- Creating peer leaders in AYA environments
- Finding the best ways to communicate with this population



# Formation of HEAL

- Healthy Emerging Adult Leaders is a program that was held for the first time last summer
  - Recruited participants ages 16-20 via social media, newsletters, word of mouth
  - Two consecutive days (Thursday – Friday)
  - No cost, lunch and snacks included
  - Held at the Indiana Immunization Coalition office
- Activities
  - Agenda included many speakers on a variety of topics
  - Concluded with feedback from participants and designed social media informational posts



# Topic Proposals (part 1/2)



- Good Information: Identifying misinformation, finding trusted sources, community resources
  - Objectives:
    - Describe the effect of media on personal and family health.
    - Assess the validity of health information, products, and services.
    - Use resources from home, school, and community that provide valid health information.
    - Understand how peers influence healthy and unhealthy behaviors.
- Accessing Healthcare: Finding affordable care, sexual health access, social determinants
  - Objectives:
    - Describe the interrelationships of emotional, intellectual, physical, and social health.
    - Determine when professional health services may be required.
    - Access valid and reliable health products and services.



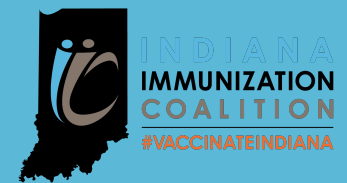
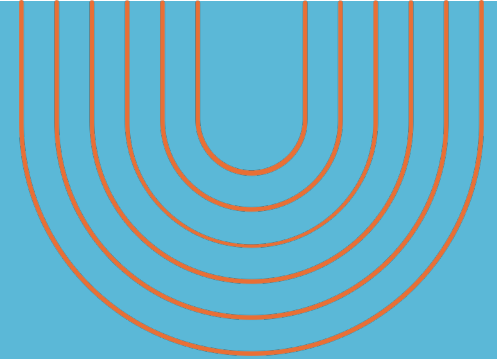
# Topic Proposals (part 2/2)



- Health Coverage 101: How insurance/Medicaid works, how to find it
  - Objectives:
    - Describe different forms of insurance coverage and how to access care
    - Understand terminology related to insurance coverage (premium, deductible, co-pay, etc.)
    - Describe how to access information related to coverage, claims, and other insurance services
- Advocacy: Advocating for yourself to a provider, advocacy and public policy
  - Objectives:
    - Use skills for communicating effectively with family, peers, and others to enhance health.
    - Explain how public health policies and government regulations can influence health promotion and disease prevention.
    - Demonstrate refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks.
    - Demonstrate how to ask for and offer assistance to enhance the health of self and others.
    - Work cooperatively as an advocate for improving personal, family, and community health.
    - Adapt health messages and communication techniques to a specific target audience.



# Examples



# The flu vaccine can give you the flu



**FALSE**

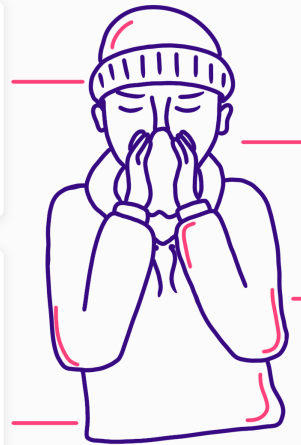
## Why did I get sick after the flu shot?

You haven't reached full immunity

Your body didn't respond fully to the vaccine

You were already exposed to the flu

You caught a strain that's not covered



SingleCare





# SDOH: Uncontrolled Type 2 Diabetes



## What We Think

- Obesity
- Poor diet
- Low physical activity
- Doesn't go the doctor
- Doesn't take meds / test sugars



## What Else is Going On

- Lack of reliable transportation
- Limited income for fresh foods
- Unsafe neighborhood to walk in
- Unable to afford gym membership
- No insurance to cover medical needs
- Employer doesn't allow time off
- Family is unsupportive
- Mental health issues





your **sexual health** matters

**NHS**  
Derbyshire Community Health Services  
NHS Foundation Trust  
Working in Partnership

# OUCH!

**COULD IT BE CHLAMYDIA?**

**Chlamydia can be painful, but often it has no signs or symptoms.**

**What's the fuss about?** Chlamydia is the most common sexually transmitted infection in young people. If left untreated, chlamydia may cause infertility problems for men and women.

Luckily, getting tested is so easy. Order your discreet, free testing kit to test at home, visit: [www.yoursexualhealthmatters.org.uk](http://www.yoursexualhealthmatters.org.uk) or call freephone number 0800 328 3383

Derby City Council  

# KNOW YOUR RESOURCES.



## Free for Indiana Teens

Watch to see what  
different resources  
are available to you

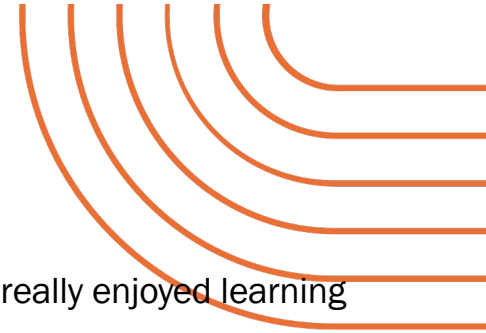


Teens Take Charge

# Pre- and Post- Test Results

QUESTION	MEAN BEFORE	MEAN AFTER	Improved
How much do you know about what public health encompasses?	2.6	4.4	67.62%
How much do you know about your rights at the doctor's office (sharing information, privacy, asking questions)	3.3	5	53.85%
How confident are you that you could recognize health misinformation online?	3	4.6	53.33%
How confident are you that you know where to find trustworthy sources of health information online?	3.6	5	37.93%
How confident are you that you could find an agency or service for a specific social need? (ie food pantries or housing)	2.6	4.8	82.86%
How confident are you that you could locate free or low-cost health services for you or someone you know?	2.9	5	73.91%
How confident are you could completely answer questions a doctor might ask about your medical history?	3.9	4.2	8.39%
How much do you know about obtaining medical insurance?	1.9	3.6	92.00%
How confident are you that you could locate sexual health or family planning services for you or someone you know?	3.1	5	60.00%
How confident are you about the process to contact your legislator about an issue that matters to you?	2.2	4.8	113.33%
How much do you think social and environmental factors impact a person's health?	4.4	4.8	9.71%
How confident are you that you could share health information in a meaningful way for your peers?	2.6	4.6	75.24%
	3.01	4.65	54.46%

# Feedback



Please indicate what parts of the program you liked best or would like to hear more about.

- I liked talking about **ethics** and other cool things like **autonomy** and **philosophy**. However, I also really enjoyed learning about how to make things appealing in **peer and online campaigns**.
- I like that they want to **hear our opinions** and hear our point of view. Taking in our ideas and questions makes us know more than many and will help us in the future.
- I liked the **group conversations**.
- I likes the **creation of a campaign** for people our age and I think being able to do it more in depth would help. I also liked the presentations from **CKF, IPHCA, and the Family Health Council**.

Please indicate what parts of the program you felt weren't applicable to you or need improvement.

- I sort of felt like we **didn't get enough interaction** with each other and also the presenters. It would've been cool if it were more casual at the beginning.
- Everything was very helpful
- The **back to back speakers**
- I think if more parts/presentations could incorporate **interacting with the teens** it would help with attention span. Because sitting through many presentations on the first day was **hard for my attention span**.





# Informing a Public Health Campaign

Using Canva with Student Input





INDIANA  
IMMUNIZATION  
COALITION  
#VACCINATEINDIANA

# Thank You!

Sarah Vivo – [sarah@vaccinateindiana.org](mailto:sarah@vaccinateindiana.org)  
Sara Dillard – [sarad@vaccinateindiana.org](mailto:sarad@vaccinateindiana.org)

[www.vaccinateindiana.org](http://www.vaccinateindiana.org)





Idaho  
Immunization  
Coalition

Karen Sharpnack  
Executive Director

Heather Gagliano, MSN, RN  
Operation & Education Director



# Circles of Health & Wellness





Nothing  
is done alone.

Our people make  
every event better!





# Health & Wholeness

Encircling the people in our communities that we serve with wellness resources that are meaningful to them.



# Be Proactive

Proactive people don't wait for opportunities, they create them.

We don't just react - we are thoughtful in our approach.





Education Access  
& Quality



Health Care  
Access & Quality



Social Determinants  
of Health

Economic  
Stability



Neighborhood &  
Build Environment

Social &  
Community Context



# Holistic Approach to Health Care

Immunizations are vital - but we care more about the entire health of the communities we serve.



- Housing insecurities
- Transportation
- Food price increase
- Domestic intimate partner violence
- Immigration concerns
- No health insurance
- Childcare
- Employment concerns

"Alone we can do so little; together we can do so much."

- Helen Keller

Friends of Children  
& Families, Inc.  
Head Start & Early Head Start





## Resources & Services with Partners

- Blood pressure exams
- Blood glucose exams
- A1C
- Women, Infants, and Children (WIC)
- Nurse family partnerships
- Federally qualified health centers
- Sports physicals
- Contraceptive Education Network
- Hospital systems
- Smoking cessation
- Cancer screening groups
- Food pantry
- Floride varnish
- Mammograms

# I Dream - She Fundraises



DREAM  
BIG



SET  
GOALS



TAKE  
ACTION



# Focusing on Health

We are always looking at ways to celebrate families and their wellness.





Idaho  
Immunization  
Coalition



[info@idahoimmune.org](mailto:info@idahoimmune.org)



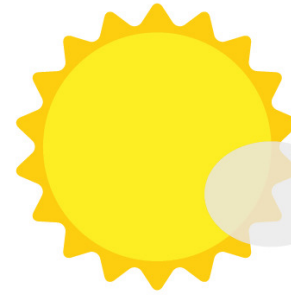
[www.IdahoImmunizationCoalition.org](http://www.IdahoImmunizationCoalition.org)



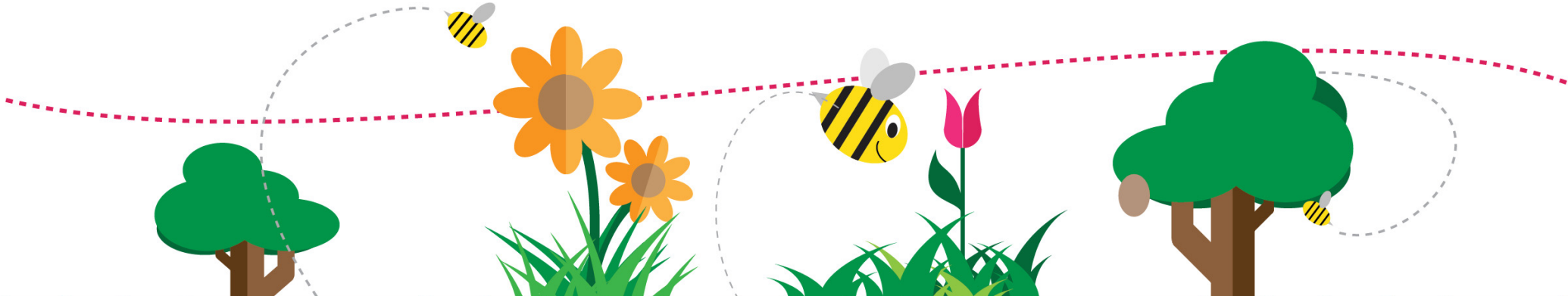
[@IdahoImmune](https://twitter.com/IdahoImmune)



Thank You!



# OKLAHOMA CARING FOUNDATION





Since 1999, the Caring Vans have served over **236,000** Oklahoma children with more than **384,000** immunizations





The Oklahoma  
Caring Foundation, Inc.

# Caring Van Operating Partnerships

Health Departments\*  
Federally Qualified Health Centers\*  
Tribal Public Health Entities  
Oklahoma Dental Foundation

\*Bill for nursing hours aboard the Caring Van



# For More Information .....

## **WEBSITE**

[oklahomacaringfoundation.org](http://oklahomacaringfoundation.org)

## **FACEBOOK**

[facebook.com/oklahomacaringfoundation](https://facebook.com/oklahomacaringfoundation)

## **CONTACT**

Amy Pulliam

[amy\\_pulliam@bcbsok.com](mailto:amy_pulliam@bcbsok.com)

918-551-2064

# IDAHO



# OKLAHOMA





# INDIANA



# IDAHO



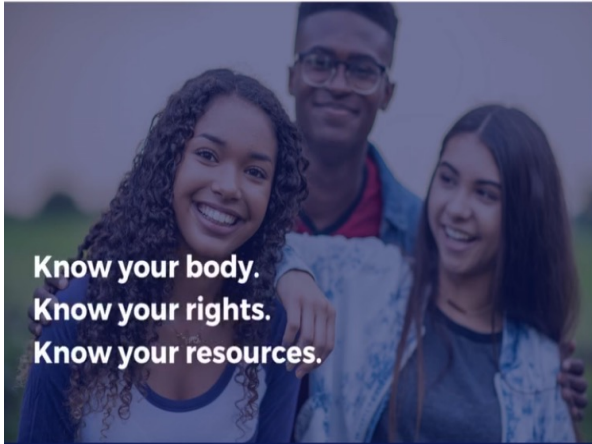
# OKLAHOMA



# INDIANA



## TEENS TAKE CHARGE



Know your body.  
Know your rights.  
Know your resources.

Teens Take Charge

vaccinateindiana • Follow

vaccinateindiana In partnership with the Indiana Public Health Association, we held our first Healthy Emerging Adult Leaders program, featuring many speakers from public health organizations across the state. The teen participants put together these informational slides to share with their peers. If you're interested in learning about our Healthy Emerging Adult Leaders program, click the link in our profile. #NHEW2023

22w



11 likes  
October 16, 2023

Log in to like or comment.

## KNOW YOUR RESOURCES.



Free for Indiana Teens

Watch to see what different resources are available to you

Teens Take Charge

vaccinateindiana • Follow

vaccinateindiana In partnership with the Indiana Public Health Association, we held our first Healthy Emerging Adult Leaders program, featuring many speakers from public health organizations across the state. The teen participants put together these informational slides to share with their peers. If you're interested in learning about our Healthy Emerging Adult Leaders program, click the link in our profile. #NHEW2023

22w



11 likes  
October 16, 2023

Log in to like or comment.

# IDAHO



# OKLAHOMA



# INDIANA



## KNOW YOUR RIGHTS.



**Free for Indiana Teens**

Watch to see what different resources are available to you



Teens Take Charge

vaccinateindiana • Follow

vaccinateindiana In partnership with the Indiana Public Health Association, we held our first Healthy Emerging Adult Leaders program, featuring many speakers from public health organizations across the state. The teen participants put together these informational slides to share with their peers. If you're interested in learning about our Healthy Emerging Adult Leaders program, click the link in our profile. #NHEW2023

21w

2 likes

October 20, 2023

Log in to like or comment.

## IFHC



### Protect your sexual health

- The Indiana Family Health Council and federal Title X clinics provide sexual health and family planning services to teens of any age, even without parental consent.

Learn more: [www.ifhc.org/help-for-teens/faq/](http://www.ifhc.org/help-for-teens/faq/)



Teens Take Charge

vaccinateindiana • Follow

vaccinateindiana In partnership with the Indiana Public Health Association, we held our first Healthy Emerging Adult Leaders program, featuring many speakers from public health organizations across the state. The teen participants put together these informational slides to share with their peers. If you're interested in learning about our Healthy Emerging Adult Leaders program, click the link in our profile. #NHEW2023

21w

3 likes

October 18, 2023

Log in to like or comment.



---

QUESTIONS?



**NATIONAL CONFERENCE FOR IMMUNIZATION COALITIONS AND PARTNERSHIPS**  
**NCICP**



# Using Wiki Surveys to Rapidly Test Philly CEAL's Health Messages Promoting COVID-19 Vaccination Boosters Among Philadelphia Residents

Brittany Zulkiewicz,<sup>1</sup> Allison Li,<sup>2</sup> Gretel Tassah,<sup>2</sup> Minnie Kim,<sup>2</sup> Karen Glanz,<sup>3,4</sup> Antonia Villarruel,<sup>4</sup> Stephen Bonett,<sup>4</sup> Ufuoma Oyiborhoro,<sup>4</sup> Terri Lipman,<sup>4</sup> Andy S. L. Tan<sup>1,5</sup>

**NIH CEAL**  
Community Engagement Alliance



**Annenberg**  
SCHOOL FOR COMMUNICATION  
UNIVERSITY of PENNSYLVANIA



# Acknowledgements

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<sup>5</sup>University of Pennsylvania Leonard Davis Institute of Health Economics

# Overview

- About Philly CEAL
- Rapid Message Testing Approaches
- Study Objectives
- Methods
- Findings
- Conclusions and Next Steps

**NIH CEAL**  
Community Engagement Alliance

Research reported in this presentation was supported by the National Institutes of Health/CEAL (grant number 10T2HL161568). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.



# About Philly CEAL

- A **community-wide alliance** led by University of Pennsylvania's School of Nursing and Philly Counts with 43 community partners
- Works to provide the Philadelphia community with resources to:
  - **Reduce COVID-19 disparities** in testing, vaccination, and participation in clinical trials
  - **Prevent the spread of misinformation**



# Rapid Message Testing Approaches

- + Health campaigns that test messages with their audience are more likely to be effective (Noar, 2006)
- + During emergent outbreaks, messages can become outdated before the message testing process is complete
- + Rapid message testing approaches are needed (Gaysynsky et al., 2022)
- + Wiki surveys are a rapid A/B quantitative message testing approach that simultaneously allows audiences to provide qualitative feedback (Niederdeppe et al., 2019; Salganik & Levy, 2015)



# Study Objectives

- + To rapidly **test** and **collect community-generated messages** to promote the COVID-19 bivalent booster and vaccination for children
- + Assess **feasibility** of using wiki surveys for rapid message testing
- + Utilize top ranked messages to **inform the design** of social media posts



# Methods

## Participants

- + Eligible participants were adults ages 18+ who lived or worked in Philadelphia
- + We recruited previous Philly CEAL survey completers (493), community partners (27), and VaxUpPhilly family ambassadors (24)
- + All surveys completed between January 26 and March 22, 2023





# Methods

## Survey Procedures

- + Screening questions, informed consent, and demographic and vaccination status questions were collected on Qualtrics
- + We tested and collected messages using a wiki survey on the *All Our Ideas* platform
- + Invitations were sent out in weekly batches
- + \$10 gift card incentive provided for completed responses



## Figure 1. Survey Flow



Items completed in:

**Qualtrics**

***All Our Ideas***

# All Our Ideas Wiki Survey

allourideas.org

ALL OUR IDEAS

Cast Votes View Results About this page Manage this page

**Which message would most encourage parents to get their children vaccinated against COVID-19?**

Philly parents, did you know everyone six months and older is now eligible to get a COVID-19 vaccine?

Covid-19 vaccines and boosters are the best way to prevent illness and long-term symptoms.

I can't decide  
18384 votes on 49 ideas

Add your own idea here...

# Methods

## Wiki Survey



- + We reviewed participant-generated messages three times per week
- + Relevant messages were revised for grammar and clarity and added to the message pool
- + Subsequent participants then voted on these new messages



# Methods

## Message Score

+ *All Our Ideas* automatically calculates a message score (Salganik & Levy, 2015)

Manage this page			
Which message would most encourage parents to get their children vaccinated against COVID-19? 	Score 	Source	Status
Vaccination is the best way to protect your child from serious illness against COVID-19.	64	User	<button>Activated</button>
The best way to protect your child from serious illness is to get them vaccinated.	63	User	<button>Activated</button>
Protect your children from serious health complications of COVID-19 by getting them vaccinated.	63	User	<button>Activated</button>
Each reinfection increases the chance of serious long-term complications from COVID-19. Get yourself and your family vaccinated today!	61	User	<button>Activated</button>
COVID-19 vaccines are the best way to protect your child from serious illness requiring hospitalization.	60	Seed	<button>Activated</button>
Protect your child against serious illness by getting them vaccinated against COVID-19.	59	User	<button>Activated</button>

# Methods

## Message Score

- + *All Our Ideas* automatically calculates a message score (Salganik & Levy, 2015)
- + The score estimates the probability that the given message will be selected over a randomly selected message
- + Ranges from 0 (message always expected to not be selected) to 100 (message always expected to be selected)



# Findings

## Participant Characteristics (N = 199)

- + Mean age = 37.4 years (SD=11.3)
- + 27% were African-American/Black, 60% were White
- + 74% were women, 22% men, 3.5% were nonbinary
- + 75% had at least a Bachelor's degree



# Findings

## COVID-19 Vaccination Status (N = 199)

- + 94% had at least one COVID-19 vaccine
- + 89% had at least one booster
- + 62% of those with at least one child under 18 had all children fully vaccinated





# Findings

## Message Ratings and Contributions

- + Number of message ratings received:
  - + 18,384 for pediatric vaccination messages
  - + 13,897 for booster vaccination message
- + 43 unique messages were participant-contributed
  - + 33 pediatric vaccination messages contributed
  - + 10 booster messages contributed



# Pediatric Vaccination Messages

Statement	Score
Vaccination is the best way to <b>protect your child</b> from <b>serious illness</b> against COVID-19.	64
The best way to <b>protect your child</b> from <b>serious illness</b> is to get them vaccinated.	63
<b>Protect your children</b> from <b>serious health complications</b> of COVID-19 by getting them vaccinated.	63
Each reinfection increases the chance of <b>serious long-term complications</b> from COVID-19. Get yourself and your family vaccinated today!	61
COVID-19 vaccines are the best way to <b>protect your child</b> from <b>serious illness</b> requiring hospitalization.	60
<b>Protect your child</b> against <b>serious illness</b> by getting them vaccinated against COVID-19.	59
Vaccination is the best way to <b>protect your child and those around them</b> from <b>serious illness</b> related to COVID-19.	59
Covid-19 vaccines and boosters are the best way to prevent <b>illness and long-term symptoms</b> .	59
COVID-19 vaccines prevent children in Philadelphia from getting <b>seriously sick</b> if they do get COVID-19.	58
Getting COVID can lead to <b>health complications later in life</b> . Vaccines are the best preventive measure against them.	57

Shaded statements are participant-generated

# Booster Messages

Statement	Score
Don't gamble with your health. Stay up to date with your Covid-19 boosters.	64
Each reinfection increases chances of <b>serious and long term COVID complications</b> . Get the booster to <b>protect yourself and your community</b> .	61
COVID damage can be silent and stealthy. <b>Protect your long-term health</b> by boosting against new variants and curbing the spread.	58
You can get your COVID-19 and flu vaccine on the same day, during the same doctor's visit! Both vaccines are safe and effective.	58
COVID-19 vaccines <b>protect against severe disease, hospitalization, and death</b> , so it's essential to stay up to date with your booster dose!	56
To <b>protect yourself and your loved ones</b> , get the COVID-19 booster to protect against variants that may threaten your community.	55
The pandemic is not over, people are getting sick from COVID-19 variants daily. <b>Protect your community</b> by getting a booster dose!	55
To <b>protect yourself and your community</b> , stay up to date with COVID-19 vaccinations.	55
Both COVID-19 and the flu are spreading this winter. To <b>protect your community</b> , get tested and stay up to date with vaccinations.	55
Help <b>protect vulnerable people in your community</b> by getting your free COVID-19 booster shot.	55

Shaded statements are participant-generated

# Conclusions

- + Data collected over 10-week period in 2023
- + Participant-generated messages were perceived as more effective for encouraging Philadelphia residents to get boosted or get their children vaccinated
- + Wiki surveys are a feasible approach for rapidly testing messages on timely topics
- + High-performing messages were easily integrated into Philly CEAL's social media messaging



# Examples of Philly CEAL's social media posts using top-ranked messages



Don't gamble with your health. Stay up to date with your Covid-19 boosters!

Visit [bit.ly/3r5stsp](https://bit.ly/3r5stsp) to find a free, walk-in COVID-19 vaccines and boosters [#VaxUpPhilly](#)



1:01 PM · May 1, 2023 · 118 Views



Vaccination is the best way to protect your child from serious illness against COVID-19!

Visit [bit.ly/3r5stsp](https://bit.ly/3r5stsp) to find a free, walk-in COVID-19 vaccine or booster doses. [#VaxUpPhilly](#)



8:01 AM · Apr 13, 2023 · 124 Views



# Limitations

- + We are unable to link ratings to individual participants so we do not know if there are differences among certain groups of our population
- + Some participants may have voted more than others and disproportionately influenced results
- + Our sample was not representative of Philadelphia residents or those who have not received a booster or had their child vaccinated
- + Response rate was lower than anticipated, and data collection took more time than we originally thought



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# Thank you!

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THE  
IMMUNIZATION  
PARTNERSHIP

# Talking About Shots (Vaccines, not Guns) in a Red State

Terri Burke  
Executive Director, The Immunization Partnership  
April 9, 2024

# Who We Are

Measles outbreak  
1990's

Dr. Ralph Feigin  
founded the Harris  
County  
immunization  
registry.

2008

HHCIR transitions  
into statewide  
immunization  
registry.

2008

The board sees  
broader impact to  
increase immunization  
rates by broadening  
services.

2008-2009

The  
Immunization  
Partnership is  
formed.

TIP refreshes its mission  
to advocate for disease  
prevention using an  
impactful network of  
vaccine champions.

2022

To promote education  
and evidenced-based  
public policy on the  
health benefits of  
childhood and adult  
vaccinations

*A Voice for Texans Who Want to  
Prevent Disease*

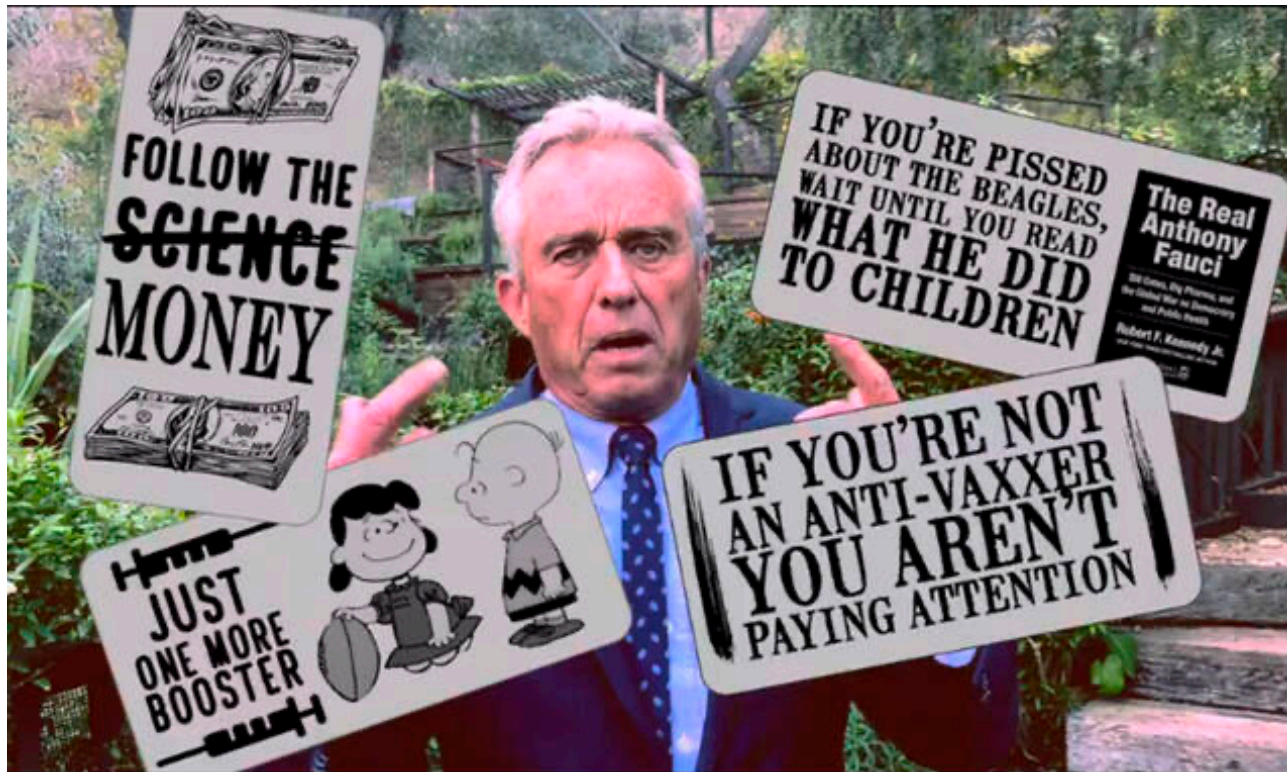
# Why Build





“The more vaccines you get, the more likely it is that you're going to get sick.”

Robert F. Kennedy, Jr.



# Compared vaccines mandates to Nazi-ism and promised to hold Nuremburg trial-esque proceedings for COVID policy architects

Del Bigtree  
ICAN



## Arizona ranks 4th highest for vaccine exemptions in 2022, CDC says



### Most Read

- Weather changes coming to Arizona with spring storm system
- 7th person indicted in murder of Queen Creek teen Preston Lord
- Gold chain stolen from Preston Lord's friend led to deadly confrontation, prosecutors say
- Suspect killed in shooting involving community college police in east Phoenix
- Leader, 17 others convicted for human

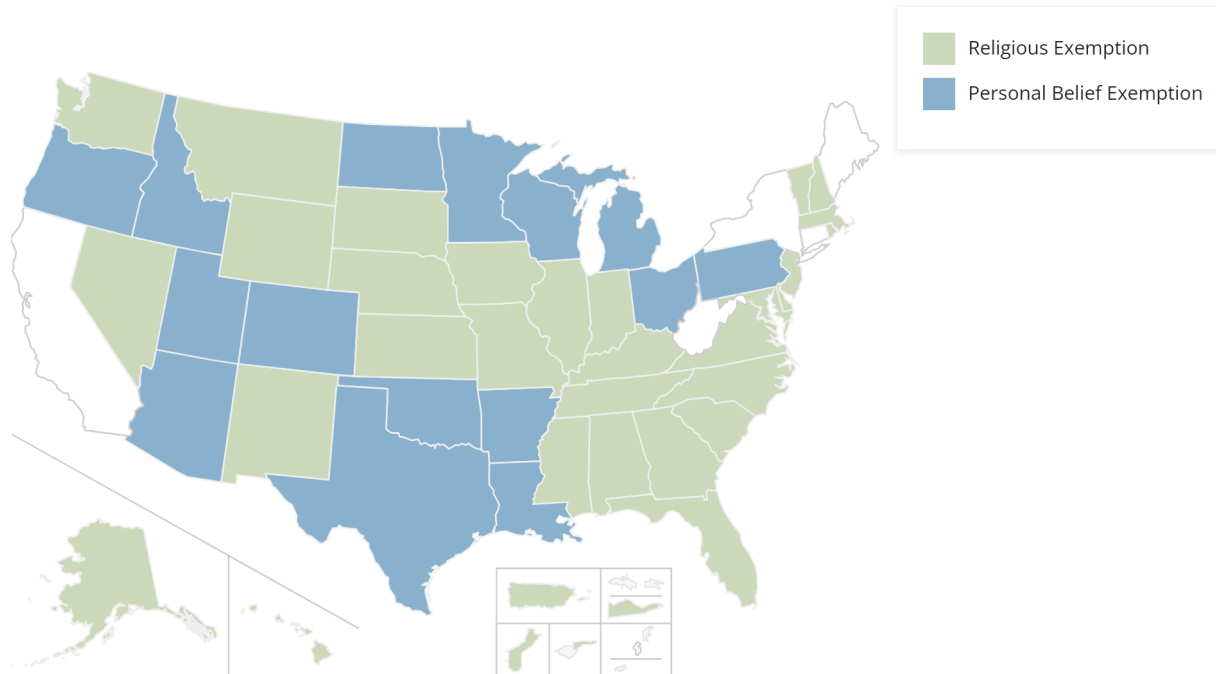
## As lawmakers push more 'anti-vaccine' policies, Texas schools report soaring exemption rates

By **Julian Gill, Matt Zdun**, Staff writers  
Feb 15, 2024



## Non-Medical State Exemptions from School Immunization Requirements

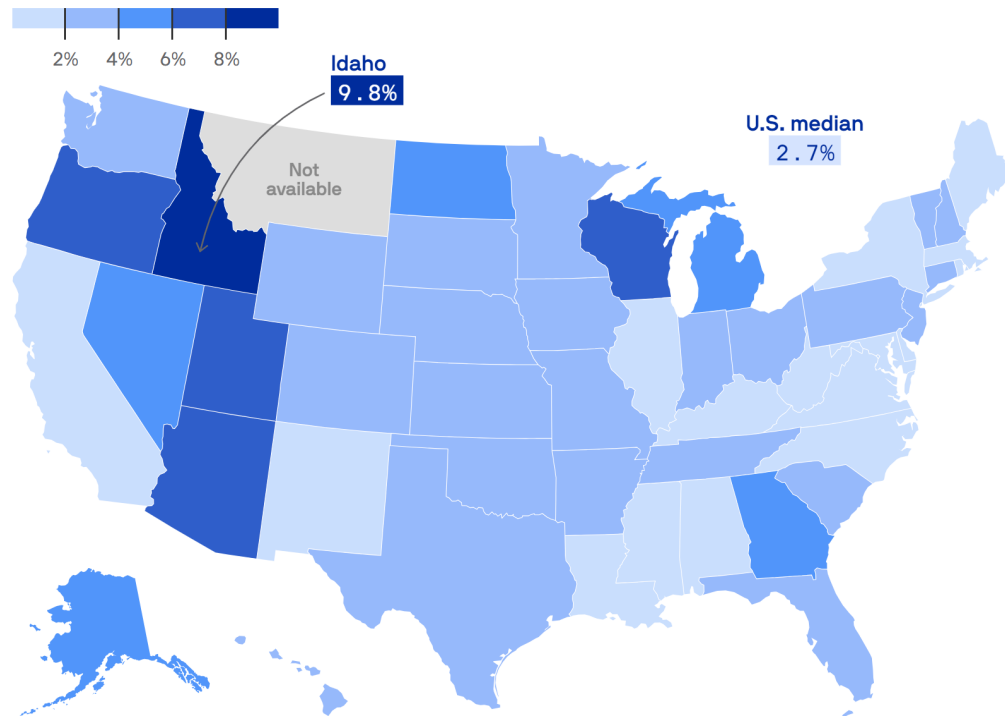
[Switch View](#) ▼





## Share of kindergartners with vaccine exemptions

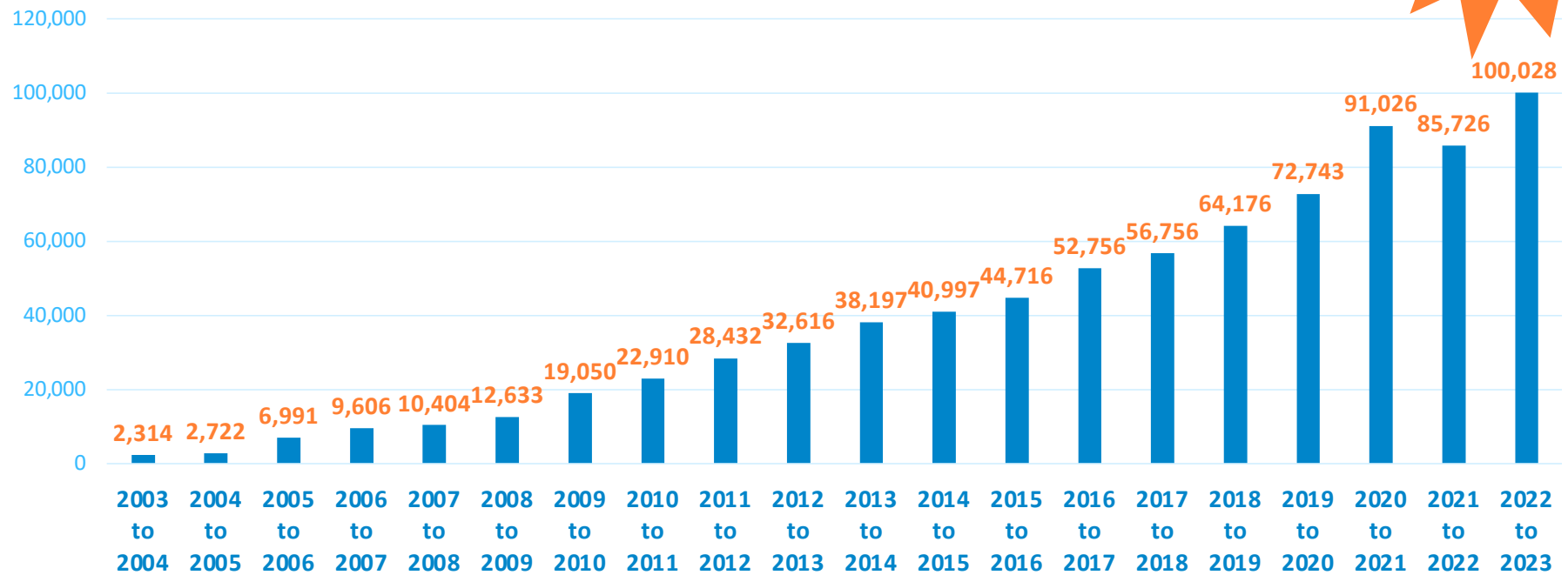
Estimated medical and non-medical exemptions for required vaccines; 2021-22 school year



Data: CDC; Map: Kavya Beherai/Axios

# Non-Medical Exemptions in Texas

4,223%  
Increase!





THE  
IMMUNIZATION  
PARTNERSHIP

# What Do Texans Really Think?

## Primary emotions: Fear / anxiety v. relief

How do you feel when you think about [your children / children in your community] getting their routine vaccinations? Try to use a feeling word.

*Among vaccine-hesitant participants*



*Among vaccine supporters*



# 1. Qualitative Survey

## Methods.

# 2. Quantitative Survey

PerryUndem conducted a statewide survey of n = 1,247 registered voters in Texas, June 16 to July 7, 2023 using YouGov's online panel.

The survey included oversamples for totals of:

- N = 207 Latina/o/x parents of children under 18
- N = 192 white parents of children under 18
- N = 91 Black parents of children under 19

Data were weighted to reflect a representative Texas voter population based Census data and the 2020 National Election Pool (NEP) exit poll.

The next page provides the demographic composition of respondents.

Note: All polling has many sources of error. We recommend interpreting polling data as “evidence” of what may be rather than a precise reflection of reality.

# Research questions.

1

How do voters and parents feel about routine childhood vaccinations?

2

What are the main attitudinal barriers and motivations to getting children vaccinated?

3

What are the most promising message concepts?

4

How do Texas voters feel about schools requiring children to get routine vaccinations? What messages might be most important to elevate?

5

Who might be your most effective messengers?

## Key takeaways.

1

### **MOST RESPONDENTS LEAN TOWARD SUPPORTING ROUTINE CHILDHOOD VACCINATIONS, WITH HALF FIRMLY IN SUPPORT.**

Half of respondents, and parents, fully embrace routine childhood vaccinations: 52% are “completely sure” that children getting routine childhood vaccinations is a good idea (rate “7” on on 1 to 7 scale). We’re calling these respondents “Vaccine Embracers.”

Another quarter (25%) leans toward strong support – giving a rating of “6” on the 7-point scale. About one-quarter (22%) is more uncertain – rating a “5” or lower. We’re calling these respondents “Vaccine Hesitators” (rate a 6 or lower).

About one in five parents with children under 18 (22%) says they have delayed or decided not to have their child receive a routine childhood vaccination. Why? Half cite safety concerns; the other half cite logistic concerns or other barriers (e.g., child was sick, child doesn’t like shots, couldn’t afford).

## THERE ARE SOME KEY DEMOGRAPHIC DIFFERENCES.

Vaccine Embracers include people of all demographic and attitudinal groups.

That said, here are segments that are disproportionately represented in each category.

Side note: Voters 65 and older are among the most likely of any segment to think routine childhood immunizations are safe.

Vaccine Embracers	Vaccine Hesitators
<ul style="list-style-type: none"><li>• Democratic voters</li><li>• Parents of color</li><li>• Women</li><li>• Moms</li><li>• Suburbanites, especially suburban parents</li><li>• College-educated parents</li></ul>	<ul style="list-style-type: none"><li>• Residents of towns</li><li>• Dads</li><li>• Parents with a high school degree or less</li><li>• Republican parents</li><li>• White parents</li><li>• Independent parents</li><li>• Republicans and independent voters</li></ul>



**TOP MOTIVATIONS TO GET CHILDREN VACCINATED: PROTECTION AND WANTING A LONG AND HAPPY LIFE FOR THEIR CHILD.**

These were top in the qualitative research as well.

Motivations to get child vaccinated	
Top tier	<ul style="list-style-type: none"><li>• It's my role as a parent to protect my child from preventable diseases</li><li>• I want my child to live a long and happy life</li></ul>
Middle tier	<ul style="list-style-type: none"><li>• The benefits outweigh the risks</li><li>• Diseases they protect against are deadly</li><li>• I trust my child's pediatrician</li><li>• I want to protect my whole family</li></ul>
Lower tier	<ul style="list-style-type: none"><li>• I don't want to regret my choice</li><li>• Local experts, like Texas Children's Hospital, recommend it</li></ul>

## DOCTORS AND HEALTH CARE INSTITUTIONS ARE TOP MESSENGERS.

When given a list of potential sources of info, parents overall are most likely to say they'd trust:

- Their child's doctor
- American Academy of Pediatrics
- CDC

Texas Children's Hospital is also in the top tier among older voters, independents, Republicans, and those in more rural areas.

Additionally, respondents say they are likely to trust doctors who have treated preventable diseases in unvaccinated children.

Other health care professionals (nurses, departments of health), school officials, elected officials, and faith leaders are lower down the list.

## DATA CONFIRM: THIS GRAPHIC HAS POWER.

This graphic was the most promising “message” tested in the qualitative research.

The survey data confirm its power.

A majority of respondents (65%) finds the info very helpful. Seven in ten parents (72%) say the info makes them more likely to vaccinate their children. The graphic also appears to shift views among Vaccine Hesitators – they are more likely to say it’s “extremely important” for children to get routine vaccinations after seeing the graphic (+10 points over a control group / pre-measure).

### PRESENTED TO RESPONDENTS

Because vaccines have been around for so long, many of us aren’t familiar with the diseases and risks of these diseases. Here’s what several specific routine vaccines protect against.

This infection in children	Can cause
Chicken pox	→ Pneumonia
Polio	→ Permanent paralysis
Mumps	→ Deafness
Haemophilus influenzae type B	→ Permanent brain damage or death
Diphtheria	→ Damage to heart, kidneys, nervous system, death
Tetanus	→ Nervous system damage, death
Hepatitis B	→ Severe liver disease
Measles	→ Pneumonia, blindness, death in children
HPV	→ Cancer

Source: Mayo Clinic

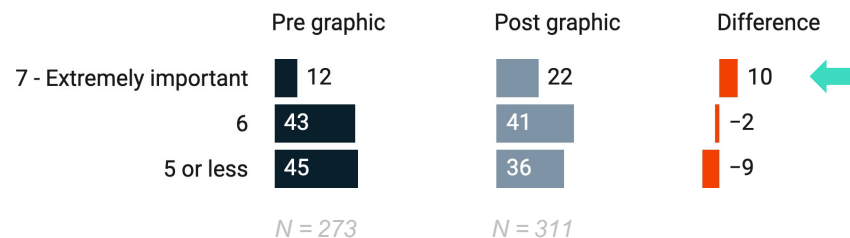
## Vaccine Hesitators are +10 points more likely to say routine immunizations are important after reading the graphic.

Half of respondents received this question before seeing the graphic (“pre graphic”); half answered the question after reading the graphic (“post graphic”).

Roughly one in five (22%) says it’s “extremely important” that children get routine immunizations after exposure to the graphic – v. 12% of those who were asked pre-graphic.

How important do you think it is that children get the recommended routine immunizations?

### Among Vaccine Hesitators



# Motivations to get children immunized.

**Toward the end of the survey, we asked parents to choose from this list the most important reason to get their child immunized.**

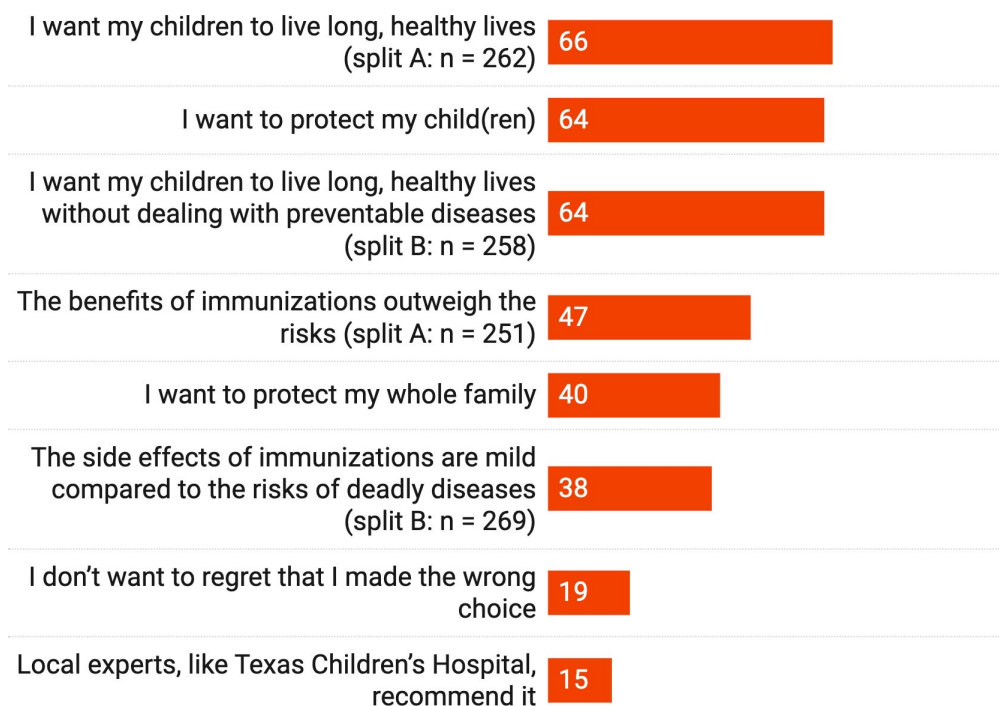
At the top are wanting their children to live long, healthy lives and their desire to protect their children.

“Protecting family” is #3 among Latina/o/x parents, parents from lower socio-economic backgrounds, independent, and Republican parents. See next page.

For you personally, which is **the most important** reason to get routine immunizations for your child(ren)?

Choose up to 3:

RANDOMIZE | N = 520 parents of child <18



# **Messaging**

# Guidance.

We don't think polling data should drive all decisions related to messaging and communications. Instead, think of these ideas as "considerations" – things to consider.

## CONSIDERATIONS

1

Get vaccine supporters, including parents, talking and sharing information with each other (friends and family) about the potential elimination of requirements. Rely on older voters (65+) and college-educated to take political action.

2

For Hesitators, remember the goal is to resolve uncertainty and suspicion. You do not have to change inaccurate beliefs.

3

Work to resolve uncertainty about (in order):

- Side effects – serious and long term
- General safety concerns
- Perceived lack of data / testing / transparency
- Ingredients

4

Use vaccine efficacy / effectiveness messages to help resolve uncertainty about safety (see next page).





## **ANALYSIS SUGGESTS THESE ARE THE TOP MESSAGE CONCEPTS.**

We tested 10 message concepts and used several analytical tools to identify which are most promising.

Overall, these four rise to the top.

### **OVERALL MESSAGE CONCEPTS**

*Among broad audiences*

- Doctors don't always talk about how serious these diseases are. Meningitis can result in the amputation of limbs. Measles can cause blindness. Tetanus can cause nervous system damage. All of these can cause death.
- Diseases that are rare in the U.S., like measles and polio, still exist in other parts of the world and can quickly spread here if people aren't vaccinated.
- Immunizations have been given safely to millions of children for several decades.
- Immunizations are between 93% and 99% effective at preventing a child's chances of getting the disease.

The Washington Post  
*Democracy Dies in Darkness*

# How the anti-vaccine movement is gaining power in statehouses



By Lauren Weber

December 22, 2023 at 6:00 a.m. EST



A photograph of the Texas State Capitol building in Austin, Texas, featuring a prominent central dome and classical architectural style. The building is set against a cloudy sky, with a well-manicured lawn and a reflecting pool in the foreground.

# Texas Legislature and Immunization Policies

- ❑ Escalating misinformation & disinformation rhetoric about vaccines
- ❑ Immunization policy becomes political.
- ❑ Pandemic aggravations, fatigue, and backlash

# What Was the 2023 Legislative Climate for Immunization Policy?

*“A vaccine is supposed to be the last thing you do when there’s no other way to prevent the disease.”*

– Texas Lawmaker, Committee Hearing, 2023

# What Has Been At Stake

**Weakening or removing school entry immunization requirements**

**Limiting businesses to set health and wellness policies**

**Hampering education about immunization**

**Shifting decision-making authority on immunization requirements from experts to legislators**

**Claiming medical freedom to undermine immunization policy**

# Issues Impacting Children



Empowering health solutions through collaboration.



THE INTERSECTION

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June 6-7 in  
San Antonio!



Visit [immunizeusa.org/intersection-summit/](https://immunizeusa.org/intersection-summit/)



# Thank you

Terri Burke. [tburke@immunizeusa.org](mailto:tburke@immunizeusa.org)  
[www.immunizeUSA.org](http://www.immunizeUSA.org)

[Facebook.com/immunizeUSA](https://www.facebook.com/immunizeUSA)  
[Instagram.com/immunize\\_USA](https://www.instagram.com/immunize_USA)





# Talking About Vaccines

# Introduction

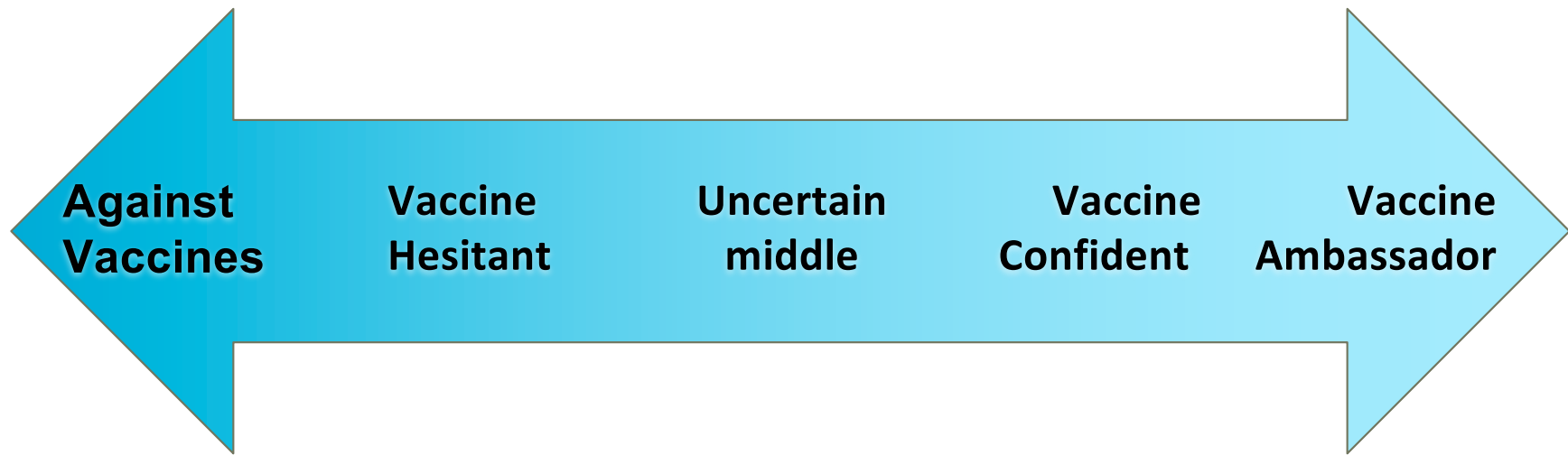
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- At Voices for Vaccines, we make behavioral health change work using motivational interviewing as a focal point of our initiatives.



# What is hesitancy?



# Top reasons for hesitancy



Negative healthcare experiences

Media or social media bubble

Peer group influences

Historical or cultural reasons



# Background: the VFV method



Remember to do 4-A:

**ASK**



“What is your main concern?” Encourage the patient to be specific and name their hesitancy. “What is the one thing that concerns you most? Can you tell me more about it?”

**ACKNOWLEDGE**



Recognize that the person you’re talking to already has knowledge. “It’s clear you’ve really looked into this.”

**AFFIRM**



That it’s ok to have questions. “That’s a great question, I heard that too so I looked into it.”

**ANSWER**



Get permission to share some facts. “Can I share with you the facts...”  
OR “Can I get you some credible sources so your research helps you make an informed decision.”



# Ask

Get the other person talking so you can learn more about what's behind their hesitancy.

- Ask open-ended questions
- Ask questions to drill deeper into their concerns
- Ask them to pinpoint their main concern



# Build a bridge



Create trust as the basis of your conversation

- As you listen, scout for:
  - what you have in common
  - where they are right
  - how you can build trust based on their beliefs
- Your first response to them should not be to correct them, but to build that bridge



# Acknowledge



Listen carefully for what the person has gotten right

- Let them know that you respect them for digging
- Acknowledge when they have correct information
- Acknowledge that they are capable of making good choices





# Support behavior change



Change behaviors someone may already exhibit:

- Asking questions
- Seeking out new information
- Engaging in a conversation with you
- Willingness to look into new information

How do we elicit behavior change?



# Affirm

Build trust by supporting the idea that

- It's okay to have questions
- Plenty of people have similar concerns
- You have looked into this or you are willing to look into it



# Are they ready for new info?



We can often feel a shift in a conversation when:

- They acknowledge your expertise or knowledge
- They start soliciting information from you
- They express doubts about their current beliefs

How do we ensure that an answer we provide will be well-received?



# Answer

---



Get **permission** to provide an answer. Do not provide answers without permission.

- If at all possible, help them arrive at the correct answer by asking questions that build on what they know
- If not possible, provide information on what you know and how you know it.
- If necessary, offer to do more searching and get back to them.

Answering is your last step. Don't skip the others.



# Emphasize decision-making



Everyone has a choice about vaccines

- Support the idea of freedom
- Affirm what you see as their good parenting choices
- “I can see how it feels like the government is forcing vaccines. Would it be okay to talk about why we could still choose them?”



# What if nothing works?

It only doesn't work if they walk away and never come back

- Try a pull-push-pull
  - Pull them into a trusting relationship with you
  - Push away the ideas that are incorrect about vaccines
  - Re-emphasize the relationship that is important to you



# You Are A Success

But the other person didn't change their mind? That's okay.

You showed you are a trustworthy, empathetic source of

- information
- access help
- support

Have reasonable expectations for your conversation.







# **Building Equity**

***Elizabeth Faber - Iowa Immunizes Coalition Director***

***Karrey Shannon- Johnson County Public Health***

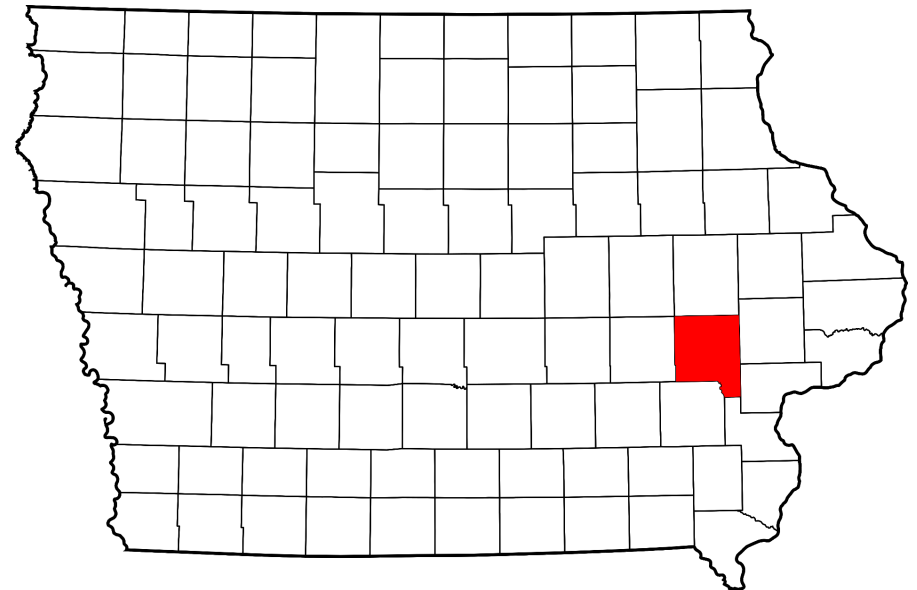
***Clinton Dimambu- Eschucha Mi Voz Iowa***

***Maria Torres- Pottawattamie County Public Health***

# Welcome and Expectation-Setting

- **This is NOT a health equity training**
- **We will share our experiences but we are NOT experts**
- **We can all learn from each other**

# Johnson County Experience



## Partnering for Vaccine Equity



Provide education  
and vaccine  
delivery at the  
community level

Identify and  
address  
drivers of  
vaccine  
hesitancy

Facilitate  
relationships  
between vaccine  
providers and the  
community to  
increase vaccine  
confidence and  
access to  
opportunities

Engage  
community  
stakeholders and  
influential  
messenger to  
support vaccine  
messaging

### Community of Focus: Refugee, Immigrant and Migrant Population

Refugee, immigrant and migrant population are disproportionately affected by health disparities because of social and economic barriers.

The total **measured percent** of foreign-born population in Johnson County is **11% (15,894)**.

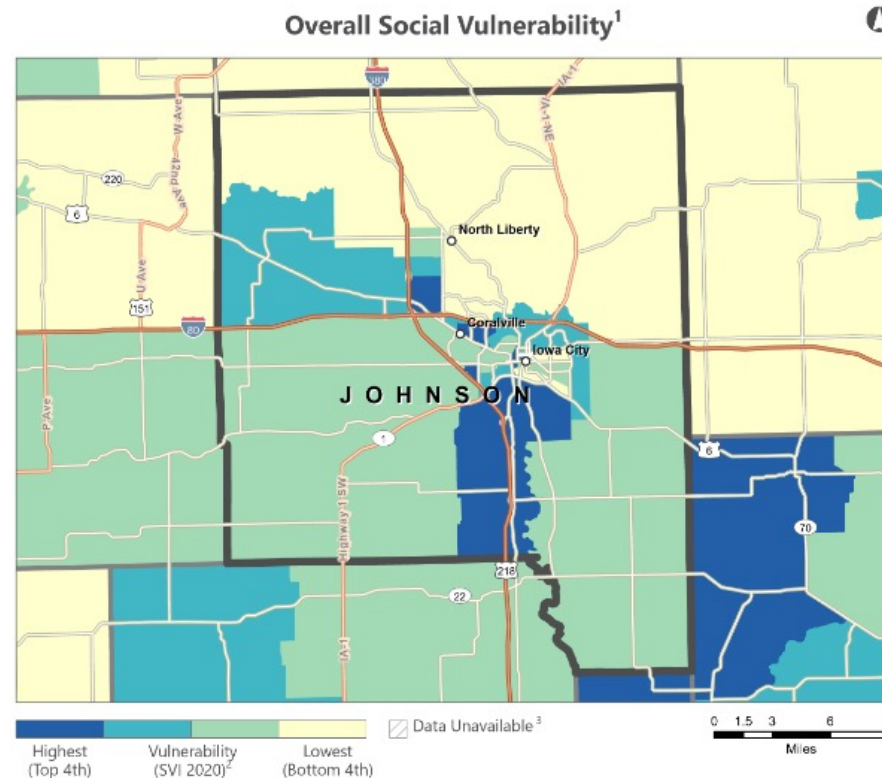
Escucha Mi Voz Iowa, an immigrant-led community organization that supports working-class, immigrant and refugee communities in Johnson County.

They are a trusted community partner and allowed us utilize their contacts to help conduct and serve this community

# Johnson County at a Glance

Total population: 156,420

- **68%** of the population are between the **age of 18-64** (105, 609)
- **96.2%** of the population are **high school graduates** and **54.1%** have a **Bachelor's degree or higher**
- **15,894** of the population are foreign born



CDC/ATSDR Social Vulnerability Index County Map – Johnson County, Iowa

## Race and Ethnicity:

- White alone – 81.9%
- Black or African American, alone – 8.6%
- American Indian or Alaska Native alone- 0.4%
- Asian alone – 6.4%
- Native Hawaiian/Pacific Islander alone – 0.1%
- Two or more Races – 2.8%
- Hispanic or Latino- 6.1%

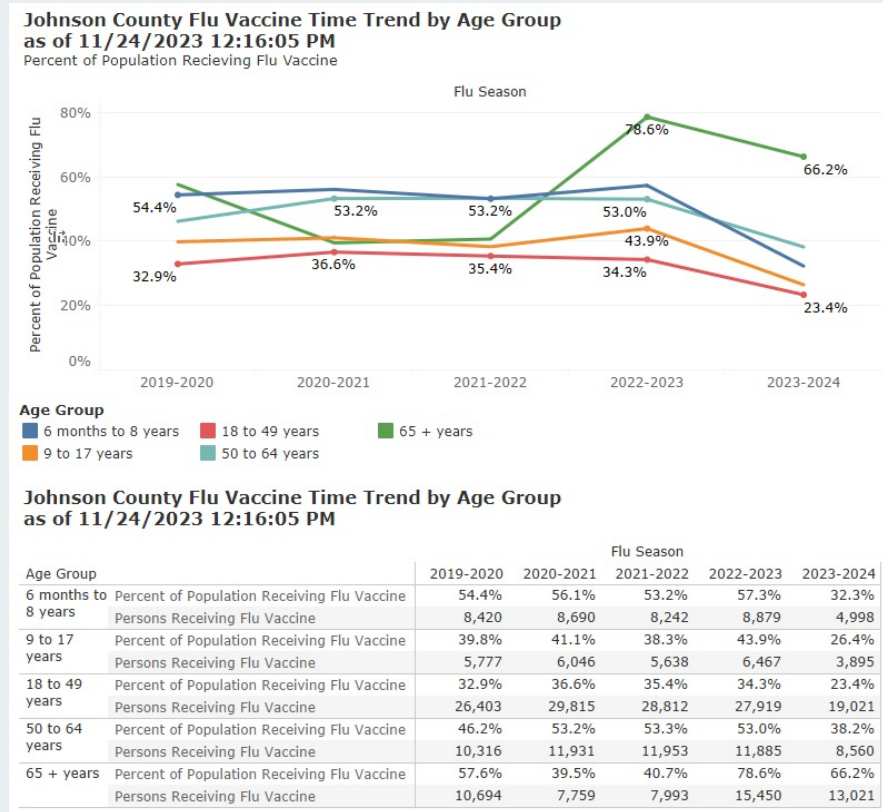
# COVID-19 and Influenza Vaccination Data in Johnson County

## COVID-19 Fully Vaccinated Individuals by Race and Ethnicity

- White: 64.4%
- Black or African American: 28.4%
- Asian or Pacific Islander: 47.4%
- American Indian or Alaska Native: 16.5%
- Hispanic: 57.3%

## Percentages of Population Receiving COVID-19 Vaccine by Age during 2023-2024 Season

- 6 Months to 8 years: 5.6%
- 9-17 years: 7.6%
- 18-49 years: 8.8%
- 50-64 years: 19.5%
- 65+ years: 40.8%



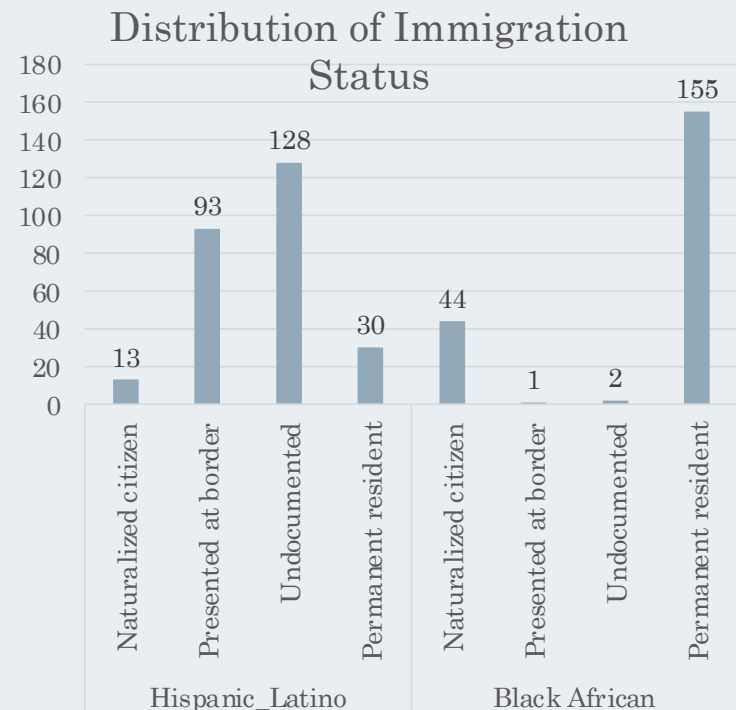
# Demographics

The total survey respondents was 481.

- 47% (217) were male
- 53% (246) were female
- 55% self identified as Hispanic or Latino
- 45% self identified as Black African

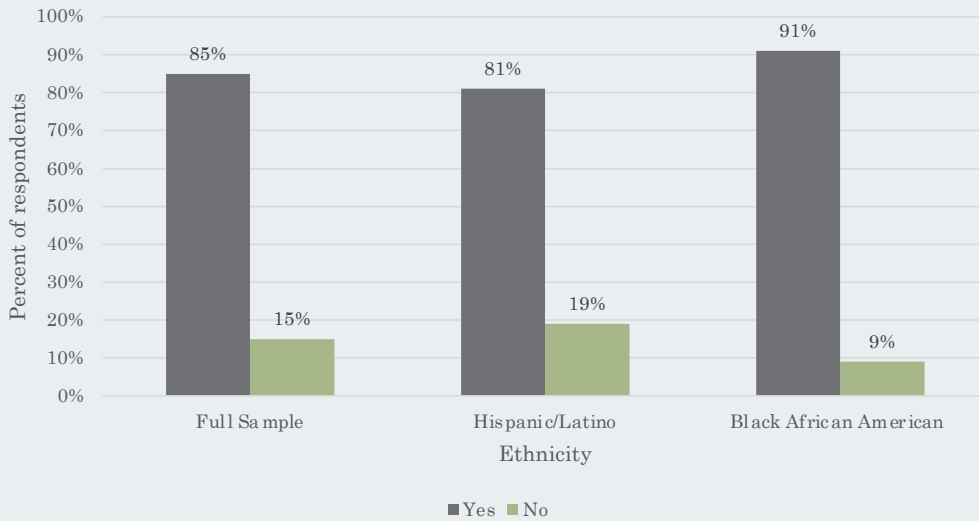
Health Insurance	Yes		No	
	Count	Percentage	Count	Percentage
Hispanic or Latino	44	17%	220	83%
Black African	179	89%	23	11%
Total	225	47%	256	53%

Among the total respondents, 57 stated being naturalized citizens, 94 presented at border and are in asylum proceedings, 143 are undocumented and 197 are permanent residents.

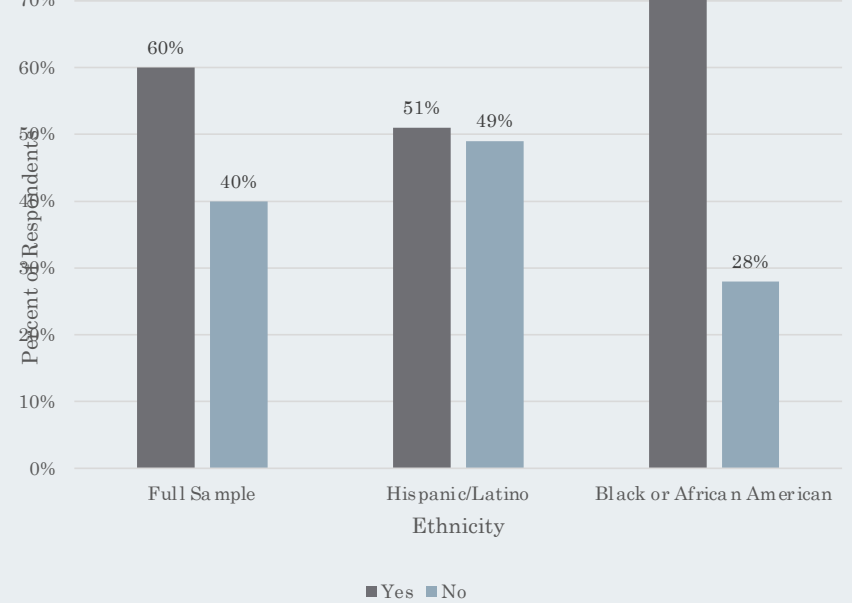


# COVID-19 and Influenza Vaccine Status

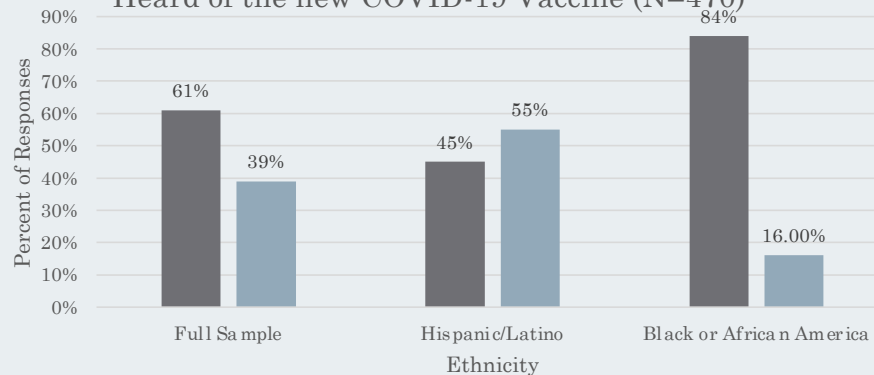
Percent of Respondents Vaccinated for COVID-19 by Ethnicity



Respondents Vaccinated for Influenza by Ethnicity



Heard of the new COVID-19 Vaccine (N=470)



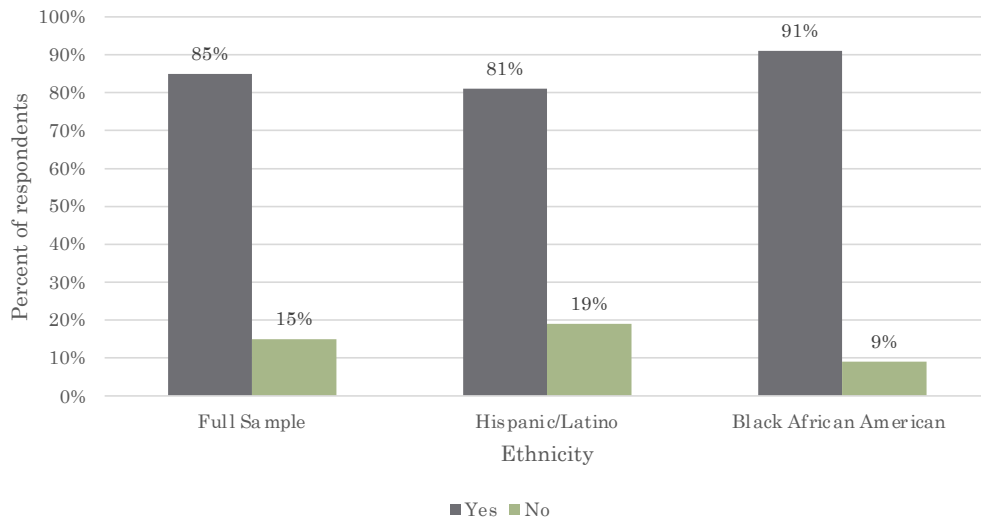
“Feels like you don’t need the vaccine anymore”- EMV Survey Respondent, translated from Spanish

\*See [Appendix](#) for more quotes

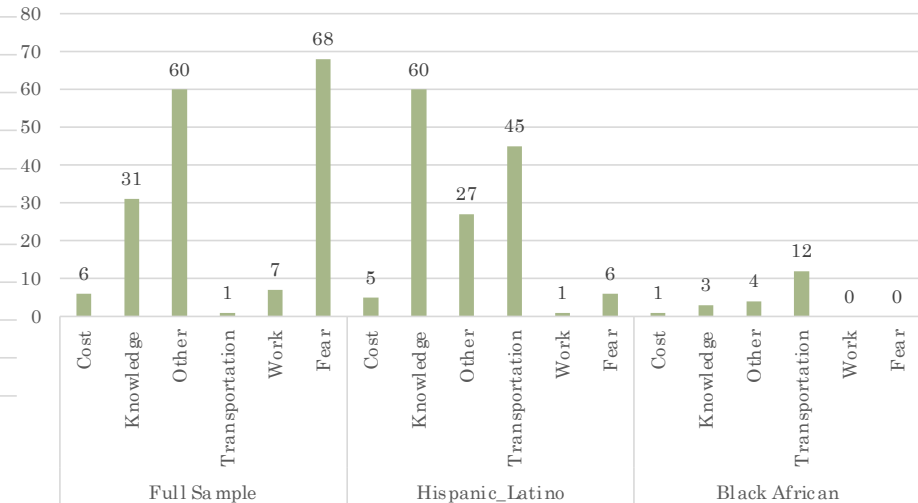


# EMV: COVID-19 Vaccine Status

Percent of Respondents Vaccinated for COVID-19 by Ethnicity



Reasons for not getting new annual COVID vaccine



Common themes found when looking at the “Other” open comments on what is stopping a respondent from getting the COVID-19 vaccine include:

- Nothing (16)
- Belief they longer needing the vaccine (10)
- Not interested (4)
- Other (9) includes hospitalization, belief that the vaccine causes sickness, not knowing where to get vaccinated and being pregnant

“Feels like you don’t need the vaccine anymore”- EMV Survey Respondent, translated from Spanish

\*See [Appendix](#) for more quotes

# What Challenges Exist Regarding COVID-19 Vaccination?

Selected Quotes and Comments from Intercept Interview and Digital Survey

*“Have free vaccine events as having those will have people find it convenient and it won’t be hassle to get into the doctor. Also, many people think it’s the same vaccine as others so make people understand the science and medicine around this vaccine and why it’s beneficial”* – Intercept Interview Respondent

*“Make it obvious that vaccines are free to [students]. Especially in the college town-- say that you aren't necessarily getting the vaccine for yourself but for others around you”*- Intercept Interview Respondent



Lack of information or clarity on the cost of the COVID-19 vaccine because they are busy and forget.



Lack of understanding of the benefits of the booster



Many respondents stated they felt sick after getting the vaccine and it discouraged them from getting vaccinated again.

# Thoughts on Influenza Vaccination

## Selected Quotes and Comments from Intercept Interview and Digital Survey

*“Didn’t feel like a priority for me. I know it is the responsible thing to do to keep at risk populations safe but I just never got around to it. I’m also a person who rarely gets sick so didn’t seem as important to me”*- Digital Survey Respondent

*“Scared of needles and lack of FluMist”*- Intercept Interview Respondent  
Mom never got him vaccinated and has been fine so he didn’t feel like he need to get one



Influenza vaccine isn’t as important to individuals because of busy schedules



Lack of understanding on the benefit of a yearly flu vaccine



Set beliefs and attitudes towards the influenza vaccine contribute to not getting vaccinated



Difficult to measure success of influenza vaccination without quality data from the State that is delineate



How can we make it a priority?

# Additional Findings

- Issues that are important to survey respondents
  - 24% Immigration reform
  - 22.3% Health insurance
  - 22% Raising wages
  - 21.9% Affordable housing
  - 9.1% Other
- 20% (98) of respondents had difficulty affording groceries every week
- 86% (416) of respondents **DO NOT** have paid sick leave

# Housing

- 116 respondents stating having 6+ people in their household
- 223 respondents pay more than \$800 in monthly housing cost
  - 115 self-reported as Black African
  - 103 Hispanic or Latino

**How many other families are living in the same house as you?**

	0	1	2	3	4+	Total
Hispanic or Latino	117	68	21	9	49	264
Black African	189	7	6	0	0	202
Total	315	80	28	9	49	481

# Recommendations

Challenges	Recommendations	Will this recommendation be implemented through the PAVE project?
<b>Cost</b> <ul style="list-style-type: none"> <li>Existing costs of influenza vaccine</li> <li>Newly-commercialized COVID-19 vaccines</li> </ul>	<ul style="list-style-type: none"> <li>Identify community resources for subsidized influenza vaccine costs</li> <li>Increase the reach of the COVID-19 Bridge Access Program for uninsured/underinsured</li> </ul>	<b>YES</b>
<b>Knowledge</b> <ul style="list-style-type: none"> <li>Changing recommendations</li> <li>Knowing who can provide doses</li> </ul>	<ul style="list-style-type: none"> <li>Maintain and disseminate up-to-date educational materials</li> <li>Recruit and train trusted messengers in the community for peer education</li> </ul>	<b>YES</b>
<b>Transportation</b> <ul style="list-style-type: none"> <li>Lack of access to providers able to address other challenges</li> <li>Lack of transportation in off-work hours</li> </ul>	<ul style="list-style-type: none"> <li>Work with community providers to increase their capacity to serve more of the community</li> <li>Collaborate with community entities to host mobile clinic sites</li> </ul>	<b>YES</b>
<b>Fear</b> <ul style="list-style-type: none"> <li>Adverse/unknown effects of vaccines</li> <li>Fear of government</li> </ul>	<ul style="list-style-type: none"> <li>Education by trained trusted messengers equipped with current info</li> <li>Community conversations to address fears directly</li> <li>Ongoing work building and maintaining trusting relationships with community</li> </ul>	<b>YES</b>
<b>Other</b> <ul style="list-style-type: none"> <li>Misinformation beyond lack of knowledge</li> <li>Vaccine fatigue</li> <li>Lack of urgency of the threat of disease</li> </ul>	<ul style="list-style-type: none"> <li>Local public health doing a better job of communicating pertinent data and actual risks to communities of focus</li> </ul>	<b>YES</b>

## Check In!

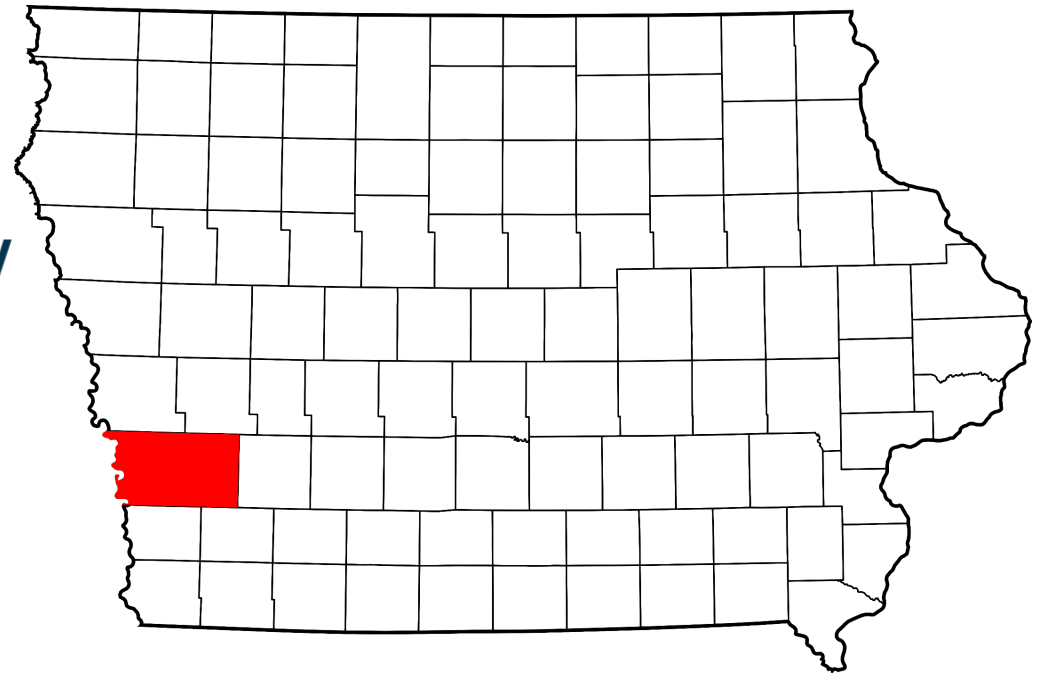
In your small group, discuss:

- Did Karrey and Clinton share anything that was surprising to you?
- Could you relate to their experiences? How?

# Pottawattamie County Lessons Learned



**POTTAWATTAMIE COUNTY**  
PUBLIC HEALTH







# Rapid Community Assessment

Date 01/09/2023

Name: Pottawattamie County Public Health Department

Contributor(s): WIC, Family Inc



# Objectives

- Minority racial and ethnic groups, and low-income populations were the of focus for this project.
  - Gather data on the perception of seasonal vaccines within the racial and ethnic groups of focus to better understand barriers on vaccination within our community.
  - Identify key barriers preventing low-income populations from getting vaccinated.
  - Identify key barriers preventing minority racial and ethnic groups from getting vaccinated.



# Background



# Pottawattamie County, Iowa at a Glance

- Pottawattamie County has a population of more than **93,000** individuals; **71,600** of those are adults.
- **90%** of residents are a high school graduate, and **22.9%** have a Bachelor's degree or higher.
- **60%** of adults are fully vaccinated for COVID-19 in Pottawattamie County, and **9%** for the flu.
- County seat of Council Bluffs is part of the Omaha Metro area.



# Planning the RCA

Lower vaccination rates were noted among minority groups and low-income individuals, this raised the question as to what potential barriers were and reasons behind hesitancy.

Internal team members:

- Maria Sieck- Administrator; program management.
- Maria Torres- Health Equity Coordinator; engages in all project efforts, assists with oversight, and coordinates collaboration.
- Brittany McGee- Promotions Coordinator; coordinates outreach efforts.
- Jason Kuehnhold- Quality Assurance Coordinator; assists with evaluation activities and its implementation.
- Rebekkah Reilich- Public Health Nurse II; educates and administers vaccines.
- Angela Walker- Public Health Nurse I; educates and administers vaccines.



## Communities of Focus

Members of the RCA team focused on informing low-income residents, and residents who work in a racial/ethnic setting by targeting individuals where they live and work.

- **13%** of ethnic/racial minority residents experience rates of poverty up to **3x** higher than white individuals.
- Many residents face financial hardship, and almost **11%** live below the poverty line.
- **17%** of COVID-19 vaccine doses have been administered to those who identify as ethnic minorities.



# Methods





# Methods Used

Rapid Community Assessment was developed from the CDC Vaccine Confidence Survey template.

- A planning committee selected questions to identify reasons for hesitancy in our community.
- Survey was created in multiple languages both English and Spanish.
- Partners, municipalities, and community-based organizations shared the survey out by social media and flyers to clientele.
- Survey was available for two weeks and responses were evaluated.



# People and Perspectives Used



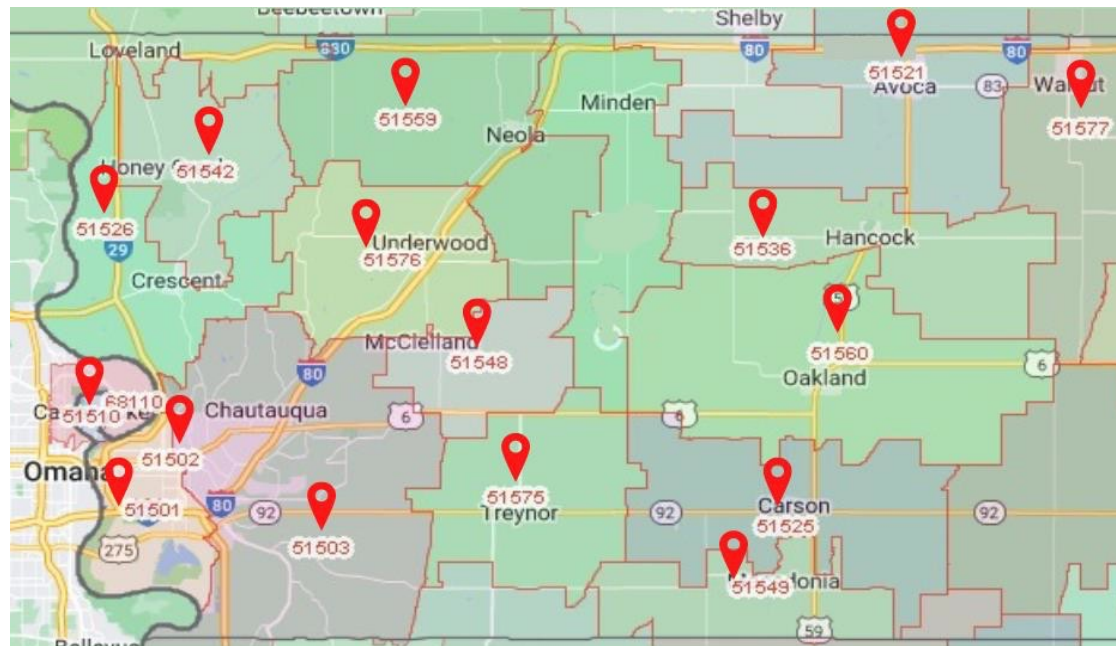
Family Inc provides public health and family support services, as well as mobile clinics.



The WIC program serves low-income adult women, many whom are from the minority population.

# Locations Leveraged (Physical and Virtual)

Survey responses were gathered by residents or individuals employed in zip code areas listed below:



# Rapid Community Assessment: Report Findings

Date: 11/22/2022-12/09/2022

Name: Pottawattamie County Public Health

Contributor(s): WIC, Family Inc.

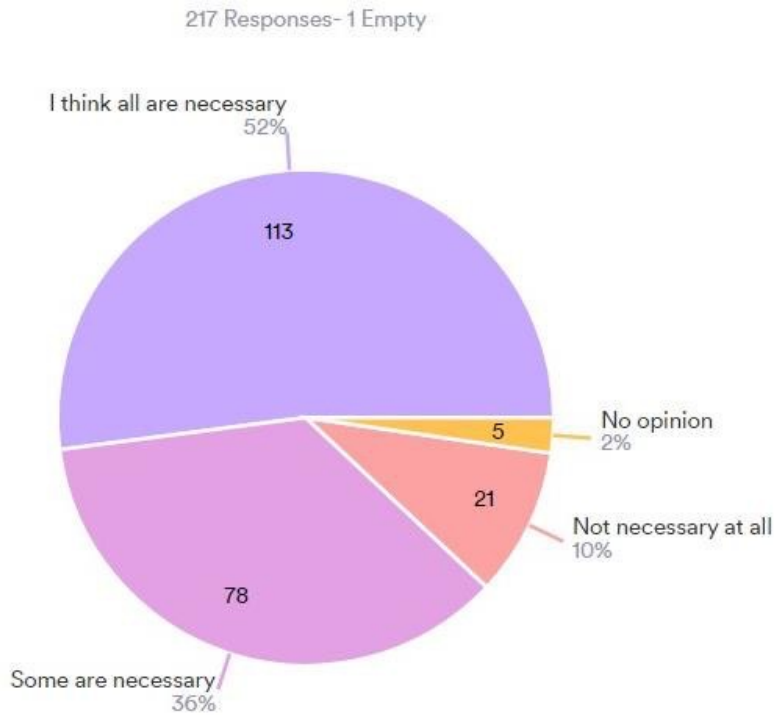


# Overview of RCA Outputs

Our RCA was able to reach the intended audiences as we receive responses from various parts of Pottawattamie County with varying ethnicities and race.

- We received **210** responses
- **15%** from a racial/ethnic background
- **7** staff members were involved with the RCA
- **1** week was spent planning and **2** weeks were spent conducting the survey.

# Highlights of RCA Method Results



## What are your feelings toward recommended seasonal vaccines?

"Each of my children got extremely sick off the flu vaccine and they will never get it again. I have seen the effects the covid vaccines have on people and again will not receive those vaccines either!"

*survey respondent*

"Vaccines eradicate illnesses. Shots deter. [...] The use of the word "vaccine" as a marketing term to try to get me to say 'yes,' alone makes me not want to get it. Just be truthful with us."

*survey respondent*

● I think all are necessary ● Some are necessary ● Not necessary at all ● No opinion



# Interpretation of Results



# What's Working Well with COVID-19 Vaccination?

Based on the results of the RCA, “what is working well” within the identified community regarding COVID-19 vaccination.

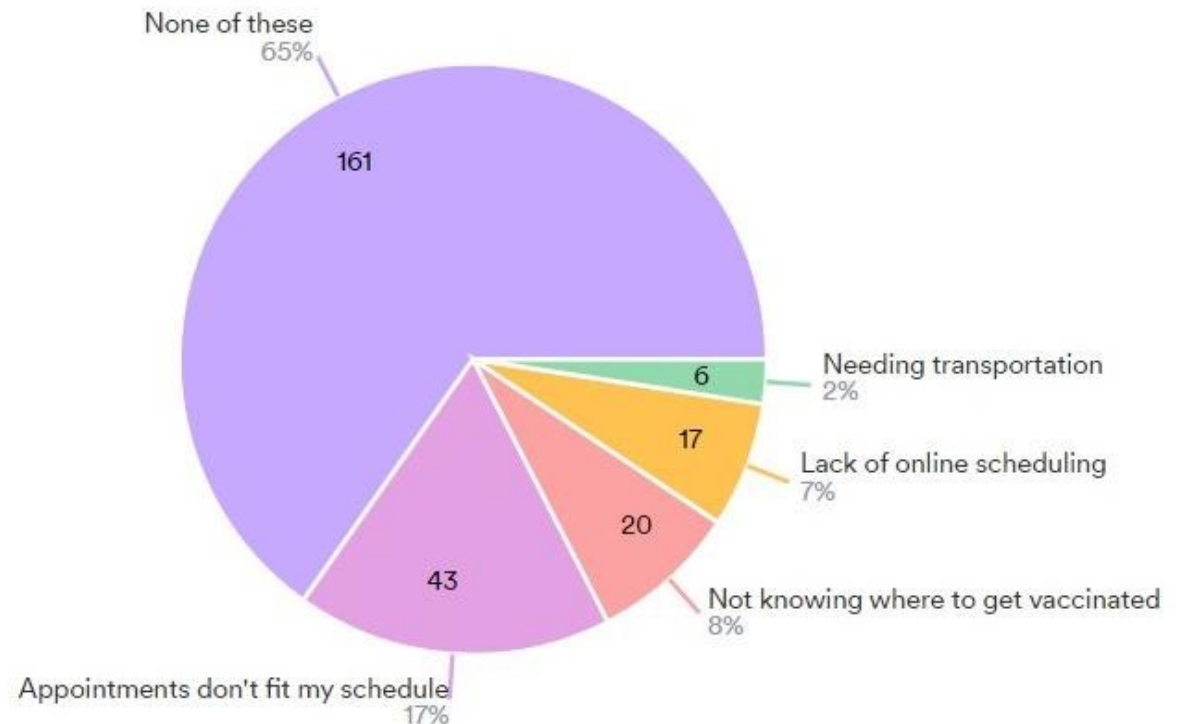
- 74% of survey respondents said they had an above average trust for local public health recommendations about vaccines.
- 43% of survey respondents had a high belief that vaccines are safe for them.
- 77% of respondents had an above average belief on the importance of vaccine protection against illness.



# What Challenges Exist Regarding COVID-19 Vaccination?

There are many potential barriers that may affect persons from getting vaccinated.

- Misinformation
- Constantly changing information
- COVID-19 fatigue
- Ease of access



● None of these ● Appointments don't fit my schedule ● Not knowing where to get vaccinated ● Lack of online scheduling ● Needing transportation



# What's Working Well with Flu Vaccination?

- Information/consent forms are available in various languages.
- A constant schedule outside of business hours to provide additional access opportunities. (Every fourth Tuesday of the month 4:30-6:00pm)
- Information is available through social media, with community partners and online.
- Flu vaccination has had consistent messaging over multiple years.



# What Challenges Exist Regarding Flu Vaccination?

Two major trends were reported of either a previous negative experience or not feeling urgency to make an appointment for only a vaccination.

"We will get a flu shot if we happen to go to the dr. when they are giving them, but we don't make an extra appointment to get a flu shot." *survey respondent*

"I believe a person's own health circumstances should be the leading factor toward the decision to get seasonal vaccinations. For me, personally, I have not had positive experiences (sicker when I get a vaccination – and I have tried several times) so I choose to not get myself vaccinated as I am in excellent health and feel better without them." *survey respondent*



# Limitations

What challenges impacted the results of your RCA?

- The assessment was released on November 22nd.
- Survey review and team consistency was limited due to the holiday season and time off work.
- Although additional reminders of the survey availability was sent out, it is felt that partner support was limited due to the holiday season and time off work.



# Recommendations



# Recommendations

Challenge(s) Identified	Recommendation to Address Each Challenge	Will this recommendation be implemented through the PAVE project? [Yes or No]
Lack of transportation	Identifying locations in need and having mobile vaccination clinics	Yes
Appointment times not working with individual schedules	Holding vaccine clinic times outside business hours	Yes
Not knowing where to get vaccinated	Keep an updated list of vaccination providers and share this information to our partners for bulletin boards, social media outreach, etc.	Yes
Information constantly changing never having the correct answer/s available	Maintain up-to-date vaccination information to share with residents	Yes



# Lessons Learned



# Lessons Learned

This assessment was very insightful to our project team. Lessons learned will be utilized during the final project survey.

- Change the date when the assessment will be pushed out.
- Give partners additional time to coordinate with their own staff/volunteers before RCA starts.
- Project leaders need to engage the team early.
- Making the assessment longer than a week to reach additional respondents for more information.





# Success and Challenges

## Successes:

- Received more responses than expected due to the limited timeframe.
- Identified additional partner, municipal housing agency, through survey releases – new mobile vaccination clinics offered at low-income apartments to offer COVID and Flu vaccines.
- Excellent collaboration between key partners.

## Challenges:

- Challenge getting survey responses from male and LGBTQ+ populations.



# Next Steps



## Next Steps

- Identifying new mobile vaccination opportunities/locations.
- Implement additional vaccine clinics outside business hours.
- Maintain an updated list of vaccination locations.
- Continue developing outreach materials and share with partners.
- Offering a formal vaccine education opportunity to partners.
- Engage project team early and prioritize development of activities.
- Maintain and share meeting notes with partners.



# Acknowledgements



# Acknowledgements

## Community partners and organizations that contributed to the assessment.

- WIC
- Family Inc
- Centro Latino of Iowa
- Together Inc Pantry
- Pottawattamie County employees
- Lutheran Family Services
- Council Bluffs Community Schools
- Tyson Foods
- Iowa West Foundation
- Caring for Our Communities Coalition
- Wings of Hope Cancer Support Center
- Southwest Iowa NAMI
- New Visions Homeless Services
- Salvation Army
- Iowa Western Community College
- Catholic Charities
- City of Underwood
- City of Oakland
- City of Avoca
- City of Council Bluffs
- City of Carter Lake
- City of Carson
- City of Crescent
- City of Macedonia
- City of Minden
- City of Neola
- City of Treynor
- City of Walnut
- Council Bluffs Chamber of Commerce
- United Methodist Church
- Municipal Housing Agency of Council Bluffs
- All Care Health Center
- Mercy Hospital
- Jennie Edmundson Hospital
- Council Bluffs Hy-Vee
- Council Bluffs Community School District
- AHSTW Community School District
- Pottawattamie Arts Culture Entertainment
- Treynor Community School District
- Lewis Central Community School District
- Underwood Community Schools
- Heartland Christain School
- Riverside Community School District
- St. Albert Catholic Schools

## Check In!

In your small group, discuss:

- Did Maria share anything that was surprising to you?
- Could you relate to their experiences? How?



**Officially launched in January 2020, Iowa Immunizes is a pivotal coalition spearheaded by individuals and organizations across Iowa united by a singular mission: to bolster immunization across the state, ensuring every Iowan has access to life-saving vaccines.**

*Iowa Immunizes is a project of Iowa Public Health Association.*

# IAIM Committees

## **Committees:**

- Communication
- Policy & Advocacy
- HPV Workgroup
- Scientific Advisory

Spring 2021-  
Launched  
**Immunization  
Equity Committee**





## Immunization Equity Committee Statement of Purpose

Iowa Immunizes includes a diverse group of organizations and individuals from across the state, working to protect children and adults by keeping our state's immunization rates strong, sharing accurate and reliable vaccine information, and promoting science-based vaccine policy.

Rising inequalities and injustices continue to disempower people within our communities, especially when it comes to health parity. Power holders often fail to consider such complexities in a bid to improve the wellbeing of marginalized communities, resulting in further discrimination and harm tied to race, gender, class, sexuality, ability, and immigration statuses. This neglect includes access to preventive and therapeutic vaccines, but it has also become a unifier for people historically affected by systemic violence. Fear and mistrust, among many other factors, plays a role in why some community members do not feel safe accessing healthcare and vaccines. Access to vaccines is also limited in some communities.

The Immunization Equity is a committee within the Iowa Immunizes coalition with an intentional focus on identifying gaps in immunization with a social determinants of health (SDOH) lens. Social determinants of health, as defined by the World Health Organization, are the conditions in which people are born, grow, live, work and age.

The committee will accomplish this work by the following actions:

- *Ensure health equity is part of all work of the Coalition*
- *Identify and recognize past trauma in the healthcare system and how that shapes future behaviors including vaccine uptake*
- *Understand and share how social determinants of health shape vaccine confidence and vaccine equity*
- *Support equity framework and take actions to:*
  - *Engage partners*
  - *Promote Justice*
  - *Increase access to immunizations*

***The Health Equity Committee meets monthly. We are open to all who are interested in joining, however we especially encourage participation among those working directly with marginalized communities in Iowa.***

***To get involved, email [iowaimmunizes@iowapha.org](mailto:iowaimmunizes@iowapha.org) or visit our website at <http://www.iowaimmunizes.org>.***

*Updated August 2022*



## Iowa Immunizes Coalition Inclusivity Checklist

Iowa Immunizes strives to use language on all materials created that:

- includes rather than excludes;
- acknowledges, accepts, and celebrates differences; and
- is welcoming to everyone.

**Document Reviewed:**

**Date:**

Specificity	Revisions Needed (Y/N)	Comments
Race or Ethnicity groups: use the nation or region of origin (e.g., Chinese Americans, Mexican Americans) rather than a generalized origin (e.g., Asian Americans, Latin Americans).		
Age: when possible, use exact ages or age ranges (e.g., 15–18 years old, 65–80 years old rather than broad categories (e.g., under 18 years old, or term “elderly”).		
Disability: when possible, name conditions (e.g., Alzheimer’s disease) or use “person with disability” rather than “disabled.”		
Gender identity: use descriptors with modifiers (e.g., cisgender women, transgender women) rather than (e.g., women) or general nongendered		
People who took part in research/project: use terms that indicate the context of the research/project (e.g., patients, participants, clients, volunteers) rather than (e.g., people, elderly, children, women).		
Sexual orientation: use the names of people’s orientations (e.g., lesbians, gay men, bisexual people, straight people) rather than broad group labels (e.g., gay).		
Socioeconomic status: use income ranges or specific designations (e.g., below the federal poverty threshold for a family of four) rather than general labels (e.g., low income).		

# COMMUNITY OUTREACH



# CBO PARTNERSHIPS



IOWA  
Iowans Love Vaccines- Video Compilation Feb 2022




<https://www.youtube.com/watch?v=YgYZ9FALpY0&feature=youtu.be>

# Iowa Immunizes Resources Translated by Partners

HPV Rack Cards Available in:  
 English  
 Spanish  
 French  
 Karen  
 Burmese

**Adults Need Vaccines, Too!**




Adults should talk to their health care provider about vaccines recommended for them, which may include:

- Influenza (Flu)
- Hepatitis B & Hepatitis A
- HPV
- MMR
- RSV
- Pneumococcal
- Shingles
- Tdap
- COVID-19
- HPV


Additional vaccines may be recommended for adults with certain conditions, including: Diabetes, Heart Disease, HIV Infection, Liver Disease, and/or COPD/Asthma

What vaccines do you need?  
**Take the Quiz!**




**IOWA IMMUNIZES**  
[www.iowaimmunizes.org](http://www.iowaimmunizes.org)  
 Iowa Immunizes is sponsored by Iowa Public Health Association

**Help Your Child Grow with Routine Vaccines**



Ensuring your child receives all vaccines at the recommended time is one of the most important ways to keep your baby healthy.

**VACCINES THROUGH THE AGES**

Follow the schedule below recommended by the American Academy of Pediatrics and CDC.  **View CDC's Immunization Schedule**

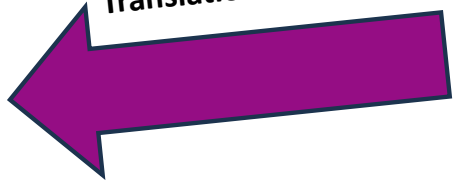
<b>Newborn</b>	HepB #1, RSV (if born during RSV season; if not born during RSV season, infants < 8 mos old immunized at the start of the season)
<b>1-2 months</b>	HepB #2
<b>2 months</b>	DTaP #1, RV #1, IPV #1, Hib #1, PCV #1
<b>4 months</b>	DTaP #2, RV #2, IPV #2, Hib #2, PCV #2
<b>6 months</b>	DTaP#3, PCV#3, Hib #3*, RV#3*
<b>6-18 months</b>	HepB #3, DTaP #4, IPV #3, COVID-19, Influenza (#1 and #2, then yearly)
<b>12-15 months</b>	MMR #1, VAR #1, Hib (#3 or #4*), PCV #4
<b>12-23 months</b>	HepA #1, HepA #2
<b>4-6 years</b>	DTaP #5, IPV #4, MMR #2, VAR #2
<b>9-12 years</b>	HPV #1, HPV #2
<b>11-12 years</b>	MenACWY #1, Tdap #1 (then once every 10 years)
<b>16 years</b>	MenACWY#2

\* Depending on which vaccine is used and some patient factors, infants may not need a Hib or/and RSV vaccine at 6 months old.

**QUESTIONS?**  
 Talk with a health care provider about the vaccines your child needs. If you need help paying for vaccines, the Vaccines for Children program can help.  
[hhs.iowa.gov/immtr/immunization/vfc](http://hhs.iowa.gov/immtr/immunization/vfc)

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 Iowa Immunizes is sponsored by Iowa Public Health Association

Translation in progress!




Visit [www.iowaimmunizes.org/resources](http://www.iowaimmunizes.org/resources)

**IOWA IMMUNIZES**

**HPV တာဆီကသိရှိဖို့အရေးကြီးတာကို အသိပြုရန်**



**HPV =** **Human Papillomavirus** (ဟီပီပီအို) ဟုလည်းခေါ်ဆိုကြသည်။

HPV တာဆီကသိရှိရန်အတွက် အသိပြုရန်အတွက် အရေးကြီးသည်။ HPV နှင့်ဆက်စပ်သော ရောဂါများကို ကာကွယ်ရန်အတွက် အရေးကြီးသည်။

HPV နှင့်ဆက်စပ်သော ရောဂါများကို ကာကွယ်ရန်အတွက် အရေးကြီးသည်။ HPV နှင့်ဆက်စပ်သော ရောဂါများကို ကာကွယ်ရန်အတွက် အရေးကြီးသည်။


**HPV နှင့်ဆက်စပ်သော ရောဂါများကို ကာကွယ်ရန်အတွက် အရေးကြီးသည်။**

HPV နှင့်ဆက်စပ်သော ရောဂါများကို ကာကွယ်ရန်အတွက် အရေးကြီးသည်။ HPV နှင့်ဆက်စပ်သော ရောဂါများကို ကာကွယ်ရန်အတွက် အရေးကြီးသည်။

<b>ON TIME</b>	<b>LATE</b>	<b>LATE (extra dose)</b>
		
<b>9-12 years</b> 2 doses	<b>13-14 years</b> 2 doses	<b>15-26+ years</b> 3 doses

**OFFERS THE BEST PROTECTION**

Scan to learn more from [cancer.org](http://cancer.org)



## Check In!

In your small group, discuss:

- Who is missing at your table?
- What steps can you take to include other organizations?
- What is holding you back from taking those steps?  
What worries you?

# Moving Forward

What are two steps you can take THIS MONTH to move forward in building equity in your work?

