NCIRD



Leveraging Evaluation Data for Enhanced Adult Immunization Programs

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Agenda

- I. Introduction to the Partnering for Vaccine Equity Program (P4VE)
- II. Overview of partners reports
- III. Analyzing partners reports
- IV. Dissemination strategies
- V. Lessons learned
- VI. Conclusions



• About P4VE:

- Nationwide network of partners
- Aimed to improve equity in adult immunization across disproportionately affected adult populations, including racial and ethnic minority groups by providing:
 - Support for national, state, local and community-based organizations
 - A learning community, resource repository, and data technical assistance
 - National communications disseminating vaccine information



The program has engaged over 500 national, state, and local partners, including:

Partner

Network

64 state, territorial, local, and tribal immunization programs (\$6.7B in fiscal year 2021)

Supporting local health departments and community-based organizations

8 national organizations funding local affiliates (\$58M in fiscal year 2021-2022)

Funding and partnering with 100+ affiliated organizations, branches, and chapters

3 national organizations funding community-based organizations (\$69.9M in fiscal year 2021-2022)

Funding and partnering with over 200 community-based organizations (CBOs)

2 national organizations fund social media partners** (\$21M in fiscal year 2021-2022)

Funding six social media partners to mitigate vaccine mis- and disinformation National Association of Community Health Centers (NACHC) and National Association of County and City Health Officials (NACCHO)

(\$18M in fiscal year 2021)

Funding and partnering with local health departments and community health centers

> 4 minority-led medical and professional associations (\$8.9M in fiscal year 2021-2022)

> Supporting medical professionals and providers with tools and resources

The Association of Immunization Managers and Racial and Ethnic Approaches to Community Health (REACH) participants (\$26.7M in fiscal year 2021)

Funding and technical assistance support for 38 local and community partners and Jurisdictions

5 evaluation-focused institutions (\$36.9M in fiscal year 2021-2022)

Building an evidence base for vaccine equity

Funding as of September 2022 *Vaccine Equity defined as everyone having fair and just access to vaccination. **2 organizations from the broader national organization funding mechanisms fund social media partners in addition to other CBOs and affiliates



National Organizations

- Build partnerships with communities
- Provide technical support for CBOs
- Deploy educational campaigns
- Develop and compile resources for CBOs
- Enhance vaccine education and access



Medical and Professional Associations

- Develop vaccine strategies and resources for health care providers, clinicians, and health care organizations
- Develop vaccine resources and evidence base though collaboration



State, Local, and Community Organizations

- Implement influenza and COVID-19 vaccinerelated activities
- Promote vaccination opportunities
- Share evidence-based vaccine information with communities
- Equip influential messengers



Social Media Partners

- Fact check and implement interventions to address mis- and disinformation online
- Increase digital health literacy
- Identify trends regarding vaccine intentions through social media listening tools and techniques

Figure 2. Description of P4VE partner groups' funded activities.

• P4VE Reporting in Redcap

- Template Content

CDC Technical Assistance

- CDC provided technical assistance to partners to enhance program reporting (monthly, quarterly and annually)

What is the difference between P4VE partners and Immunization program awardees?

PAVE partners: Hands-on community outreach, organize vaccination events, paid partnerships, close community involvement.

Immunization program awardees: Provide oversight and access to vaccine supplies. Support vaccination events and participate in vaccine clinics.

Their goals are aligned in terms of advancing vaccine awareness, access, availability and engagement to promote immunization.





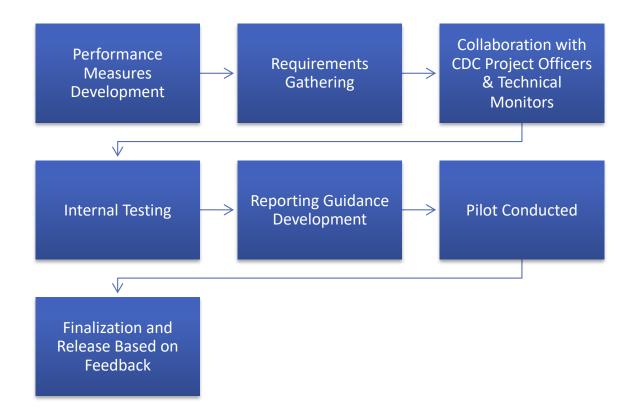


Overview of partners reports

Overview of partners reports: Developing P4VE Performance Measures

Performance measures aimed to document:

- What activities have been implemented?
- What partnerships have been formed?
- What are experienced successes or barriers/ interruptions in activity implementation?
- What are needs for additional materials or tools to support activity implementation?
- What are needs for additional expertise to support activity implementation?



Overview of partners reports

Monthly Report

- Development of the Redcap Report
- 2 Quarterly report

3 Yearly report





Analyzing partners reports

Analyzing partners reports

- Techniques for analyzing the collected P4VE data effectively
 - Univariate analysis
 - Qualitative data analysis of promising practices, challenges and lessons learned

• Qualitative Data Analysis of P4VE reports from May 2021 – March 2022

- In-depth content and thematic qualitative analysis



Dissemination Strategies

Dissemination Strategies

Monthly Quantitative Reports

- Monthly internal slide-deck for CDC Project Officers and leadership
- Power Bi Dashboard

Qualitative Data Analysis

P4VE Partners Annual Aggregated
 Data Report May 2021 – March
 2022



Figure 1. Summary descriptive statistics for P4VE program partnership development and community engagement activities from May 2021 to March 2022.

Dissemination Strategies: Identification of key findings and trends

Summary of activities implemented	by 450+ program recipients across 6 func	ling mechanisms: IP21-2106, IP21-2107, IP2: level organizations, and 4 medical and profe	- L-2108, DP18-1813, OT18-1802. ¹ Pending any
State, Local, and Comm	SLC organizations: Top 3 Vaccine Administration Partners Engaged		
219,362	2.40 Million	1.98 Million	COVID-19 ONLY
Community-level spokespersons educated, empowered, or trained	People who attended promotional events from populations of focus ³	COVID-19 [any dose or booster] or flu vaccines administered at any vaccination site established due to any partnership ³	Clinics and providers 1794 2+ partners engaged 1754 Local health depts. 1667
National-level Organiza	National-level organizations: States Reached		
181 Nationwide educational campaigns launched	47 States reached through tailored educational campaigns, including Washington, D.C.	44 Educational campaign languages and dialects, such as Cantonese, Fijian, Samoan, and Yapese	
Minority-led Medical a	nd Professional Associati	ons	
505,547	967	150	Map of 47 states reached, including Washington D.C.
Clinicians reached through any new strategies and resources	Healthcare organizations reached through any new strategies and resources	Trainings provided for individual clinicians or individuals affiliated with healthcare organizations	*Note: Cumulative figures in recipients' first submitted reports may represent activities implemented as early as February 2021 when funding was released to the first group of primary recipients. ¹ Values presented here do not reflect data from all program recipients. ¹ Value does not include 22 SL Caralizations operating at the national-level. ³ Self-reporte estimation of people reached through activity.

Visual representation of cumulative data reports for monthly summaries, developed for project officers and leadership, intended for dissemination amongst their partners or to address data request.

Dissemination Strategies: Identification of key findings and trends

earning Community Par	rtners	Evaluation Partners		
1,045 Materials submitted by member organizations to the Resource Hub	69,527 Views and downloads of materials on the Vaccine Resource Hub and group learning website	3,553 Total attendees of 65 webinars, office hours, and other group learning events	48+ Promising Practices identified via environmental scans & considered for	Such as community-specific education, art and theater, patient navigators, incentive campaigns, and strategic partnerships with local
Social Media Partners			implementation	organizations
428 Million People reached by social media campaigns promoting COVID-19 or influenza vaccination	2,000 Trainings on responding to mis- and disinformation on social media	2,009 Communication products developed to promote vaccine confidence	37 Subawards issued to current sites where interventions are being evaluated	Partners' subrecipients are non-profits, universities, an health centers that cover 20 states, including Washingto D.C., and 1 IHS Area

- The most mentioned mis- and disinformation to date involves conspiracy theories
- Evaluation partners collected & analyzed site data, then hosted sub-awardee meetings to discuss early lessons learned from the first year's activities

Visual representation of cumulative data reports for monthly summaries, developed for project officers and leadership, intended for dissemination amongst their partners or to address data request.

Dissemination Strategies: Importance of disseminating evaluation findings to stakeholders

- Inform Decision-Making
- Promote Transparency
- Improve Program Effectiveness
- Foster Collaboration
- Enhance Stakeholder and Partners Engagement

Key Results: Insights into Community-Level Engagement



National Alliance for Hispanic Health

"To engage harder to reach populations such as seniors, homeless, incarcerated, and lowincome individuals, funded affiliates have increased engagement through promotoras (CHWs) and events in partnerships with at faith-based institutions and local businesses."

Key Results: Vaccine Communication Channels



"Through our video and radio PSAs airing in targeted television regions and on Native news related websites, AAIP is seeing an increased reach of Native clinicians across the country. AAIP is being asked by our Member Physician base to expand the coverage areas for these PSAs."

Trained Trusted Messengers: 1,940% increase (2021-2022)

NUMBER OF TRAINED COMMUNITY LEVEL SPOKESPERSONS



Community-level spokespersons or social media influencers trained among Social Media Partners

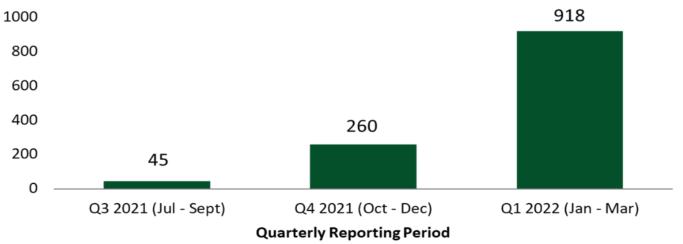


Figure 5: In a 9-month period, P4VE Social Media partners rapidly increased the number of community-level spokespersons or social media influencers trained to address vaccine mis- and disinformation.

Key findings: Social Media Campaigns Reach

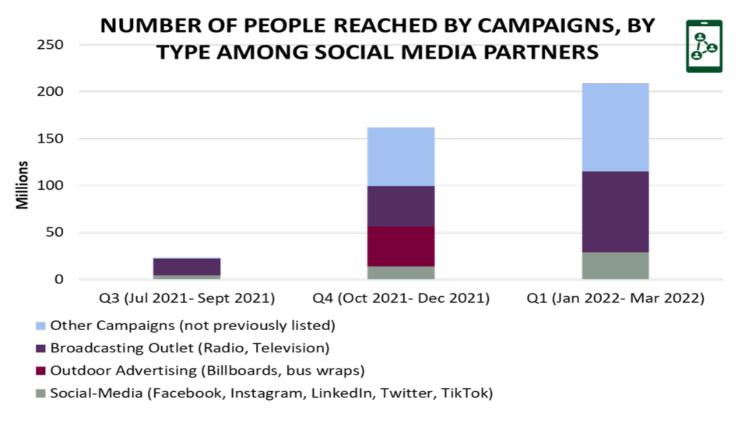


Figure 7: Reach of campaigns by social media partners. Total reach exceeded 200 million in early 2022.

Key findings: Diverse influential messengers



"Having a Burmese outreach worker on site from the community of the target population has been very helpful in bringing Burmese adults and their children to our mobile vaccine clinic especially Rohingya Burmese community members who have not been receiving our Burmese social media communication. This particular outreach worker has contacts in most of the different Burmese ethnic groups." - Southeast Asian Mutual Assistance Associations Coalition (SEAMAAC)

Key findings: Ensuring accurate vaccine messaging



National Alliance for Hispanic Health

Partner Spotlight: "Salud Para La Gente used technology to provide information to reach individuals for less commonly seen languages by creating QR codes that can play audio information about COVID-19 in Mixteco. Use of an educational video in the Mam language to provide information about COVID-19." - La Clinica de La Raza

Key findings: Challenges



CDC Foundation

"CBOs have reported that non-English speaking community members hesitate to get boosters because they have to fill out cumbersome paperwork at health departments, even if they have already completed the paperwork to get their initial vaccination."

The process of assessing P4VE program monitoring led to different outcomes:



Analysis and use of reported data

Example: synthesize implemented activities to improve vaccine access for a particular population group, across partners



Improved data quality through technical assistance

Example: provide TA to subrecipient that is submitting repetitive data



Keep leadership up to date

Example: Development of aggregated data slide deck



Lessons learned

Lessons learned

- Insights gained from the evaluation and analysis of grantees' reports:
 - Refinement of Strategies
 - Promotion of Innovation
 - Addressing Gaps and Challenges
 - Strengthening Partnerships
- Benefits new NOFOs development

Conclusions

• Data from program evaluation is important:

- Evaluation data provide critical insights into program effectiveness, areas for improvement, and impact on underserved populations.
- They inform decision-making processes and drive enhancements in program strategies and service delivery approaches

• Call to Action for Continued Commitment to Program Evaluation Efforts:

- Commit to ongoing evaluation efforts for vaccine for adult programs and strategies.
- Sustained commitment to data collection, analysis, and utilization is key for ensuring program effectiveness and addressing emerging challenges.

Thank you!

References

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- Equity in Adult Vaccination
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- <u>Trends in Racial and Ethnic Disparities in COVID-19 Hospitalizations, by Region —</u> <u>United States, March–December 2020 | MMWR (cdc.gov)</u>

Closing Slide / Disclaimer

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