Improving Influenza Vaccine Access, Equity and Promotion in Community Health Centers

Sarah Price, MSN-Ed
Director of Public Health Integration
Clinical Affairs Division
National Association of Community Health Centers
America’s Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.
Disclosure

This speaker has no conflicts of interest
The NACHC + Community Health Center Infrastructure

Mission and value of health centers:
- Research-based Advocacy and Education
- T/TA to HCCNs, PCAs, health centers
- Develop alliances to increase access to primary care

Health Center Controlled Networks:
- Data Warehousing
- EHR adoption and Upgrade Training
- Workflow & EHR Optimization
- Regulatory Compliance & Reporting and Analytics

10,400 HEALTH CENTERS

80 HCCNs

52 PCAs

Primary Care Associations:
- New Health Centers
- Health Reform
- BPHC: FQHC 330 Program Requirements
- Quality T/TA
Health Centers

INCLUDE:
- Community Health Centers
- Health Care for the Homeless Centers
- Migrant Health Centers
- Primary Care Programs in Public Housing
- School-based Health Centers

Each health center is an independent, 501(c)(3), non-profit

Note: Health Center Boards are made up of 51% patients
Voices from the Field

• Director of Nursing at a health center in southern Georgia
• Bridge between her community and the health center
• Serves as
  • *Director ➔ Coordinates care*
  • *Messenger and Educator*
  • *Comforter ➔ Trauma informed care*
Approaches by Providers

January-June 2021

- Escalating efforts to attain, provide and advance vaccine access
- Facing vaccine hesitancy, surplus of immunizations and closure of pop-up clinics

June to present 2021

- Incorporating vaccine mandates; addressing continued hesitancy
- Anticipating boosters, pediatric vaccination, while

Leaders have had to digest and disseminate accurate information on COVID-19 infection and prevention even as eligibility and vaccine product shifted from week to week.
New Approaches

Pharmacists
• Passage of amendments to the Public Readiness and Emergency Preparedness Act allowed an expansion of who could be defined as an immunization provider
• Pharmacy technicians responded quickly to achieve certification as immunizers
• Pharmacists were often the logistical lead for the various immunization efforts

Extenders (CHWs, Navigators, etc)
• Arming extenders with vaccine knowledge has led to increase outreach and connection
• Mobile units have been used throughout both urban and rural areas to meet the patients where they are

All Hands on Deck
• Involving every type of staff member throughout the organization, not just clinical
• i.e. IT staff doing data entry, admin staff leading on logistics
Large Scale Immunization Clinics

CHCs partner with public health entities to provide the community at large with access to immunizations

Best practices:
- Coordinate early and often
- Documentation/data entry
- Connection to continued care
Data!

• CHCs used their EHR and IIS systems to identify patients most at risk—first for testing then for immunization
• Population health management continues to be a crucial activity, using both primary and secondary data to risk stratify
• Making strides, with public health, on multi-jurisdiction immunization data
Listening and Co-Design (Messaging Matters)

Health centers engage individuals in a co-design process to create trusted vaccine messages for local communities.

Patients and staff participate in co-design conversations to help answer questions related to vaccine trust and share their ideas on how to talk about vaccines in ways that connect with and honor the community.

Patients and staff receive information needed to make vaccine choices that are right for them.

Health centers receive a message repository and toolkit specific to their community.

Health centers gain experience in co-design.
Biggest Co-Design AHA’s

- Staff and Patient trauma
- Staff resistance
- Mandatory vaccination
- “It’s not all about COVID” during the visit
- Introduction of complexity of kids/family vaccination
- Identified staff and patient ambassadors
# Narratives Themes Ranked: Unvaccinated Patients and Staff

- Mandatory Vaccination
- Seal of Approval from FDA
- Information is Constantly Changing
- Public Health Strategies Change
- The long-term effects of vaccination vs long-term effects of COVID infection
- Concerns of Generational Impact: Children and Pregnant Women
- Religious Concerns

*Note: Staff are a mirror of the communities they serve and are often health center patients themselves*
Key Takeaways

• Community health staff have continued to be innovative and remained a trusted entity in the community
• As flu season begins, those key activities of community assessment and need, outreach, scope/role innovation, useful data, and patient co-design will remain crucial
• This is the year of healing
Sarah Price, MSN-Ed, RN
Director of Public Health Integration
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sprice@nachc.org