

IDENTIFYING AND VACCINATING UNINSURED ADULTS

STRATEGIES AND PRACTICES



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*Developed by JSI Research & Training Institute (JSI)
in collaboration with ASTHO*

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LIST OF ACRONYMS

GENERAL

ACIP - Advisory Committee on Immunization Practices

CDC - Centers for Disease Control and Prevention

CHDs - County health departments

DOC - Department of Correction

EMR - Electronic medical record

FQHC - Federally qualified health center

FTE - Full time equivalent

IIS – Immunization information system

LHDs - Local health departments

MAs - Medical assistants

NHIS - National Health Interview Survey

OB/GYN - Obstetrics and gynecology

PAP - Vaccine manufacturer patient assistance programs

RHC - Rural health clinic

RN - Registered nurse

STD - Sexually transmitted disease

STI - Sexually transmitted infection

VAC - Vaccine Advisory Committee

VFA - Vaccines for Adults

VFC - Vaccines for Children

VNAs - Visiting nurse associations

WIC - Women, Infants and Children federal assistance program

VACCINES

HepA - Hepatitis A

HepB - Hepatitis B

HepA-HepB - Hepatitis A, Hepatitis B combination

Hib - Haemophilus influenzae type b

HPV - Human papillomavirus

MMR - Measles, mumps, rubella

PCV13 - Pneumococcal conjugate vaccine

PPSV23 – Pneumococcal polysaccharide vaccine

Td - Tetanus, diphtheria

Tdap - Tetanus, diphtheria, acellular pertussis

Zoster - Herpes Zoster (Shingles)

STATE SPECIFIC (as applicable)

Georgia

GIP - Georgia Immunization Program

Massachusetts

MAIC - Massachusetts Adult Immunization Coalition

MHC - Massachusetts Health Connector

FHD - Framingham Health Department

Michigan

MI-VRP - Michigan Vaccine Program

AIM - Alliance for Immunization in Michigan

MPCA - Michigan Primary Care Association

Minnesota

UUAV - Uninsured and Underinsured Adult Vaccine

WSCHS - West Side Community Health Services

New York City

NYCAIC - NYC Adult Immunization Coalition

NYC DOHMH - New York City Department of Health and Mental Hygiene

Oregon

OIP - Oregon Immunization Program

Philadelphia

PDPH - Philadelphia Department of Public Health

VFAAR - Vaccines for Adults at Risk

Rhode Island

RI DOH - Rhode Island Department of Health

Texas

AAI - Adolescent and Adult Immunization (coordinator)

ASN - Adult Safety Net

TXDSHS – Texas Department of State Health Services

Vermont

VDH - Vermont Department of Health

VVPP - Vermont Vaccine Purchasing Program

Virginia

VAIP - Virginia Adult Immunization Program

Washington

IACW - Immunization Action Coalition of Washington

PURPOSE OF THE GUIDE

Despite the availability of safe and effective vaccines, approximately 43,000 adults and 300 children die annually from vaccine-preventable diseases or their complications. Although there are federal programs that remove most financial barriers to vaccination for children, there are fewer programs for adults, and uninsured and underinsured adults may not be able to access or afford out-of-pocket costs for needed vaccines.

The purpose of this guide is to assist state and local immunization programs and their partners in identifying and vaccinating uninsured and underinsured adults. The guide includes strategies, practices, and resources from selected state immunization programs and their partners that have implemented activities or programs to improve access to vaccines for vulnerable adult populations.

The guide is organized into five sections. The background on adult vaccination ([Section 1](#)) is followed by the key informant interview methodology ([Section 2](#)). The summary strategies and practices identified by health departments and their partners ([Section 3](#)) is presented under four main themes:

- Identifying and reaching the uninsured.
- Tools and activities to incorporate adult immunizations into state immunization programs.
- Practices for clinic operations to facilitate successful incorporation of adult vaccination services.
- Maximizing limited resources.

[Section 4](#) consists of 13 state or city stories that detail state-specific activities and lessons learned. Numerous resources, most of which are referenced in the stories, are provided in [Section 5](#). Web links are provided for many of these resources. Please note that over time, these links may become outdated. At the time of the publication, all the links are live. There are several appendices for resources that are not available electronically.

By sharing this information, state immunization programs and their many partners can identify at least one new activity or strategy to improve access to vaccines for uninsured and underinsured adults in their communities.

SECTION 1.

BACKGROUND

This section provides the background context for the development of this guide. It includes information on adult vaccination rates in the United States; history of funding for adult vaccination; Affordable Care Act implementation; and mechanisms to fill in the gaps to meet the needs of uninsured and underinsured adults.

ADULT VACCINATION RATES IN THE UNITED STATES

Childhood vaccination is a success story in the United States. The federal Vaccines for Children (VFC) Program removes most financial barriers to childhood vaccination. School and daycare requirements for vaccination, together with the incorporation of vaccination as a routine part of pediatric care, has resulted in more than 90 percent of 19–35 month olds having received all recommended doses of polio; measles, mumps, and rubella (MMR); hepatitis B; and varicella vaccines.¹ In addition, 94 percent of kindergarteners received all recommended doses of MMR; diphtheria, tetanus, and acellular pertussis (DTaP); and varicella vaccines.²

Compare these child vaccination rates with adult vaccination data from the 2014 National Health Interview Survey (NHIS) (see table 1). While small increases in vaccination coverage occurred for Tdap vaccine among adults aged 19 years or older and herpes zoster vaccine among adults aged 60 years or older compared with data from the 2013 NHIS, vaccination coverage among adults for most vaccines in 2014 was similar to estimates from the previous year.³

TABLE 1. ESTIMATED VACCINATION RATES AMONG ADULTS WHO RECEIVED SELECTED VACCINES

National Health Interview Survey, U.S., 2014

Influenza, > 19 y/o	43%
Pneumococcal, 19 – 64 y/o	20%
Pneumococcal, > 65 y/o	61%
Td or Tdap, > 19 y/o	62%
Tdap, 19 – 64 y/o	22%
Tdap, > 65 y/o	14%
Hepatitis A, > 19 y/o	9%
Hepatitis B, > 19 y/o	25%
Zoster, > 60 y/o	28%
HPV females, 19 – 26 y/o	40%
HPV male, 19 – 26 y/o	8%

In 2013, the National Vaccine Advisory Committee updated the Standards for Adult Immunization Practices to address these gaps. One of the standards for public health departments is to “provide access to all Advisory Committee on Immunization Practices (ACIP)-recommended vaccinations for insured and uninsured adults.”⁴ However, even with these recommendations, there continues to be a number of reasons for low adult vaccination rates, including provider, patient, and systemic factors.

HISTORY OF FUNDING FOR ADULT VACCINATION IN THE UNITED STATES

Despite increased health insurance coverage as a result of the Patient Protection and Affordable Care Act (ACA), 10 percent of the U.S. population, or 33 million people, primarily adults, were uninsured in 2014.⁵ Medicaid eligibility for adults remains limited in some states, and few people can afford to purchase coverage on their own without financial assistance. Some people who are eligible for coverage under ACA may not know they can get help, and others may still find the cost of coverage prohibitive.

With the passage of the Vaccination Assistance Act (Section 317 of the Public Health Service Act) in 1962, the federal government began providing funding to states for vaccines and immunization program activities. Since 1994, VFC has provided additional support for childhood vaccines administered to uninsured and underinsured children, children on Medicaid, and Native American children. Federal support for adult vaccination began in 1981, when Medicare instituted reimbursement for the cost of pneumococcal vaccine for its beneficiaries; Medicare began reimbursing for influenza vaccine in 1993.⁶

Since then, Medicare Part B has expanded its coverage to include hepatitis B vaccine for people at medium or high risk for hepatitis B, and vaccines directly related to the treatment of an injury or direct exposure to a disease or condition, such as rabies and tetanus, in addition to influenza and pneumococcal vaccines. Medicare Part D, Medicare’s optional outpatient prescription drug benefit program, covers all other vaccines recommended by the ACIP, including Td or Tdap for routine prophylaxis and

herpes zoster vaccines. Part D, however, typically requires that beneficiaries pay premiums and share costs, including deductibles, co-payments, or coinsurance.^{7,8} For an expensive vaccine like herpes zoster vaccine, a patient’s out-of-pocket costs can be over \$175 depending on their Medicare Part D plan and these patient costs can result in patient decisions not to get vaccinated.^{9,10}

Most state Medicaid agencies cover at least some adult vaccines, but not every state offers all ACIP-recommended vaccines. In some states, the payment for providers does not cover the cost of vaccinations, which can reduce access to vaccines at provider offices.^{11,12} Likewise, most insurance plans for adults 19 years and older include coverage for ACIP-recommended vaccines, although patient costs may vary depending on which provider they receive vaccination services from.

Section 317 funds can be used to vaccinate uninsured and underinsured adults. Currently, more than 75 percent of Section 317 program funds are used to support critical state health department infrastructure functions, such as vaccine effectiveness studies, disease surveillance, outbreak detection and response, vaccine coverage assessment, vaccine safety, and provider education. A small portion supports vaccine purchases for uninsured and underinsured adults.¹³

Over time, the focus of Section 317 funding has evolved, and in October 2012, CDC instituted a new policy clearly defining who is eligible to receive 317-funded vaccines. According to this policy, Section 317-funded vaccines can be used to vaccinate:

- Uninsured or underinsured adults.
- Fully insured individuals seeking vaccines during public health response activities including:
 - Outbreak response.
 - Post-exposure prophylaxis.
 - Disaster relief efforts.
 - Mass vaccination campaigns or exercises for public health preparedness.
- Individuals in correctional facilities and jail.¹⁴



WHO IS UNDERINSURED OR FULLY INSURED?

For the purposes of determining eligibility for Section 317-funded vaccine, CDC defines the terms "underinsured" and "fully insured" as follows:

- **Underinsured:** A person who has health insurance, but the coverage does not include vaccines or a person whose insurance covers only selected vaccines.
- **Fully Insured:** Anyone with insurance that covers the cost of vaccine, even if the insurance includes a high deductible or co-pay, or if a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible has not been met."¹¹

State immunization programs and their partners report that many adults even with health insurance are unable to afford needed vaccines. Some of the reasons for this include:

Medicare Parts B and D: Medicare Part B covers the cost of influenza and pneumococcal vaccine, and hepatitis B for high risk persons (not for travel or prevention among persons without a high risk indication) and Td for wound management. Medicare Part D covers all other vaccines. However, some Part D plans, although they technically cover vaccines like Tdap and zoster vaccines, have very high co-pays. For instance, co-pays for herpes zoster vaccine were reported as high as \$195.^{11,15}

Medicare Part D is a pharmacy benefit: In 2016, there were 886 different Medicare Part D plans available in the United States.¹⁶ While pharmacy chains have the systems in place to bill the myriad of Part D plans, many healthcare providers do not, often resulting in patients paying their physician up front for Part D vaccines and then submitting a claim to their Part D plan for reimbursement. Some patients may not be financially able to pay for vaccines upfront, even if they are insured.

Vaccinations Out-of-Network: If a person's in-network provider does not carry some or any of the needed vaccines, that person may be referred to an out-of-network provider or clinic for vaccination. In this case, the person's insurance may not cover the cost of vaccination and may have to pay out-of-pocket. An example is a college student who may be on their parent's health plan, but their college health services clinic is out-of-network. Another example may be a pregnant woman recommended to receive influenza and Tdap vaccination, but their obstetrician is not considered an in-network provider for vaccinations.

Patients may need to pay for an office visit charge even if vaccines are provided without patient out of pocket costs: Even though vaccines may not be subjected to deductibles or co-pays when administered by an in-network provider, the provider can still charge for the visit if any other services are provided. These visits can have high co-pays and/or deductibles.

In some of the situations described above, a person may be considered fully insured and, therefore, ineligible for 317-funded vaccine because their insurance technically covers all recommended vaccines, but they still may not be able to afford needed vaccines. Although 317-funded vaccine may be used to vaccinate underinsured individuals whose insurance does not cover vaccines, 317-funded vaccine may not be used to routinely vaccinate any fully-insured individual, even if they have very high deductibles.¹⁷

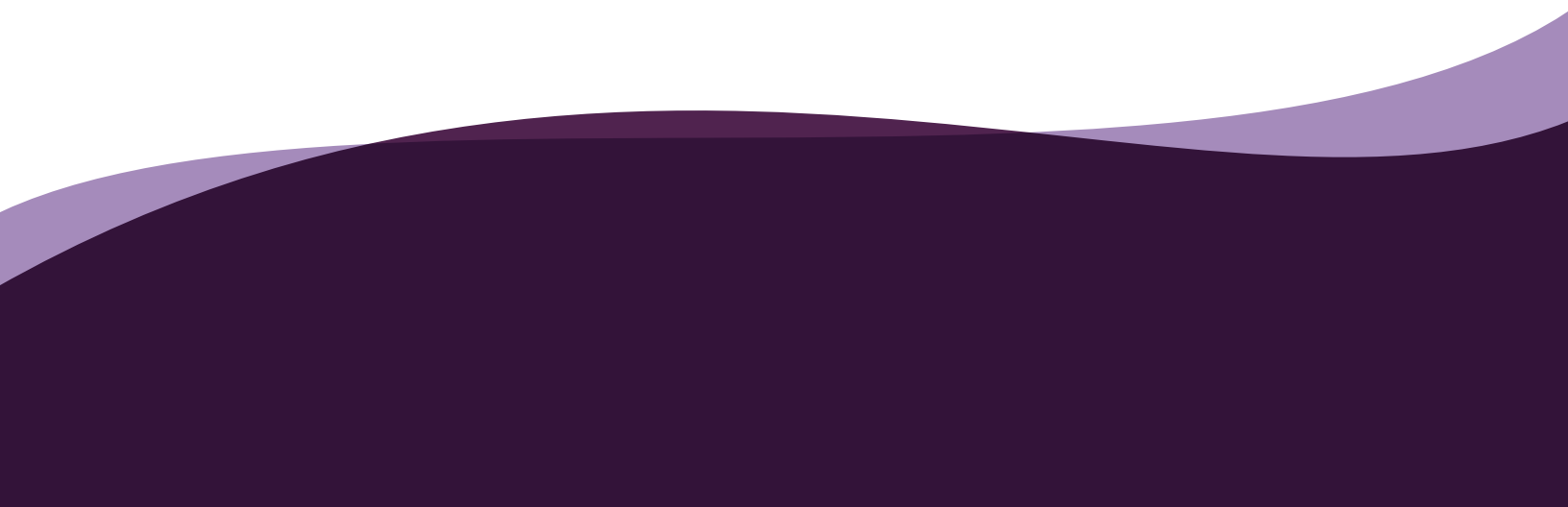
FILLING IN THE GAPS

Many providers, especially local health departments and community health centers, have become creative in meeting the needs of uninsured adults and adults who are insured, but who still face high costs for vaccines.

Local health departments can generate revenue by billing third party payers for vaccines administered to the community and use Section 317-funded vaccine for adults who are uninsured or whose insurance does not cover vaccines. Some health departments use revenue generated through third party billing to purchase vaccine for uninsured adults. In addition, they have identified other sources for vaccine for those insured adults who are ineligible for 317-funded vaccine, but who still face high costs for the reasons listed above. These sources for funding and vaccine include:

- State funds.
- Grants from vaccine distributors and community foundations.
- Pharmaceutical patient vaccine assistance program, which replaces doses of vaccines administered to uninsured and underinsured adults.
- Vaccines purchased at a discount price, either through add-ons to the state contracts with vaccine distributors, participation in group purchasing associations, or the 340B Prime Vendor Program.¹⁸

Interviews with selected state and city immunization programs identified a variety of practices, funding mechanisms, and tools to facilitate removing financial barriers to vaccination for uninsured and underinsured adults. Many of these practices and funding mechanisms can be adapted for other states and their partners to use as part of their own programs to vaccinate this vulnerable population.

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- ²Seither R, Calhoun K, Knighton CL, et al. "Vaccination coverage among children in kindergarten — United States, 2014–15 school year." *Morb Mortal Wkly Rep* 2015; 64:897-904. Available at <http://www.cdc.gov/mmwr/pdf/wk/mm6433.pdf>. Accessed 5-26-2016.
- ³Williams WW, Lu P, O'Halloran A, et al. "Surveillance of vaccination coverage among adult populations — United States, 2014." *MMWR Surveill Summ* 2016; 65(No. SS-1):1–36. Available at <https://www.cdc.gov/mmwr/volumes/65/ss/ss6501a1.htm>. Accessed 5-26-2016.
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- ⁵Collins SR, Gunja M, Beutel S. "New U.S. census data show the number of uninsured Americans dropped by 8.8 Million." *The Commonwealth Fund*. 2015. Available at <http://www.commonwealthfund.org/publications/blog/2015/sept/us-census-data-shows-uninsured-americans-drop>. Accessed 5-26-2016.
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- ⁷GAO Report to Congressional Committee. "Medicare: Many Factors, Including Administrative Challenges, Affect Access to Part D Vaccinations." 2011. Available at <http://www.gao.gov/assets/590/587009.pdf>. Accessed 5-26-2016.
- ⁸The Henry J. Kaiser Family Foundation. "The Medicare Part D Prescription Drug Benefit." 2015. Available at <http://kff.org/medicare/fact-sheet/the-medicare-prescription-drug-benefit-fact-sheet/>. Accessed 5-26-2016.
- ⁹GAO Report to Congressional Committee. "Medicare: Many Factors, Including Administrative Challenges, Affect Access to Part D Vaccinations." 2011. P. 28. Available at <http://www.gao.gov/assets/590/587009.pdf>. Accessed 5-26-2016.
- ¹⁰Akinbosoye OE, et al. Factors associated with Zostavax abandonment. *Am J Pharmacy Benefits*. 2016 8:84-89.
- ¹¹Stewart AM, Lindley MC, Cox MA. "Medicaid provider reimbursement policy for adult immunizations." *Vaccine*. 2015 33:5801–5808. https://www.researchgate.net/publication/282243814_Medicaid_provider_reimbursement_policy_for_adult_immunizations. Accessed 7-5-2016.
- ¹²CDC. "Vaccine Price List." <http://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/> Accessed 7-5-2017.
- ¹³317 Coalition. "Learn More." Available at <http://www.317coalition.org/learn.html>. Accessed 5-26-2016.
- ¹⁴CDC. "Questions Answered on Vaccines Purchased with 317 Funds." Available at <http://www.cdc.gov/vaccines/imz-managers/guides-pubs/qa-317-funds.html>. Accessed 5-26-2016.
- ¹⁵Government Accountability Office. "Medicare: Many Factors, Including Administrative Challenges, Affect Access to Part D Vaccinations." 2011. P. 28. Available at <http://www.gao.gov/assets/590/587009.pdf>. Accessed 5-26-2016.
- ¹⁶The Henry J. Kaiser Family Foundation. "The Medicare Part D Prescription Drug Benefit." 2015. Available at <http://kff.org/medicare/fact-sheet/the-medicare-prescription-drug-benefit-fact-sheet/>. Accessed 6-14-2016.
- ¹⁷CDC. "Questions Answered on Vaccines Purchased with 317 Funds." Available at <http://www.cdc.gov/vaccines/imz-managers/guides-pubs/qa-317-funds.html>. Accessed 5-26-2016.
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SECTION 2.

METHODOLOGY

INTRODUCTION

To identify effective strategies that state and local immunization programs and their partners are implementing to reach and vaccinate uninsured adults, key informant interviews (KIs) were conducted March–May 2016 by JSI Research & Training Institute, Inc. (JSI) with a select group of immunization program managers, adult immunization coordinators, and community partners. The goal of the KIs was to gather detailed, experiential information to determine current strategies and practices that improve access to vaccination services for the target population and then disseminate these strategies, practices, and resources as a guide to state immunization programs, local health departments, and other community partners. The project protocol was reviewed by the National Center for Immunization and Respiratory Diseases (NCIRD) Human Subjects Coordinator and determined to be exempt from Institutional Review Board (IRB) review.

IDENTIFICATION OF IMMUNIZATION PROGRAMS

Three methods were used to identify immunization programs for interviews:

- The National Adult Immunization Coordinators' Partnership developed and sent an email describing the project and the purpose of the interviews to its membership in January 2016.
- The Association of Immunization Managers (AIM) promoted the project and the interviews through the February 2016 issue of its electronic newsletter.
- AIM also provided CDC and ASTHO with a list of states that had indicated a unique program to vaccinate adults after a recent survey they had conducted.

States identified through one or more of these processes were then contacted by JSI to determine their interest in sharing information about their uninsured adult immunization programs or activities.

Using the above methods, JSI identified (1) whether the immunization program has a focus on adult immunization; (2) whether the program provides vaccine to uninsured adults and what types of vaccines used; and (3) whether the program conducts special activities to identify and provide vaccines to uninsured adults. A select list of states was determined by JSI according to responses, along with other factors such as geographic representation and diversity of partners. In total, 11 state and two city immunization programs were contacted by JSI for interviews.

IDENTIFICATION OF PARTNERS

Understanding the community partner perspectives and activities is important to capturing the breadth of work occurring in states. Each state and city interview was accompanied by a second interview with a community partner. The partner was identified during the state or city interview; the interview guide specifically asked about collaborations with partners and asked for identification of a partner that would be willing to be interviewed. Fourteen partners were identified for interviews representing the following positions: public health nurses, nurse supervisors/managers/directors, medical directors, pharmacy directors/managers, and community health service managers. See Table 2 for a list of interviewees.

INTERVIEW GUIDES

Two KII guides developed initially by CDC and revised by JSI were tailored to immunization programs and community partners. Interview questions covered such topics as (1) how the immunization program or community partner identifies its uninsured adult population; (2) use of tools such as eligibility screening forms; (3) outreach strategies to engage uninsured adults; (4) tracking/monitoring of the uninsured population; (5) approaches and outreach strategies to engage uninsured adults; (6) for immunization programs, collaborative activities with partner organizations; (6) successful strategies and practices for reaching uninsured adults; and (7) barriers to successful identification and vaccination of uninsured adults. The guides were pilot tested with one state and two partner sites, and subsequently revised. Both final guides are available for reference in Appendices D (state/city interview guide) and E (partner interview guide).

TABLE 2: Interviewees

State or City Immunization Program	Partner
Georgia Immunization Program	Northwest Georgia Public Health District
Massachusetts Immunization Program	Framingham Health Department
Michigan Immunization Program	Berrien County Health Department
Minnesota Immunization Program	West Side Community Health Services
New York City Bureau of Immunization	Charles B. Wang Community Health Center
North Carolina Immunization Branch	North Carolina Department of Corrections
Oregon Immunization Program	Salud Medical Center
Philadelphia Immunization Program	Esperanza Health Center
Rhode Island Office of Immunization	Thundermist Health Center and St. Joseph Health Center
Texas Immunization Branch	Rio Grande State Center
Vermont Immunization Program	The Open Door Clinic
Virginia Division of Immunization	Southside Health District
Washington Office of Immunization and Child Profile	Snohomish Health District



INTERVIEW PROCESS

The JSI team conducted 30-60 minute interviews via phone with 11 state and two city immunization programs and 14 community partners. An interview summary sheet served as the initial data-organizing tool to record the information gathered during each interview into themes, issues, and recommendations. JSI requested and received permission to audio-record the interviews. The recordings supplemented notes taken during the interviews to ensure accuracy of information.

ANALYSIS

State and City Stories

Based on information obtained from the interviews, a summary story was developed by JSI for each of the 13 states/cities to describe specific activities, experiences, lessons learned, and recommendations with regard

to identifying, reaching, and providing vaccination for uninsured/underinsured adults. Immunization programs were then asked to review drafts and provide comments and corrections. See Section 4 for the stories.

Cross State Summary

In addition to the state stories, the JSI team coded interview notes and analyzed for key themes that captured both commonalities and presented contrasts in the immunization programs' and their partners' experiences and approaches. The JSI team discussed these themes and made revisions to the themes to reflect all of the interview data. See Section 3 for a summary of the identified themes illustrating strategies and practices reported by local health departments and their partners to improve access to immunization services for uninsured and underinsured adults.

SECTION 3.

SUMMARY OF STRATEGIES AND PRACTICES IDENTIFIED BY HEALTH DEPARTMENTS AND THEIR PARTNERS

INTRODUCTION

While an increasing number of Americans have healthcare coverage, there are still a number of adults that remain uninsured. These individuals, who may be homeless, unemployed, or the working poor rely on a safety net of services that are either free of charge or based on a sliding scale. This section provides a summary of, and links to, strategies and practices for vaccinating uninsured and underinsured adults across 13 select immunization programs and their partner organizations.

THEME 1: Identifying and Reaching the Uninsured (Promotion, Education, Partnerships, and Outreach)

Although identifying and reaching uninsured adults is a major challenge for adult vaccine programs, interviewees identified many useful strategies, which are listed below.

Clinical Partners

- Use partners that provide care for uninsured adults already, such as local city or county health departments and federally qualified health centers (FQHCs) ([MA](#), [RI](#)), and STD clinics, HIV counseling and testing sites, and drug treatment centers ([GA](#), [NC](#), [TX](#), [VA](#)).
- Use VFC providers that have an existing infrastructure that can be adapted for adult vaccine programs ([MN](#)).

Non-clinical Partners

- Engage advisory committees and coalitions ([MA](#), [NC](#), [RI](#), [VA](#), [VT](#)) and tribal councils ([OR](#), [WA](#)).
- Survey providers and partners to drive planning ([WA](#)).

Outreach

- Develop and disseminate communications tools to promote vaccines for uninsured adults, including social media messages, public service announcements, and other resources ([MN](#)).

- Put vaccine in people's path at health fairs, faith-based organizations, homeless shelters, food pantries, and adult education programs ([MA](#), [VA](#), [Philadelphia](#)), as well as corrections facilities ([NC](#)).
 - Award mini-grants to support community-level vaccination efforts ([OR](#)).
 - Conduct community surveys to estimate vaccine needs for uninsured ([NYC](#)).
 - Use Section 317 funding to vaccinate high-risk adults during emergency preparedness exercises ([OR](#)).
 - Use [Flu Vaccine for Everyone!](#). A guide to reach and engage diverse communities ([MA](#)).
-

THEME 2: Tools and Activities to Incorporate Adult Immunization Into State Immunization Programs

Many state immunization programs utilized or expanded existing resources and tools to improve access to vaccines for uninsured and underinsured adults.

State Immunization Information Systems (IIS)

- Use the IIS for ordering and accountability for state-provided adult vaccines ([GA](#), [MA](#), [Philadelphia](#)) and to assess adult vaccination status. ([MN](#))

Provider Enrollment

- Develop adult provider enrollment forms ([MA](#), [MN](#), [Philadelphia](#), [VT](#)) or online enrollment capability ([RI](#)).

Education for Providers and Partners

- Provide ongoing education for providers using site visits ([RI](#)) and training materials ([RI](#), [NC](#)).
- Develop dedicated websites for the adult vaccine programs with agreements, forms, and promotional materials ([MN](#), [Philadelphia](#)).

Staff Dedicated to the Adult Vaccine Program

- Dedicate staff to oversee provider outreach, training, and Section 317-program accountability ([MN](#), [TX](#)).
-

THEME 3: Clinic Operation Practices to Facilitate Successful Incorporation of Adult Vaccination Services

Providers demonstrate ingenuity and perseverance in ensuring that uninsured adults have access to vaccine and vaccination services. Health departments identified that integrating immunization assessment, screening, and vaccination into the routine clinic flow is important to program success.

Integrate Immunization Assessment and Screening for Public Vaccine Eligibility into Clinic Flow

- Hold special immunization clinics for the uninsured ([RI](#)).
- Use pre-visit planning to identify adults due for vaccines and determine their eligibility for 317-funded vaccines and/or vaccine manufacturer patient assistance programs (PAP) vaccines ([MI](#)).
- Develop screening forms ([MN](#), [TX](#)) or eligibility tables ([GA](#), [MA](#)) to determine eligibility for 317-funded vaccines.
- Make adult immunization assessment an explicit part of staff's job description ([MI](#)).
- Incorporate standing orders into clinic flow ([NYC](#)).

Adult Immunization Champions

- Identify immunization champions to provide orientation and training for clinic staff ([OR](#)).

THEME 4: Maximizing Limited Resources

State immunization programs and their partners operate under increasing pressure to sustain their programs with limited resources. These programs use various strategies to maximize and supplement Section 317 funding for vaccines for uninsured adults and address needs for the underinsured.

Ensure Compliance with Section 317 Requirements

- Ensure optimal use of available vaccine and minimize vaccine wastage through close collaboration with partners ([Philadelphia](#)).
- Use a pilot period to assess organizations' capabilities and capacity to comply with Section 317 requirements ([TX](#)).
- Conduct site visits to ensure proper handling and storage of Section 317-funded vaccine ([TX](#)).

State Funding For Adult Vaccines

- Promote state legislation to assess health plans for the cost of vaccines for adults to allow for universal adult vaccination ([RI](#), [VT](#)).

Pharmaceutical Patient Assistance Programs (PAPs)

- Integrate PAPs into routine clinic operations ([MI](#), [NYC](#), [RI](#)).

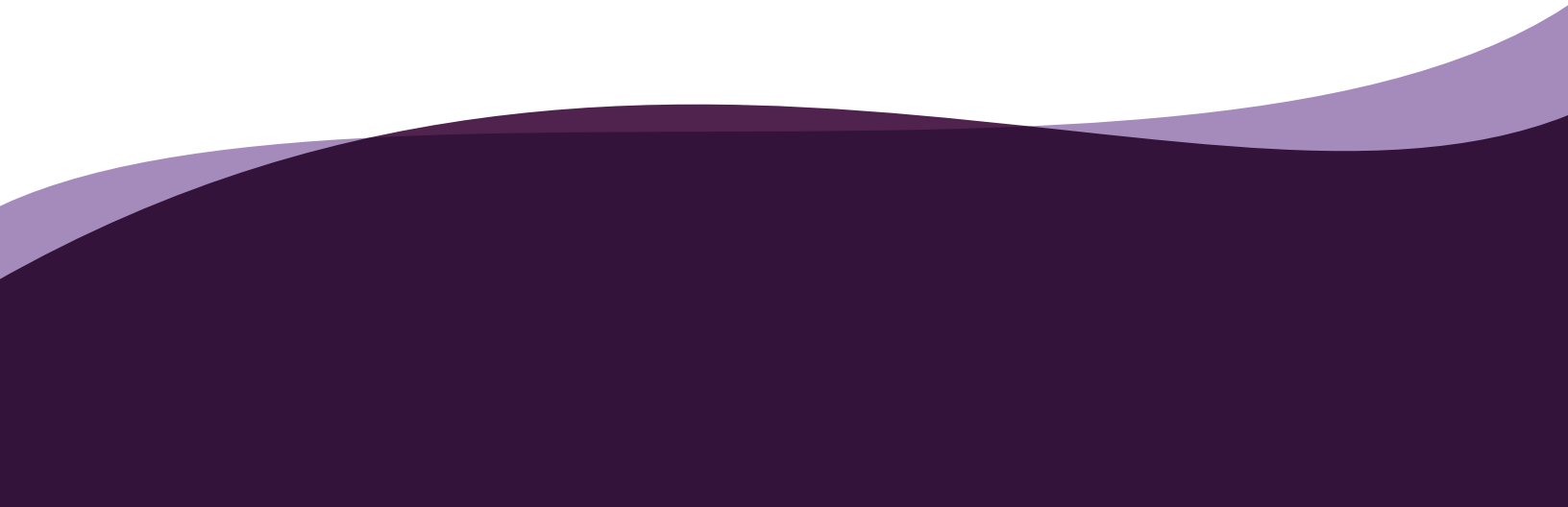
Generate Revenue from Billing Insurers for Vaccine Administered to Their Members at Public Clinics

- Generate revenue from billing insurers to sustain public health programs for vaccinating uninsured adults ([MA](#)).

340B Drug Pricing Program

- Purchase vaccines at discounted prices ([NYC](#)).

Grants and Other Support from Vaccine Manufacturers, Foundations, and Civic Organizations

- Research and apply for foundation and community grants to purchase supplies and equipment ([TX](#)).
 - Use Medical Reserve Corps and other volunteers for vaccination clinics, including nursing, medical, and pharmacy students who need to fulfill clinical practicums ([MA](#)).
- 

SECTION 4.

STATE AND CITY STORIES

GEORGIA

MASSACHUSETTS

MICHIGAN

MINNESOTA

NEW YORK CITY

NORTH CAROLINA

OREGON

PHILADELPHIA

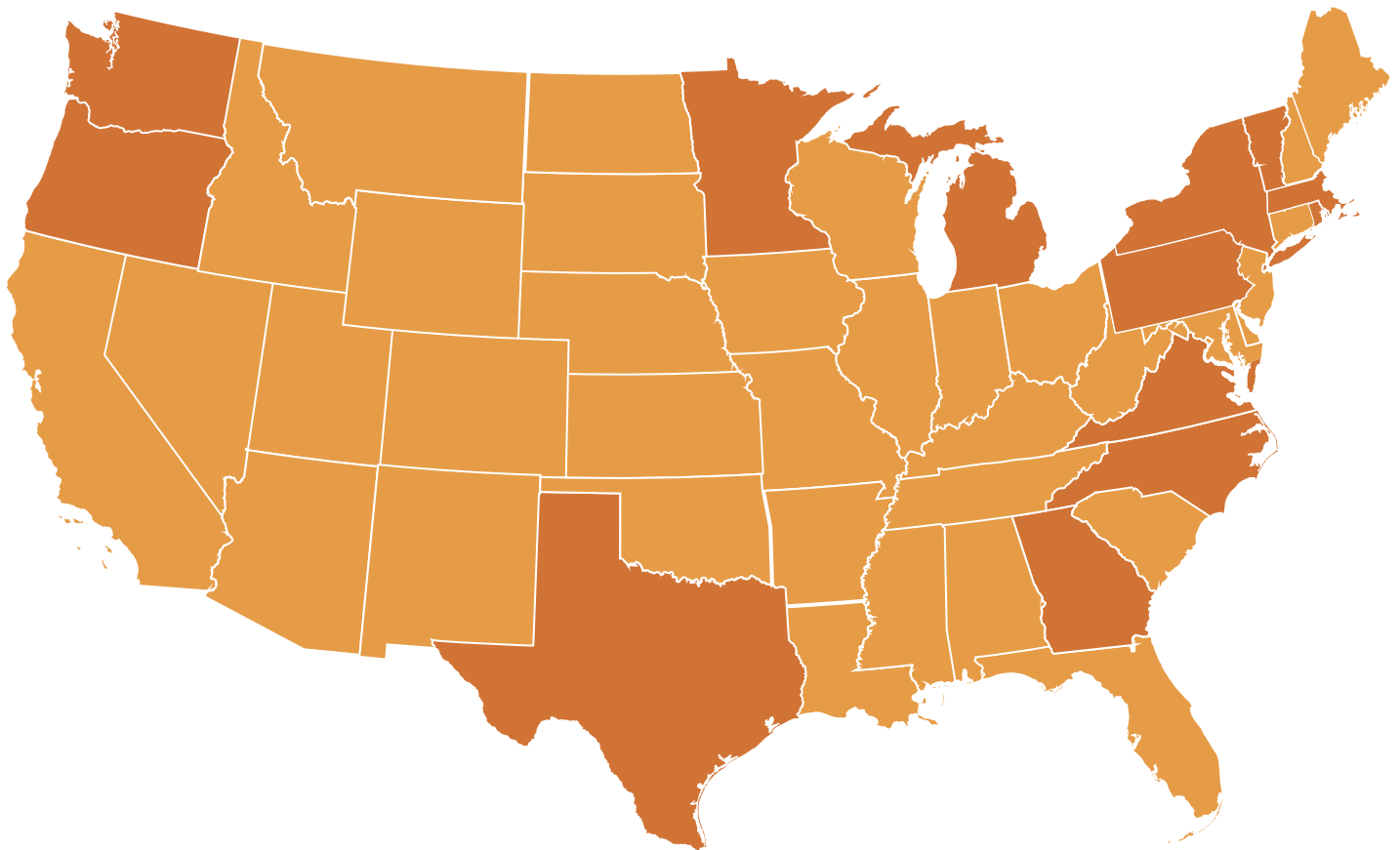
RHODE ISLAND

TEXAS

VERMONT

VIRGINIA

WASHINGTON





Time-tested experience in strategic engagement of partners to reach uninsured adults

The Georgia Immunization Program (GIP) manages vaccines funded by federal Section 317. Federally funded vaccines are supplied to all of Georgia's 159 county health departments to ensure that vaccines are available to all uninsured children, adolescents, and adults. To effectively administer these vaccines, GIP established a comprehensive eligibility criteria table for providers, and it updates the table annually because eligible vaccines may change based upon the funding level for a given year. Each of the 18 public health districts in Georgia has a designated immunization coordinator who focuses on childhood, adolescent, and adult immunization. Four to five of these coordinators serve on a committee to facilitate state-to-county communication. The state also has an immunization coordinator who oversees adolescent and adult immunization.

PARTNERS

Public health clinics at the county level and HIV care centers administer vaccines in Georgia. Recently, GIP partnered with a select group of FQHCs to supply 317-funded Tdap, adult hepatitis B, and combined hepatitis A and B vaccines for uninsured adults. GIP specifically targeted these health centers because they are located in rural regions with larger uninsured patient populations. In addition, most of the centers are VFC program sites with the existing infrastructure and processes to administer vaccinations for the uninsured and underinsured adult population.

GIP has found that an established workflow incorporating adult immunizations is critical to the success of vaccination efforts at the clinics with which they partner. When adult immunization is not part of a site's routine, GIP has encountered more challenges. For example, GIP has supplied vaccines to Planned Parenthood clinics and methadone treatment centers with limited success because these facilities did not historically provide adult immunizations (not even influenza) and do not have staff that are dedicated to conducting vaccine needs assessment, counseling, and vaccination, nor do they have the infrastructure to handle vaccine storage. While all organizations that enrolled to provide vaccines

*An established workflow
incorporating adult
immunizations is critical
to the success of the
vaccine program.*

to uninsured adults were committed to administering vaccines, most of the ordered vaccines were not used because of lack of systematic inclusion of vaccine needs assessment and vaccination into clinic work flows. The high turnover of staff at these clinics presents additional challenges in ensuring consistency of clinic workflow and practice.

To continue to provide resources and improve immunization practices for uninsured adults, the state has begun to identify and disseminate best practices among clinics that receive 317-funded vaccines. Having an immunization champion in the office and stressing the importance of adult vaccination at all levels of care are two examples of best practices identified by the GIP. The state has also solicited feedback from its VFC staff members who conduct site visits and recommended facilities with the capability to support an adult program.

The state does not use PAPs but noted that some counties in southern Georgia do.

LESSONS LEARNED

- To ensure the adult program's early success, it was important for GIP to engage partners who have processes in place for providing immunization to the uninsured population, such as the VFC program. This helped facilitate adherence to stipulations in GIP's provider agreement that outlines necessary requirements for vaccine storage, monitoring, and reporting to the state's immunization information system (IIS), which has deterred some sites from enrolling as a provider.
- Although GIP's efforts to reach the uninsured are often welcomed, the sites without an existing infrastructure did not use all the vaccines that were

There is a dual importance of patient as well as provider education in adult immunization.

Having an immunization champion in the office, and stressing the importance of adult vaccination at all levels of care are two examples of important strategies.

supplied. Obtaining full buy-in from the clinic's leadership is critical to establishing a clinic workflow and building the necessary infrastructure to provide immunization to key at-risk adult populations.

- The lack of understanding from both providers and patients about the importance and necessity of adult immunization underscores the dual importance of patient and provider education in adult immunization.
- Private providers are increasingly aware of vaccination services for uninsured adults available at county health departments. Information about where to refer uninsured patients is also available on the state's website. More outreach to specialty clinics, such as OB/GYNs, to refer uninsured patients for vaccinations is needed.

PARTNER EXPERIENCE: Northwest Georgia Public Health District

The 18 district health offices in Georgia serve as the hub between the Georgia Department of Public Health and the state's 159 county health departments. Each district health office has an immunization coordinator who assists the local county health departments (CHDs) in their district to conduct needs assessments and get input from local providers and facilities to identify areas with high numbers of uninsured adults. The immunization coordinator identifies and provides information on the availability of free vaccines for uninsured adults at CHDs to partners such as homeless shelters, faith-based organizations, and food pantries.

Most of the CHDs have multiple public clinics, such as immunization, STD, women's health, and WIC. All clinics routinely assess vaccination status of patients and either vaccinate the patient within the clinic itself or "walk" the patient over to the immunization clinic to receive their vaccines. Section 317-funded vaccines are available for uninsured or underinsured adults. The clinic waives a \$20 administration fee if the patient cannot afford it.

LESSONS LEARNED

- To promote uptake of vaccines, prioritize outreach and education to raise both provider and patient awareness about the availability of vaccine for uninsured adults.
- Communication channels used for public outreach and education need to be age-appropriate; social media is more effective for younger generations, while newspaper and radio are appropriate for older generations.
- Continue to network with community providers and organizations to get the word out about vaccine availability for uninsured adults at CHDs.
- Involve community stakeholders to assess local needs in terms of vaccine usage and awareness of vaccines. Needs are different depending on geographic location (e.g., rural versus coastal) and population groups, such as migrant farm workers.

CONCLUSION

Patients and providers both need more education and information about adult immunization. Busy clinics with high staff turnover are challenging aspects of building patient care workflows that incorporate the assessment and provision of immunizations for uninsured adults. Careful community assessment processes can help identify strategic partners who have the capacity to undertake this work.

STATE CONTACT INFORMATION

Georgia Department of Public Health Immunization Program

2 Peachtree Street, NW, 15th Floor
Atlanta, GA 30303-3142
(404) 657-3158

DPH-Immunization@dph.ga.gov

<https://dph.georgia.gov/immunization-section>

GEORGIA RESOURCE

Eligibility Criteria for Vaccines Supplied by the Georgia Immunization Program (Nov. 15)

<https://dph.georgia.gov/sites/dph.georgia.gov/files/Immunizations/November%202015%20Vaccine%20Eligibility%20table.pdf>

Section 5 of this guide provides the complete list of resources.

Ben Sloat (Georgia Immunization Program) and Janet Eberhart (Northwest Georgia Public Health District) were interviewed for this story.



Active and engaged partnerships through a variety of mechanisms at both the state and local levels ensure reaching the uninsured population

Since adopting the Massachusetts healthcare reform law in 2006 and the implementation of the ACA in 2010, Massachusetts has seen a steady decrease in the number of uninsured adults. The Massachusetts Immunization Program works on several initiatives to reach and vaccinate the remaining uninsured adult population. The Immunization Program works closely with members of the Massachusetts Adult Immunization Coalition ([MAIC](#)), which is a partnership of organizations dedicated to increasing adult immunizations throughout the commonwealth. In addition, the Immunization Program conducts robust educational outreach to ensure providers have the latest recommendations and resources to promote vaccination.

To expand on the limited amount of state-funded vaccine for the uninsured, the Massachusetts Immunization Program encourages local health departments (LHDs) to implement billing for vaccination services provided at local clinics by working with [UMass Medical School's Commonwealth Medicine Center for Health Care Financing](#), which provides billing services to the public sector. LHDs can bill for vaccines administered to members of private health plans, Medicaid, and Medicare Part B. LHDs can use the revenue generated through reimbursement for vaccination services provided to insured adults to help make their ongoing vaccination efforts self-sustaining.

PARTNERS

The Massachusetts Immunization Program conducts outreach to identify and work with a diverse network of partners to reach and vaccinate uninsured adults. Many of these partners are involved in MAIC. Partners include but are not limited to:

- LHDs.
- Community health centers.
- Hospitals.

The revenue generated through reimbursement for vaccination services provided to insured adults can be used by LHDs to help make their on-going vaccination efforts self-sustaining.

- Community-based organizations.
- Free clinics (e.g., homeless health centers, mobile health vans).

Identifying the uninsured adult population has been a challenge for the immunization program and its partners. One successful method has been partnering with Massachusetts Health Connector marketplace (MHC) and patient health navigators. MHC and patient health navigators help individuals enroll in health insurance plans and guide patients through the healthcare system. As a result, they are often in contact with uninsured adults and are able to connect them with the immunization program's resources.

The immunization program collaborated with the state Office for Health Equity to develop and disseminate a guide to improve influenza vaccination called "Flu Vaccine for Everyone! A Guide to Reaching and Engaging Diverse Communities." In addition to creating the flu guide, the program provided technical assistance sessions through an Office of Health Equity grant to support immunization projects in diverse communities.

The program primarily relies on state funding for supplying hepatitis A, hepatitis B, pneumococcal polysaccharide, Tdap, MMR, varicella, and influenza vaccines to public sector providers for vaccination

of uninsured adults. Partners are encouraged to take advantage of PAPs to administer vaccines that are not supplied by the state. This is especially beneficial for costly vaccines, like zoster vaccines, which many patients would otherwise not be able to afford. (See [Appendix A](#) for a description of all manufacturers PAP programs.)

LESSONS LEARNED

- Encourage state governments to incorporate adult immunization into their budgets because Section 317 funding relies on annual congressional allocations. By stabilizing and guaranteeing funds, staff are better able to plan and carry out initiatives, and efforts can develop and improve over time with sustained partnerships. Short-term projects are much more challenging in terms of sustained benefit.
- Have a diverse network of partners who are committed to identifying and vaccinating uninsured adults, and ensure that the partners are aware of all the resources available to vaccinate this population.
- Provide technical assistance and resources to partners, such as the flu guide.
- Improve awareness and provide information to help partners incorporate PAPs into their clinic operations for vaccines not covered by state or federal funds.

Massachusetts Adult Immunization Coalition
The Coalition was established in 1995

HOME ABOUT US MEMBERSHIP EVENTS RESOURCES CONTACT US

MAIC Member Spotlight!

VISITING NURSE ASSOCIATION OF CAPE COD
Member Cape Cod Healthcare

The **Massachusetts Adult Immunization Coalition (MAIC)** is a collaborative partnership dedicated to increasing adult immunization through education, networking, and sharing innovative and best practices. [Read more...](#)

2016 Massachusetts Adult Immunization Conference – Conference recap including session slides are now available!

The **2016 Adult Immunization Schedules** are published. Visit the [CDC website](#) for more information.

Flu season 2015 – 2016: Read the ["Recommendations and Resources for the Control of Influenza and Pneumococcal Disease: 2015 – 2016"](#) and visit the [CDC flu page](#).

National Adult Immunization Plan
National Adult Immunization Plan highlights four goals to increase immunization rates:
[For more information](#)

Updated Pneumococcal Vaccine Recommendations for Seniors
[For more information](#)

Injection Safety Article and Related Resources
From the Morbidity and Mortality Weekly Report (MMWR).
[Read more](#)

Website designed by JSI Research & Training Institute, Inc.

PARTNER EXPERIENCE: Framingham Health Department

The Framingham Health Department's (FHD) mission is to "protect, promote, and preserve the health and well-being of all residents of the Town of Framingham." To achieve this mission, it provides a number of services, including immunization.

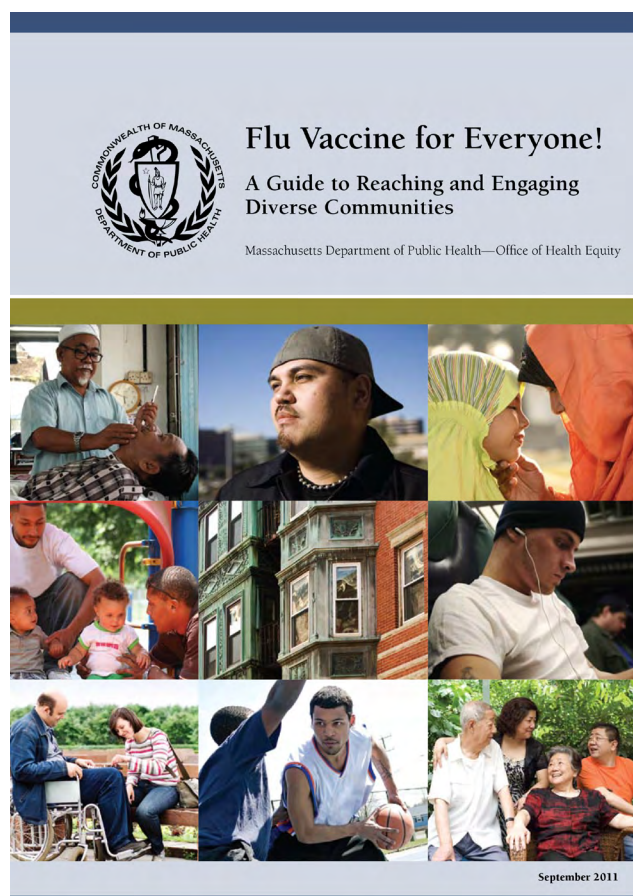
The FHD holds twice daily walk-in vaccination clinics, Monday through Friday, for the public. At these clinics, uninsured and underinsured patients can receive recommended vaccines, including Tdap, Td, Hep A, Hep B, MMR, varicella, polio, influenza, and pneumococcal pneumonia vaccines. FHD determines the types and amount of vaccines that it provides in response to changing/seasonal demand. In addition, FHD has site-specific clinics that offer vaccines such as influenza, Td, and pneumonia, as well as outbreak control clinics. For vaccines that aren't covered by state or federal funds, FHD uses PAPs. FHD reports all vaccines administered to the state IIS. If it is a series vaccination and requires follow-up visits, FHD has created a form that uses stickers to track which doses are due and when. If a patient has a primary care provider whom they see for series completion, this form can be given to the provider, and FHD can confirm vaccination through the IIS.

To reach and vaccinate its uninsured population, FHD casts a wide net when promoting its immunization services. It disseminates information through its website, flyers, printed and radio press, Facebook, Twitter, a dedicated phone line with a messaging loop that acts as a hotline with changing messages, Reverse 911, and emails. All of this information is available in three languages (English, Spanish, and Portuguese), and can be translated into other languages through a computer service upon request.

The use of Reverse 911 to relay immunization and other health-related information is a partnership with the Framingham Police Department, who manages the system. It started during the 2009 H1N1 pandemic to notify residents about influenza vaccination clinics, was used again several years ago on National Take Back Day, and more recently for heat advisories. Feedback from town residents and the police department has helped determine the appropriate interval for sending health information

so that Reverse 911 is not overused and perceived as lessening its intent for emergency or other important information. FHD sends out information with discretion; it disseminates an important health message approximately every six to eight weeks. For immunization, the message is typically for site-specific vaccination clinics for influenza, Td/Tdap, and pneumococcal. The system has the ability to sort the database of residents by areas, streets, and other variables to target information. As immunization messaging is combined with other health messaging, the importance of vaccination becomes incorporated into the overall health of the community.

Promoting services does not end with the clinic visit. FHD approaches every patient contact as an opportunity to educate around adult immunization. For example, when immigrants come to a clinic with children who need vaccinations for school entry, it is an opportunity to ask the parents about their immunization status and direct them to available resources if necessary.





Similar to the Massachusetts Immunization Program, FHD has worked to create a diverse network of partners to help immunize the town's uninsured adults and promote and educate them about the importance of adult vaccination. FHD's partners include:

- Medical Reserve Corps volunteers.
- MassBay Community College.
- Faith-based/cultural-based organizations.
- Municipal departments: Police, fire, library, public works, parks and recreation, and more.
- Operation Stand Down.
- Adult learning centers.
- Shelters.
- Private providers

When identifying new or potential partners, FHD makes a point to "put vaccine in the path from which people are coming or going" (Kitty Mahoney, FHD). FHD specifically reaches out and connects with organizations that serve uninsured adults. For example, FHD partnered with organizers of an insurance enrollment health fair to provide influenza vaccines. Another example is FHD's partnership with Operation Stand Down that serves homeless and at-risk veterans. In this case, public health nurses provided a foot care clinic and incorporated offering vaccines at the same time. Although fully enrolled students at a college or university are eligible for student insurance, prospective students may still require vaccinations or proof of immunity before becoming enrolled. To close this gap, FHD has been ramping up adult vaccine availability to this population through vaccine private purchase with a revolving account funded by reimbursements from the Center for Health Care Financing.

In addition to connecting with new partners, FHD works to maintain relationships and engage its current partners. For example, FHD invites faith- and cultural-based organizations to set up information tables at annual influenza clinics. This not only enables these organizations to promote immunization messages and other services to their populations, but also prompts dialogue with FHD throughout the year.

LESSONS LEARNED

- Establish a link between various groups within your population. Even if an event is not directly related to immunization or are not directly providing vaccines, it is important to put a “familiar, friendly, and frequent face” to public health, as mentioned by Kitty Mahoney. These connections become important resources for immunizations and other public health initiatives and are vehicles for providing information.
- Take advantage of every contact with medical care to promote vaccination. Patients are already seeking care, so it is an opportunity to strike while the iron is hot.
- Have information readily available for all residents and translate if necessary.

CONCLUSION

The Massachusetts Immunization Program will continue to move toward its goal of reaching all uninsured adults. By increasing public awareness about the need for adult vaccination of the uninsured and encouraging its partners to expand their outreach efforts to help serve this population, the Massachusetts Immunization Program continues to address challenges like the lack of consistent funding and difficulty identifying uninsured adults.

STATE CONTACT INFORMATION

Massachusetts Department of Public Health Immunization Program

305 South Street
Jamaica Plain, MA 02130
(617) 983-6800
www.mass.gov/dph/imm

Take advantage of every contact with patients to promote vaccination. Patients are already seeking care, so it's an opportunity to “strike while the iron is hot.”

MASSACHUSETTS RESOURCES

2017 Agreement to Comply with Federal and State Requirements For Vaccine Administration

<http://www.mass.gov/eohhs/docs/dph/cdc/immunization/provider-agreement-fed-state-compliance.pdf>

State-Supplied Adult Vaccine Availability Table

<http://www.mass.gov/eohhs/docs/dph/cdc/immunization/vaccine-availability-adult.pdf>

Flu Vaccine for Everyone: A Guide to Reaching and Engaging Diverse Communities

<http://www.mass.gov/eohhs/docs/dph/cdc/flu/vaccine-admin-diverse-communities.pdf>

Section 5 of this guide provides the complete list of resources.

Pejman Talebian and Rebecca Vanucci (Massachusetts Immunization Program), and Kitty Mahoney (Framingham Health Department) were interviewed for this story.



Immunization champions can ensure that all staff are knowledgeable and vaccine protocols are followed

The Michigan Immunization Program's goal for uninsured adults is to increase uptake of federal 317-funded vaccines targeted for uninsured adults. To this end, it established the Michigan Adult Vaccine Replacement Program (MI-VRP) for adults 19 years of age and older who have no insurance or who have insurance that doesn't cover the cost of vaccines. Through this program, the Michigan Immunization Program provides MMR, Td, Tdap, hepatitis A, hepatitis B, HPV9, PCV13, PPSV23, and herpes zoster vaccines, purchased with Section 317 funding and some state funding, to enrolled providers for administration to uninsured and underinsured adults. Although it is no longer a dose replacement program, the name has stayed the same.

PARTNERS

The Michigan program received a CDC Prevention and Public Health Fund grant to enhance adult vaccination infrastructure. In 2015, the program held a stakeholder meeting to discuss the grant. Stakeholders included professional medical organizations serving adults, state Medicaid program, health systems, health plans, and other relevant immunization partners. The program recruited these partners to promote adult vaccination and disseminate information to their members and encourage them to educate their members about the MI-VRP.

Providers participating in MI-VRP include:

- LHDs, which make up 80 percent of MI-VRP sites.
- FQHCs.
- Tribal health centers.
- Migrant health centers.

Providers enroll in MI-VRP annually, along with enrollment in the VFC program. To participate in MI-VRP, sites must enter data in the state IIS. In 2015, MI-VRP sites entered 14,000 doses of vaccine.

LESSONS LEARNED

- Despite best efforts to utilize 317-funded vaccines through MI-VRP for uninsured adults, not all doses are used. Therefore it is important to expand the network of providers who participate in this program and engage stakeholders, especially FQHCs, who can provide information about the program to their constituents.
- Lack of evening and weekend clinics at LHDs is a barrier for uninsured working adults. The Michigan Immunization Program is encouraging LHDs to hold an immunization clinic at least one hour on the weekends and vaccinate on a walk-in basis. Flu clinics can be used as an opportunity to provide other vaccines to uninsured adults on-site.
- Insured adults may still experience financial barriers to vaccination because of the need to get vaccinated

out-of-network. Since 317-funded vaccine cannot be used for insured adults, some LHDs use PAPs to provide vaccines to insured adults who must receive vaccines out-of-network, or who have high Medicare Part D co-payments.

PARTNER EXPERIENCE: Berrien County Health Department

The Berrien County Health Department is one of 45 LHDs in Michigan. In addition to providing immunization and other services to insured patients, they are committed to ensuring that all patients who need vaccines receive them. The health department has a 0.75 full time equivalent nurse who is the immunization coordinator and champion, ensuring that vaccine ordering, storage and handling, accountability, administration, and documentation processes are followed appropriately. This is important when multiple inventories of vaccine (VFC, 317-funded, and privately-purchased) must be maintained separately.

The county health department staff determine patient insurance status when the patient calls to make an appointment. Some patients whose insurance covers vaccines are not eligible for state-supplied 317-funded vaccines. This may be because they cannot afford high

deductibles or co-pays, or because they have to be vaccinated out-of-network as their primary provider does not carry needed vaccines. In this case, the LHD makes use of PAPs.

PAPs are authorized only if the client is uninsured or their insurance does not cover vaccines. On rare occasions when a Medicare client has multiple health issues, financial hardship, and they have not met the deductible, a PAP will authorize a replacement dose. However, this is rare and requires written documentation of all the contributing factors for the hardship.

The health department receptionist encourages patients who may be eligible to come into the clinic the day before their appointment to pick up and complete a PAP application so that the clinic can get approval for the needed vaccines before the appointment. Otherwise, they tell the patient that the appointment could take up to 30 minutes longer than usual.

All staff members who answer the phone are knowledgeable about the PAP process so that when they receive a call approving a vaccine, they know how to handle it, which decreases the chance of missed communication and longer wait times for the patients.



“Quite a few health departments utilize Patient Assistance Programs. All say that it works well and that they are happy with the replacement process.”

Reception desk personnel pull every patient’s immunization record from their electronic health record system. The clinic nurse uses a customized immunization screening form to screen for needed vaccines and contraindications, and determines whether the uninsured patient is eligible for 317-funded or PAP vaccine. The health department provides private-pay vaccines on a sliding fee scale based on federal poverty guidelines to ensure that clients get the needed vaccine when all other options such as MI-VRP and PAP vaccines have been eliminated.

Health department staff attend quarterly meetings of private provider practice managers to let them know about the availability of vaccines for uninsured adults. The health department receives referrals for vaccination from specialists and other adult providers who do not carry vaccines. Clinic staff also participate in a free mission clinic, bringing vaccines to the clinic.

LESSONS LEARNED

PAPs can be labor-intensive. However, there are ways to incorporate PAPs into a clinic’s workflow and minimize inconvenience for patients:

- Have a process in place ahead of time and ensure that every level of the organization understands it.
- Offer opportunities for the patient to complete the application ahead of time.
- Ensure that staff answering the phones know what to do if they receive approval or denial of a PAP application.

- Warn patients that the appointment may take longer than usual because of the PAP process.
- Warn patients that they may not qualify for the PAP or state-supplied vaccine and therefore may have to pay based on a sliding fee.
- Identify an immunization champion who is responsible for ensuring that the PAP process is used appropriately and can account for doses used and replaced by the PAP.

CONCLUSION

Some insured patients cannot afford the deductibles and co-pays associated with provider visits for vaccination, but because they are insured, they are not eligible for 317-funded vaccine. In these cases, PAPs can offer needed vaccines. Providing vaccines for uninsured and underinsured adults can be complicated with Section 317, state, and PAP requirements. An identified immunization champion is essential to ensure all staff are knowledgeable about using the different programs, follow proper procedures, and maintain vaccine accountability.

STATE CONTACT INFORMATION

Michigan Department of Health and Human Services Immunization Program

333 South Grand Avenue
Lansing, MI 48933
(517) 335-8159

www.michigan.gov/immunize
www.aimtoolkit.org

MICHIGAN RESOURCE

Helping Your Adult Clients Pay for Vaccines

https://www.michigan.gov/documents/mdhhs/Helping_Adults_Pay_Vaccine_514117_7.pdf

Section 5 of this guide provides the complete list of resources.

Courtney Londo, Terri Adams, and Robert Swanson (Michigan Immunization Program) and Peggy Hamel (Berrien County Health Department) were interviewed for this story.



Providing materials to promote awareness about vaccine availability for uninsured adults helps partners reach their target population.

In 2010, the Minnesota Department of Health Immunization Program established the Uninsured and Underinsured Adult Vaccine Program (UUAV) for adults 19 years of age and older to reduce cost barriers to vaccination. The program provides \$1.5 million worth of vaccines to 180 enrolled provider sites annually. The vaccines are funded with federal Section 317 and state funds. All vaccines routinely recommended for adults are provided. In addition to a full-time adult immunization coordinator, 50 percent of a full-time equivalent staff member is dedicated to coordinating UUAV.

UUAV covers the cost of vaccines by providing free vaccine to clinics. In addition, the program caps the fee that these clinics may charge uninsured patients for administering

the vaccine at \$21.22 per dose. UUAV-eligible patients may not be denied vaccine for inability to pay an administration fee.

After completing a UUAV provider agreement, providers enroll for a three-year period and then must reapply. This allows UUAV to review policies and procedures and assess the program's sustainability on a regular basis. Enrolled providers are required to keep UUAV vaccine as separate inventory in their refrigerators.

The immunization program provides an [Uninsured and Underinsured Adult Vaccine Promotion Toolkit](#), which contains resources for UUAV sites to promote the availability of free or low-cost vaccine for adults without insurance or whose insurance does not cover the cost of vaccines. The kit includes:

- Sample social media messages.
- Images for monitors in waiting rooms.
- Print materials.
- Online resources.

Other resources that the immunization program provides to UUAV sites include a dedicated web page, web-based clinic finder, sample eligibility screening form, billing tips, and information about the statewide IIS.

“Having staff dedicated to adult immunization with a focus on uninsured and underinsured adults ensures that systems and protocols are followed and the program is promoted to providers and consumers.”

PARTNERS

UUAV initially recruited providers from enrolled VFC providers who see large numbers of uninsured children. Ninety-five percent of counties across the state have at least one UUAV provider site.

- Forty percent of providers enrolled in the UUAV program are LHDs.
- Thirty percent are FQHCs.
- Twenty percent are primary care providers.
- Ten percent are other types of providers, including visiting nurse associations, tribal health centers, and jails.

LESSONS LEARNED

- Identifying uninsured adults and letting them know about the availability of free vaccine can be a challenge. Many sites see only a small number of uninsured adults, sometimes resulting in unused and expired vaccine. UUAV addresses these challenges by

reaching out through partnering providers; developing and disseminating the UUAV promotional tool kit; and using VFC providers to refer uninsured adults to clinics participating in UUAV, the clinic finder on the UUAV website, and the [Adult Vaccine Access Algorithm](#).

- Existing partnerships are important. For example, 90 percent of UUAV providers started off as VFC providers.

PARTNER EXPERIENCE: West Side Community Health Services, St. Paul

West Side Community Health Services (WSCHS) is an FQHC that serves as a safety net for many uninsured adults in the Twin Cities. It provides comprehensive healthcare and social services with bilingual/bicultural staff on a sliding fee scale, and serves over 35,000 patients each year, particularly from the Latino and Hmong populations, St. Paul public housing residents, and people who are homeless.

WSCHS participates in UUAV for uninsured adults and purchases vaccine for uninsured adults when they need



more doses than UUAV provides. To identify adults, including uninsured adults who are due or overdue for vaccines, it runs monthly gap reports for patients with high-risk medical conditions, such as diabetes and heart disease. Two staff members follow up on the results of the gap reports to bring in patients due for vaccines and other services based on their age and medical conditions.

WSCHS also assigns medical assistants to do pre-visit planning for each patient the day before their appointment. This includes pulling and reviewing their medical chart and going into the state IIS to identify vaccines due and overdue. Medical assistants are empowered to provide vaccinations using standing orders to assess vaccination status and administer vaccines. This is done during the visit and before the patient sees their primary provider.

CONCLUSION

The uninsured adult population can be highly transient. This presents an added challenge for identifying this group for vaccination. Having state-supplied vaccine for uninsured adults, clinic systems (including access to the state IIS) and personnel in place to identify under-immunized adults, results in fewer missed opportunities and higher vaccination rates.

STATE CONTACT INFORMATION

Minnesota Department of Health

PO Box 64975
St. Paul, MN 55164
(651) 201-5503

<http://www.health.state.mn.us/immunize>

MINNESOTA RESOURCES

Minnesota Uninsured and Underinsured Adult Vaccine Program

<http://www.health.state.mn.us/divs/idepc/immunize/adultvax/>

The following information can be found on this website:

Adult Vaccine Access Algorithm - Flow chart developed by the Minnesota Department of Health to help providers determine whether their adult patients are eligible for assistance with the costs of vaccination.

- <http://www.health.state.mn.us/divs/idepc/immunize/hcp/adults/adultvaxalg.pdf>

Policies and Provider Agreement

Uninsured and Underinsured Adult Vaccine (UUAV) Program Policies and Procedures

- <http://www.health.state.mn.us/divs/idepc/immunize/adultvax/adultpp.pdf>

Minnesota Uninsured and Underinsured Adult Vaccine Program Annual Provider Agreement 2016

- <http://www.health.state.mn.us/divs/idepc/immunize/adultvax/uuprovenroll.pdf>

Other Resources

Vaccine Order Form - Uninsured and Underinsured Adults

- <http://www.health.state.mn.us/divs/idepc/immunize/adultvax/uuavvaxorder.pdf>

Patient Eligibility Screening Record Adults 19 Years of Age or Older - Screening record for UUAV clinics. Updated to include Medicare patients as an option.

- <http://www.health.state.mn.us/divs/idepc/immunize/adultvax/uuavelig.pdf>

UUAV Billing Guidance - Clinics enrolled in UUAV can use these tips for billing purposes.

- <http://www.health.state.mn.us/divs/idepc/immunize/adultvax/uuavbilltips.pdf>

Uninsured and Underinsured Adult Vaccine Promotion Toolkit - Resources for clinics to promote the availability of free or low-cost vaccine for adults without insurance or whose insurance does not cover the cost of vaccines.

- <http://www.health.state.mn.us/divs/idepc/immunize/adultvax/uuavtoolkit.html>

Section 5 of this guide provides the complete list of resources.

Elizabeth Muenchow (Minnesota Immunization Program) and Lynn Janssen (West Side Community Health Services) were interviewed for this story.



Reducing disparities and meeting the needs of uninsured people at the neighborhood level

Immunization for the uninsured and underinsured adult population is integrated into New York City's extensive efforts to connect these adults with needed health services. To further reduce barriers to accessing health services, the New York City Department of Health and Mental Hygiene (NYC DOHMH) is developing or engaged in a number of activities, programs, and initiatives to ensure those adult populations can access vaccines.

The city's Bureau of Immunization (BOI) provides vaccines to adults and children aged four and older, including those who are uninsured or underinsured, at its walk-in immunization clinic. Vaccines available for adults include MMR, hepatitis A, hepatitis B, Tdap, Td, meningococcal, pneumococcal (PCV13 and PPSV23), and flu. Patients'

insurance information is collected in order to bill for administration of the vaccine and the cost of the vaccine, if the vaccine was purchased with city funds. Patients without insurance for vaccination services receive recommended vaccines at little to no cost based on an income sliding scale.

One of NYC DOHMH's focus areas is addressing health disparities with the reorganization of healthcare at the neighborhood level, namely with the department's newly-formed Center for Health Equity (CHE). NYC DOHMH is developing a program to provide healthcare services through CHE's Neighborhood Health Action Centers (NHACs), a citywide initiative to bring together health and community-based programs to neighborhoods with disproportionately high rates of chronic disease and premature death. These NHACs are currently being formed, linking residents to social support services and health education and addressing the root causes of health inequity. NHACs are expected to offer immunization services, the details of which are still under discussion.

NYC DOHMH also supports community vaccination events in the city. Over the last few years, BOI has worked with the NYC DOHMH Neighborhood Health Action Centers (formerly known as District Public Health Offices) in East Harlem to hold an annual flu vaccination clinic. NYC DOHMH also works with the Walgreens/Duane Reade pharmacy chain to hold flu vaccination clinics offering vaccine at no cost to uninsured and underinsured adults, leveraging the pharmacy chain's flu vaccine voucher program, which provides free vaccination to uninsured adults. An example of this partnership includes a NYC campaign to issue official city government identity (IDNYC) cards as a form of identification for residents. All NYC residents 14 years and older may apply. Walgreens/Duane Reade conducted flu vaccination clinics at IDNYC enrollment sites in neighborhoods with many residents to reach uninsured persons. NYC has issued over 850,000 ID cards since the end of 2014, when the program began.

PARTNERS

NYC DOHMH works with an extensive network of partners, leveraging their locations and populations served to ensure provision of vaccine to uninsured adults. The NYC Adult Immunization Coalition brings together key representatives and stakeholders from various private and public organizations committed to improving adult vaccination coverage. It provides leadership, education, networking opportunities, and advocacy to promote better adult health and improve immunization rates.

NYC DOHMH has also maintained close relationships with and provided vaccines to city agencies and community-based health organizations, including those that work specifically with higher-risk uninsured patients. These organizations include:

- NYC DOHMH Bureau of Sexually Transmitted Disease Control clinics.
- NYC Department of Homeless Services.
- NYC Correctional Health Services facilities.

- Drug treatment and harm reduction facilities (e.g., the Bureau of Alcohol and Drug Use Prevention, Care and Treatment purchases vaccine through BOI to support its partner community-based facilities).
- Community-based organizations that provide services to immigrant groups, including Asian, African, and Caribbean populations.

NYC DOHMH also maintains a non-patient specific standing order program for pharmacists. Pharmacists without a doctor or nurse practitioner who can issue a standing order, as is required in New York State, can work under NYC DOHMH's standing order. The standing order is renewed annually after the pharmacist attends an orientation session and signs a memorandum of understanding with NYC DOHMH. During the 2015-16 season, NYC DOHMH issued standing orders covering more than 190 pharmacies located throughout the city.

The BOI is currently planning a vaccination needs assessment of Federally Qualified Health Centers (FQHCs) with the goal of identifying gaps in vaccine provision.



BOI intends to purchase and provide 317-funded vaccine to meet a portion of those needs. Unfortunately, ongoing cuts in Section 317 funding will make it difficult to plan and start new projects. In the interim, BOI has encouraged FQHC partners to purchase their own vaccines for their uninsured patients and enroll them into Medicaid to receive reimbursement, when possible.

RESOURCES

The NYC DOHMH Division of Epidemiology's Community Health Survey (CHS) is one resource available to BOI. CHS is modeled after CDC's Behavioral Risk Factor Surveillance System, which is conducted annually. CHS allows the department to obtain flu vaccine coverage at the neighborhood level, along with demographic variables, to target its efforts. The telephone survey is conducted in English, Spanish, and Mandarin with a representative sample of NYC 10,000 residents.

A LESSON LEARNED

- Strong partnerships require a balance between accountability with resources and trust in the partner to use those resources responsibly. Knowing how to ensure that core guidelines are followed without over burdening the partner can be challenging. Sites that have existing infrastructure and workflows that incorporate vaccination of adults or have existing childhood vaccination programs have tended to be more successful. At the same time, there needs to be a willingness to engage new partners and continuously improve the program.

PARTNER EXPERIENCE: Charles B. Wang Community Health Center

The Charles B. Wang Community Health Center is an FQHC that was established in 1971 in response to the growing healthcare needs of New York City's underserved Chinese immigrant population. Today, it includes three sites and provides bilingual and bicultural care in multiple Asian dialects and languages.

At Charles B. Wang, vaccination screening is part of routine care, with EMRs being used to assess when vaccines are due. Although full intake visits offer more time to provide information about vaccines and assess the patient's vaccination history, the health center

also has nursing visits to vaccinate through the use of standing orders. It provides vaccines to the uninsured and underinsured via a sliding fee scale. All ACIP-recommended vaccines are available for uninsured adult patients. The health center purchases vaccines at the federal contract rate (340B pricing) and receives a limited supply of vaccine from NYC DOHMH (flu, hepatitis B, PCV13, PPSV23, and Tdap).

With limited resources, Charles B. Wang staff have to be resourceful to sustain a supply of vaccine, especially for those who are uninsured and unable to pay out of pocket. The health center uses the Merck PAP for a host of vaccines, including MMR, PPSV23, zoster, varicella, and HPV, and find that most patients are willing to wait in the office for the approval process, which takes between 20-30 minutes, in order to get the vaccine for free. The Merck PAP process has been so effective that it is now incorporated into the health center's workflow and is easily utilized. The health center uses its own vaccine that the manufacturer then replaces monthly. Vaccine cannot be administered before the patient is approved.

Even with resources available, vaccine cost-related challenges remain, such as the changing prices of vaccines (e.g., prices often increase when there is a new vaccine formulation). For example, quadrivalent flu is more expensive than trivalent flu. When a formulation of a vaccine is discontinued or phased out, the newer vaccine can be much more expensive. Although the health center is in healthy financial shape, these fluctuating prices can be difficult for the health center because the money has to be paid upfront.

LESSONS LEARNED

- Maintaining and leveraging partnerships with other organizations in the local community is important to actively promoting vaccination services, especially in the Asian community where the prevalence of hepatitis B infection is disparately high. The health center provides Hepatitis B screening in the community with local partners and then offers follow-up vaccinations. This multi-prong approach of raising awareness around hepatitis B prevention and offering vaccinations has been effective in increasing hepatitis B vaccination.

- The health center has made a concerted effort to establish a well-honed system and workflow for adult vaccination services. This is reflected in the excellent vaccination rates for adults at the health center. Components of this system include provider awareness, EMR prompts, nurses and medical assistants reminding doctors of overdue vaccines, and using standing orders. Completing PAP forms before visits has also been integrated into the workflow to enhance efficiency in the application process.
- It is important to have the necessary systems in place to ensure accurate patient data and vaccine accessibility. For example, it is helpful to have an EMR system that is easy to use and provides fields where information can be updated and reported, as well as have the necessary vaccine in a convenient location.

CONCLUSIONS

Issuing personal identification cards for city residents and locating essential services, including adult immunization, in NHACs demonstrates the city's commitment to reducing barriers to healthcare access and addressing health equity. Developing partnerships with providers that directly reach vulnerable populations is an effective strategy to leverage limited resources. PAPs and having community health centers purchase vaccine at the federal contract rate (340B pricing) can help stretch limited funding.

CITY CONTACT INFORMATION

New York City Department of Health & Mental Hygiene

Bureau of Immunization

42-09 28th Street, CN21
Long Island City, NY 11101
(347) 396-2400

<http://www1.nyc.gov/site/doh/health/health-topics/vaccines-and-immunizations.page>

Dr. Jane Zucker, Edward Wake (New York City Bureau of Immunization), and Dr. Perry Pong (Charles B. Wang Community Health Center) were interviewed for this story.



Working across state systems to ensure vaccinations are provided despite life circumstances.

The North Carolina Immunization Branch incorporated an adult component into its program beginning in 2001 to promote immunization throughout the lifespan. Starting with an emphasis on education and raising awareness of the “agelessness” of immunizations, the program now partners with stakeholders across the state to vaccinate uninsured and underinsured adults using federal Section 317 funding.

In particular, the Education and Communication Unit staff at the North Carolina Immunization Branch conducts professional development and distributes materials for providers to promote adult immunization. A coalition of the following stakeholders continues to focus on reaching uninsured adults in the state:

- Nursing homes.
- State public health departments (Division of Aging, Diabetes, Cancer Control, Asthma).
- Physicians (American College of Physicians).
- Division of Medical Assistance.
- Department of Insurance (Seniors’ Health Insurance Information Program).
- LHDs.
- Hospice.
- Nutrition sites.
- Local universities (e.g., nursing and public health programs).
- Pharmacists.

In North Carolina, the Section 317-funded vaccine program is the safety net for uninsured and underinsured adults with some special eligibility criteria in addition to eligibility based on ACIP recommendations, including:

- Certain vaccines to uninsured pregnant adult women.
- Varicella vaccine for uninsured women aged 19-44 years.
- Tdap vaccination for uninsured adults.
- Td for uninsured adults aged 19 years or older entering college or university.
- Combined hepatitis A and B vaccine for inmates.
- Meningococcal for uninsured, unvaccinated first-year college students living in dorms.
- MMR for uninsured persons aged 19 years and older entering college for the first time.

This program can also pay for vaccines for insured children and adults during a public health emergency or outbreak.

PARTNERS

The immunization branch has many providers throughout the state who administer 317-funded vaccines. In particular, LHDs, federally qualified health centers (FQHCs) or rural health centers (RHCs) serve as safety net sources. With over 1,200 pediatric and family practice providers enrolled in the North Carolina VFC program, the state recruits new providers through recommendations from current providers and partners, many of whom are looking to defray costs of expensive vaccines for their patients.

Using Section 317 funds, North Carolina also collaborates with STD/HIV and family planning programs by providing combined hepatitis A and B vaccines through all 100 LHDs statewide. It also provides hepatitis A, hepatitis B combination (HepA-HepB), and Tdap vaccines to the state Department of Correction (DOC). Nearly 30,000 doses of 317-funded HepA-HepB vaccines were distributed across the state in 2015. All providers in the network must comply with requirements in the provider agreement, which outlines storage, handling, and tracking of vaccines in the North Carolina Immunization Registry (state IIS) in order to continue in the program.

Specific 317-funded vaccination strategies include searching for and immunizing closed communities such as Indian Health Services or difficult-to-reach population groups with susceptible patients (such as methadone treatment programs). In these cases, targeted

interventions can improve coverage rates. Partners include:

- Hospitals.
- Colleges.
- Juvenile detention centers.
- Migrant health centers.
- FQHCs and RHCs.
- Tribal health centers (e.g., Cherokee Reservation).
- Free clinics: Urban Ministries (nondenominational, open to everyone).
- Partnerships with local chapters of these CDC partners:
 - American Academy of Pediatrics (AAP)
 - Academic Pediatric Association (APA)
 - American Cancer Society (ACS)
 - American College of Obstetricians and Gynecologists (ACOG)
 - American College of Physicians (ACP)

ACIP - Recommended Adult Immunization Schedule

INFORMATION FOR ADULT PATIENTS				2017 Recommended Immunizations for Adults: By Age											
If you are this age,	talk to your healthcare professional about these vaccines														
	Flu Influenza	Td/Tdap Tetanus, diphtheria, pertussis	Shingles Zoster	Pneumococcal		Meningococcal		MMR Measles, mumps, rubella	HPV Human papillomavirus		Chickenpox Varicella	Hepatitis A	Hepatitis B	Hib Haemophilus influenzae type b	
				PCV13	PPSV23	MenACWY or MPSV4	MenB		for women	for men					
19 - 21 years															
22 - 26 years															
27 - 59 years															
60 - 64 years															
65+ year															
More Information:	You should get this vaccine if you did not get it when you were a child.														
	You should get HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already complete the series.														

Recommended For You: This vaccine is recommended for you **unless** your healthcare professional tells you that you do not need it or should not get it.

May Be Recommended For You: This vaccine is recommended for you if you have certain risk factors due to your health condition or other. Talk to your healthcare professional to see if you need this vaccine.

If you are traveling outside the United States, you may need additional vaccines. Ask your healthcare professional about which vaccines you may need at least 6 weeks before you travel.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

LESSONS LEARNED

- Provider knowledge and buy-in has been key to reaching uninsured adults for immunization, especially adult populations who are vulnerable and most at risk.
- Integrating hepatitis prevention services into methadone treatment programs appeared to be a feasible initiative, but the loss of vaccine to expiration and waste made the feasibility of continuing vaccination at the methadone maintenance clinics impractical.
- Providers need to emphasize the importance of accepting the duty to provide a clear recommendation for vaccination and not just inform about the vaccine. In some cases, client refusal may appear to be vaccine hesitancy due to urgency to receive methadone therapy.
- High staff turnover at provider sites is an ongoing challenge for a program that relies heavily on the network of local providers. The immunization branch has taken this into account and continues to invest heavily in education and professional development for provider staff. It offers regional training events on an annual basis to provide methods for improving the quality of vaccine delivery, storage, and handling and techniques for immunization risk communication.

PARTNER EXPERIENCE: North Carolina Department of Corrections

In 2006, the immunization branch staff reached out to DOC with a vision of supplying vaccines to inmates, an often overlooked, uninsured, and aging population. The benefits of vaccination programs for inmates are substantial given the increased risk of vaccine-preventable disease transmission in the prison population. Over two years, DOC and the immunization branch overcame administrative obstacles to design a program that would work across two very different state systems. The fruits of this process are now a solid relationship between the immunization branch and DOC to provide HepA-HepB and Tdap vaccines in over 60 correctional facilities to uninsured inmates throughout the state.

The process started small and grew over time. Women can receive Tdap at processing facilities, the prison entry point. Uptake of HepA-HepB was slow in the beginning

because staff only administer this vaccine upon the inmate's request. However, through continued education and promotion by nursing staff, there has been an increase in demand and higher rates of HepA-HepB immunization overall.

DOC purchases all other vaccines. Seasonal influenza vaccine is purchased through a group purchasing arrangement and administered annually along with TB testing. DOC's central pharmacy orders and supplies 317-funded HepA-HepB and Tdap through a provider's prescription and adheres to strict protocols in storage, handling, and shipping of vaccines per a signed provider agreement with the immunization branch. The pharmacy also reports the number of HepA-HepB and Tdap doses provided based on the number of unique inmates on a quarterly basis.

LESSONS LEARNED

- The cross-agency collaboration between the immunization branch and DOC is a model for ensuring community health across the lifespan. By preventing possible infections and the complications of vaccine-preventable communicable diseases, access to vaccination for inmates has a direct impact not only on the prison population, but also in the community. Healthy inmates with an updated immunization record upon release are an asset when they transition back to the community.

The state Immunization Branch's partnership with the state Department of Corrections is a unique model of how working across state systems is possible and an efficient use of resources.

CONCLUSION

The Section 317 vaccine program plays a critical role in achieving state and national immunization coverage targets. It protects public health by ensuring that uninsured and underinsured populations receive the necessary vaccinations. The North Carolina Immunization Branch's vast network of partners and providers effectively enhance the staff's efforts to raise awareness about immunization across the lifespan. An active coalition of stakeholders involved in adult immunization and resources for continued provider training and education illustrates this relentless commitment, especially in reaching uninsured adults despite drastic decreases and restrictions in federal Section 317 funding. The immunization branch's partnership with DOC is a unique model of how working across state systems is possible and an efficient use of limited resources. Ensuring that vaccines are recorded in the state IIS means that inmates and their providers have access to their immunization records upon release.

STATE CONTACT INFORMATION

North Carolina Division of Public Health Immunization Branch

1917 Mail Service Center
Raleigh, NC 27699-1917
(919) 707-5550

<http://www.immunize.nc.gov/>

NORTH CAROLINA RESOURCES

VFC Provider Agreement - Outlines storage, handling, and tracking of vaccines in the state IIS in order to obtain annual recertification to receive vaccine. This can serve as a model for adult programs.

http://www.immunize.nc.gov/providers/ncip/pdf/sample_vaccine_agreement_lhd.pdf

Section 5 of this guide provides the complete list of resources.

Sandy Allen, Jammie Johnson, and Richard Carney (North Carolina Immunization Branch), and Linda Cross (North Carolina Department of Correction) were interviewed for the story.



Mini-grants support local partners in implementing innovative activities to vaccinate adults

Although there has been a decrease in the number of uninsured adults in Oregon, 5 percent of adults remain uninsured. Five years ago, the Oregon Immunization Program (OIP) made a strategic decision to integrate adult vaccination into all OIP activities.

One of OIP's tactics is to provide local organizations with flexibility to respond to the unique needs of their communities. This is accomplished through the Immunization Mini-Grant Project, which is facilitated through [Immunize Oregon](#), the statewide lifespan immunization coalition. The mini-grant project supports immunization projects and activities in Oregon, giving special consideration to applicants that work to improve adult immunization rates. Although mini-grant funds cannot be used to purchase vaccine, they can be used for vaccination campaigns, including administration fees for the uninsured. The grants also support

immunization promotional activities, coalition building, and implementing the Standards for Adult Immunization Practices. In 2014, a total of \$43,000 was available and grants ranged from \$400 to \$4,000.

Immunize Oregon issues annual funding announcements, and any agency or clinic (public or private) that provides, promotes, or would like to provide or promote immunizations in Oregon is eligible to apply. Eligible agencies include LHDs, coalitions, clinics, or groups with an interest in immunizations; agencies that serve marginalized or underserved groups, which Immunize Oregon defines as homeless populations, immigrants and refugees, non-English speakers, and racial minorities; and others that may not have access to vaccination. OIP works closely with Immunize Oregon and conducts other activities to reach the uninsured, such as:

- Providing education and technical assistance to providers on the 317-funded vaccine program for uninsured adults.
- Identifying and enrolling adult immunization providers in the IIS.
- Using 317-funded vaccines during emergency preparedness exercises to vaccinate high-risk and uninsured adults.

PARTNERS

OIP provides 317-funded vaccines to the following partners for vaccination of uninsured and underinsured adults:

- FQHCs.
- Thirty-four LHDs, with 80 sites.
- A liver and bone marrow transplant unit for revaccination with all recommended vaccines following transplant (Medicare does not cover most vaccines required after a transplant).
- Three private, nonprofit clinics for uninsured adults.

LESSONS LEARNED

- Make partnerships a priority and use current partners to identify new partners.
- Help LHDs bill for vaccines and administration fees when administering vaccines to insured adults. Third party payments for services provided to insured adults provide a revenue stream that supports the sustainability of public health services, including vaccination, for the uninsured.
- Provide flexible funding to LHDs. Oregon implements mini-grants that use Section 317 funds to support local vaccination events, educational projects, promotional materials, and other activities to reduce barriers to adult vaccination.
- Use pharmaceutical representatives to get information about what is happening in the field. For instance, a pharmaceutical representative let OIP know about the difficulties that transplant patients were having getting vaccines for revaccination post-transplant. OIP also conducts an annual training for pharmaceutical representatives to inform them about OIP activities and priorities. Communication goes both ways.

PARTNER EXPERIENCE: Salud Medical Center, Woodburn

The Salud Medical Center is an FQHC with a patient population that is 85 percent Latino, many of whom are migrant agricultural workers, making them ineligible for many insurance plans. Some of these patients are seasonal workers who come up from California; they may have health insurance in California, but it does not cover services received in Oregon.

The Salud Medical Center benefits from having an immunization champion who ensures that all staff are knowledgeable about vaccine storage, handling, and immunization best practices. As part of the clinic flow, staff review the IIS forecasts regarding which vaccines are required for each patient. Salud also uses its electronic health record system to run lists of patients with diabetes to ensure that they receive Tdap, hepatitis

Use the vaccine registry to forecast needed vaccines for every patient, at every visit.

B, and pneumococcal vaccines. Using 317-funded vaccines from OIP and the Merck PAP, Salud provides Tdap, hepatitis B, pneumococcal conjugate and pneumococcal polysaccharide, HPV, and herpes zoster vaccines to adult patients who are uninsured or underinsured.

LESSONS LEARNED

- Identifying an immunization champion is essential. At Salud, the immunization champion ensures that all staff are trained to use the IIS to forecast needed vaccines for every patient at every visit, as well as the Merck PAP. She also makes sure that immunization is a standing agenda item for monthly staff meetings so that any immunization issues are discussed and resolved. The immunization champion has applied for and received several mini-grants from OIP to improve Salud's vaccine storage equipment and purchase vaccine.

CONCLUSION

OIP uses mini-grants to support local partners in developing and enhancing local immunization coalitions, raising consumer and provider awareness about immunization, purchasing supplies and equipment, conducting vaccination campaigns, and reducing barriers to vaccination by covering the administration costs of providing vaccine to uninsured adults. This allows local partners to tailor their interventions to meet the specific needs of their communities. Additionally, identifying an immunization champion at the local level is essential to make sure that the needs of the patient population, including uninsured adults, are met.

STATE CONTACT INFORMATION

Oregon Public Health Division Immunization Program

Portland State Office Building
800 NE Oregon Street, Suite 370
Portland, OR 97232
(971) 673-0300

anne.m.vancuren@state.or.us

<https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Pages/index.aspx>

OREGON RESOURCES

Immunize Oregon Immunization Mini-Grant Project

The Immunize Oregon Immunization Mini-Grant Project supports immunization projects and activities by providing an annual competitive grant process. These mini-grants are designed to support and enhance immunizations throughout Oregon. Proposals support innovative projects and partnerships that increase immunization rates, reach underserved populations, or aid and advance the use of evidence-based practices.

<https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationPartnerships/Coalitions/Pages/index.aspx>

Sample Funding Announcement

<http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationPartnerships/Coalitions/Pages/MiniGrants.aspx>

Section 5 of this guide provides the complete list of resources.

Alison Dent and Mimi Luther (Oregon Immunization Program), and Christine Wysock (Salud Medical Center) were interviewed for this story.



PHILADELPHIA

Partnerships that center on a practice of accountability to ensure efficient use of limited resources

The Philadelphia Department of Public Health's (PDPH) [Vaccines for Adults at Risk \(VFAAR\) Program](#) makes vaccines available to select providers serving adults 19-64 years old who are uninsured or underinsured using federal Section 317 funding. The program started by providing Hep A/Hep B, influenza, and Td vaccines to adults in shelters, and has expanded to include other community service providers and a wider range of vaccines. The program's goal is to ensure timely immunizations for uninsured and underinsured adults by addressing barriers of cost and access.

Also operating with Section 317 funding, PDPH's Community-based Influenza Vaccine Campaign aims to raise awareness about adult immunization and increase influenza vaccination among the city's uninsured adults

19 and 64 years of age. Volunteer providers from area schools of nursing, nursing sororities, licensed registered nurses, independent medical providers, and pharmacists staff clinics throughout the city. Only adults who meet CDC's eligibility criteria (adults aged 19-64 years who do not have health insurance and have no alternative source for medical care, or who are unable to access their usual source of care) may receive influenza vaccine through this campaign. The campaign provided 3,500 doses this past year, and 2,800 were used.

The city's Adult Immunization Project supplements these efforts. The project is a CDC Prevention and Public Health Fund program that works to educate pharmacists, health centers, and hospital networks about recommended adult vaccines; ensure that all pharmacists and healthcare providers have access to accurate patient immunization histories; and inform the public about adult vaccines through media channels.

PARTNERS

VFAAR currently has 39 active sites enrolled in the program. PDPH works closely with provider sites through the VFAAR coordinator to order vaccines based on the number of VFAAR-eligible adults seen in a practice as reported on the medical practice profile and validated by the city's IIS. Newly enrolled and trained providers must order VFAAR vaccine through the IIS vaccine ordering system.

VFAAR sites include HIV treatment centers, FQHCs, health clinics in methadone maintenance programs, medical clinics that work with social service organizations, family planning, STD clinics, drug treatment facilities, and primary care clinics. Philadelphia's nine ambulatory health centers provide adult immunization to eligible patients with VFAAR vaccine. Homeless health services, shelters and food pantries, and faith-based organizations serve as community vaccinators that comprise part of the city's 80 influenza clinics.

LESSONS LEARNED

- Operating under decreasing Section 317 funding has limited PDPH's ability to enroll new provider sites. However, it has allowed the department to focus on strengthening relationships with current partners and developing provider accountability to ensure effective and efficient use of vaccines. To ensure accountability, the VFAAR coordinator communicates closely with enrolled sites and reviews their orders to prevent over-ordering, which has allowed more resources to be distributed to other sites.
- The coordinator frames communication with providers as an open dialogue and therefore, is perceived as supportive rather than punitive. The coordinator noted that "having a face to the program helps; always acknowledging that the providers are doing their best to immunize and that the health department is here to support that mission is always helpful."
- Not all providers have the capacity or need to offer all vaccines. What they provide depends on the needs of the population they serve. Vaccines are ordered

month-to-month so changing needs can be assessed along this timeline. If sites are interested in offering more types of vaccine, they work with PDPH to determine if their patient flow warrants expanding. There has not been a need to refer patients due to lack of vaccine at one site because most sites have an established relationship with the health department, which understands the needs of the populations served by their providers.

PARTNER EXPERIENCE: Esperanza Health Center

Esperanza Health Center is an FQHC with three sites located in the northern part of Philadelphia, where about three-quarters of the 125,000 residents are either Latino or African American. With a mission to provide affordable, quality, bilingual primary healthcare and support services, Esperanza addresses their patients' physical, spiritual, psychological, and social health needs. It makes it a priority to provide quality care for the uninsured.

Esperanza provides all ACIP-recommended vaccines. Most patients receive vaccinations during an office visit, but patients can also schedule a vaccine-only visit. For example, for series vaccines (HPV, hepatitis A, hepatitis B), the clinician can order the next dose and have it available by standing order. For uninsured patients, medical office visits are provided on a sliding scale where the lowest category is \$15. There is no charge for vaccines or their administration.

For vaccines that VFAAR does not provide, Esperanza utilizes the Merck PAP to replace doses of herpes zoster and the Pfizer PAP to replace doses of PCV13 that are administered to uninsured adults. Although the majority of the uninsured patients Esperanza serves are between 20-50 years old and do not need zoster or PCV13, the PAP application process has not posed any challenges and is a valuable program when resources are limited. However, the responsibility to account for and limit vaccine wastage can be difficult with vaccines that are not used as often but have a minimum dosage for every order. In the past, the health center has also operated as a walk-in clinic for influenza vaccines in response to emergency situations, such as the 2009 H1N1 outbreak.

The Immunization Program's approach to ensuring accountability focuses on close communication with enrolled sites and reviewing orders from sites to prevent over-ordering, which has allowed more resources to be distributed to other sites.

LESSONS LEARNED

- Accountability for vaccines that PDPH provides has been effective in limiting wastage of unused vaccine, but potentially having to pay for leftover and expired doses imposes a challenge for use of vaccines (like polio and MMR) that are not used very often. Esperanza has solved this problem by only stocking the less-used vaccine at one site; patients who need these vaccines make the extra trip to the main site for the vaccine. This has not been a major barrier to vaccine access, and has proved to be an efficient way to ensure compliance with the health department's regulations and limit vaccine wastage.
- The health center has leveraged its relationship with pharmaceutical companies to advocate for expanded PAPs as a way to provide additional vaccines for uninsured adults. Esperanza participated in advocacy with Pfizer to initiate its PAP for uninsured patients needing the PCV13 vaccine.

CONCLUSION

VFAAR's success lies in its network of partners who are committed to reaching and serving this very vulnerable population, as well as the program's consistent engagement of these partners to ensure that resources are maximized without wastage. Policies to promote accountability for vaccines have encouraged partners to play a more active role in creating solutions to prevent vaccine wastage. Partnering sites can also be effective in advocating for expanding PAPs through their relationship with pharmaceutical companies.

STATE CONTACT INFORMATION

Philadelphia Department of Public Health Immunization Program

500 S. Broad St., 2nd Fl.

Philadelphia, PA 19146

(215) 685-6854

<http://www.phila.gov/health/diseasecontrol/Immunization.html>

PHILADELPHIA RESOURCES

Vaccines for Adults at Risk

<http://kids.phila.gov/index.php/programs/vaccines-for-adults-at-risk/>

Vaccines for Adults at Risk Program Provider Agreement

<http://kids.phila.gov/wp-content/uploads/2016/07/2016-VFAAR-Enrollment-Form.pdf>

Vaccines for Adults at Risk Vaccine Order Form

<https://kids.phila.gov/wp-content/uploads/2016/02/VFAAR-Order-Form-2015.pdf>

Section 5 of this guide provides the complete list of resources.

Nichole Dantzler and Sarah Bonilla (Philadelphia Immunization Program), and Andrea Daft (Esperanza Health Center) were interviewed for the story.



Supplementing Section 317-funded vaccines with replacement doses from pharmaceutical company patient assistance programs can extend vaccine doses availability for uninsured

Because of decreases in federal Section 317 funding for vaccines, the Rhode Island Department of Health (RIDOH) Office of Immunization brought together vaccine providers to discuss how to continue to provide vaccines and vaccination services to uninsured adults. Through a series of meetings, RIDOH and its partners developed a system that uses the limited Section 317 funding to purchase vaccines, except for herpes zoster vaccine, to administer to uninsured and underinsured adults. The partners then use PAPs to replace vaccine purchase with Section 317 funds.

PARTNERS

In 2013, RIDOH used provider profiles from its annual provider enrollment system to identify practices and other providers that see the largest numbers of uninsured adults. RIDOH partners include:

- Community health centers.
- Community vaccinators.
- Free clinics.
- Visiting nurse associations.
- Drug treatment facilities.
- Faith-based organizations.

RIDOH conducted in-person visits with its partners who see uninsured adults to provide them with information and application forms for PAPs. The office staff found that it was important to be clear about the time involved in PAP participation, including faxing the application forms to the PAPs and waiting for their responses. However, using PAPs allows the partners to stretch the limited amount of vaccine available for uninsured adults. (See [Appendix A](#) for more information about the PAP programs.)

RIDOH found that some providers, such as drug treatment agencies, serve a unique clientele that is less likely to be willing to wait for a response from the vaccine manufacturers (which ranged from 15-45 minutes) about their eligibility to participate in PAPs or provide all the personal information necessary for the application. In this case, RIDOH provides hepatitis A and B vaccines without the expectation that the drug treatment facilities participate in PAPs.

RIDOH maintains contact with its partners through regular emails and annual provider enrollment. While the partners themselves conduct outreach to uninsured adults, RIDOH also reaches out to faith-based organizations to help disseminate information about where adults, including those who are uninsured, can get vaccinated. RIDOH maintains a posting of clinics on its website: <http://www.health.ri.gov/find/vaccinations/#vaccines>.

LESSONS LEARNED

- Identify where most of the uninsured and underinsured populations are being seen and inform those agencies and providers of the opportunity to access vaccine for the uninsured with no out-of-pocket cost.
- Prioritize in-person contact and be flexible when working with partners. For example, have multiple meeting dates available as everyone may not be able to attend one date.
- Be honest; explain the financial situation regarding vaccine funding for the uninsured and underinsured population.
- Use PAPs to expand the availability of 317-funded vaccine for uninsured and underinsured adults.

PARTNER EXPERIENCES: Thundermist Health Center (Woonsocket) and St. Joseph Health Center (Providence)

One of RIDOH's partners is Thundermist Health Center, an FQHC. Approximately 10 percent of Thundermist's adult patients are uninsured, primarily transient people who are not yet enrolled under ACA, or adults who are not eligible because of their citizenship status.

Thundermist participates in PAPs to vaccinate its uninsured adults. It identifies uninsured adults upon registration and enters the information into the patient's electronic medical record (EMR). It also performs a vaccination assessment for patients at all visits. In order to administer state-supplied vaccine to an uninsured adult, the nurse completes a PAP application and faxes it to the pharmaceutical company. If the application is accepted, the nurse administers a dose from Thundermist's state-supplied vaccine inventory and replaces it when the PAP dose arrives. Thundermist reports that PAP applications are rarely denied.

St. Joseph Health Center is another RIDOH vaccination partner. It operates an adult walk-in immunization clinic for uninsured adults, which is open four days a week. The clinic is supported with 317-funded, vaccines, training

Utilizing patient assistance programs has helped in offering a place for the uninsured to go for needed vaccinations.

from RIDOH, and in-kind contributions, including space, from Our Lady of Fatima Hospital. An RN and receptionist/translator (Spanish and Creole) staff the clinic.

Patients can find information about the free immunization clinic on the RIDOH website, through referrals from community agencies and private providers, or by word of mouth. Because only uninsured or underinsured patients have access to the clinic, patients undergo a screening process for insurance status upon admission. Due to system requirements, staff inform patients that they will receive a bill for a \$15 administration fee in the mail. However, the hospital waives the fee if the patient cannot pay it, so staff will advise them to disregard the bill if they are unable to cover it. Patients are given an appointment for next doses in a series.

LESSONS LEARNED

- Despite the time involved in using PAPs, this system ensures availability of vaccine for uninsured patients.
- EMR is the best way to communicate a patient's insurance status to staff, facilitating the appropriate use of state-supplied vaccine and need to apply to PAPs.
- Providing vaccines on a walk-in basis, as well as by appointment, minimizes no-shows and is convenient for patients.
- It is important to be flexible and aware of how each partner's situation is unique to be able to find solutions that will be most helpful.

CONCLUSION

Replacement doses of vaccine from PAPs, along with doses of 317-funded vaccine, can expand the amount of vaccine available at no cost to uninsured adults. It is important to be honest with providers about the time it takes to submit PAP applications, but with adequate training, this process can be successfully implemented. The availability of walk-in opportunities, along with appointments, improves accessibility for uninsured adults and clinic efficiency by reducing no-shows. It is important to note that this program can only work as long as the pharmaceutical companies offer PAPs. It is at their discretion when or if they choose to discontinue PAPs.

STATE CONTACT INFORMATION

Rhode Island Department of Health Office of Immunization

3 Capitol Hill

Providence, RI 02908

(401) 222-5960

<http://www.health.ri.gov/immunization/>

RHODE ISLAND RESOURCES

Example of State Legislation to Provide Funding for Vaccines for Adults

Rhode Island Gen L § 23-1-46 (2014)

Immunization Account: <http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-1/23-1-45.HTM>

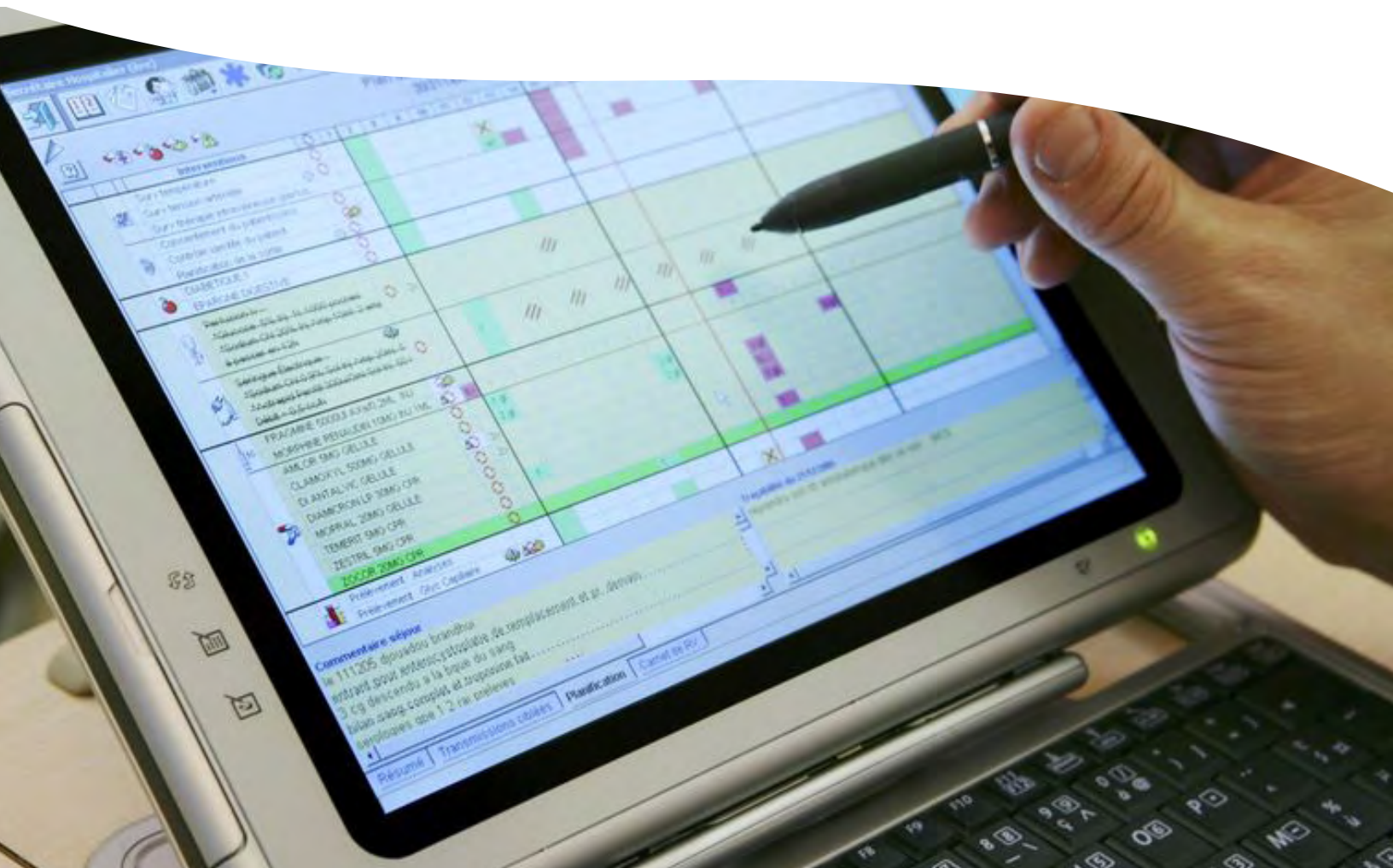
Insurers: <http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-1/23-1-46.HTM>

Rhode Island Immunization State Supplied Vaccine Program Agreement to Participate - Terms and Conditions (for state-supplied childhood and adult vaccines)

<https://kidsnet.health.ri.gov/llr-practice-osm-prod/pdf/Terms-&-Conditions-SSV.pdf>

Section 5 of this guide provides the complete list of resources.

Tricia Washburn and Denise Cappelli (Rhode Island Office of Immunization), Valerie Glass (St. Joseph Walk-In Immunization Clinic), and Karen Mazzoli (Thundermist Health Center) were interviewed for this story.





The regional immunization coordinator facilitates partnerships and provides vaccination services for uninsured adults

The Texas Department of State Health Services (TXDSHS) Immunization Unit created the Adult Safety Net (ASN) Program to increase access to vaccination services for uninsured adults. The program provides vaccines for free through enrolled providers. To receive services, clients must be 19 years of age or older and be uninsured. In Texas, the uninsured adult population varies between regions. In urban areas, such as Houston, uninsured adults often have multiple chronic health issues. In rural areas, they may be migrant workers.

ASN-enrolled providers administer all ACIP-recommended vaccines except for influenza. The influenza vaccine is administered for free through the TXDSHS Health Services Regions' (HSR) clinics only. Providers can apply an administration fee of up to \$25, but they cannot refuse to vaccinate patients who do not have the ability to pay the administration fee.

The adult immunization program suffered from continued loss of federal funding, which impacted the program's stability and ability to engage and maintain commitment from enrolled providers on an annual basis. ASN is sustained through state and federal 317 funding and, more recently, with an additional \$17.9 million from the state legislature for the SFY14-15 biennium. This additional funding allowed the program to expand and add vaccines to the formulary.

PARTNERS

Each of the eight HSRs has a dedicated adult and adolescent immunization (AAI) coordinator whose primary role is to work with immunization providers within their region. The coordinators conduct annual compliance site visits with adult-only enrolled providers to ensure proper handling and storage of vaccine. Another important role of the coordinator is to facilitate monitoring of immunization status and doses dispensed. They also help providers strategize ways to improve vaccine uptake. (See [Appendix C](#) for the AAI coordinator job description.)

Of the 517 providers enrolled in ASN, most provide vaccines across the lifespan and approximately 45 serve adults only. Eligible provider types for ASN include:

- FQHCs that work with their parent body, the Texas Association of Community Health Centers, for disseminating state information.
- State Department of Criminal Justice: two to three county jails are enrolled.
- HSRs.
- LHDs.
- RHCs.
- Substance abuse clinics (e.g., opioid replacement clinics).
- TXDSHS: HIV, STD, and family planning clinics.
- TXDSHS Primary Health Care Program (provides health care services to both males and females of all ages).

- TXDSHS Expanded Primary Health Care Program (provides healthcare services to uninsured or underinsured females aged 19 years and older).

Free or nonprofit clinics are not currently partners, but will be contacted as the program expands. Where possible, they promote the program and refer patients to ASN sites. A list of sites is available to the public on the ASN Program website, which can be found at <http://www.dshs.texas.gov/ASN/>.

LESSONS LEARNED

- Assessing provider capacity and ensuring the program is reaching and providing for uninsured adults is a critical first step in expanding the adult safety net program. This includes a pilot phase which evaluates patient volume and testing strategies to identify uninsured patients.
- Dedicated AAI coordinators who provide technical assistance for current partners and conduct outreach in identifying new providers to reach the target population are an important component of the ASN program. Recently, CDC issued a funding opportunity which TXDSHS has used to support providers and ensure adequate assessment of adults.
- Because adult records in the Texas IIS (ImmTrac) are purged once a person reaches age 26, unless they re-consent to be in the system (and because prior

The assumption is that just because you have free vaccines patients are going to come in and ask for it...but that's not necessarily true.

to Sept. 1, 2015, records were purged at age 18), estimates of adult vaccine coverage in ImmTrac are subject to extremely small sample sizes and are not utilized on a regular basis. Texas implements other ways to monitor vaccination for uninsured adults in other ways. Its epidemiologists use Behavioral Risk Factor Surveillance System estimates of adult vaccination coverage among various demographic groups annually and the immunization unit and LHDs use Texas-Wide Integrated Client Encounter System data to track uptake of vaccines in adult populations.

PARTNER EXPERIENCE: Rio Grande State Center, Harlingen, TX

The Rio Grande State Center, operating under TXDSHS, houses a primary care clinic and state psychiatric hospital, as well as services for the intellectually disabled adult population. The primary care clinic provides state-supplied ACIP-recommended vaccines for free to patients who meet state eligibility requirements of being 19 years or older and with no health insurance. A nominal administrative fee of \$5 per vaccine is charged, with a maximum of \$10 for two or more vaccines. (This is significantly lower than the \$25 allowed by the state.) If patients cannot pay, the clinic waives the fee. The center also partners with the Salud y Vida program, based at the University of Texas Health Science Center's School of Public Health in Houston, which serves an uninsured patient population with chronic disease (i.e., high cholesterol, high blood pressure, and diabetes). The state does not provide influenza vaccine, but the clinic procures it under a group purchasing arrangement.

Even with additional resources, the state's approach to adult vaccination expansion has followed a process of assessing provider capacity and ensuring the program is effective in reaching and providing for uninsured adults.

LESSONS LEARNED

- Providers have found that availability of vaccine needs to be coupled with educating patients who are not always prepared to receive a vaccine during their appointment. Patients who wish to defer vaccination can schedule another appointment and receive follow up. The site also makes information about the importance of adult immunization available throughout its waiting areas to combat myths and misunderstandings about the negative effects of vaccines.
- Inventory is monitored carefully to avoid running out of vaccine. A patient's immunization history is updated in the site's EMR and transferred to ImmTrac. One dedicated staff member updates the registry on a weekly basis so the center can track the number of doses administered to uninsured versus insured adults. The center has benefited from allocating time and resources to educating both patients and clinical staff about adult vaccination, as well as investing in equipment to ensure program sustainability.
- Leveraging local community grants has been a successful strategy to supplement federal funding. A recent grant from the Methodist Healthcare Ministries of South Texas allowed the site to purchase a pharmacy-grade refrigerator.

CONCLUSION

Due to limited funding initially, Texas has strategically expanded partners by conducting feasibility studies of sites to ensure that the number of doses and types of vaccine provided match the needs of their uninsured adult populations, as well as the site's capacity to administer recommended vaccines. Equipping Health Service Region and LHD staff to conduct partner outreach and expand providers to reach uninsured adults has been an effective way to use limited resources.

The immunization unit's ongoing monitoring of vaccination rates allows it to identify gaps in vaccination coverage and recruit new provider sites more strategically. The state recommends a thoughtful approach to planning and implementing outreach and long-term planning for partner outreach.

STATE CONTACT

Texas Department of State Health Services Immunization Branch

1100 West 49th Street

Austin, TX 78756

(800) 252-9152

www.immunizetexas.com

TEXAS RESOURCES

Expansion of the Texas Adult Safety Net Program

<https://www.dshs.texas.gov/asn/>

Adult Eligibility Screening Record

<https://www.elpasotexas.gov/~media/files/coep/public%20health/immunization%20eligibility%20screening%20form.ashx?la=en>

Example of a Community Grant Program: Methodist Healthcare Ministries of South Texas, Inc.

<http://www.mhm.org/fundedpartners>

Adolescent and Adult Immunization Coordinator Job Description – see [Appendix C](#)

[Section 5](#) of this guide provides the complete list of resources.

Barbara Vassell (Texas Immunization Unit) and Arturo B. Olivarez (Rio Grande State Center) were interviewed for this story.



Using a combination of Section 317 funds and fees assessed on insurers, Vermont expanded its universal vaccine program to include adults 19–64 years of age

Vermont is one of 19 Medicaid Expansion states in the country with a low proportion of uninsured adults. It uses Section 317 funding to pay for the cost of vaccines for uninsured adults. The state initiated the Vaccines for Adult (VFA) program in 2007 and modeled it on processes established for Vermont's VFC. Provisions outlined in agreements with enrolled providers allow the state to monitor the program's quality and ensure its sustainability.

To ensure universal access to vaccines for all Vermont citizens, the Vermont Department of Health (VDH)'s Immunization Program purchases vaccines for all children and adults through 64 years of age, where it provides all

recommended vaccines, except flu. This is made possible through a unique funding model where the state's insurers are mandated to contribute into a vaccine purchasing pool. The Vermont Vaccine Purchasing Program (VVPP) was launched as a pilot program in 2011 and has been in effect since July 1, 2014.

According to state statute, insurers (including Medicaid) are assessed retrospectively based on a per member, per month fee established annually by the state. The state's Immunization Funding Advisory Committee provides recommendation for this assessment. The committee is comprised of nine members representing three of Vermont's largest insurers, as well as the Board of Pharmacy, Vermont chapters of the American Academy of Pediatrics and American Academy of Family Medicine, and the University of Vermont, which represent employers that self-insure for health coverage. Together, they determine a pediatric and adult per member, per month rate for vaccine purchase and an administrative surcharge, essentially ensuring that payers have input into setting the price.

VVPP enables VDH to purchase pediatric and adult vaccines at the lowest possible price and distribute them to providers free of charge. This funding infrastructure has allowed the state to facilitate the participation of providers, healthcare facilities, and health insurers in sustaining the state's immunization program and meeting its goal of universal access to vaccines for children and adults, including those who are uninsured.

Vermont also contracted with an outside vendor, KidsVax®, to create and manage the web portal that lets all health insurers securely submit their covered lives data on a quarterly basis, generate reports, and prepare invoices based on a per member, per month charge.

Now Vermont would like to incorporate Medicare as a payer into the state's immunization programs. Initially, the state covered all adults 19 years and older, which meant paying for expensive vaccines for a population already insured through Medicare. Starting in January 2016, VFA imposed age restrictions limiting it to adults 19-64 years old.

PARTNERS

Vaccines for Adults are administered through a network of partners that include private providers and free clinics throughout the state. Public Health Nurses at VDH Local Health offices conduct monthly vaccine clinics to vaccinate those lacking access or insurance. Specifically, partners for the adult program include:

- Public clinics (e.g., Planned Parenthood of Northern New England).
- HIV clinics (comprehensive care).
- Primary care (e.g., family medicine, naturopathic medicine, OB/GYN).
- Hospitals.
- Drug treatment centers.
- Community health centers.
- Free clinics.

Providers must re-enroll online annually and provide the number of insured, uninsured, and Medicaid

patients whom they serve. The state conducts annual audits of sites to ensure proper handling, storage, and administration of vaccines.

LESSONS LEARNED

- Vermont began with a prospective payment strategy that required the buy-in of all stakeholders, including the state's main health insurance plans. Methodical data collection through a five-year pilot process provided the necessary evidence to create a state-mandated system that would sustain the funding of vaccines for Vermont's population and allow health insurers to provide accurate counts of adult covered lives, retrospectively. Establishing the Immunization Funding Advisory Committee was key to obtaining stakeholder buy-in, and provided a data-informed and efficient process for determining which vaccines were needed.
- Vermont's contract with KidsVax has allowed for greater transparency and eliminated potential conflicts of interest on the part of the state.



PARTNER EXPERIENCE: The Open Door Clinic, Middlebury, VT

The Open Door Clinic (ODC) located in Addison County provides access to healthcare services free of charge to those who are uninsured or underinsured and who meet financial eligibility guidelines. ODC is part of the VT Coalition of Clinics for the Uninsured and has a paid staff of seven part-time employees, with clinics staffed by a network of volunteer doctors, nurse practitioners, nurses, pharmacists, mental health counselors, physical therapists, and nutritionists. Due to limited resources, the clinic is only open once or twice each week. The patient population varies from those who are transient, homeless, or unemployed to others who are holding multiple jobs but unable to afford insurance. Approximately half of the patient population is comprised of migrant farm workers who are not eligible for insurance and lack language fluency, literacy, and transportation to access healthcare.

ODC assesses Tdap and influenza immunization history as part of the intake process. However, many patients often do not have documentation of their immunization records and are not necessarily looking to be vaccinated when they seek care at ODC. Consequently, taking time to ensure all vaccinations are up-to-date is often not a priority for the provider or patient during the limited and often busy clinic hours. As an enrolled provider in the state, ODC primarily offers Tdap vaccine and carries small amounts of hepatitis B, HPV, and pneumococcal vaccine. When a patient needs vaccines other than those the clinic stocks, it obtains the vaccines from the LHD. It also purchases influenza vaccine privately. Limited resources and space mean that ODC cannot offer vaccine requiring freezer storage. Although the transient nature of the patient population presents ongoing challenges to documenting and updating immunization records, ODC enters all administered vaccines into the state IIS.

In remote and rural Vermont, it is often difficult to identify and engage the uninsured adult population. As a result, an outreach nurse conducts visits annually to 30-40 of the local farms in Addison County, offering influenza and Tdap to migrant and non-migrant farm workers who are unable to access care on a regular basis. Having the IIS available via iPad at farm visits has allowed for more accurate assessment of immunization status and efficient updating of immunization records into the state system. State agricultural exhibition events, the Porter Medical

While extensive outreach and provision of on-site vaccination for uninsured/underinsured adults is time and labor intensive, these efforts help to meet the public health goal of ensuring healthy communities and populations.

Center Emergency Department, and other local medical providers are sources of referral to free care offered at ODC. However, due to limited resources, ODC needs to balance wider outreach with staff capacity to care for patients in need.

CONCLUSION

A universal adult vaccine program similar to VFC is a goal for many states. Vermont is working toward this through its universal vaccine program for all residents through 64 years of age. However, there are also adults over 64 years of age who may not have Medicaid or Medicare coverage. Despite this, Vermont has developed a system to remove cost barriers to vaccines for a large majority of its residents. Although it is time and labor intensive to conduct extensive outreach and provide on-site vaccination for uninsured and underinsured adults, these efforts help to meet the public health goal of ensuring healthy communities and populations.

STATE CONTACT

Vermont Department of Health Immunization Program

108 Cherry Street, PO Box 70

Burlington, VT 05402

802-863-7638 or 800-640-4374

AHS.VDHImmunizationProgram@vermont.gov

<http://healthvermont.gov/hc/imm/index.aspx#about>

VERMONT RESOURCES

2016/2017 Vaccines for Adults Program Provider Agreement

<http://healthvermont.gov/hc/imm/documents/VFAonlyEnrollmentform.pdf>

Vermont Vaccine Purchasing Program

<http://www.vtvaccine.org/vtvaccine.nsf/pages/home.html>

State Legislation to Provide Funding for Vaccines for Adults: House Bill 885 E.312.1 18 V.S.A. § 1130 Immunization Funding

<http://www.leg.state.vt.us/docs/2014/bills/Intro/H-885.pdf> pp. 133-139

[Section 5](#) of this guide provides the complete list of resources.

Christine Finley and Amanda LaScala (Vermont Immunization Program), and Jody Brakeley, RN (Open Door Clinic) were interviewed for this story.



Incorporating lessons learned about partnerships into a new program helps to expand access to vaccines for uninsured adults

In Virginia, having an organized immunization program for underinsured and uninsured adults is a relatively new strategy. Although Virginia has been providing vaccines such as hepatitis B and influenza for both insured and uninsured adults through LHDs, the Virginia Adult Immunization Program (VAIP) is an expansion to allow enrolled sites to provide all ACIP-recommended vaccines. Established within the last two years, VAIP uses Section 317 funds and has set requirements for participation that are consistent with CDC definitions for the uninsured and underinsured.

PARTNERS

There are 135 LHDs within the 35 health districts in Virginia. Modeled on VFC, VAIP partners are primarily LHDs. Other partners include:

- FQHCs.
- Free clinics identified through the Virginia Association of Free and Charitable Clinics, a network of over 100 clinics throughout the state.

Stakeholders at the table help to inform needs of how to engage and serve the uninsured.

Sites enrolled in VAIP must follow a strict protocol for vaccine storage and handling and report all doses administered to the state immunization registry. Due to high turnover, especially at the free clinics, training and retraining staff have presented challenges for meeting the reporting requirements. VAIP has partnered with the state IIS staff to provide onsite and webinar-based training to address this issue.

An active state immunization advisory committee serves in an advisory role to the Virginia Department of Health, Division of Immunization (VDH-DOI) and meets quarterly to address issues related to best immunization practices in a clinical setting, vaccine supply, vaccine legislation, vaccine preventable disease control, and other key programmatic issues as they arise. The committee members include stakeholders such as coalitions (Virginia Native American Community, Virginia Community Health Association); hospitals and medical schools; health insurers (Anthem Blue Cross and Blue Shield, Virginia Association of Health Plans); professional societies (Virginia Hospital and Healthcare Association, Virginia Academy of Family Physicians, Virginia Pharmacists Association, Virginia Nurses Association); provider and medical groups (Virginia Association of Free and Charitable Clinics); and state agencies (state Department of Health, Department of Medical Assistance Services, Department of Education).

LESSONS LEARNED

- High staff turnover at provider sites reinforces the need for continued training to ensure that new staff are familiar with protocols, including storage, handling, and use of the state's IIS.

- Leverage new partnerships internally and externally. Partnerships within the state health department, including emergency preparedness, and new ties with networks of free clinics present new opportunities to provide vaccine for uninsured adults.
- Although there may not be a systematic way of identifying where uninsured and underinsured adults are located, VAIP works to ensure that enrolled facilities serve the target population, and is aiming to enroll additional sites to ensure statewide coverage.

Leveraging existing networks to promote adult immunization is effective in small rural communities.

- The program has also found success by starting small, testing each site's likelihood of success by identifying a target population, ensuring uptake of vaccine by the target population, and using this data to assess the site's feasibility before scaling up.

PARTNER EXPERIENCE: Southside Health District, Boynton, VA

The Southside Health District covers three counties in southern Virginia. Largely rural, two counties have populations of 30,000-40,000 each and the other has a population of 16,000-18,000. Typical of health districts in the state, LHDs offer family planning, STI, and immunization services. Two FQHCs provide other medical services in the district as well. The district's immunization activities include staff training, storing and administering vaccines, and patient outreach and education. To prevent waste, they order vaccines on a monthly basis at the minimum amount of 10 doses per order for each vaccine.

Line for vaccination clinic.



Identifying uninsured adults can be a challenge in a mostly rural community. The health district relies heavily on word of mouth and reaching out to providers in the area about adult immunizations and the availability of free vaccines for uninsured and underinsured adults. Churches, senior centers, and networks of friends and neighbors help to get the word out organically about availability of services from the health district office. The health district's nursing staff make visits to local providers' offices and meet with these providers to discuss the range of vaccines available and special campaigns to reach certain populations. The health district also shares information about adult immunizations and vaccines for uninsured adults with the local "mom and pop" pharmacy.

Among the uninsured adult population, the health district has served students attending or returning to the community college in the local area who need the varicella vaccine. Overall, due to the small population size, the volume of uninsured adults is minimal. Even so, nursing staff in each county conduct outreach and education to the general adult population about immunizations. Faith-based organizations have been key in relaying information about adult immunization. Continued efforts in outreach and education remain top priority.

CONCLUSIONS

When reaching out to a small and disparate uninsured or underinsured adult population, it is important to leverage

Faith based organizations have been key in relaying information about adult immunization.

partners with other state agencies and at the local level that serve a similar population. Continued outreach efforts to local providers and patient education about adult immunizations are essential, though time and labor intensive. To build a successful program, start small and evaluate the process over time.

STATE CONTACT INFORMATION

Virginia Department of Health Division of Immunization

109 Governor Street
Richmond, Virginia 23219
(804) 864-805

[Section 5](#) of this guide provides a complete list of resources.

Bethany McCunn (Virginia Department of Health Division of Immunization) and Julia Gwaltney (Southside Health District) were interviewed for this story.



Systematically including partners in planning an adult immunization program provides a broad perspective and ensures the best use of limited resources.

The Washington State Department of Health, Office of Immunization and Child Profile allocates CDC funding for a staff person who spends half of their work hours as an adult immunization coordinator. The office also uses approximately \$1.4 million annually in Section 317 funds for vaccines for uninsured and underinsured adults. Finally, it obtains national, state, and county data sources to help identify areas and populations within Washington that are more likely to be uninsured or underinsured. It works with many types of providers who serve uninsured adults, including tribal clinics, LHDs, pharmacies, community health clinics, and others. It is challenging to determine

where these adults will seek care, so Washington State communicates with a variety of stakeholders to identify and help promote vaccination and vaccine availability.

In 2014, the Washington adult immunization program began assessing its existing program and prioritizing its approach for meeting the immunization needs of uninsured and underinsured adults. It conducted a survey and received responses from more than 200 local public health, tribal and migrant health centers, free clinics, pharmacies, and other providers. It also met with the Immunization Action Coalition of Washington (IACW) and the state Vaccine Advisory Committee (VAC). Its process for gathering input, results, and next steps is summarized in Building Washington's Adult Immunization Program brochure, which can be found in Appendix B. Among other things, it learned that:

- Stakeholders think that disease burden for all ages should be strongly considered when making decisions about which vaccines the state should provide for adults and how to focus adult immunization program efforts.
- Providers' major concerns include reimbursement and vaccine storage equipment costs.
- Providers need immunization health promotion materials that reach adults.
- Adult providers who do not enter data into the IIS are unfamiliar with the system and do not know that it can be used for adult immunizations.
- The requirements of vaccine storage and handling are potential barriers.

The adult immunization program workgroup reviewed multiple access issues, stakeholder priorities, and disease morbidity and mortality data. Access issues included vaccine cost, insurance coverage, geographic barriers, educational needs, and IIS use. These factors determined which vaccines to provide and programmatic priorities.

PARTNERS

The Office of Immunization and Child Profile is currently working with its key partners, including IACW and VAC, to develop a comprehensive adult immunization program aligned with the goals of the National Adult Immunization Plan that will:

- Guide the decisions about which adult vaccines to purchase with Section 317 funds.
- Define barriers to adult vaccination and develop solutions to overcome those barriers.
- Determine what supporting materials and campaigns are needed to educate the public.
- Support healthcare providers in vaccinating adults.
- Promote the use of the Washington state IIS for adults.

The Office of Immunization and Child Profile's partners will continue to provide input and participate in the 317-funded vaccine selection and distribution process and implementation of other aspects of the comprehensive plan.

LESSONS LEARNED

- Discovering where uninsured and underinsured adults receive care, including immunization services, is challenging but essential to developing an effective adult immunization program that is targeted at the underinsured and uninsured adult population. Communicating and working with a variety of partners is also essential to successfully reach pockets of need.

Conducting a formal survey, along with focused meetings with stakeholders, can provide important information from a broad range of perspectives.

Having at least a part of an FTE focused on adult immunizations can facilitate communication with stakeholders and partners.

- An adult immunization program should be formalized. This means developing a systematic approach to decision-making and building connections with a broad range of stakeholders to ensure measurable results and community input.
- Conducting a formal survey and holding meetings with stakeholders can provide important information from a broad range of perspectives. This input guides decisions on the best use of funds for vaccine purchases for the target adult population and helps develop strategies for overcoming cost, lack of patient and provider understanding about the importance of adult immunization, and other barriers to vaccination.
- Having a 0.5 FTE staff position focused on adult immunization helps Washington state ensure that there is a dedicated person to facilitate communication with stakeholders and partners, ensure that decisions reflect the results of provider surveys and input from stakeholder meetings, and verify that implemented activities are consistent with those decisions.

PARTNER STORY: Snohomish Health District, Everett, WA

The Snohomish Health District (SHD) has a vaccine coordinator position supported with VFC and Section 317 funding. Until 2015, SHD conducted vaccination clinics using state-supplied vaccines. Due to funding cuts and a shift in public health foundation priorities, SHD no longer runs routine clinics, but refers uninsured adults seeking vaccines to community health centers. However, SHD continues to operate some vaccination services for adults. During a pertussis outbreak, for example, SHD was able to obtain 1,000 doses of Tdap from a vaccine manufacturer

and contracted with 21 pharmacies throughout the county to administer the vaccine.

SHD runs the Viral Hepatitis Prevention and Outreach Program, which serves people who inject drugs or have hepatitis C. Program services include hepatitis counseling and testing, education, and vaccination with state-funded Tdap and combined hepatitis A and B vaccines. SHD promotes this program and offers Tdap and hepatitis A and B vaccines to its clients in a variety of locations, including at needle exchange programs, health fairs, and annual vaccination clinics for the homeless.

LESSONS LEARNED

- It is especially important when vaccinating high-risk populations to enter vaccinations into the state IIS and utilize the IIS to assess vaccination history. Use of IIS is critical so that their vaccination records are consolidated and all providers have access to either vaccination histories so that patients receive needed vaccines, but not get vaccines they have already had. SHD staff members bring laptops with them to all vaccination events to facilitate use of the IIS.
- The absence of public health immunization clinics that vaccinate adults with supplemented or reduced cost vaccine has created a void in the healthcare system. Vaccinations are expensive and many adults still do not have a medical home. State health insurance does not cover vaccinations, except flu, at pharmacies and many providers do not carry the entire adult recommended vaccines due to the cost.

CONCLUSION

Taking a systematic approach to data collection, developing a comprehensive plan based on the results of data collection and expert advice, and dedicating staff time to implementation and evaluation ensure the best approach to increasing adult immunization access. A comprehensive adult immunization program should consider using available funds to purchase vaccines for uninsured and underinsured adults, as well as implement educational and promotional activities for providers and the public.

STATE CONTACT INFORMATION

Washington State Department of Health Office of Immunization and Child Profile

PO Box 47830

Olympia, Washington 98504-7830

(360) 236-3720

[http://www.doh.wa.gov/
ForPublicHealthandHealthcareProviders/
PublicHealthSystemResourcesandServices/
Immunization](http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization)

WASHINGTON RESOURCES

See [Appendix B](#) for a copy of the Adult Immunization Program Survey and the Building Washington's Adult Immunization Program brochure

[Section 5](#) of this guide provides the complete list of resources.

Ann Butler, Columba Fernandez, and Jan Hicks-Thompson (Washington Office of Immunization and Child Profile), and Kelly Barrows (Snohomish Health District) were interviewed for this story.

SECTION 5.

ADAPTABLE RESOURCES AND STRATEGIES TO VACCINATE UNINSURED AND UNDERINSURED ADULTS

The following provide examples of resources and forms that can be adapted for your state's program to provide vaccine for uninsured and underinsured adults.

SELECT STATE AND LOCAL PROGRAMS THAT PROVIDE VACCINES FOR UNINSURED AND UNDERINSURED ADULTS

Michigan Programs to Assist Adults Clients in Paying for Vaccines

https://www.michigan.gov/documents/mdhhs/Helping_Adults_Pay_Vaccine_514117_7.pdf

Minnesota Uninsured and Underinsured Adult Vaccine Program

<http://www.health.state.mn.us/divs/idepc/immunize/adultvax/>

Philadelphia Vaccines for Adults at Risk

<http://kids.phila.gov/index.php/programs/vaccines-for-adults-at-risk/>

Vermont Vaccine Purchasing Program

<http://www.vtvaccine.org/vtvaccine.nsf/pages/home.html>

Building Washington's Adult Immunization Program

Survey Results and Survey Tool (See [Appendix B](#))

Texas Adult Safety Net Program

<https://www.dshs.texas.gov/immunize/ASN/>

FUNDING VACCINES FOR UNINSURED AND UNDERINSURED ADULTS

Federal Section 317 Funding

CDC Questions Answered on Vaccines Purchased with 317 Funds

<http://www.cdc.gov/vaccines/imz-managers/guides-pubs/qa-317-funds.html>

Vaccine Patient Assistance Programs (PAPs)

PAPs allow providers to submit applications on behalf of uninsured adult patients to vaccine manufacturers to replace, at no cost, doses of vaccine administered to eligible patients. (See [Appendix A](#).)

PURCHASING VACCINES AT A DISCOUNT

340B Prime Vendor Program (PVP)

PVP is a HRSA program that enables hospitals, community health centers, clinics, and other safety-net providers to purchase outpatient pharmaceuticals, including vaccines, at discounted pricing: <http://www.hrsa.gov/opa/index.html>; <https://www.340bpvp.com/controller.html>



Apexus is the contractor for the 340B Drug Pricing Program. *Apexus Answers* Call Center: 888.340.2787. Email: apexusanswers@340bpvp.com

Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP)

MMCAP is a free, voluntary group purchasing organization for government facilities that provide healthcare services. Using volume contracting, MMCAP provides discounted influenza vaccine. Website: www.mmcap.org. Email: mn.multistate@state.mn.us. Phone: 651.201.2420.

Other Group Vaccine Purchasing Organizations

Group purchasing organizations combine orders from multiple providers in order to receive volume discounts on vaccines from manufacturers and distributors. Providers participating in group purchasing can benefit significantly from these savings. Vaccine group purchasing organizations and [information](#) about group purchasing can be found on the Internet. Here is one example: Physician's Alliance of America: <https://www.physall.com/group-purchasing-organization>

PURCHASING VACCINES ON STATE CONTRACTS

If your agency is a government entity, contact your state immunization program to see if you can piggyback onto their contracts to purchase vaccines at government-negotiated prices.

FOUNDATIONS AND COMMUNITY GRANTS

Family foundations, vaccine manufacturers, service organizations such as Rotary, and even businesses sometimes provide support for, or co-sponsor, vaccination activities (e.g., a special Tdap clinic, zoster vaccine for uninsured seniors, etc.). Large health insurers and health system organizations also often have foundations. This is also an opportunity to build relationships with organizations in your community.

Example: Methodist Healthcare Ministries of South Texas, Inc.
<http://www.mhm.org/fundedpartners>

Examples of State Legislation Providing Funding for Vaccines for Adults

Vermont House Bill 885 E.312.1 18 V.S.A. § 1130 Immunization Funding
<http://www.leg.state.vt.us/docs/2014/bills/Intro/H-885.pdf>, pp. 133-139

Rhode Island L § 23-1-46 (2014)

Immunization Account <http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-1/23-1-45.HTM>
Insurers <http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-1/23-1-46.HTM>

317 Coalition

The 317 Coalition advocates for increased 317 funding and implementing ACIP's and other relevant policymaking bodies' policies <http://www.317coalition.org/index.html>



ADMINISTRATION OF ADULT VACCINE PROGRAMS

Using Standing Orders to Vaccinate Adults <http://www.standingorders.org>

PROVIDER AGREEMENTS FOR STATE-SUPPLIED VACCINE FOR ADULTS

Massachusetts 2017 Agreement to Comply with Federal and State Requirements For Vaccine Administration
(for state-supplied childhood and adult vaccines)

<http://www.mass.gov/eohhs/docs/dph/cdc/immunization/provider-agreement-fed-state-compliance.pdf>

Minnesota 2017 Uninsured and Underinsured Adult Vaccine Program Annual Provider Agreement

<http://www.health.state.mn.us/divs/idepc/immunize/adultvax/uuprovenroll.pdf>

Philadelphia Vaccines for Adults at Risk Program Provider Agreement

<http://kids.phila.gov/wp-content/uploads/2016/07/2016-VFAAR-Enrollment-Form.pdf>

or scroll to Provider Enrollment for updated form:

<http://kids.phila.gov/index.php/programs/vaccines-for-adults-at-risk/>

Rhode Island Immunization State Supplied Vaccine (SSV) Program Agreement to Participate Terms & Conditions (for state-supplied childhood and adult vaccines)

<https://kidsnet.health.ri.gov/llr-practice-osm-prod/pdf/Terms-&-Conditions-SSV.pdf>

Vermont 2016/2017 Vaccines for Adults Program Provider Agreement

http://healthvermont.gov/sites/default/files/documents/2016/11/ID_IZ_INFOHCP_VFCVFA_VFAonlyEnrollmentform.pdf

PATIENT ELIGIBILITY SCREENING FORMS

California 317 Eligibility Screening Record for Adult Patients

<http://eziz.org/assets/docs/317forLHD/IMM-376.pdf>

Georgia Eligibility Criteria for Vaccines Supplied by the GA Immunization Program

<https://dph.georgia.gov/sites/dph.georgia.gov/files/Immunizations/November%202015%20Vaccine%20Eligibility%20table.pdf>

Massachusetts State-Supplied Adult Vaccine Availability Table

<http://www.mass.gov/eohhs/docs/dph/cdc/immunization/vaccine-availability-adult.pdf>

Minnesota Patient Eligibility Screening Record Adults 19 Years of Age or Older

<http://www.health.state.mn.us/divs/idepc/immunize/adultvax/uuavelig.pdf>

New Mexico Adult Vaccine Screening Criteria For Public Health Offices

<https://nmhealth.org/publication/view/general/2133/>

Texas Adult Eligibility Screening Record

<https://www.elpasotexas.gov/~media/files/coep/public%20health/immunization%20eligibility%20screening%20form.ashx?la=en>

ORDER FORMS FOR VACCINE FOR UNINSURED AND UNDERINSURED ADULTS

Minnesota Vaccine Order Form - Uninsured and Underinsured Adults

<http://www.health.state.mn.us/divs/idepc/immunize/adultvax/uuavvaxorder.pdf>

Philadelphia Vaccines for Adults at Risk Vaccine Order Form

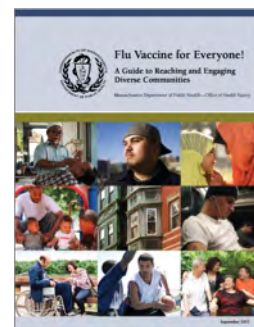
<https://kids.phila.gov/wp-content/uploads/2016/02/VFAAR-Order-Form-2015.pdf>

PROMOTING VACCINATION FOR UNINSURED AND UNDERINSURED ADULTS

Massachusetts Flu Vaccine for Everyone! Reaching and Engaging Diverse Communities

A comprehensive guide to effective outreach to diverse communities.

<http://www.mass.gov/eohhs/docs/dph/cdc/flu/vaccine-admin-diverse-communities.pdf>



Michigan Helping Your Adult Clients Pay for Vaccines

A flyer from the Michigan Immunization Program providing information on state programs and Medicare resources for adult vaccines

https://www.michigan.gov/documents/mdhhs/Helping_Adults_Pay_Vaccine_514117_7.pdf



Minnesota Uninsured and Underinsured Adult Vaccine Program Promotion Toolkit

Resources for clinics to promote the availability of free or low-cost vaccine for adults without insurance or whose insurance does not cover the cost of vaccines.

<http://www.health.state.mn.us/divs/idepc/immunize/adultvax/uuavtoolkit.pdf>

Immunize Oregon Immunization Mini-Grant Project

The Immunize Oregon Immunization Mini-Grant Project supports immunization projects and activities through an annual competitive grant process. Proposals fund innovative projects and partnerships that increase immunization rates, reach underserved populations, or aid and advance the use of evidence-based practices throughout Oregon. A sample funding announcement can be here:

<https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationPartnerships/Coalitions/Pages/MiniGrants.aspx>



HealthMap Vaccine Finder

Let uninsured adults know where they can get vaccines in your community. In addition to your other promotion activities, list your clinics on Vaccine Finder.

<http://vaccine.healthmap.org/about/>

APPENDIX A.

PHARMACEUTICAL MANUFACTURER VACCINE PATIENT ASSISTANCE PROGRAMS

Four vaccine pharmaceutical companies provide vaccine assistance programs (PAPs) to provide vaccines free of charge to eligible adults, primarily the uninsured, who could not afford needed vaccines without assistance. They are Merck, GSK, Pfizer, and Sanofi. Each company's PAP has different eligibility and application requirements. Please see specific information about each PAP below.

ELIGIBILITY: In general, the patient must:

- Be 19 years of age or older (except for Sanofi's rabies vaccine and immunoglobulin).
- Be uninsured or underinsured.
- Have a household income less than 250 percent of federal poverty guidelines.

Note: Exceptions to these criteria may be made on an individual basis.

APPLICATION PROCESS: The process generally entails these steps:

1. GSK requires that provider preregister online. This is only done once. The other PAPs do not require provider preregistration.
2. The patient registers with the program online or by faxing or mailing an application form to the program, with the provider's assistance.
3. The provider submits an additional form each time a registered patient requires additional vaccines.

Note: Providers report that it can take 10–45 minutes to receive authorization after an application form has been faxed in. The Merck PAP requires up to two business days.

TO GET STARTED, BEFORE SEEING PATIENTS:

1. Register as a provider with GSK (the other companies don't require this).
2. Print out several copies of the application forms from each of the four PAPs to have on hand for patients who may be eligible for the PAPs.
3. Provide training for appropriate staff on the use of the PAPs.
4. Keep information about the four programs, including their websites and toll-free numbers, easily available for all staff that may use it.

STEPS FOR EACH COMPANY:

GSK Vaccine Access Program

<https://www.gskforyou.com/vaccines-patient-assistance/>

1-877-822-2911

Vaccines Provided:

- Boostrix - Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed
- Engerix B - Hepatitis B Vaccine (recombinant)
- Havrix – Hepatitis A Vaccine
- Twinrix - Combined Hepatitis A (inactivated virus) and Hepatitis B Vaccine

How the GSK Vaccines Access Program works:

- Prescribers [register](#) online by providing key contact information and attest to the role and responsibilities for participating in the program. When the prescriber registers online, a response is immediately sent regarding program acceptance or denial. If accepted, the prescriber is provided a registration number to use when enrolling patients or completing a [Dose Authorization Request Form](#).
- To enroll patients, the registered prescriber helps the patient complete the [application](#) and then faxes the form, with proof of income, to the GSK Vaccines Access Program at 1-877-VAC-1555. A reply of acceptance or denial will be faxed back to the prescriber, at the number provided on the application, within 10 minutes.
- If the patient is accepted into the program, the prescriber can administer the vaccine. Once accepted into the program, the patient is eligible to receive those GSK vaccines that are offered as part of the program for up to 12 months.
- Prior to administering subsequent doses to an enrolled patient, the prescriber must complete and fax a Dose Authorization Request Form. Once the prescriber has received approval, the dose can be administered.
- Vaccine usage is automatically tracked by the program and replenished on a monthly basis. The first shipment is sent 30 days after the initial dose is used to the address provided on the application.

The GSK Vaccines Access Program does not pay for administrative fees or other office visit fees.

Merck Vaccine Patient Assistance Program

<http://www.merckhelps.com/HCPs.aspx#>

1-800-293-3881

Vaccines provided:

- Gardasil 9 - Human Papillomavirus 9-valent Vaccine, Recombinant
- M-M-R II - Measles, Mumps, and Rubella Virus Vaccine Live
- Pneumovax23 - Pneumococcal Vaccine Polyvalent
- Recombivax HB - Hepatitis B Vaccine, Recombinant
- Vaxna - Hepatitis A Vaccine, Inactivated
- Varivax - Varicella Virus Vaccine Live
- Zostavax - Zoster Vaccine Live

How the Merck Vaccine Patient Assistance Program works:

- Providers do **not** have to preregister for the Merck Vaccine Patient Assistance Program.
- Both the patient and the provider must complete and sign the two-page [Merck Vaccine Patient Assistance Program Application](#).
- Fax both pages of the completed and signed application to 1-800-528-2551.
- A dose of Merck vaccine should not be administered until after the Merck Vaccine Patient Assistance Program provides a confirmation number. This includes subsequent doses in a multi-dose series as a new application for each dose is required. ***Doses of vaccine administered prior to application submission and/or receipt of a confirmation number will not receive replacement product.***
- Merck will replace the doses of vaccine administered to approved patients via quarterly shipments to the licensed prescriber.

Notes: Merck retains the right to select either prefilled syringes or vials for replacement doses, which may or may not be the same as what was administered to approved patients. MMR and Pneumovax23 are not available in single-dose units; therefore, these vaccines can be shipped only when the minimum threshold is reached.

Pfizer Vaccine Replacement Program

www.pfizerRxpathways.com

1-866-706-2400

Vaccine provided:

- Prevnar 13 - Pneumococcal 13-valent Conjugate Vaccine (Diphtheria CRM197 Protein)

How the Pfizer Vaccine Replacement Program works:

- Confirm patient eligibility using the four-page [Enrollment Form for Group C Medicines](#).
- To start the application process, call Pfizer RxPathways at 1-866-706-2400 to confirm patient's eligibility and obtain a unique vaccine replacement approval number before submitting the completed application.
- Complete the enrollment form and fax it to 1-866-470-1748.

The prescriber's stock of the vaccine is refilled after giving it to approved patients.

Sanofi Patient Assistance Connection

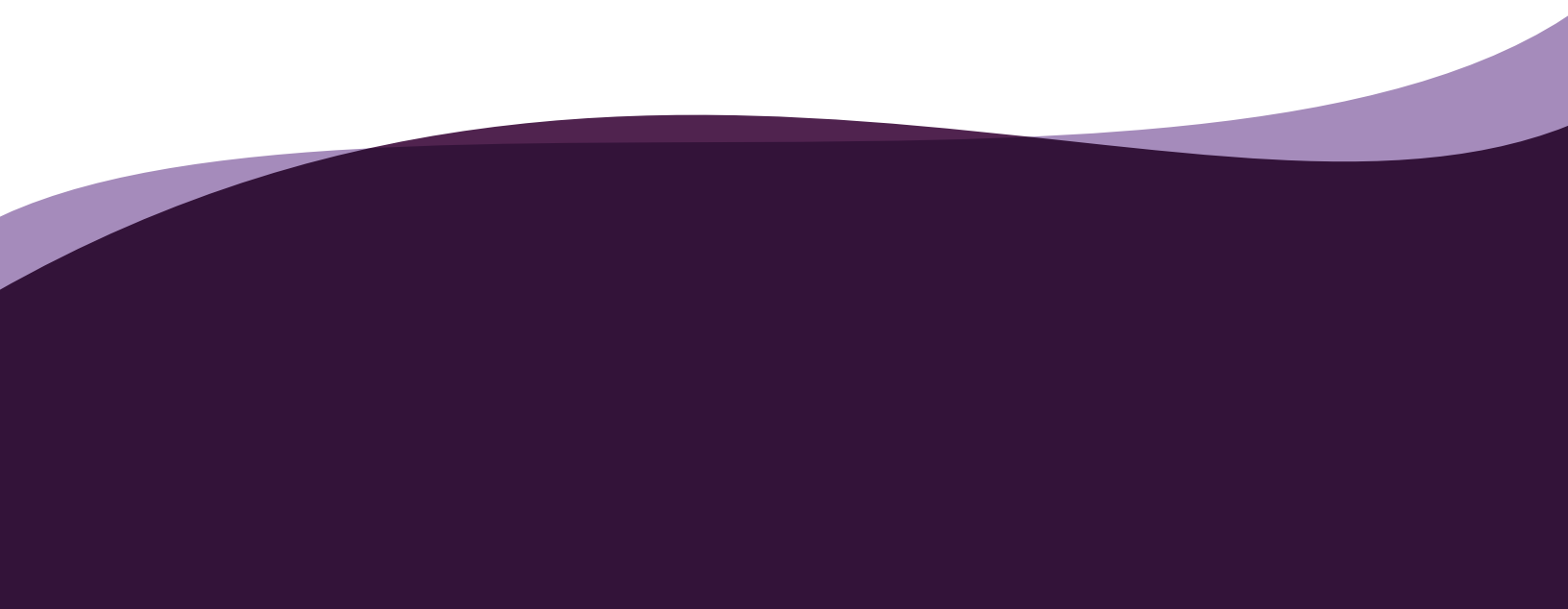
<https://www.visitspconline.com>

1-888-847-4877

Vaccines provided:

- Adacel - Tetanus Toxoid, Reduced Diphtheria Toxoid and Cellular Pertussis Vaccine Adsorbed
- Imogam - Rabies-HT Immune Globulin, (Human) USP, Heat Treated
- Imovax - Rabies Vaccine (Human Diploid Cell)
- Menactra - Meningococcal (Groups A, C, Y and W-135) Polysaccharide Diphtheria Toxoid Conjugate Vaccine
- Menomune - Meningococcal Polysaccharide Vaccines Groups A, C, Y and W-135 Combined
- Tenivac - Tetanus and Diphtheria Toxoids Adsorbed

How the Sanofi Patient Assistance Connection works:

- Providers have to register for the Sanofi Patient Assistance Connection through the provider portal (<https://www.visitspconline.com/>), to enroll and manage their patients into a suite of patient access services. The secure, web-based provider portal is available to give access to patient case status updates, including status of authorization of PAP application, 24 hours a day, 7 days a week.
 - Providers can download the Patient Application form under Quick Links. Click "Download Application Form", also found directly here: http://www.sanofipatientconnection.com/media/pdf/SPC_Application_2016.pdf
 - The provider must complete and sign sections 1, 2, and 3 of the Patient Connection Application. The patient must complete and sign Section 5.
 - The provider can submit the completed and signed application through:
 - Fax to 1-888-847-1797, or
 - Secure Provider Portal: www.visitspconline.com
- 

APPENDIX B.

ADULT IMMUNIZATION PROGRAM SURVEY FROM WASHINGTON STATE

Target Audience: Family Practice, Community and Migrant Health Centers, Pharmacies, Hospitals, Tribal Clinics, and Free Clinics.

INTRODUCTION

The Washington State Department of Health's Office of Immunization and Child Profile requests your participation in this survey. The information we gain through the survey will inform and shape a comprehensive adult immunization program for Washington State. Improving the knowledge of providers and the public about the importance of

vaccination for adults, promoting the use of the IIS to record adult immunizations, and increasing awareness about where adults can get vaccinated will improve adult access to vaccines, and help protect communities against vaccine preventable diseases. This survey will take 5-10 minutes to complete. It can be filled out by any staff person who knows your use of vaccines. The survey would be available online until XX. If you would like more information about the adult vaccine program, please contact <XXX>. Thanks for participating in this survey!

1. Are you from a:

- ☐ Community / Migrant Health Center
- ☐ Free Clinic
- ☐ Higher Education Institution
- ☐ Home Health

- ☐ Hospital
- ☐ LHJ (Local Health Department)
- ☐ Pharmacy
- ☐ Tribal Clinic / Indian Health Clinic
- ☐ Other: _____

2. Name of facility and address: _____

3. Do you provide vaccines to your adult patients?

- ☐ Yes
- ☐ No
- ☐ Some

If so, which ones:

- ☐ Influenza
- ☐ Tdap
- ☐ Td
- ☐ Varicella
- ☐ Human papillomavirus (HPV)
- ☐ Zoster

- ☐ Measles, Mumps, Rubella (MMR)
- ☐ Pneumococcal (PCV13)
- ☐ Pneumococcal (PPSV23)
- ☐ Meningococcal
- ☐ Hep A
- ☐ Hep B
- ☐ Combo (Hep A/Hep B)

If no, where do you refer adult patients to?

- ☐ Local pharmacy
☐ Local Health Department

- ☐ Local health provider
☐ N/A
☐ Other: _____

4. If you currently do not provide vaccines to your adult patients, are you interested in providing adult vaccination services (vaccines, educational materials, referrals, etc.)?

- ☐ Yes ☐ No

IF NO, YOU CAN STOP THE SURVEY NOW. THANK YOU!

5. Are there any barriers to your facility immunizing adults?

- ☐ Yes Explain: _____
☐ No ☐ Don't know

6. Do you enter adult immunizations into the Washington State Immunization Information System (IIS)?

- ☐ Yes, my clinic's Electronic Medical Record (EMR) connects with the IIS
☐ Yes, my clinic manually enters immunization records into the IIS
☐ Yes, my clinic sends a data file to the IIS
☐ Don't know
☐ No

7. What are the barriers to entering adult vaccine records into the IIS?

- ☐ I am not familiar with the IIS
☐ I would need training to use the IIS for adult patients
☐ I am not sure how the IIS would help my adult immunization practice
☐ I did not know we could enter adult records in the IIS
☐ I'm not sure
☐ Other (please explain below) _____

8. Does your facility have a dedicated adult immunization coordinator who can be a contact person for us?

- ☐ Yes ☐ No

If yes, please provide the name of your adult immunization coordinator and contact details:

Name: _____

Phone number: _____

Mailing address: _____

Email: _____

9. Do you partner with any organizations for adult immunization related activities? If yes, which organizations? Check all that apply.

- ☐ Yes ☐ No
- ☐ Immunization Action Coalition of Washington (WithinReach)
- ☐ Washington State Pharmacy Association
- ☐ LHJ (Local Health Department)
- ☐ Please list any other organizations you partner with: _____

10. Are you familiar with the Standards for Adult Immunization?
(www.izsummitpartners.org/adult-immunization-standards/)

- ☐ Yes ☐ Somewhat ☐ No

11. Have you implemented any of the adult immunization standards in your clinic?

- ☐ Yes ☐ No ☐ I'm not sure

Please note which standards you have implemented, if any.

12. What kind of promotional materials would be most useful for your patients or the population you serve?

- ☐ Printed Materials to hand out to patients (Flyers, Brochures, Information sheets)
- ☐ Materials for display in your facility (Posters, Table top tent cards, etc.)
- ☐ Multimedia ready (video, radio, web)
- ☐ Social media (Facebook, twitter, YouTube, etc.)
- ☐ Other: _____

13. The department may offer promotional materials in different languages. In which languages can you use materials, printed or otherwise?

- ☐ Spanish
- ☐ Vietnamese
- ☐ Russian
- ☐ Chinese
- ☐ Korean
- ☐ Tagalog
- ☐ Other: _____

14. What is the best way for the Department of Health (DOH) to get adult immunization information to you?

- ☐ Email – please provide us with an email: _____
- ☐ Mail – please provide us with a mailing address: _____
- ☐ DOH website
- ☐ Webinars
- ☐ Conference calls
- ☐ Other: _____

15. If the Department of Health provided you with vaccines for uninsured or underinsured adults at no charge, which of the following best describes where or how your clinic would administer the vaccine? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Regularly scheduled appointments | <input type="checkbox"/> Health fair |
| <input type="checkbox"/> Walk-in immunizations | <input type="checkbox"/> I am not interested in any vaccines at this time |
| <input type="checkbox"/> Clinic Immunization day | <input type="checkbox"/> Other: _____ |

If the department of health is able to provide vaccines for uninsured and underinsured adults, how would you prioritize the following list? (List from 1 to 13 your highest to lowest priority of these vaccines.)

- | | |
|--|--|
| <input type="checkbox"/> Influenza | <input type="checkbox"/> Pneumococcal (PCV13) |
| <input type="checkbox"/> Tdap | <input type="checkbox"/> Pneumococcal (PPSV23) |
| <input type="checkbox"/> Td | <input type="checkbox"/> Meningococcal |
| <input type="checkbox"/> Varicella | <input type="checkbox"/> Hep A |
| <input type="checkbox"/> Human papillomavirus (HPV) | <input type="checkbox"/> Hep B |
| <input type="checkbox"/> Zoster | <input type="checkbox"/> Combo (Hep A/Hep B) |
| <input type="checkbox"/> Measles, Mumps, Rubella (MMR) | |

16. Are you interested in any kind of adult immunization training for you and your staff?

- ☐ Yes ☐ No

What training topics would benefit your staff? (IIS training, adult vaccination schedule, vaccine storage and handling, etc.)

What would be the best format?

- | | |
|--|--|
| <input type="checkbox"/> Webinars | <input type="checkbox"/> Phone calls |
| <input type="checkbox"/> In-person trainings | <input type="checkbox"/> Reference documents |
| <input type="checkbox"/> Pre-recorded videos | <input type="checkbox"/> Other: _____ |

APPENDIX B. II

BUILDING WASHINGTON'S ADULT IMMUNIZATION PROGRAM

ADULT IMMUNIZATION IS A CRITICAL PART OF HEALTH FOR THE LIFESPAN

Adult immunization is attracting increasing attention nationally as the impact of vaccinating adults on the national burden of health is better understood. We are particularly interested in the interaction between adult and childhood incidents of vaccine-preventable diseases like measles and pertussis and the importance of reaching underserved groups like uninsured and underinsured adults. DOH recognizes that even with limited resources, we can work with our partners to enhance our adult immunization activities.

CURRENT STATE AND CHALLENGES

The Department of Health Office of Immunization and Child Profile receives support from CDC for immunization activities across the lifespan, including funding for 0.5 FTE in our office for adult immunization activities. CDC also provides some support (called 317 funds) for vaccine purchases for uninsured and underinsured adults. These funds (currently approximately \$1.3 million annually) create a baseline for vaccine purchases for this population. The funds are occasionally supplemented with additional CDC funds to enhance the purchases.

These 317 funds for vaccine purchase don't go that far. We need to identify the best way to use the limited vaccine we have available for uninsured and underinsured adults. It's hard to even locate this population, and to identify the places where they receive health care. We know we also need to educate health care providers and the public about the importance of adult immunization.

OUR OBJECTIVES

Washington's immunization program is working with key partners to develop a comprehensive adult immunization program that will:

- Guide the use of our 317 vaccine purchase funds
- Define barriers to adult vaccination and solutions to overcome those barriers
- Determine what supporting materials and campaigns are needed to educate the public
- Support health care providers to vaccinate adults
- Promote the use of our Immunization Information System (IIS) for documenting adult vaccination

OUR PROCESS

We began assessing our existing program and needs in 2014. We created a cross-office coordinating committee to develop a strategy for a statewide assessment of Washington's ability to meet the Adult Immunization Standards and use the results to drive our planning. We sought provider and partner advice about the direction of our adult program through a statewide survey and presentations at the Immunization Action Coalition of Washington (IACW) and the state Vaccine Advisory Committee (VAC).

Adult Immunization Standards (National Vaccine Advisory Committee, 2013)

1. Assess immunization status
2. Recommend needed immunizations
3. Administer immunizations (or refer if not providing directly)
4. Document all immunizations given

We are currently conducting a cost-benefit analysis of adult vaccine purchase options to determine which adult vaccines are likely to have the greatest positive impact on the public's health if provided at no cost to those who do not have insurance coverage for vaccines.

We will combine the feedback we've received from stakeholder groups with our cost-benefit analysis and check our conclusions against the Adult Standards framework to create a comprehensive approach.

WHAT WE'VE LEARNED

Our survey reached local health, private providers, tribes, migrant health centers, free clinics, pharmacies and other provider types. We learned what providers need to provide adult vaccines and use the IIS, including which vaccines they want our program to provide for uninsured and underinsured adults. Key findings include:

- We need to include "Patient Barriers" and "Clinic Leadership" as key factors, in addition to the other Adult Immunization Standards
- 80% of respondents provide vaccine to adults, especially flu and pertussis vaccines
- The major concerns for those that do not immunize adults are reimbursement and equipment costs

- Those who do not enter adult data into the IIS say they are unfamiliar with the system, need training, and do not know that the IIS can be used for adult immunizations

KEY FINDINGS FROM IACW AND VAC INCLUDED:

- Providers need guidance on reimbursement
- Vaccine storage and handling costs are potential obstacles
- Decisions about vaccine purchases by the state should be based on relative burden of disease

NEXT STEPS

- We will draft a vaccine distribution process and present it to VAC
- We will determine what public and provider education materials are needed to complement our vaccine choices and keep adult immunization in the spotlight
- We will conduct a two-year evaluation of our adult program for CDC, by piloting the provision of vaccine for vulnerable uninsured and underinsured adults to test our plan
- We will align our plan with the goals of the *National Adult Immunization Plan* (US Department of Health and Human Services National Vaccine Program Office, 2016):
 - Strengthen Infrastructure
 - Improve Access
 - Increase Demand
 - Foster Innovation

MARCH 2016

APPENDIX C.

EXAMPLE OF ADULT AND ADOLESCENT IMMUNIZATION COORDINATOR JOB DESCRIPTION (FROM TEXAS)

Each of the eight health service regions in Texas has a dedicated adult and adolescent immunization coordinator whose primary role is to work with immunization providers within their region. The following job description outlines the main responsibilities of the coordinator and can serve as a resource for states interested in creating this role.

I. POSITION DATA:

Position Number(s)	00068502
Functional Job Title	Adolescent/Adult Immunization Technician
Class Title	Public Health Prevention Specialist II
Class Number	4074
Salary Schedule/Group	B16
FLSA Status	4
Work Location	Corpus Christi
HHSAS Department Name	DSHS
HHSAS Department ID Number	R1H000
Bureau/Facility/Division	HSR-11
Agency	Department of State Health Services

II. IMMEDIATE SUPERVISOR OF POSITION:

Supervisor's Name:	
Supervisor's Employee ID Number	
Supervisor's Position Number:	
Supervisor's Phone Number:	

III. BRIEF JOB DESCRIPTION:

Under the direction of Health Service Region 11 Immunization Program Manager, this position is part of the Regional Immunization infrastructure and provides routine educational, consultative, and technical assistance work on immunization issues that impact adolescent and adult populations. This position serves as the HSR Subject Matter Expert on adolescent and adult vaccine recommendations, and will be a consultant to all immunization functional areas. Regularly assesses the educational needs of the Region in relation to adolescent and adult immunizations and standards of immunization practices. Is responsible for implementing Regional immunization activities targeting adolescents and adults. Routinely works with community groups that reach adolescents and groups that serve adult populations. Actively recruits adolescent healthcare providers to participate in the Adult Safety Net (ASN) Program and ImmTrac/IIS, the statewide immunization registry/Immunization Information System. Measures the effect of educational efforts and completes routine reports. Assists with tracking, analysis, and reporting of data on adolescent and adult immunizations. Attends work on a regular and predictable schedule in accordance with agency leave policy and performs other duties as assigned.

Employee maintains an acceptable driving record that meets the standards developed by the Texas Department of Public Safety (DPS) and safely operates either a state owned vehicle or personal vehicle to conduct state business in accordance with DSHS Policy OS-3901, Fleet Operations and Management & Procedures, and Texas motor vehicle, traffic and driving licensing law. Employee must have a valid Class C Texas driver's license or equivalent license from another state. Employee actively participates and/or serves in a supporting role to meet the

agency's obligations for disaster response and/or recovery or Continuity of Operations (COOP) activation.

IV. ESSENTIAL JOB FUNCTIONS (EJF): LIST IN ORDER OF IMPORTANCE THE ESSENTIAL JOB FUNCTIONS.

Following each EJF, indicate in parentheses () the percentages of time spent. Percentages should be in increments of 5% and not exceed 100%.

(35%) Education

Assesses the educational needs of the Region and identifies adolescent and adult populations for extensive outreach and education on the importance of immunization. Develops and delivers presentations to all audiences as appropriate on all aspects of the Immunization Program. Provides training and guidance to physicians, nurses, parents and the general public on influenza and other vaccine preventable diseases, vaccines specific to adolescent and adult populations, vaccine schedules, and vaccine recommendations. Develops presentation materials using Power Point, Word, or other available software. Locates and makes room reservations at prospective facilities, or schedules onsite education. Establishes working relationships with community groups that serve the adolescent and adult populations. (Community groups include schools, long-term care facilities, age-specific health care providers, senior citizen groups, and others.) Attends Collaboration/Coalition meetings, providing technical assistance and direction. Meets with outside vendors as needed.

(35%) Interagency Collaboration

Works with the Austin Office to implement the Adult Safety Net (ASN) provider recruitment plan. Monitors the ASN Provider recruitment plan by working with Austin

Office staff, program staff, and local health departments/districts to identify areas of need. Maintains the database of enrolled and potential providers that is provided by the Austin Office in an Excel format. Identifies potential providers. Develops recruitment strategies. Works with staff on recruitment processes. Obtains state developed recruitment materials. Assembles recruitment packets. Visits potential providers. Tracks recruitment efforts. Conducts presentations to potential providers using state-developed promotional materials. Enrolls new providers. Explains requirements to providers, answers questions, and clarifies issues. Provides written protocols and information to providers. Trains provider staff. Works with staff to provide timely information to providers. Works with providers and staff to address and resolve provider issues. Promotes the TVFC program and the ImmTrac/IIS immunization registry/immunization Information System by providing information to other programs, providers, clinics, and the general public. Produces Quarterly recruitment reports, letters, memos, forms, reports, announcements and posters using computers on the following or similar software: MSWord, Excel, or Access.

(25%) Partnership

Develops working relationships with community partners, healthcare providers, local health departments, school nurses, Head Start programs and other local/state agencies. May assist or lead the planning and implementation of special immunization clinics for adolescents and adult groups within the community. Works with preparedness programs to assure preparedness for influenza pandemics and other events requiring a vaccination response, including developing or updating, exercising, and ensuring maintenance plans for large-scale, mass vaccination, identification and vaccination of critical infrastructure personnel and priority groups. Works with new and existing partners to increase demand for seasonal influenza vaccines to improve preparedness for influenza pandemic, including school-located vaccinations.

(05%) Other Duties

Assists Immunization Program Manager with other duties as assigned.

TOTAL TIME SPENT: 100%

V. LICENSURE, CERTIFICATION, OR REGISTRATION REQUIRED:

List the licensure, certification, or registration required to perform this job: Texas valid Driver's license.

VI. KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED:

List the knowledge, skills, and abilities critical to performance in this position:

- Knowledge of Standards of Immunization practices for children, adolescents, and adults.
- Knowledge of school immunization requirements.
- Knowledge of the VFC program, PICS, and ImmTrac.
- Skill in preparing and presenting oral and written information and training to a variety of audiences.
- Skill in utilizing computer programs including Word, Excel, Power Point, TWICES, and ImmTrac.
- Skill in presenting complex information in a clear and effective manner.
- Ability to establish and maintain relationships with public and private providers, school officials, stakeholders, and other community groups.
- Ability to understand and interpret policies and procedures.
- Ability function independently, problem solve, and exercise professional judgment.
- Ability to communicate effectively orally and in writing.
- Ability to adhere to DSHS Universal Expectations, Guiding Principles, Code of Ethics, and Standards of Conduct.

APPENDIX D.

INTERVIEW GUIDE FOR STATE AND LOCAL IMMUNIZATION PROGRAMS

I. PURPOSE

This project aims to identify immunization programs that provide vaccines to uninsured adults using Section 317 and/or state funding, and to determine current promising practices, which improve accessibility to vaccination services for the target population. This project will strive to identify methods to improve access to vaccination services for uninsured adults and disseminate best practice resources for state and local health departments to employ to meet the vaccination needs for uninsured adults.

II. INTRODUCTION:

Thank you for agreeing to participate in a telephone interview. My name is _____. I am conducting this interview on behalf of the Association of State and Territorial Health Officials (ASTHO), in collaboration with the Immunization Services Division at the Centers for Disease Control and Prevention. The interview will take no more than 60 minutes. The purpose of this project is to identify and share current promising practices among immunization programs that provide vaccines to uninsured adult using Section 317 and/or state funding.

After the interview, we will draft a 2-3 page summary story to highlight the work that you are doing. We would also appreciate being able to share any forms that you use for your program that help with vaccination of uninsured adults. We will share the draft with you to review and make sure that we have captured the information correctly. At that time, please feel free to share with us any suggested changes that you would like to make to the document. Once the document is finalized, our plan is to post the collection of all state stories on our website to highlight the work that you and others are doing to provide promising practices for other states to consider.

You should have received an email inviting you to participate that contained an overview of the types of questions that I would like to ask you today. This was provided to you just in case you wanted to preview the questions prior to the interview, but you certainly did not need to review or prepare for these questions in advance of the interview. Did you receive the email and overview of the questions? *(If not, interviewer will immediately resend via email and then continue with interview.)* Do you have any questions before we begin?

Do you have any objections to my recording this interview? *(If the interviewee does not provide permission to record the interview, the interview will continue and the interviewer will take notes throughout the interview.)*

III. INTERVIEW QUESTIONS

SECTION 1:

As I previously mentioned, one of the primary purposes of this project is to identify current promising practices among immunization programs that provide vaccines to uninsured adults using Section 317 and/or state funding. During these first several questions, I will ask about your immunization program for uninsured adults, partners that you utilize, how you identify uninsured populations, and how you monitor and fund the program.

Category 1: Landscape of Adult Immunization

1. What are the goals of the *[the state]* adult immunization program for uninsured adult populations
2. What would you say the state immunization program's role is in meeting those goals?
3. How does *[say the state that you are interviewing; e.g., "Minnesota's", or "Washington's"]* program to provide vaccines and vaccination services to uninsured adults work?

Probing questions:

- ☐ Describe the activities that the *[state]* immunization program undertakes to provide vaccines and vaccination services to uninsured adults?
 - ☐ Do you directly provide vaccines/vaccination services to uninsured adults, or do you work through your partners, or both? *[Clarify: are you referring to flu or other adult vaccines?]*
 - ☐ What vaccines do the adult providers offer at their sites (e.g., Tdap, Pneumococcal, Flu, MMR, Hep A, Hep B, Meningococcal, Zoster, Varicella, Hib)?
4. What are some challenges in your work to provide vaccines and vaccination services to uninsured adults?

Probing questions:

- ☐ Identifying and reaching uninsured adults?
 - ☐ Availability of vaccines?
 - ☐ Are there any vaccinations that providers will not offer at their site? And why?
5. How have you addressed these challenges?

Category 2: Partners Utilized

6. For this question, please refer to the list of partner types that are in the interview guide. Who are the community partners and/or adult vaccinators in your state that provide vaccines to uninsured adults?
 - ☐ Local health department clinics (county, district, city, etc.) (not HIV, TB, or STD clinics)
 - ☐ Public Clinics
 - ☐ HIV
 - ☐ TB
 - ☐ Family Planning
 - ☐ STD
 - ☐ Primary Care
 - ☐ Family physicians
 - ☐ Internal medicine

- Ob/Gyns
- Drug Treatment facilities/needle exchange programs
- Hospitals
- Correctional institutions
- Community vaccinators
 - Private company that holds clinics throughout the community.
 - VNAs
- Community Colleges / other institutions of higher learning (that might not offer school-sponsored insurance, and students may not have insurance through family)
- Community health centers
- Migrant health centers
- Pharmacists
- Tribal Health Centers
- Free Clinics (non-hospital based, can be sponsored by a hospital, but is a separate site)
- Faith-Based organizations
- Community-based organizations (non-governmental, non-religious non-profits that serve specific communities such as mutual assistance associations, etc.)
- Homeless Health Services, Shelters, Food Pantries (may be governmental, religious, or non-governmental nonprofit)
- Immunization Coalition
- Other

7. How did you identify these partners?

8. How do you solicit interest from potential organizations? Please describe the process of identifying and enlisting the support of partners.

Probing questions:

- How did they become a partner?
- How do you communicate with partners?
- How are potential vaccine providers recruited?
- Do you have a form or other tool that you use to recruit potential vaccine providers?
- If yes, can you share the form or tool for our online toolbox?

9. Who are the two or three most important partners in providing vaccines or vaccination services to uninsured adults?

- Describe what they do.
- Could you provide with contact information for the best person to talk to at these organizations?

Category 3: Identification of the Uninsured Adult Patient Population

10. How do you identify the uninsured adult population in your state?
11. What resources or tools, if any, do you use to assist in identifying and/or finding uninsured adult patient populations?

Probing questions:

- ☐ If yes, can you share the screening tool for our online toolbox for other states that are considering a similar program to view
- ☐ Who offers the screening?
- ☐ What happens after a person is identified?
- ☐ How is the connection made to get them into services?

Category 4: Monitoring the vaccination of uninsured adults

12. How does your state monitor vaccination rates for uninsured adults in your state?

Probing questions:

- ☐ Use of Immunization Registry?
 - ☐ What challenges, if any, do providers of adult vaccine have in using the immunization information system (i.e., immunization registry)?
13. What are some of the challenges in monitoring vaccination of uninsured adults?
14. How is the [state] immunization program addressing some of the challenges to monitoring vaccination of uninsured adults?

Category 5: Funding Mechanisms

15. How is the adult vaccination program for uninsured adults funded?

Probing questions:

- ☐ What are funding sources used? (e.g., state funds, Section 317, private funds? other?)
 - ☐ How might the program be sustained? How do you plan to sustain the program?
 - ☐ Are there plans to identify additional funding sources? Why or why not?
16. Do you or your partners use any of the vaccine manufacturers' patient assistance programs? If necessary, add, "These are programs through which the vaccine manufacturers replace at no cost doses of vaccines administered to uninsured adults.)

SECTION 2:

There are just a few more questions. During this next section, I will ask questions about *lessons learned and any other information* that you would like to share.

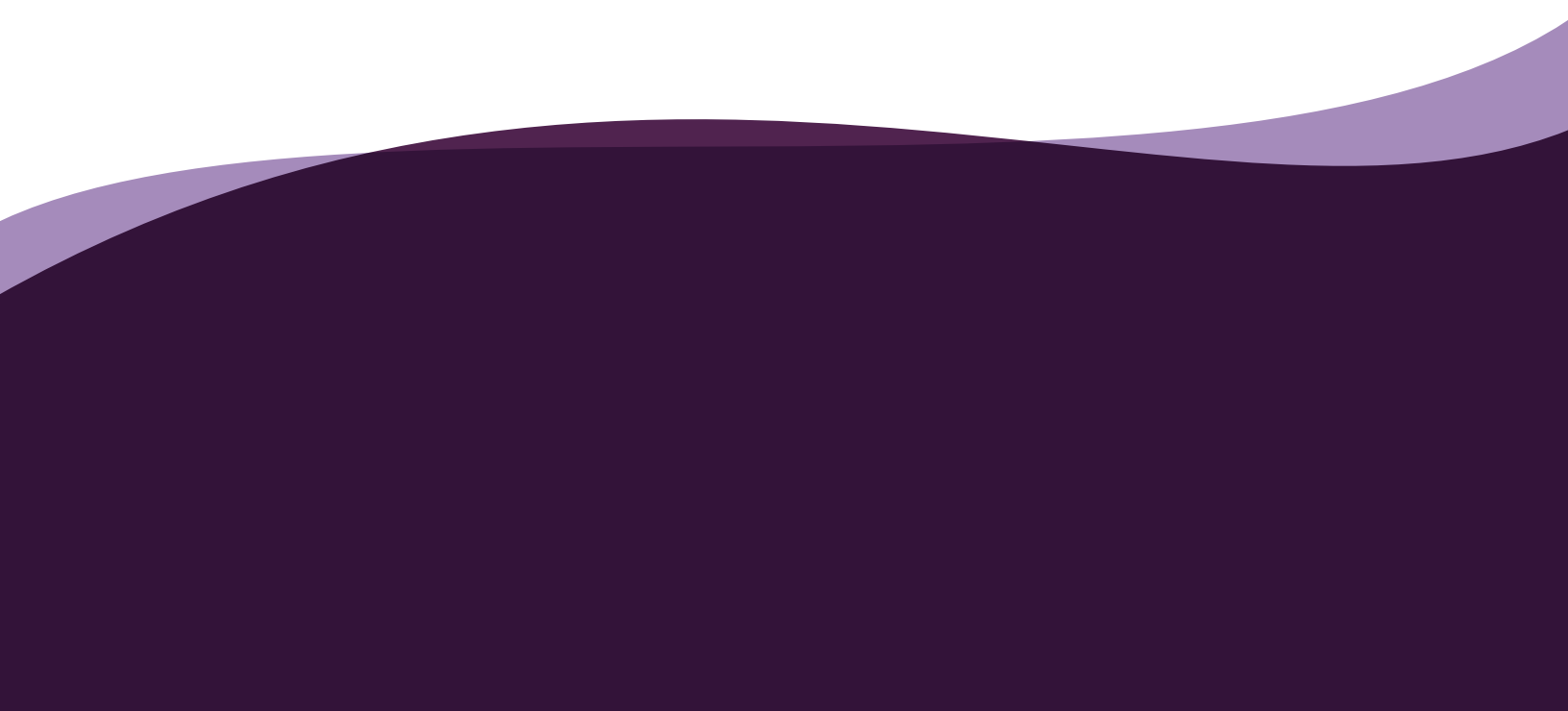
Category 1: Lessons learned

1. What are the top successes with your adult immunization program for uninsured adults?
2. Can you share lessons learned specifically about:
 - a. Engagement of partners
 - b. Funding and sustaining the program for uninsured adults
3. What is unique about *[your state]* that enables you to continue this work (e.g., state policies in place? infrastructure in place?)
4. How do you measure the impact of your vaccination program for uninsured adults?
 - a. Are there reports or other analyses that you would be willing to share?
5. What, if anything, would you do differently if you could?
6. What recommendations would you give to another state that is trying to start a similar program?

Category 2: End of Interview Questions

7. Do you have anything else that you would like to share with me?
8. Are you able to share forms or other tools that you use for your program?
9. Is there anything that I should have asked about?
10. Do you have any questions for me?

Again, thank you so very much for your time today. Please expect to hear back from me within the XXXX months after I have compiled the story and it is ready for your review. In the meantime, if you have any questions or have additional information that may be helpful for us to know, please feel free to contact me at 616-482-9485.



APPENDIX E.

INTERVIEW GUIDE FOR PARTNERS

I. PURPOSE

This project aims to identify immunization programs that provide vaccines to uninsured adults, and to determine current promising practices, which improve accessibility to vaccination services for the target population. This project will strive to identify methods to improve access to vaccination services for uninsured adults and disseminate best practice resources for state and local health departments to employ to meet the vaccination needs for uninsured adults.

II. INTRODUCTION:

Thank you for agreeing to participate in a telephone interview. My name is _____. I am conducting this interview on behalf of the Association of State and Territorial Health Officials (ASTHO), in collaboration with the Immunization Services Division at the Centers for Disease Control and Prevention. ____ *(Name of state immunization program contact)* _____, from the ____ *(State)* _____ Immunization Program, recommended that we speak with you.

The interview will take **no more than 30 minutes**. As you may know, the purpose of this project is to identify and share current promising practices among immunization programs that provide vaccines to uninsured adults.

What you share from this interview will be part of a 2-3 page summary story to highlight the work of *[state]* in

providing vaccines to uninsured adults. We would also appreciate being able to share any forms that you use for your program that help with vaccination of uninsured adults. We will share the draft with you to review and make sure that we have captured the information correctly. At that time, please feel free to share with us any suggested changes that you would like to make to the document. Once the document is finalized, our plan is to post the collection of all state stories on our website to highlight the work that you and others are doing to provide promising practices for other states and programs to consider.

You should have received an email inviting you to participate that contained an overview of the types of questions that I would like to ask you today. This was provided to you just in case you wanted to preview the questions prior to the interview, but you certainly did not need to review or prepare for these questions in advance of the interview. Did you receive the email and overview of the questions? *(If not, interviewer will immediately resend via email and then continue with interview.)* Do you have any questions before we begin?

Do you have any objections to my recording this interview? *(If the interviewee does not provide permission to record the interview, the interview will continue and the interviewer will take notes throughout the interview.)*

INTERVIEW QUESTIONS

SECTION 1:

As I previously mentioned, one of the primary purposes of this project is to identify current promising practices among immunization programs that provide vaccines to uninsured adults. ***During these first several questions, I will ask about your immunization program for uninsured adults, how it is funded, the partners that you work with, how you identify uninsured populations, and how you monitor the program.***

Category 1: Landscape of Adult Immunization

1. How does your agency/organization/program provide vaccines and vaccination services to uninsured adults? Describe the activities that your agency/organization undertakes to provide vaccines and vaccination services to uninsured adults.

Probing questions:

- Do you participate in the pharmaceutical companies' patient assistance programs (PAP) to replace doses of vaccine administered to uninsured adults?
- In what settings do you vaccinate uninsured adults?
- What vaccines do you offer at your sites (e.g., Tdap, Pneumococcal, Flu, MMR, Hep A, Hep B, Meningococcal, Zoster, Varicella, Hib)?
- Are there any vaccines that you do not provide to uninsured adults? Why?

2. How is your program for uninsured adults funded?
3. What are some challenges you encounter in providing vaccines and vaccination services to uninsured adults?

Probing questions:

- Identifying and reaching uninsured adults?
- Availability of resources (funding, personnel, supplies, space, etc.)
- Availability of vaccines?

4. How have you addressed these challenges?

Category 2: Partners Utilized

5. Besides the [state] Immunization Program, do you work with any other partners in vaccinating uninsured adults?
 - Who are these partners?

Category 3: Identification of the Uninsured Adult Patient Population

6. How do you identify the uninsured adults within your catchment area or target population?
7. What resources or eligibility tools, if any, do you use to assist in identifying uninsured adults for vaccination services?

Probing questions:

- Can you share the eligibility screening tool for our online toolbox for other states that are considering a similar program to view?
- Who offers the screening?
- What happens after a person is identified?
- How is the connection made to get them into services?

8. How do you promote your vaccination services to uninsured adults?

Probing questions:

- Do you have specific outreach materials?
- Is vaccination status part of your in-take process?

9. Do you conduct any follow-up to bring uninsured adults in for follow-up doses of vaccines administered in series?

- If yes, how do you do this?
- What are some challenges to follow up and how have you addressed these challenges?

Category 4: Monitoring the vaccination of uninsured adults

10. Do you use the state's immunization registry for adults?

Probing questions:

- ***If yes***, how do you use the immunization registry?
 - Identify vaccines due or overdue for individual patients?
 - Develop lists of patients due or overdue for vaccines?
 - Other?
 - What challenges, if any, do you have in using the immunization information system (i.e., immunization registry)?
- ***If no***, how do you keep track of which vaccines an uninsured adult needs?

11. What are some of the challenges in monitoring vaccination of uninsured adults?

SECTION 2:

There are just a few more questions. During this next section, I will ask questions about ***lessons learned and any other information that you would like to share.***

Category 1: Lessons learned

1. What do you consider to be your successes in identifying and vaccinating uninsured adults?
2. What are some resources that you find helpful in identifying and vaccinating uninsured adults?
3. What recommendations would you give to another agency or program that is trying to start a similar program?

Category 2: End of Interview Questions

4. Do you have anything else that you would like to share with me?
5. Do you have any questions for me?

Again, thank you so very much for your time today. Please expect to hear back from me in approximately a month after I have compiled the story and it is ready for your review. In the meantime, if you have any questions or have additional information that may be helpful for us to know, please feel free to contact me at 617-482-9485.

