Maternal and Child Health (ACEs) Meeting Summary

Meeting Summary – August 1st, 2018

Support and Backbone Staff: Caroline Sedano - *CHOICE*, Madi Tanbara - *CHOICE*, Abby Schroff - *CHOICE*
In Attendance: Jennifer Helseth – *Department of Early Learning*, Christina Garcia – *Molina Healthcare*, Katie Strozyk – *Lewis County Public Health*, Gary Burris – *Child Care Action Council*, Elizabeth Custis – *Mason County Public Health,* Phyllis Cavens, M.D. – *Child and Adolescent Clinic*, Apple Martine – *Thurston County PHSS,* Gretchen Thaller – *Thurston County PHSS*

I. Welcome, Introductions, Objectives

Caroline welcomed the group and provided an overview of the objectives for this meeting:

- Introductions
- CPAA Updates
- Immunizations: Data, Barriers to Care, Solutions, Goals and measurement
- Next Steps & Closing

II. CPAA Updates

After facilitating introductions, Caroline spoke to the group about the following CPAA updates:

- 56 organizations submitted an RFP, 20 of whom selected 3B: Reproductive and Maternal & Child Health. The breakdown is as follows:
    - 10 organizations selected One Key Question
    - 9 organizations selected LARCS
    - 7 organizations selected NFP
    - 2 organizations selected PAT
    - 5 organizations selected School Based Health Centers
    - 5 organizations selected Bright Futures
    - 2 organizations selected Enriched Medical Homes
    - 5 organizations selected other interventions

III. Immunizations: Data for Region

Caroline began by sharing regional immunization data, including a graph of the Medicaid Transformation Project immunization metric (percent of children 2 years old under Medicaid who received the 10 HEDIS vaccine series by county) which the AHC will aim to impact.

- Attendees asked why Wahkiakum had such a high rate, Caroline stated that smaller population size for that county was likely a factor.

The next image was of kindergarteners in Washington State with school immunization exemptions, broken down by county, for the 2017-2018 academic year.

- Exemptions included medical, personal, or religious beliefs.
- Pacific, Grays Harbor, and Mason counties have high rates of students with exemptions, falling in the 2.914%-4.094% range

The next graph from Washington State DOH depicted more information on the school immunization exemptions among kindergartners from 2005-2016.

- Washington State has one of the highest exemption rates in the country; breaking it down into medical exemptions (around 1%) and non-medical exemptions (approx. 3.5% and increase from previous years). Statewide medical exemptions in WA are 6x higher than the national rate.

The final visual, also from the Washington State DOH, depicted kindergartners who are out of compliance with school immunization requirements by county during the 2017-2018 school year.

- Out of Compliance rates are notably higher than exemption rates – example: Grays Harbor, Pacific, and Mason County's rates are around 10-13% out of compliance.
- Out of Compliance refers to kids that did not finish a immunization series, their documentation may be incomplete due to reasons such as moving, changing providers, or social determinants of health preventing utilization of available services
- Encompasses those who may be pro-vaccine, but hesitant to follow recommended schedule and need additional encouragement and information.

IV. Immunizations: Barriers to Care

Caroline presented ecological systems model to depict various barriers to healthcare services.

- Individual (inner circle): Vaccine hesitancy due to misinformation, providers not using appropriate tools/language to ease fears, access to care barriers.
    - Two possible segments: **vaccine hesitancy** (ie, personal opt out or request alternative schedule) and those who **lack accessibility to care** (ie, trouble seeing pediatrician, may only get partial vaccination series but do not return) – social determinants of health & environmental factors may play a role.
- Organizational: Data collection (center): Are clinics administering vaccinations capturing accurate & timely data?
    - Clinics may not have robust collection system.
- Systems: Information Sharing (outer circle): Gaps between systems (county to county, clinic to school, etc.)
    - Includes communication across state lines, when applicable.

Group Discussion Points:

- Hesitance from undocumented families to seek services, not going to healthcare providers or county health department, due to it being a government agency, even though they are not reporting citizenship status. Also drop in WIC clients from this population.
- On-time vaccination not necessarily an issue of access, rather gap in follow- through from clinics and doctors' offices.

Solutions to the presented barriers?

- Individual – marketing & social media campaigns to target parents and providers and counter anti-vaccine messages, client reminders and recalls to promote follow-through.

- Clinical/community interventions – quality improvement, conversation guides for providers to boost reception from parents, school-based immunization clinics to take clinical practices out into the community to increase access.
- Policy—data sharing, collaboration between agencies to close communication gaps.

Marketing – Consumer Education

Caroline presented examples of campaigns that other regions have used to promote vaccines, including Immunity Community, which is WA-based.

- Child-focused imagery and messaging, non-threatening, friendly tone, targeting diseases that are not necessarily on the forefront of people's minds, normalizes vaccines.
- CDC has examples of scripts for Twitter/Facebook posts, radio spots, etc. that are for public use.
    - Create library for organizations to use, CPAA can possibly contribute.

Clinical or Community Based Strategies

- The Immunity Community – engagement strategy for reducing vaccine hesitancy, encourages parents and providers to be champions for vaccinations through training, connect with other parents in person and online to spread the message.
    - No behavior change found, but perception change in vaccine hesitant parents. Also very expensive and tested in higher income areas, SES and Medicaid not factored in.
- Non-clinical settings for vaccines – TOGETHER & Community in Schools, WIC
- P-TCPI—Initiative focused on improving clinical programs, recall and registries around immunizations and well-child visits.
    - Caroline spoke with some pediatric clinics (Oly Peds, NW Peds). These sites recently implemented client reminders and recall systems to encourage families to come back to the clinic for follow up visits. These efforts seemed to improve timeliness and completion of immunizations, many CPAA area clinics already using this method to address gaps in care.
    - Phyllis Cavens from Child and Adolescent Clinic shared that well-child care requires change in clinical care, the key is a trusting patient-provider relationship. 11 well child visits in the first 3 years, develop trust over time, family is a partner in the child's care, best basis for overcoming vaccine hesitancy.
    - Physician outreach during appointment, reminders via postcard, text when vaccines are due or if appointment is missed, avoid separate visits just for vaccines.
- Provider/parent discussions: How providers initiate and pursue vaccines recommendations is associated with parental vaccine acceptance.
    - Two types of language**: presumptive** and **participatory**.
    - Participatory had higher odds of parental resistance, which means the way providers talk about vaccines can impact parental decision and behavior around vaccines. Unintended consequences: Presumptive language may limit parents' opinions and concerns, generally intended to target vaccine hesitant parents of higher SES, more research needs to be done in lower SES and POC communities.
    - Be transparent with the patient about any consequences.

V. Discussion: Opportunities and Challenges

Caroline facilitated discussion among attendees with the following questions:

- What solutions could work for your community?
- What other solutions or interventions would you like to consider?
- What does success look like? What would be different in your community or organization at the end of this project?

Discussion points:

Current Barriers

- Statewide immunization registry – county to county access should not be an issue, use of IIS. Clinic to school may be an issue if immunizations are not in the registry. State to state not connected, communication can be difficult.
    - CPAA potential recommendation: Encourage providers to use IIS, and ensure community partners are aware of the system and regularly using it
- One of the work group members mentioned previous c~~Christina mentioned c~~are coordination w/foster children, they had the option while the parent was on the phone to update immunizations that were not in the system. She noticed a huge immunization gap among foster children.
    - CPAA potential recommendation: Could there be a connection between CPAA and coordinated care (now overseeing medical care for foster children) to see how immunizations are being promoted?
- S~~Jennifer stated that s~~chool nurses who are medically verified now have the option to enter vaccines directly into the system. Potential barrier in CPAA regions is that many schools are not signed up for the module or system is not implemented at all.
    - CPAA potential recommendation: Create school survey, have you heard of this system? Are you opting out?
- Less than 40% of pre-k aged-children are enrolled in a formal childcare program, head start kids usually have a higher vaccine compliance due to coordinated care.
- Many workers in family homes and childcare centers do not have a high level of health training beyond basic certification, some not reporting even though they are required to, often due to lack of support, time, knowledge experience, etc.
- Up-to date immunization for entry into K-12 schooling, but constant change in 0-5 age group, find ways to identify and support those who are not up to date.
- Barriers are frequently day-to-day, ie transportation, multiple children, work schedule
- Lewis County offers immunizations at local health department, going to be significant change from direct service to community collaboration.
- Lack of pamphlets and physical material to handout, often a cost issue.
    - CPAA potential recommendation: support distribution of educational materials to providers and parents about immunization data systems

Outreach Strategy

- Immunization outreach via consultation with childcare facilities to answer questions, often times problems that arise are outside the scope and skills of childcare providers.

- ~~Christina mentioned translating~~Possible translation of Partnership Access Line (PAL), a behavioral health support phone line which provides psychiatric consolation, into immunization support line.
    - ~~Jennifer responded~~A member responded that in-person consultations are usually needed and more effective to sit down and discuss immunizations.

Potential Solutions Identified:

- Make immunizations available where parents already go, ie grocery store.
- Grocery stores w/pharmacies already provide immunizations, but mostly to adults.
    - Examine viability, since store pharmacies already have supplies, resources, tracking system.
- Potential for universal preschool model in the future which could help standardize immunization data
    - However, timing is a little off as HCA metric is for 2 year olds, and UPK would be for 4 and 5 year olds. But could still be beneficial partnership for tracking systems, captive audience for clinics, taking services to the children in a trusted location.
- Emulate head start model at all ages, involve other healthcare providers (ie, dentist).
- Cowlitz County—most students have free & reduced lunch, Medicaid – collaboration is important because of high need, government and non-government organizations take part.
- ~~Katie –~~Lewis County may allocate DOH funds toward printing handouts in English and Spanish
- Social media as a tool to reach parents who may otherwise lose or discard a handout, also target parents whose children are not in a formal childcare setting.
- Include vaccine info. sheet in school welcome packets
- Shareable my IR to access immunization information – pitch to families in Thurston County.
- Ensure that families schedule next appointment before leaving the office or clinic.
- H~~Apple – h~~ome visit services or parent educator is a trusted source that develops over repeated exposure, in a personal setting, room for improvement to further outcomes.
    - ~~Apple –~~ Childcare Action Council is working on increasing ASQ screenings, enact nurse consultations beyond infancy, one-on-one emphasis during well child visit.

VI. Next Steps & Closing

- What partnerships are needed to address the problem?
- What solutions does this group want to focus on for the CPAA region?
- How will we know we are making progress?
    - Partner with VFC and other registry to gather statewide data and input.
    - CPAA initiating local community learning forums within its counties, facilitate dialogue and promote collaboration
    - Mason County using immunization improvement funding from DOH to collaborate with local pediatrician specializing in epidemiology to host event with Shelton school district on Saturday from 10-2 at transit center, easy to access, one way path for visitors, vital signs, vision screenings, food availability, ACEs.
    - Parents to sign consent form, data analyzed to determine success and future events, clear with other departments in the use of laptops and printers.

- ~~o~~ Meeting with WA State Immunization Board on August 8th, 2018, possible meeting after. ~~Caroline will follow up with Jennifer.~~
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Next ACEs work group meeting is August 29th, 2018 from 3:15-4:45 PM
Location: Fairfield Inn and Suites, 6223 197th Way Southwest, Rochester, WA 98579
Submit any requested work group topics or collaboration meetings to sedanoc@crhn.org

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