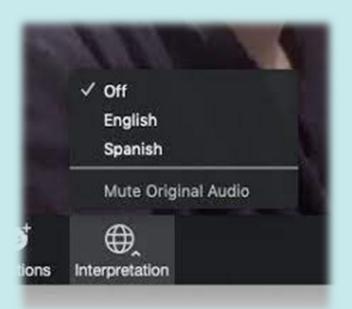


Language Interpretation Interpretación del idioma

To listen to this presentation in Spanish, click the globe interpretation icon and select your language.



Para escuchar esta presentación en español, hacer clic en el ícono del mundo de interpretación y seleccionar su idioma.

Closed Captioning

To enable close captioning, please click on the closed captioning icon and select "Show Subtitles





Housekeeping



Use Zoom chat feature for comments/reactions/links



Click the "Live Transcript" button to enable closed captioning



Use Zoom Q&A to ask a question



Poll and survey will be shown at the end of the webinar



Recording & slides will be shared after the webinar



Agenda

Welcome and Introduction

Julie Scofield

Building Partnerships: An Overview of Current Activities and Strategies to Increase State and Community

Collaboration

Charleigh Granade

Immunization Program Landscape & Collaboration with CBOs

Claire Hannan

Immunization Manager & CBO Partnership Bright Spots

Oregon Health Authority & Living Islands
Wisconsin DHS

Audience Q&A

Key Takeaways and Closing

Julie Scofield

Speakers



Jesper Angelo
CIO & COO
Living Islands



Claire Hannan
Executive Director
Association of
Immunization Managers



Kianna Angelo Founder & Executive Director Living Islands



Laura Kochlefl
Project Manager
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Charleigh Granade
Public Health Analyst
Immunization Services Division
CDC



Rob Smith
Deputy Director
Community Driven Vaccine Program
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Public Health Analyst - Immunization Services Division
CDC



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



Building Partnerships: An Overview of Current Activities and Strategies to Increase State and Community Collaboration

Charleigh Granade, MPH
Immunization Services Division

February 24, 2022

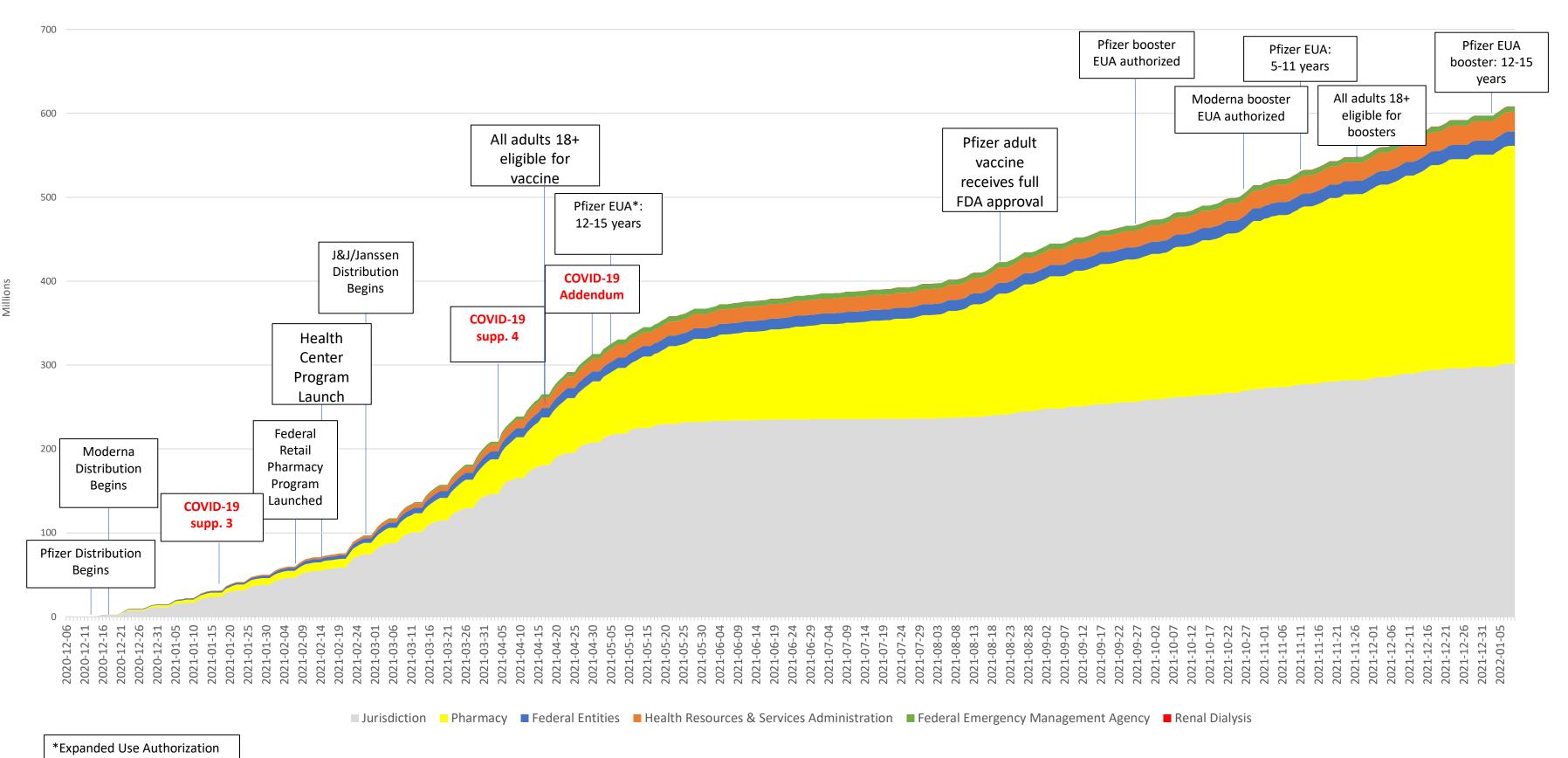
Agenda

- Provide overview of CDC-funded partnership efforts
 - -COVID-19 Supplements
 - -Partnering for Vaccine Equity (P4VE) program
- Review additional resources to guide partner collaboration
 - -Guide for Developing, Implementing, and Monitoring Community Driven Strategies
 - —Guide for Community Partners
 - Best Practices for Community and Faith-based Organizations
- Propose future strategies to sustaining partnership efforts
 - -Partnership Success Framework
 - Opportunities to connect with state/local immunization programs

Overview of CDC-funded partnership efforts

COVID-19 Vaccine Milestones

by Doses delivered, December, 2020 - January, 2022



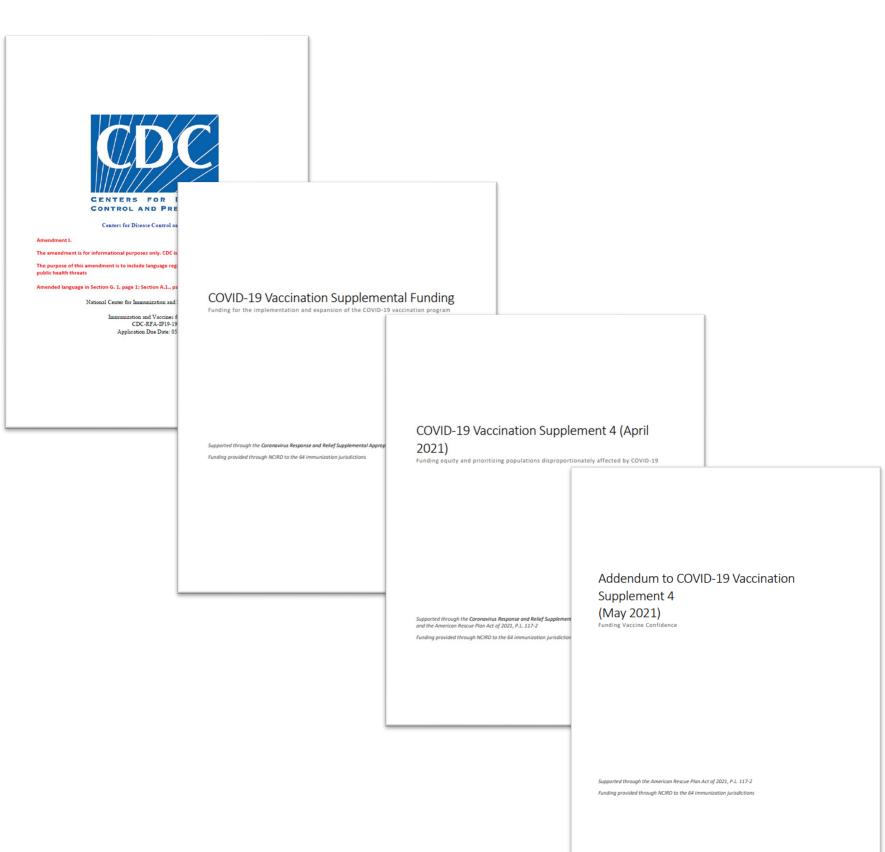
COVID-19 supplemental funding guidance for immunization program awardees

COVID-19 Funding

- Coronavirus Response and ReliefSupplemental Appropriations Act of 2021
- —The American Rescue Plan Act of 2021

Supplemental Funding Opportunities

- -COVID-19 Vaccination Supplemental #3
 Funding Guidance
- -COVID-19 Vaccination Supplemental #4
 Guidance
- —Addendum to COVID-19 Vaccination Supplement 4



Overview of COVID-19 supplemental activity requirements

COVID-19 Supp. #3

- Ensure equitable
 distribution and
 administration of COVID-19
 vaccines
- Increase vaccine confidence through education, outreach, and partnerships
- Develop and implement community engagement strategies to promote
 COVID-19 vaccination efforts

COVID-19 Supp. #4

- Improve understanding of disproportionately affected populations and barriers to vaccination and uptake
- Develop, cultivate, or strengthen community-based partnerships
- Improve access to COVID-19 vaccines
- Improve and expand
 messaging/education around
 vaccination
- Strengthen recipient's coordination on vaccine equity efforts

COVID-19 Supp. #4 Addendum

- Develop and implement a vaccine confidence strategy for COVID-19 and routine immunization
- Use HHS and CDC provided message guidance, resources, and research to implement activities in line with vaccine strategy with focus on "movable middle"

Increasing vaccine confidence and uptake: immunization program and community partner collaboration

- Address mis-/dis-information to increase vaccine confidence and uptake
 - -Convene focus groups and stakeholder meetings on vaccine hesitancy
 - -Jointly develop culturally and linguistically appropriate resources and messaging
- Work with community organizations and other trusted sources
 - Recruit and train community partners to serve as trusted messengers, peer leaders, and ambassadors
 - Conduct webinars, town halls, and listening sessions; coordinate speakers' bureaus for eligible spokespeople
- Increase access to vaccination services through community-based organizations (CBOs) and other local partners
 - -Expand coordination with community settings via school partnerships, community events, wrap-around services (e.g., provision of necessities on site), employer-based settings
 - Provide direct support/assistance to CBOs holding individual events such as mobile or pop-up clinics

Who are our other CDC-funded partners?



500+ **Total Partners**



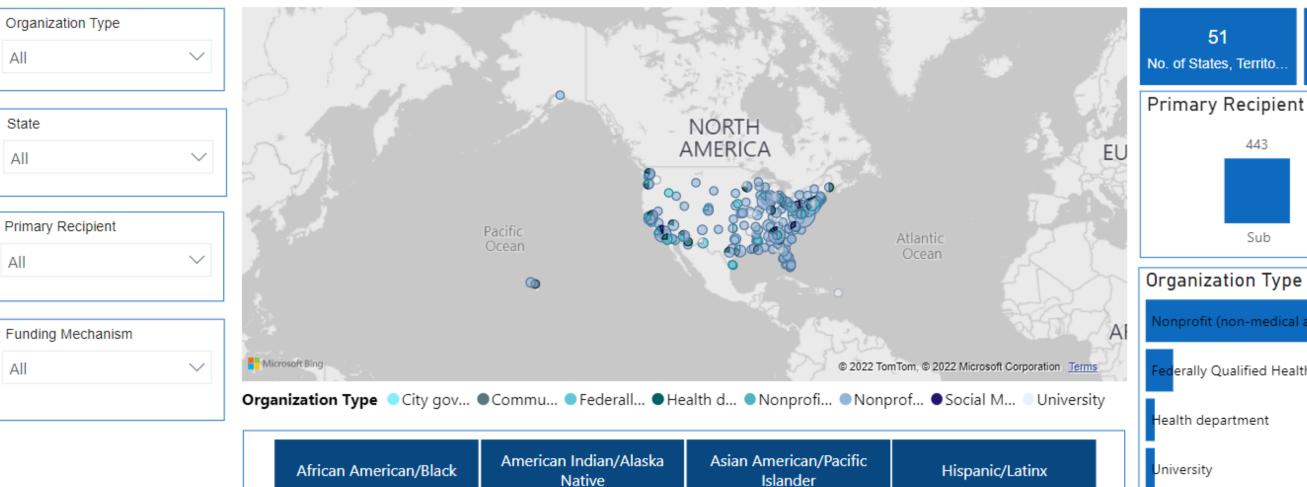
300+ Local Chapters, Affiliates, and Community-Based Organizations



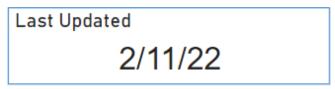
in **225+** cities and **50** states

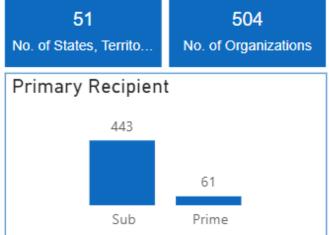


Partnering for Vaccine Equity: Partner Network



	State	City	Organization Type	Level	Additional Priority Population Serv
	Georgia	Atlanta	Nonprofit (non-medical association)		
	Georgia	Atlanta	Nonprofit (non-medical association)		
	Kansas	Lawrence	Nonprofit (non-medical association)		
	South Carolina	Columbia	Nonprofit (non-medical association)		To create greater access and opp
	Texas	Dallas	Nonprofit (non-medical association)		AP, Inc.'s mission is to provide se bisexual men, cisgender women,
<	New York	Bronx	Federally Qualified Health Center (FOHC)		>







Resources to guide partner collaboration

Using a community driven approach to reduce vaccination disparities

- This guidance provides a community-driven approach to identifying partners <u>as well as</u> increasing vaccine confidence and uptake using five steps
 - Use data to identify and prioritize communities of focus
 - 2. Identify relevant government officials and community partners
 - 3. Understand barriers in community and create an implementation plan
 - 4. Help community partner networks implement plans
 - 5. Conduct continuous program evaluation



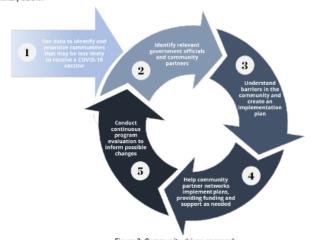
Increasing COVID-19 Vaccine Uptake among Members of Racial and Ethnic Minority Communities:

A Guide for Developing, Implementing, and Monitoring Community-Driven Strategies

US Department of Health and Human Services/Centers for Disease Control and Prevention/National Center for Immunization and Respiratory Diseases
January 28, 2021

Community-Driven Approach for Increasing COVID-19 Vaccine Confidence and Uptake:

To build vaccine confidence and increase uptake among members of racial and ethnic minority communities, immunization awardees can establish or bolster existing partnerships with community organizations, leaders, and other local partners to define barriers and assist in development and implementation of strategies—offering them a seat at the table, providing support to help implement strategies, and continuously engaging their knowledge, insights, and lived experiences as a part of planning and engagement. This guidance provides a community-driven approach to identifying partners and increasing vaccine confidence and uptake using five steps, as seen in Figure 2 and the summary below.



 $\textbf{Step 1:} \ \textbf{Use data to identify and prioritize racial/ethnic minority communities that may be less likely to receive a COVID-19 vaccine.}$

Step 2: For each community of focus, identify relevant government officials and community partners to form a "community partner network."

an implementation plan for vaccination messaging, outreach, and administration.

Step 4: Help community partner networks implement plans, providing funding and support as needed.

tep 5: Conduct continuous program evaluation through data collection and analysis to inform po hanges to the ongoing strategies.

Guide-For-Awardees-for-Community-Driven-Strategies.pdf

Complementary resources for community partners

- CDC A Guide for Community Partners-Increasing COVID-19 Vaccine Uptake Among Racial and Ethnic Minority Communities
- –Includes potential strategies, interventions, and ready-made messages and materials
- -Provides information on who and how to connect with others on efforts to increase COVID-19 vaccination confidence and access in communities
- COVID-19 Vaccine Equity: Best Practices for Community and Faith Based
 Organizations Fact Sheet
 - Communication materials and messaging
 - Outreach and use of trusted messengers
 - -Vaccine Access (e.g., sites, training/scheduling, transportation, etc.)

Looking ahead: sustaining partner networks

- Partnership Success Framework (in-development)
 - Resource to assist immunization programs in establishing or maintaining partner networks focused on immunization
 - Building and sustaining partnership networks
 - Expanding operational capacity of immunization programs
 - Developing evaluation and monitoring processes for tracking impact
- Developing opportunities to connect immunization programs with CDC funded partners operating in their jurisdictions
 - National partners (e.g., Association of Immunization Managers, National Association of City and County Health Officials, National Association of Community Health Centers)
 - —State and local level sub-recipients



Claire Hannan
Executive Director
Association of Immunization Managers



Immunization Program Landscape & Collaboration with CBOs



Claire Hannan, MPH
Association of Immunization Managers
Executive Director



About AIM

- The Association of Immunization Managers (AIM) represents the 64 immunization programs that receive funding from CDC's National Center for Immunization and Respiratory Diseases (NCIRD)
- 50 states, 6 major cities, 8 territories/federated states
- AIM works to:
 - Collaborate with partners
 - Promote efficient allocation of resources
 - Promote development/implementation of policies and programs
 - Provide a forum for information sharing and leadership development

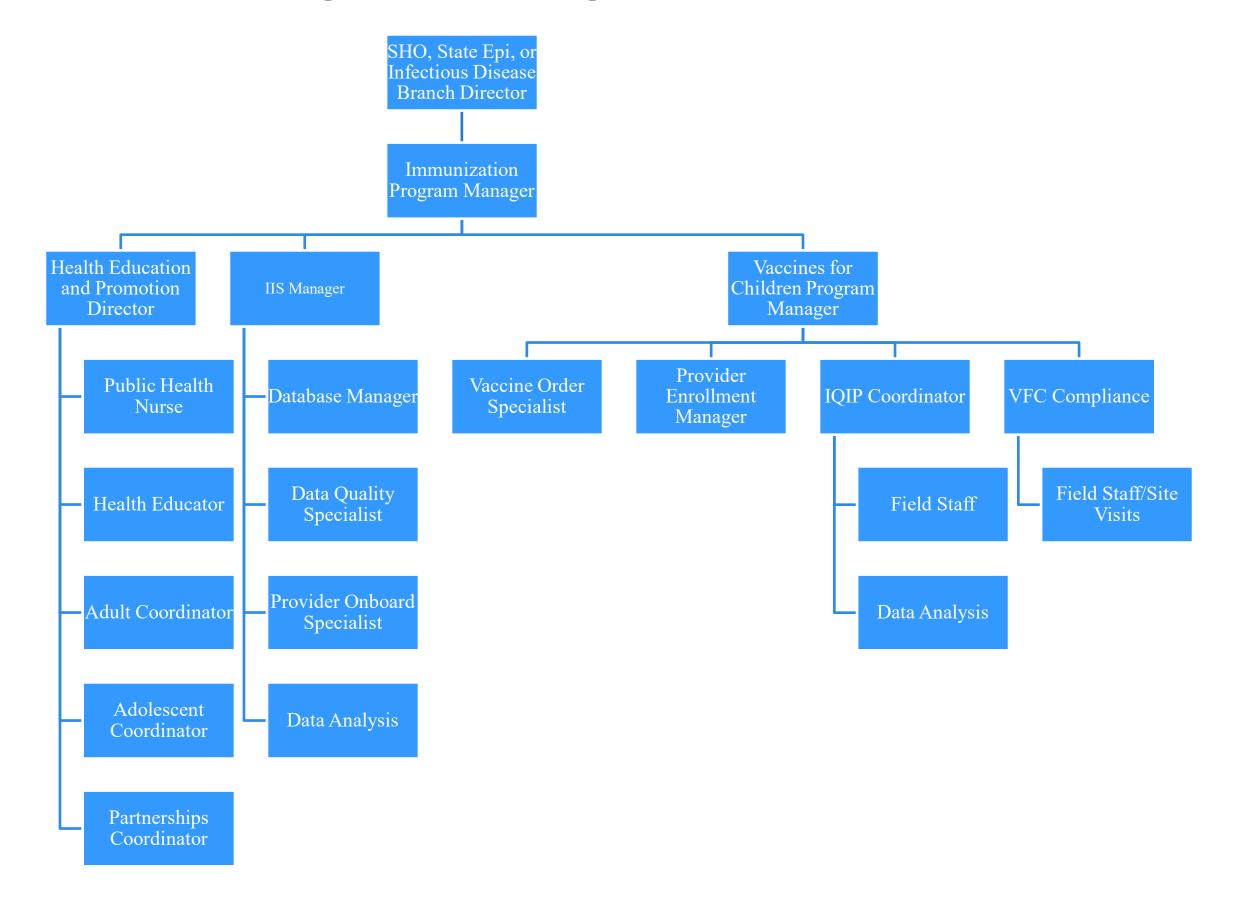
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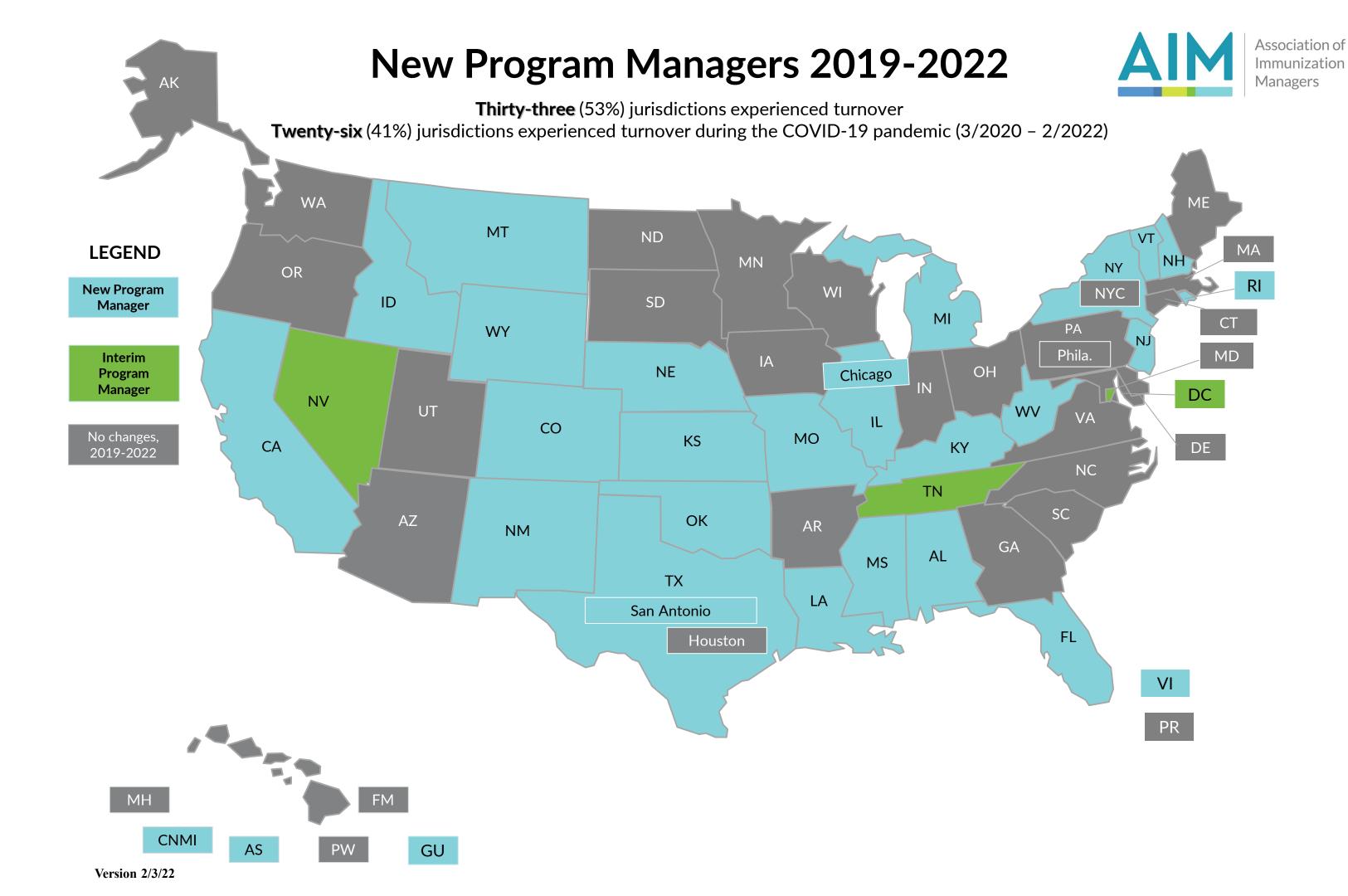
Immunization Program Basics

Routine Activities

- Vaccines for Children Program
 - Enrolling private providers
 - Managing vaccine inventory
- Outbreak control
- Strategies to increase coverage rates
- Data collection and analysis
- Immunization education, promotion, communication
- COVID vaccine program

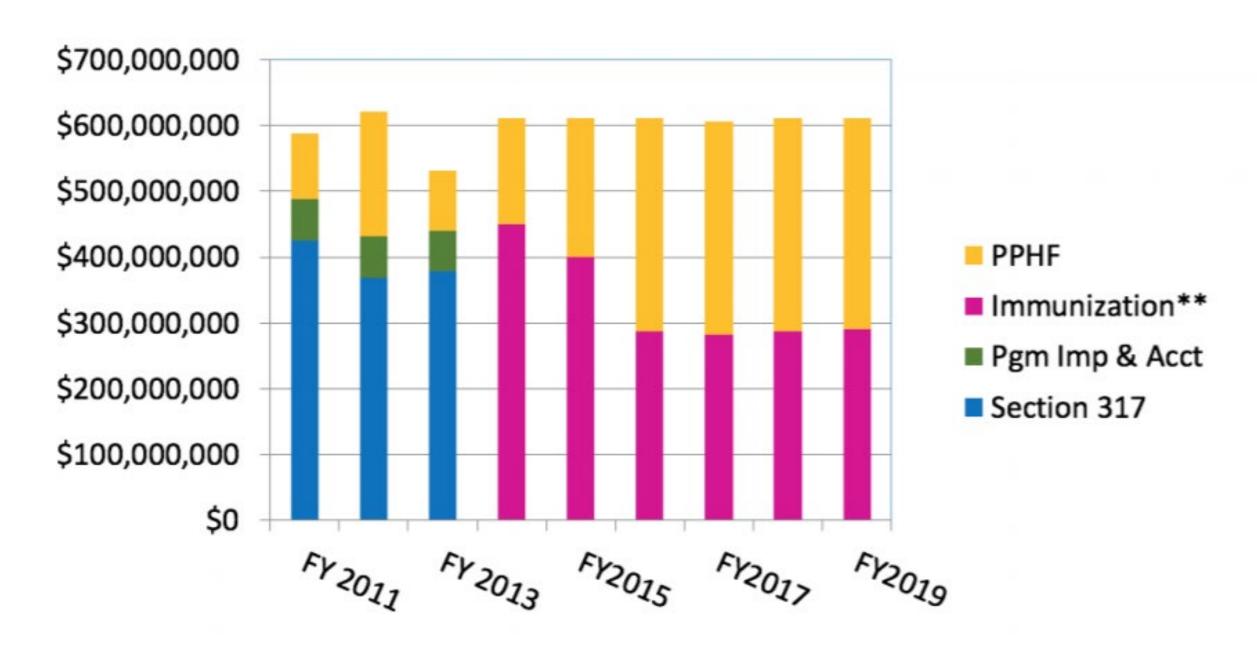
Immunization Program Org Chart





Federal Immunization Funding

Figure 1. CDC Discretionary Immunization Funding FY2011 through FY2019¹



^{*}Reflects FY 2014 Consolidated Appropriation Act appropriation for Immunization.

^{**} FY 2014 Omnibus establishes an Immunization line and eliminates the Section 317 and Program Implementation and Accountability sublines; activities in the former sublines are expected to continue.

COVID Vaccine Rollout

- Goal: Vaccinate all adults with two doses of COVID vaccine
- Enroll providers; build nationally connected data system
- Limited supply; complicated storage and handling
- Focus on efficiency led to concern for equity
- Challenges: vaccine hesitancy, boosters, children's vax, data quality

Current Funding Streams

Award	Funding Source (Law)	NOA Issued	Period of Availability	Total Amount	Due Dates (Budget and Workplan)	Guidance/Requirements
Core/Base BY2	Section 317		July 1 2020 - June 30 2021	\$614 milli on		IPOM
Supplemental Flu Funding	CARES Act	July 2020	June 1 2020 – June 30, 2024	\$140 million	July 6 2020	
COVID/VFC	CARES Act	Sept 23 2020	July 1 2020 – June 30 2024	\$200 million	Oct 23 2020	Meet requirements in CDC Interim Playbook for Jurisdictions Interim Playbook
COVID Supplemental	CARES Act	Dec 16 2020	July 1 2020 – June 30 2024	\$140 million		Meet requirements in CDC Interim Playbook for Jurisdictions Interim Playbook
COVID Supplemental Cycle 3	Coronavirus Response and Relief Act (Stimulus)	Jan 18 2021	July 1 2020 – June 30 2024	\$3 billion	March 1 2021	Seven required activities, #7 "Use IIS to support efficient COVID-19 vaccination" COVID-19 Vaccination Supplemental Funding (cdc.gov)
COVID Supplemental Cycle 3 adjustment (39 awardees)	Coronavirus Response and Relief Act (Stimulus)	April 1 2021	July 1 2020 – June 30 2024	\$329 million	May 28 2021	Same as above
Core/Base BY3	Section 317	Late June 2021	July 1 2021 – June 20 2022	\$614 milli on	May 7 2021 June 7 2021	IPOM
COVID Supplemental Cycle 4	American Rescue Act	April 1 2021	July 1 2020 – June 30 2024	\$3.15 billion	May 31 2021	60% must support LHDs or CBOs 75% must be directed to improve health equity COVID-19-Vaccination-Supplemental-4- Guidance.pdf (cdc.gov)

COVID Supplemental 4

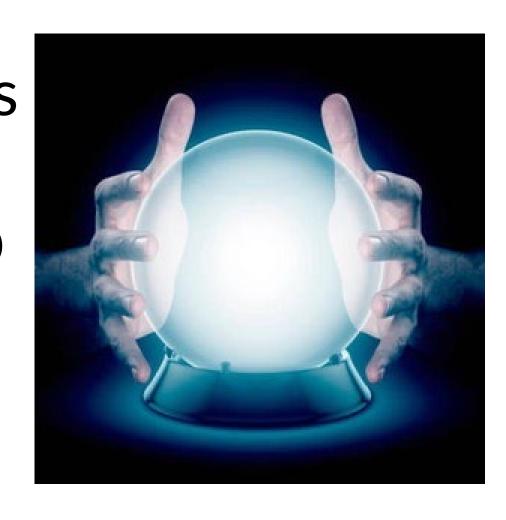
- Over \$3 billion to IZ programs
- July 2020 thru June 2024
- 60% must be awarded to LHDs or CBOs
- 75% must be spent on improving equity
- Required activities involve using data, increasing vaccine uptake and access, improving vaccine equity, addressing COVID-19 health outcomes in rural/hard to reach communities

AIM, Health Equity, and CBOs

- AIM is committed to improving equity in vaccination
- AIM's Member Assistance Program (MAP) supports immunization programs achieve success working with CBOs to improve equity
- Vaccine confidence depends on community engagement
- COVID vaccination provides opportunitiy to expand and engage partnerships

Future Considerations

Programmatic emphasis on data and equity Incorporation of COVID into routine activities Active legislative environment Expansion of adult infrastructure thru COVID Vaccine confidence and trust ongoing concern



Working with IZ Programs

- Build relationship with state/local IZ program; participate in IZ activities
- Clearly articulate population and geographic location represented
- Demonstrate capacity to serve
- Meet reporting and data requirements
- IZ program manager list at <u>www.immunizationmanagers.org</u>
- Resources: AIM CBO and Faith Leader handouts
 - . http://bit.ly/AIMFaithLeaders
 - . https://bit.ly/CBOhandout

Thank you!





Rob Smith
Deputy Director
Community Driven Vaccine Program
Oregon Health Authority



Kianna Angelo
Founder & Executive Director
Living Islands



Jesper Angelo
CIO & COO
Living Islands



Community Driven Vaccine Event Process

Vaccine Operations Team-Equity (VOTE)



OHA's Acknowledgement to Community

We acknowledge there are institutional, systemic and structural barriers that perpetuate inequity that have silenced the voices of communities over time.

We recognize community-engaged health improvement is a long-term and adapting process.

We are striving to engage with communities through deliberate, structured, emerging and best practice processes.

VOTE Overview



VOTE collaborates locally to co-create vaccine solutions with Oregon communities disproportionately impacted by COVID.



Provide \$300,000 to Community Based Organizations (CBOs) to support vaccination opportunities and promotion in their community.



VOTE is currently working with 176 partners, with 125 vaccine events in planning stages and 677 events complete. We purposely try to partner with "non-traditional CBOs".



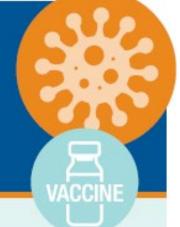
Provide "matchmaking" of CBOs for events and support partnership among community leaders. We also magnify existing efforts.



Vaccine Engagement Coordinators (VECs) work in concert with existing regional OHA staff to ensure CBOs have a successful event.

VOTE scope of activities with CBOs





How to Get Involved?



Host an Event

Host or co-host a vaccination event(s) in which you collaborate with a vaccine provider to give the vaccine to your community.



Provide Staff or Volunteers

Provide staff or volunteers to support an existing vaccination event(s).



Promote a Vaccination Event or Effort

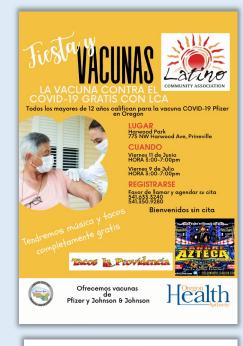
Promote a vaccination event(s) or effort through outreach to the community or communities you serve.



Provide Transportation or Registration Support

Help community members attend a vaccination event(s) through registration or transportation support.







Resources available to CBOs

- Funding for past and/or future vaccine events, even those independent of VOTE
- Food boxes, accessibility kits, interpretation, COVID testing
- Canvassing/ marketing/ communications and "Get Vaccinated Oregon" tool to promote events (as appropriate)
- Wraparound services supported by other OHA teams



Matchmaking

- Local public health authority (LPHA) notification
- Vaccinator needed or Vaccine "confidence" event
- Event space available and accessible
- Specific language or cultural needs
- Other state agencies in partnership with CBO
- Other resources needed (SNAP, Medicaid)



Event Execution

- Ensure events are advertised widely (if appropriate)
- Support any needs the partner may have, leading up to event execution
- Help the partner evaluate their event's success
- Using lessons learned, prepare for any additional events with that partner
- Support the partner in executing additional events

Working Together

Living Islands and Oregon Health Authority

Web: livingislands.org

E-mail: kianna@livingislands.org







Tropic of Cancer MARIANA ISLANDS NORTHHAWAII PA CIFIC OCEAN**GUAM**, MARSHALL ISLANDS R 0 Pacific Islander Equator nations we INDONESIA PAPUA NEW GUINEA **TOKELAU** TUVÁLU SAMOA serv SOLOMON o VANUATU COOK **ISLANDS** NEW CALEDONIA TONGA Tropic of Capricorn FRENCH **POLYNESIA PITCAIRN AUSTRALIA** SOUTHPA CIFIC NEW ZEALAND OCEAN1000 mi 500 800 1600 km © 2008 Encyclopædia Britannica, Inc.





Pandemic changed our focus

- Overnight almost all our projects stopped
- Our scope was too narrow we now supported all Pacific Islander communities
- Focus exclusively on Covid-19
- Sought support from private enterprise, local cities, counties, and the state
- Reset, rethink, and reorganize our organization and work
- Listen to our community's new needs





Culturally specific food drives

- Our community had access to emergency food and resources
- Through sharing and storytelling at the COVID-19 test sites we learned our community didn't have access to cultural foods
- We wanted to provide hope
- Food "from home"
- VOTE funding sent a message that OHA cared
- Been replicated in other Pacific Islander CBO events since





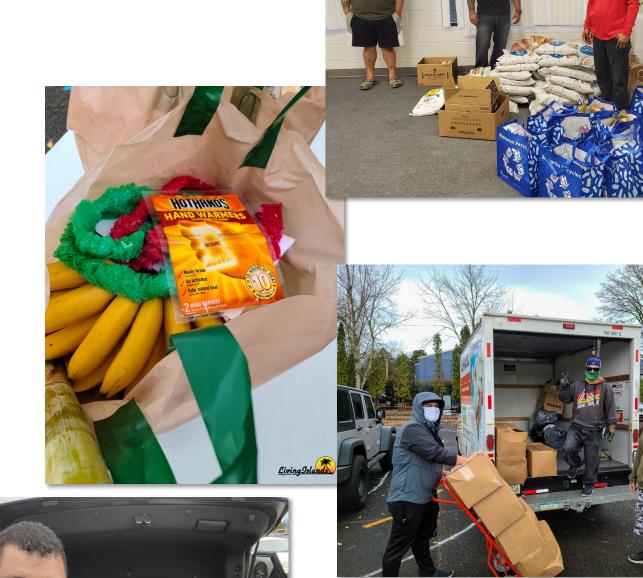




Rethinking food for vaccine events

By bring in culturally specific foods and resources to vaccine events we increased engagement from the community!

- 4 August 28, 2021
 - Served around 1400 people
 - Food boxes, resources, and vaccine education
- November 23, 2021
 - 300 people vaccinated/ given boosters, 400 food boxes given out
- A total of 2,000 people have been vaccinated at 5 events





Re-thinking messaging

- Language Barrier 14 Languages
- Responsible media and data
- Culturally specific Covid-19 PSAs
- Live-streamed community events
- Embedded Covid-19 messaging from trusted community leaders
- Story telling BY Pacific Islanders FOR Pacific Islanders

Watch our community-driven media: http://linp.org/video



Moving forward

Understand your community's cultural background

Trust your CBOs

Listen to the community needs <u>and</u> wants

Needs change constantly - adjust the way you help your community Surveys for BIPOC communities should include a DEI lens

Workshops for emergency preparedness

It takes a village

- Oregon Health Authority / VOTE
- Oregon Community Foundation
- Oregon Food Bank
- Micronesian Islander Community
- COFA Alliance National Network
- Le'o 'o e 'OFA
- Oregon Marshallese Community
- Ka`Aha Lāhui o`Olekona Hawaiian Civic Club
- Oregon Marshallese Community Association
- Rengelkel Belau
- Samoan Pacific Development Corporation
- Tongan American Resource Committee
- Utopia PDX

- ASHA Hope Amanaki
- Oregon Pacific Islander Coalition
- Village Church Beaverton
- Washington, Multnomah, Marion, and Clackamas Counties
- Food Access & Essential Needs Network
- Oswego, City of Tigard, City of Beaverton
- Pacific Islanders of Intel
- NIKE Ascend
- United Way PDX
- Kaiser Foundation

Thank you to Oregon Health Authority for listening to the needs of our pacific islander communities, and to all our community partners...

Our Village!



Laura Kochlefl
Project Manager - Vaccination Community Outreach Program
Wisconsin DHS



Wisconsin Department of Health Services Vaccination Community Outreach Grant Program

Stephanie Schauer, *Immunization Section Chief, Bureau of Communicable Diseases*Laura Kochlefl, *Project Manager, COVID-19 Response and Recovery Team*

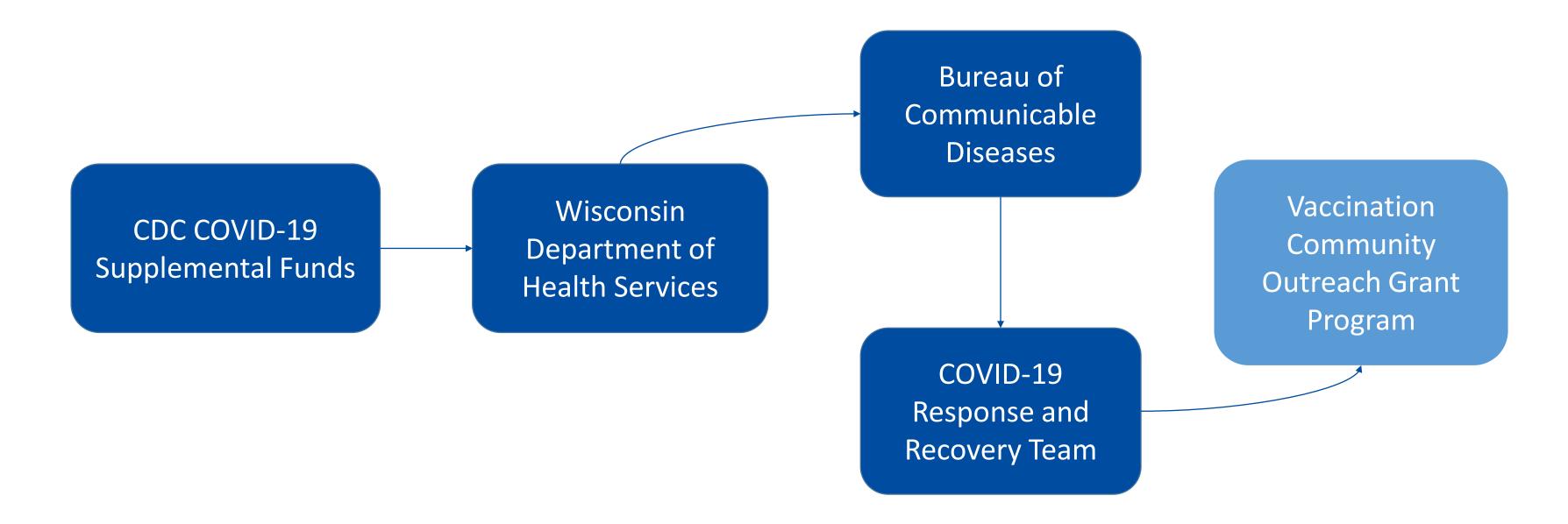


Agenda

- Program Overview
- Populations Served
- Activities Conducted
- Success Stories
- Challenges and Barriers
- Lessons Learned



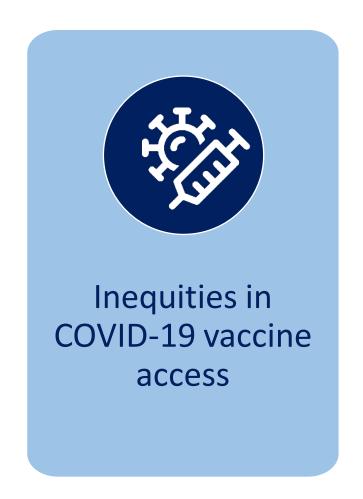
Immunization Grant Funding





Vaccination Community Outreach Grant

Vaccination Community Outreach Grant designed to support marginalized and medically underserved populations across the state and to address:

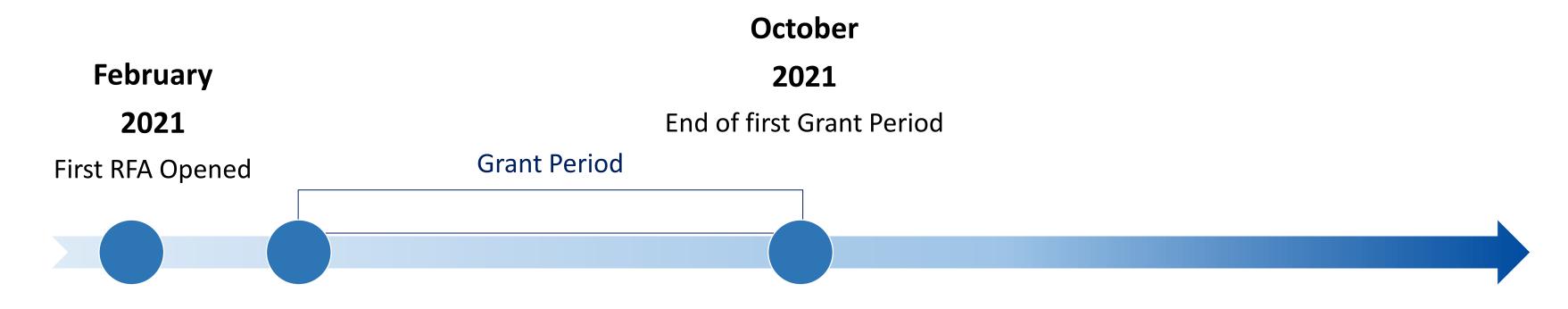








Timeline



April

2021

Start of Grant Period



Timeline

February

2021

First RFA Opened

October

2021

End of first Grant Period Second RFA opened **December**

2021

Start for December Cohort

Grant Period

April

2021

Start of Grant Period

November

2021

Start of Round 2 for November Cohort

February

2022

Start for February Cohort



Funded Projects

First Round April, 2021 – October, 2021

6.3M to 101 Community level organizations

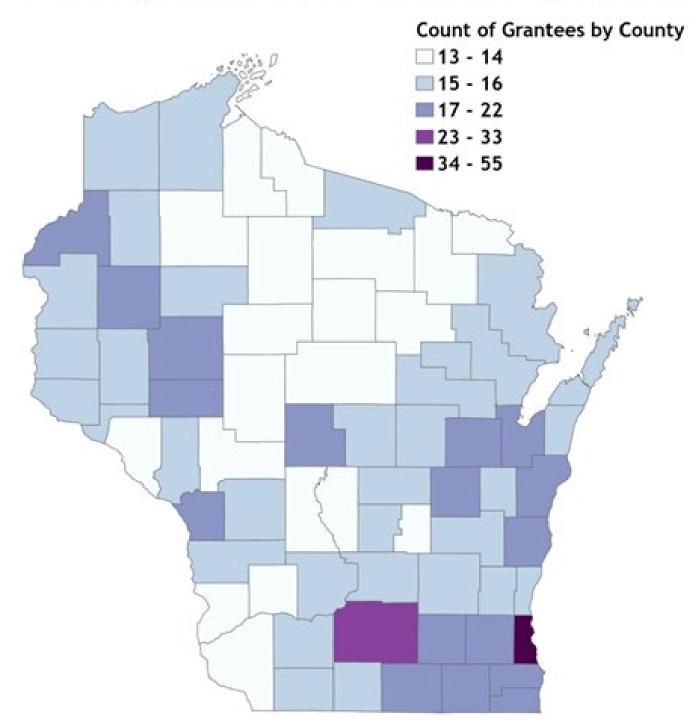
Second Round November, 2021 – October, 2022

11.6M to **135** Community level organizations About 64% returning partners, 36% new partners

Funded organizations include:

- Federally Qualified Health Centers (FQHCs)
- School districts
- Local/tribal health departments
- Community-based organizations

Count of Round 1 VCO Grantees by County





Populations Served

Populations Served include:

- African American and Black populations
- American Indian/Alaskan Native populations
- Elderly and Homebound
- Farm workers and rural populations
- Frontline or Supply Chain Workers
- Hmong population
- Houseless and Housing Insecure
- Immigrants and Refugees
- Individuals with Disabilities
- Latinx and Hispanic

- Low Income
- Migrant Workers
- Youth
- LGBTQ+
- Low Literacy
- Rural Populations







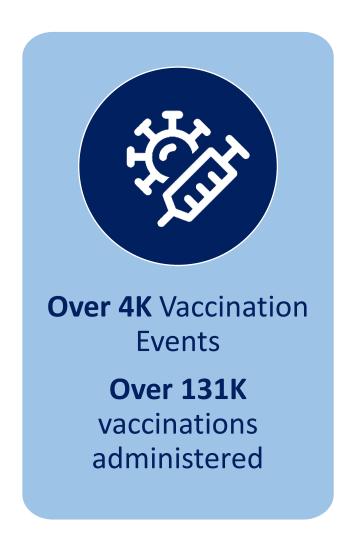






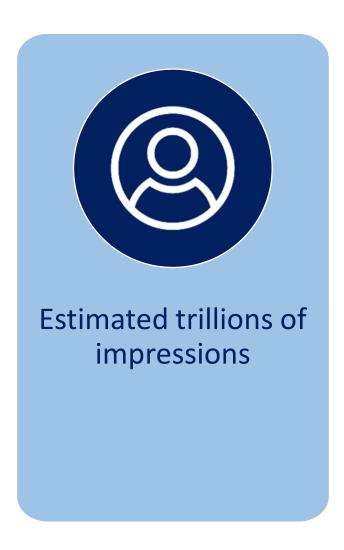
Activities Completed

Activities Supported from April-October 2021











Successes



"Our goal was for 5,000 households to be reached through door-to-door canvassing, and we exceeded that goal with **over 8,000+ households reached** over a 7-week period."

Sherman Park Community Association



"We were able to help vaccinate **over 400 Hmong** and Southeast Asian elders and adults. Individuals shared with us that if it was not for our mobile vaccine clinics, they would not have been able to get vaccinated because they lacked the computer skills to register online...[and] due to language barriers"

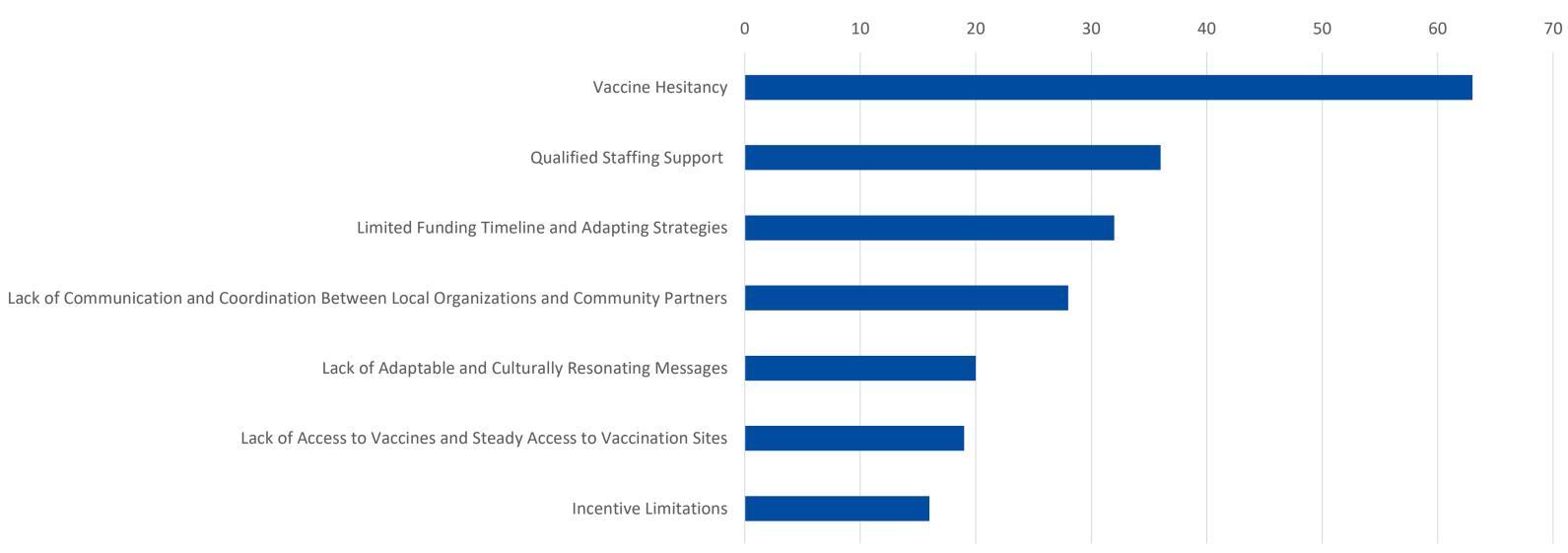


The Hmong Institute

Challenges and Barriers

Trends in challenges and barriers to project implementation and success



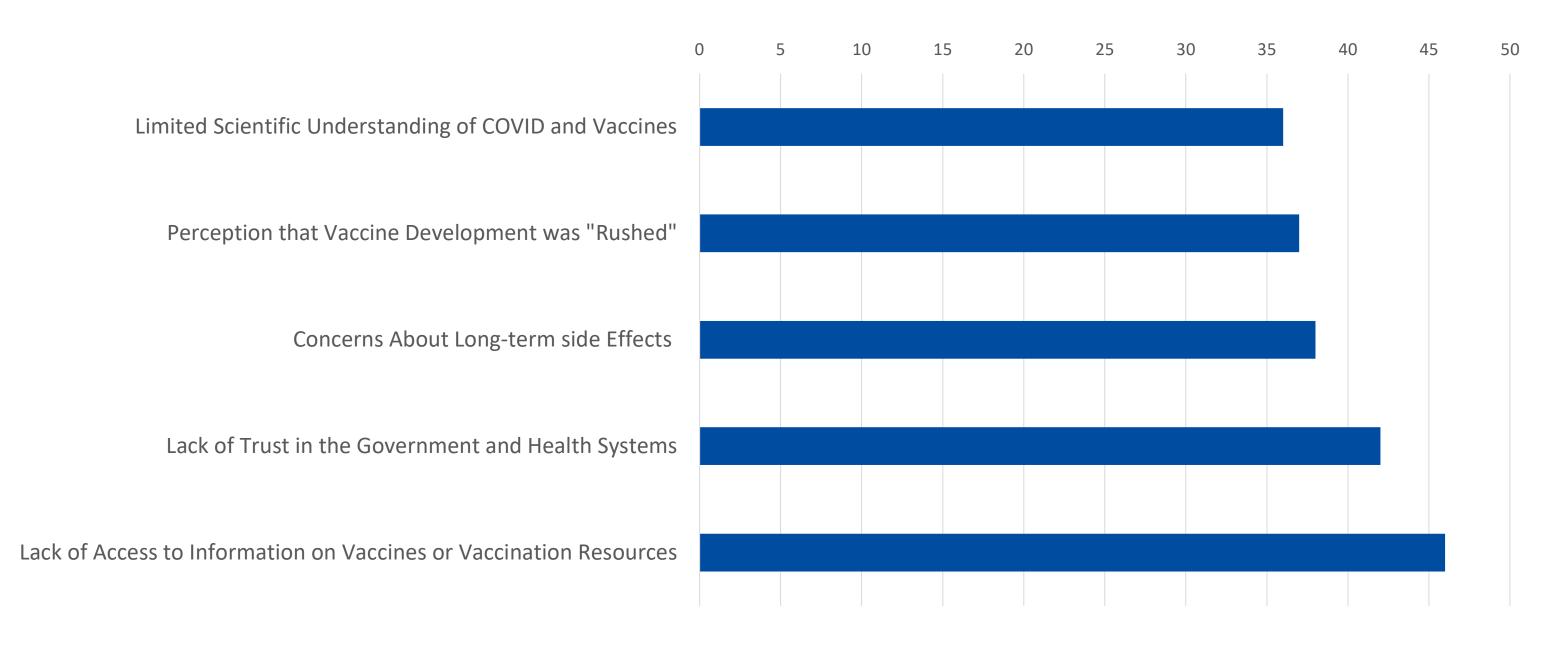




Challenges and Barriers

Trends in Misinformation



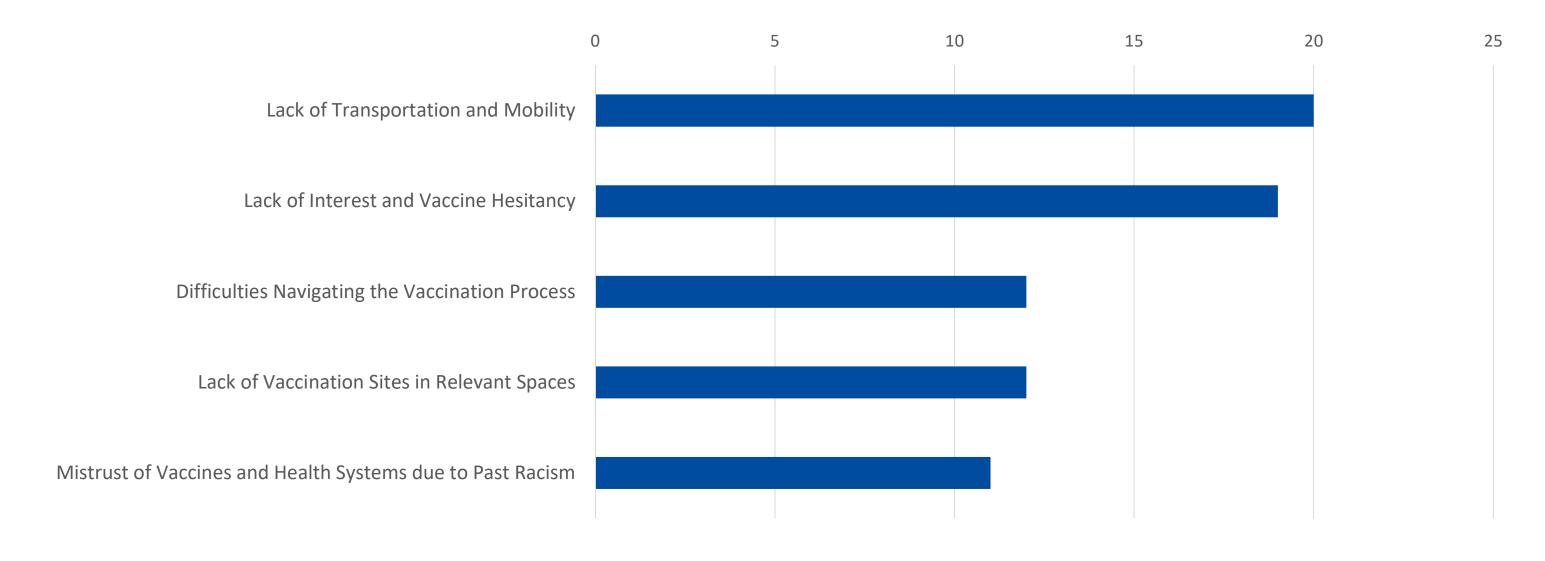




Challenges and Barriers

Trends in community vaccine access barriers

Number of Projects with Reference





Utilize and Build Trusted Relationships



"the trust that exists in pre-existing relationships between OASD liaisons and family members helped families feel more comfortable about the vaccine." "Focus more on one-on-one outreach activities in communities with low vaccination rates. Empower community members to share their own experiences when they get vaccinated to dispel myths and misconceptions. Personal experience was the most requested and effective way to share vaccine information."

Oshkosh Area School District

Wisconsin Literacy Inc.



Go Into the Community

"go where the people are--never assume that they will come to you. Utilizing strategies that build on trusted relationships are critical and will create ongoing opportunities to not only address vaccination but other issues that arise in the community in an equitable and sustainable approach."

Partnership Community Health Center



"The door-to-door mobile missions were effective in helping us build greater trust with our most underserved communities, empowering community leaders to work with us as partners ...we noticed that we were becoming a popular presence in the community."

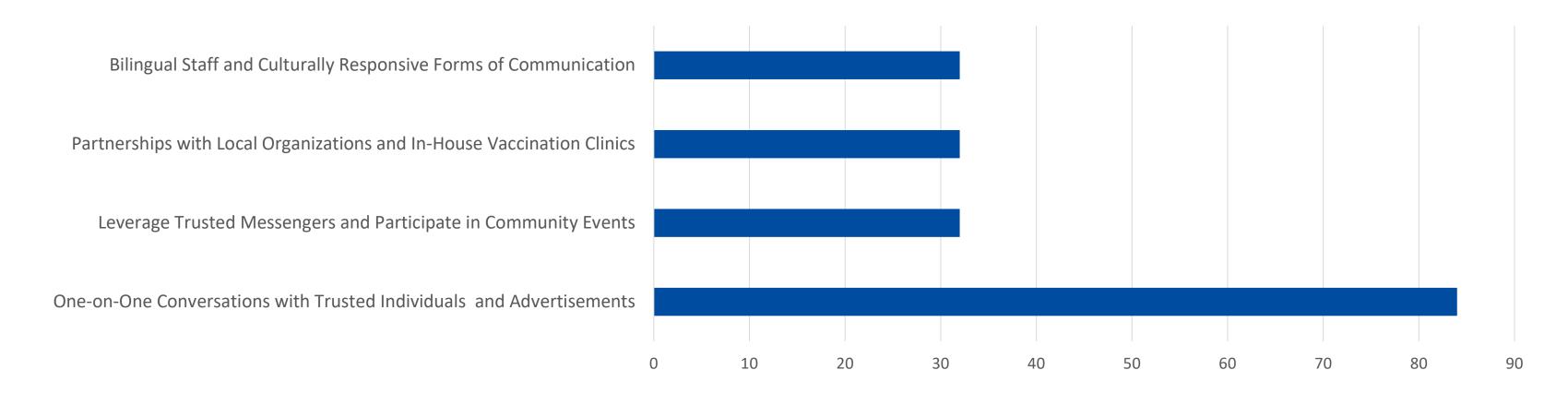


Kenosha County Public Health

Effective Strategies

Trends in effective strategies

Number of Projects Referenced





Advice for Community Based Organizations

Forming Partnerships with Public Health

- 1. Form partnerships strategically
- 2. Reach out
 - Call or email the main number
 - Call or email a specific department
 - Health Equity
 - Stakeholder Engagement
 - Emergency Response
 - Ask a community partner for an introduction

State Public Health Departments

County and Tribal Health Departments

City Public Health Departments



Acknowledgements

Wisconsin Department of Health Services Leadership

Melanie Schmidt, COVID-19 Response & Recovery Team Director
Stephanie Schauer, Ph.D., Immunization Section Chief, Bureau of Communicable Diseases
Diamond D. Hanson, DrPH, MPH, Outreach Program Manager, COVID-19 Response & Recovery Team

Vaccination Community Outreach Grant Team

Current

- Jessica Driver
- Mariel Torres Ramirez
- Sowmya Adibhatla
- Brie Godin

Original

- Karen Odegaard
- Jill Groblewski
- Janet Kazmierczak
- Joseph Larson

- Margarita Northrop
- W. Curtis Marshall

Data Analysts

Cassandra Sanford & Rashmitha Edem



Julie Scofield
Project Director, Community COVID Coalition
CDC Foundation

Thank You

- Today's slides and a recording of this webinar will be posted online; a link will be provided
- Please take the brief evaluation poll that will appear on your screen shortly
- Let us know your feedback and thoughts for future webinar topics in the post-webinar survey
- Thank you for your time and participation!

