Community Health Improvement Planning: IMMUNIZATION Workgroup
Minutes/ Action items from 10/22/15

In Attendance: Jean Baldwin, Molly Parker, Mari Dressler, David Sullivan, Alicia Syverson
Tom Locke, Lisa McKenzie, Brett Niessen, Karen Obermeyer

Community Health Improvement planning overview:

- 4 working groups: Access to Care, Chronic Disease Prevention, Mental Health / Chemical Dependency, Immunizations
- Tasked to set goals, strategies and actions based on community data
- Looking for: need and gaps in services
- What would success look like? How would we measure it?

Immunizations rates made the list of top Jefferson County Health Priorities
The process is explained on JCPH website at:

- Fact sheets in today’s meeting packet include some data points to begin the decision and how to make action steps.
- Who is missing from this Immunization workgroup? Who else needs to be included in? Schools have plan to attend.
- Commitment of this workgroup: Identify actions, measure what we have done and report back to the larger committee.

2015 Data update:
Lisa McKenzie, JCPH Communicable Disease program coordinator, reviewed additional Jefferson Co data: County data consists of school district rates rolled together. Also available School district rates and individual schools. Private schools have historically had higher exemption rates. School specific data exists and is useful - there is a benefit to review with each school. 2014-2015 Jefferson County exemptions rate is 8.2% (6th highest in WA)

School out of compliance rate- immunizations not up to date, missing doses or schools don’t have compete records provided by parents. Individual school approach is useful. 2013 on all schools report data via on-line DOH reporting portal. JCPH makes reminder calls to school – this helped school complete reporting. Chimacum primary and middle school sent letters to parent re: non-compliance. Letters improved Chimacum compliance rates. Schools have been hesitant to use exclusion.

Exemption for Immunization-Dr. Locke: states since 2011, WA State requires risk/benefit conversation with health care provider/parent needs to occur before they can get a health exemption for immunization. This has made a difference statewide. Jefferson co. was in teens then, but now has improved slightly. Mandatory school entry law- applies to all licensed schools and preschools.

Rationale is that any time you have kids together, there is a risk of passing on disease. Both private and public schools have had issues with out of compliance.

Since 2011 WA requires a licensed health care provider to sign the Certificate of Exemption for a parent or guardian to exempt their child from school and child care immunization requirements. The signature verifies that the provider gave the parent or guardian information about the benefits and risks of immunization. A parent or guardian can also turn in a signed letter from a health care provider stating the same information. The law took effect on July 22, 2011.

“Zero non-compliance rate is achievable” Dr. Locke. This means all kids would have one of the following immunizations status: Complete, Conditional (plan to eventually be fully immunized) or Exempt. Both the schools and the parents are failing to follow the law.

Barriers/ Missed Opportunities: All Health Clinics may have some system changes that could improve immunization rates:
Tending, building and monitoring internal systems:
- Barriers- internal: Improving systems could have measurable impact. Alicia
- Reports in Wa IIS, How to better utilize these reports? Can Vaccine history be put on after visit summary in EPIC? It's not always updated from WA IIS (Wa state immunization information system) Lisa
- EPIC - somebody keeps it current. Bright Futures pediatric handouts- Molly so imms appears on the after visit summary. Does EPIC have a reminder recall systems with immunization- Need to explore with IT staff- to maintain consistent system. EPIC, WA IIS connections: system of reminders on immunization and updating current needs and past record in WAIS
- Reminders to patients missing immunizations: Work flow system and reminders
- Missed opportunities in any Office visits when patients come in for other treatment and immunizations status is not addressed. Immunizations available at all visits? Review patient’s immunization status for daily clinic schedules?
- This is a huge project! Hiring a vaccination nurse or have a specific vaccination clinic?
- International Travel is an opportunity to review past immunization decisions:
  - The number of groups from different schools who are traveling internationally- is increasing.
  - Many students have no immunizations. Risk to benefit ratio changes when these kids want to travel internationally. This is making a social norm difference in some schools.
  - It’s the lack of core childhood immunizations that are putting these student travelers behind. Six months for full polio series and tetanus series.
  - JCPH is working with school group, will meet with private school boards.
  - Expedition Club now it’s standard in this group. Possible to change group norms.

Messaging: In our community, immunizations can be a derogative issue. Messages must be thoughtful and not increase polarization. Also two audiences: out of compliance and vaccine hesitant.
- Messaging- for providers- literature review providers and clients post materials to website/brochure. Where? Lisa
- Gathering info: Handouts from Children’s hospital of Philadelphia- for parents (8th grade reading level, 1 page), Immunize.org- high quality material, book from Cleveland clinic, Withinreach- for parents. Bright Futures pediatric handouts
- Policy makers and EDC: Controlling a measles outbreak cost Clallam $350,000 with six total cases and one fatality. In San Juan County...... there was a huge budget hit in 2014. Loss to economy for incident like Disney land
- Providers/nurses’ expectation or personal opinion on vaccine when talking with patients about immunizations.
- New message: responsibility to the community to protect the vulnerable in the community. Blanket protection for society- how do we frame that discussion? What is an immune compromised person- Case in Clallam county, person was immunized but was immune compromised. Do you know someone who is on med for arthritis, cancer treatment, etc.
- Every vaccine preventable disease has a population immunity threshold, below which there is risk for outbreak. Responsibility to the community to protect the vulnerable in the community. Growing number of measles cases prompted California to ban exemptions- this is a bold step.
- Messages of Non-JHC/JCPH providers/ internet blogs: Naturopath, holistic providers, chiropractors, midwives In the past the goal was to move them to neutral- instead of
pro-immunization. What are the articles, blogs, Facebook posts. What is the counter message? During 2009 pandemic- Common ground was found.

**Action: Possible strategy to address messaging barriers:**
- Providers CEU evening with Dr. Ed Marcuse Emeritus doctor at Children’s, National Advisory on Immunizations. He is highly credentialed, engaging, and inspirational speaker. Try to plan a launch of new activities with local providers and Dr Marcuse that includes CEU, dinner, childcare (He has accepted, Mari has found a meal,…
- Rn staff, hospital staff and JCPH staff two training with Dr Marcuse
- Studies recommends providers focus on the missed opportunities and the direct relationship rather than community education.

**Action: Messaging is this hesitancy a cultural norm or misinformation? Belief that vaccines are harmful?**
Brett Niessen and 9 of his UW Public Health students will be assisting Jefferson County (Nov 24-Dec 15. Week of Dec 7 in PT) as an assignment in their MPH studies. They will survey the community about immunizations, conversation with parents- gathering info on parental attitudes- what are barrier, concerns, and reasons for hesitancy. Students could do interviews, focus groups, surveys, contact healthcare, schools, do more research. Test out new messages. Immunization workgroup group will provide input into this project:
- Who to survey
- Questions to ask
- Locations for the conversation
- What parts of the county
- Also advise on housing for WU students

Brett Niessen states there are 4 difference variety of people who don’t get immunized. Promising strategy for most: Telling them a story of a kids how got disease and a photo. Facts and community responsibility didn’t produce change.

**Problem statements:**

**Goals (for kids, adults, schools)**
- Improve Immunization rates/ access for children in Jefferson Co
- Improve immunization rates/ access for adults in Jefferson Co.

**Tasks for the next meeting:**
- JHC & JCPH of opportunities: better access immunizations in clinics system & Urgent care. Develop questions and lists of improvement possibilities- all
- Tom: Research immunization cost per plan after ACA mandate
- Lisa developing for providers (first): Package of information for patients, school specific data list
- Mari: to help host kickoff event Dr Marcuse- Mari will ask Mike Glenn
- Tom/ Jean ask Dr Marcuse about CEU- evening + informal visioning.
- Jean: Standard info packet, set of resources for providers, get google docs to post articles.
- Insurance: Low co pay, etc. How does that translate into vaccine specific actions? If we could figure out insurance piece- that would be helpful for providers
- Lisa and Margie will connect with Alicia Syverson. Can we meet with coordinators from clinics?

**Next meeting November 19thThursday 9:00-10:30 Jefferson Co. Pacific room**