



COLORADO CHILDREN'S IMMUNIZATION COALITION

What's the CCIC Crew Been Up To?

CCIC June Coalition Meeting | Thursday, June 21st 2018



COLORADO CHILDREN'S
IMMUNIZATION COALITION



2018 Legislative Session Summary: Successes, Partnerships & Next Steps

Katie Waters, Public Health Associate

CCIC June Coalition Meeting
Thursday, June 21st, 2018

Past Legislative Successes

- 2014: Passage of HB 14-1288 (Immunization rate transparency)
- 2015: Rulemaking for HB 14-1288 (Increase frequency requirements for exemption submission)
- 2015: Increased Funding for CIIS
- 2016: Defended Funding for CIIS
- 2017: Defeat of HB 17-1146 (Parents' Bill of Rights)
- 2017: Defeat of SB 17-250 (Student Exemption from Immunization Requirements)
- 2018: Monitoring of HB 18-1223 (Declare an Autism Epidemic)
- 2018: First Annual Legislative Luncheon

HB 18-1223: Declare Autism Epidemic in Colorado

- **Sponsors:** Rep. Reyher & Sen. Crowder
- **Summary:** would direct CDPHE to convene the governor's expert emergency response committee to determine if there is an autism epidemic in Colorado
- **Engagement:** Actively monitored bill, with objections to the underlying premise. CCIC worked with other stakeholders including the Arc of Colorado, autism self-advocates, autism researchers and the Department of Public Health and Environment to oppose the bill.
- **Outcome:** House Health, Insurance and Environment Committee postponed indefinitely 4/26
- **Bill link**

HB 18-1365: Primary Care Infrastructure Creation

- **Sponsors:** Rep. Sias and Ginal & Sen. Priola and Moreno
- **Summary:** would establish primary care payment reform collaborative at CDPHE to analyze primary care spending in CO
- **Engagement:** CCIC supported the bill and signed on to the supporting fact sheet. While the bill failed to make it across the finish line this session, due mainly to political pressures in Legislative Council, there will be interim plans to continue the dialog about how best to incentivize primary care investments.
- **Outcome:** Legislative Council postponed indefinitely 4/26
- **Bill link**

SB 18-201: Religious Organization Child Care Licensing Exemptions

- **Sponsors:** Sen. Priola & Rep. Covarrubias
- **Summary:** would remove 3-hour limit for child care licensing exemption for churches during services or programs
- **Engagement:** CCIC voted to oppose the bill and signed on to the opposition fact sheet. The exemptions proposed in the bill presented a clear issue for maintenance of basic health and safety standards for child care facilities, even if used for a short time.
- **Outcome:** House Public Health Care and Human Services Committee postponed indefinitely 5/1
- **Bill link**

Other Bills

- **HB 18-1006: Infant Newborn Screening**
 - **Position:** support
 - **Outcome:** governor signed on 6/4/2018
- **HB 18-1068: Eliminate Registered in Naturopathic Doctor Title**
 - **Position:** monitor
 - **Outcome:** Senate Committee on Business, Labor, & Technology Postpone Indefinitely (02/26/2018)
- **HB 18-1112: Pharmacist Health Care Services Coverage**
 - **Position:** monitor
 - **Outcome:** passed, governor signed on 4/9/2018

Other Bills

- **HB 18-1260: Prescription Drug Price Transparency**
 - **Position:** monitor
 - **Outcome:** Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely (04/30/2018)
- **HB 18-1358: Health Care Charges Billing Required Disclosures**
 - **Position:** monitor
 - **Outcome:** House Committee on Health, Insurance, & Environment Postpone Indefinitely (04/27/2018)
- **SB 18-214: Request Self-Sufficiency Waiver Medicaid Program**
 - **Position:** oppose
 - **Outcome:** Senate Committee on Health & Human Services Postpone Indefinitely (03/29/2018)

Board of Health Rulemaking

- Proposed change to Board of Health rule 6 CCR 1009-2, The Infant Immunization Program and The Immunization of Students Attending School
- Change simplifies and aligns language; no substantive changes to the rule
 - Ensures Board of Health recommendations with ACIP recommendations
 - Accepts laboratory confirmed positive titers
 - Clarifies that online-only schools do not need to report aggregate immunization data
 - Aligns with current statute
- CCIC submitted a letter of support representing several other children's health groups
- Passed unanimously on June 20th, 2018

Development of 2018 Legislative District Immunization Fact Sheets

Objectives

- Inform all state legislators of their district's childhood immunization coverage rates
- Support proactive immunization outreach to state policymakers early in the 2018 legislative session
- Provide recommendations on how to support immunization policy in CO
- Inform local discussion on immunization-related policy

Methods

- 2016-2017 school immunization data reported by CDPHE was analyzed and mapped for each Colorado state house and senate district
- To provide context, risk levels were assigned for each disease in the data and reported by the vaccine's up-to-date rate
- Local immunization and policy experts informed key content, messaging and outreach strategies

IMMUNIZATION: 2018 FACTS AND FIGURES

Colorado House District 61



Overview

Vaccines are a safe and effective way to prevent the spread of disease and keep children healthy as they grow. Each year in the US, vaccines save approximately 33,000 lives, prevent 14 million cases of disease, and save \$9.9 billion in direct care costs.¹

Although the majority of parents vaccinate their children, newly-available data show there are gaps in vaccination coverage across the state of Colorado, putting our children and communities at risk for vaccine-preventable disease outbreaks. High vaccination coverage levels and coordinated efforts are critical to protecting public health.

Vaccine Exemptions in Colorado

Colorado is one of 18 states that allow parents to exempt their children from vaccines required for school or child care for philosophical reasons.

Compared with other states, Colorado has a relatively easy exemption process and one of the highest exemption rates. Research shows that states with lenient exemption policies have higher exemption rates, which can lead to increased risk for vaccine-preventable disease outbreaks.

Quick Facts



95 PERCENT of vaccine exemptions in Colorado are claimed for non-medical reasons.



50th Colorado ranks last in the Nation for kindergarten vaccination rates.²

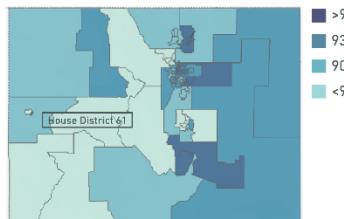


4,719 COLORADO CHILDREN were hospitalized or went to an emergency room with vaccine-preventable diseases in 2015.³



\$35 MILLION There were more than \$35 million in hospital and emergency department charges for treating Colorado children for vaccine-preventable diseases in 2015.³

Up-to-Date Vaccination Rates by House District, 2016-17 School Year*



House Districts with the Highest and Lowest Up-to-Date Vaccination Rates*

House District 50	97.7%	House District 61	86.5%
House District 37	97.1%	House District 59	86.3%
House District 56	96.9%	House District 60	85.7%
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*District-level immunization data has been made possible through the passage of HB14-1288 and subsequent rulemaking which requires schools and licensed child care centers to annually report immunization and exemption rates to the Colorado Department of Public Health and Environment (CDPHE). To access the data, visit www.coloradohealthdata.dphe.state.co.us and search for school and child care immunization data.

TAKE ACTION

1. Support public policies that maintain and strengthen Colorado's exemption process.
2. Ensure appropriate funding of vaccine systems, such as the Colorado Immunization Information System (CIIS).
3. Support transparency of depersonalized immunization data to inform the public about vaccination coverage and community protection from disease.
4. Support policies that increase access to vaccines.

IMMUNIZATION: 2018 FACTS AND FIGURES

Colorado House District 61



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Disease/Vaccine	UTD Rate	HP 2020 Goals for Community Protection ¹
Measles MMR	88%	95%
Mumps MMR	88%	95%
Rubella MMR	88%	95%
Pertussis (Whooping Cough) DTaP	89%	95%
Diphtheria DTaP	89%	95%
Polio IPV	87%	95%
Varicella (Chickenpox) VAR	83%	95%

What Does This Mean?

Vaccination is not just an individual choice. It takes an entire community to protect against serious disease. When enough people in a geographic area are immunized, they make it unlikely that a disease can spread in their community. Achieving a high enough level of vaccination coverage also provides protection for those who cannot be vaccinated for medical reasons or because they are still too young to receive vaccines. This is known as herd immunity or community protection. The federal government's Healthy People 2020 (HP 2020) goals take community protection into account when setting target levels.

While some school-level data reflect high vaccination rates, this is not consistent across Colorado. Pockets of un- and under-immunized children exist statewide, in both rural and urban areas, leaving these communities at risk for dangerous and costly diseases.

In addition to the health burden, the cost to investigate and prevent the spread of disease from just two Colorado measles cases in 2016 totaled \$68,192 in public funding.⁴ High vaccination rates protect Colorado's public health and save public dollars.

- Low Risk of Outbreak
- Moderate Risk of Outbreak
- High Risk of Outbreak

¹ <https://www.healthypeople.gov/2020/topics-objectives/objectives-topics-immunization-and-infectious-diseases>

² <https://www.cdc.gov/mmwr/volumes/65/wr/mm6540a3.htm>

³ <https://www.coloradochildrensimmunization.org/resource-library/2016-vaccine-preventable-diseases-in-colorados-children-report>

⁴ <https://www.cdc.gov/mmwr/volumes/64/wr/mm6445a3.htm>

For more information, visit childrensimmunization.org

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ccicoffice@childrenscolorado.org

2018 Legislative District Immunization Fact Sheets

Dissemination	
Hand delivery of fact sheets to legislators	<ul style="list-style-type: none">• All 100 legislators have received their district's fact sheet• 36 legislators/legislator aides received theirs personally from a parent/expert vaccine advocate
Electronic sharing of fact sheets with broader audiences	<ul style="list-style-type: none">• Over 1,000 webpage views• 542 clicks from CCIC emails• Highlighted in three separate newsletters
Feedback & Value	
CCIC Annual Survey	<ul style="list-style-type: none">• 98% of those familiar with the resource rated it as "Very Beneficial" or "Beneficial"
Legislator feedback	<ul style="list-style-type: none">• All positive – many legislators surprised by their district's rates (anecdotal)
Partner organizations and advocate feedback	<ul style="list-style-type: none">• Appreciate the fact sheets and find them to be a very useful tool• Encourage expansion of the fact sheet model into other areas (school fact sheets, county fact sheets, etc.)

Day at the Capitol: Joint Legislative Luncheon with Colorado Parents for Vaccinated Communities

- Parent and expert immunization advocates connected with 36 legislators/aides
- District fact sheets distributed along with CCIC's State of the State report
- Building relationships; benefit of no specific "ask"



Next Steps

- Engage candidates prior to election
- Secure commitment to pro-science policy
- Ensure pro-vaccine parents are a recognized constituency
- Recognize and share best practices
- Update legislative facts sheets; co-host immunization day at the Capitol
- Create fact sheets for other audiences (parents, child care centers, school districts)
- Collaborate to identify potential pro-active immunization policy avenues



Thank You!

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Immunization Data Advisory Council Update

Background: Why Form the IDAC?

- Need for data-informed, targeted programming
- Understand landscape of available data
- Sub-state data not readily or publicly available
- Avoid duplication & align efforts

Funding was acquired through Kaiser Permanente Community Health Fund,
a fund of the Denver Foundation



Collaborators



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Key Accomplishments

- Convened experts to share IZ data practices, methods, projects and ideas
- Encouraged & supported the release of public data
- Baseline data collection regarding awareness & importance of new immunization reporting policies
- Translation & dissemination of newly available data

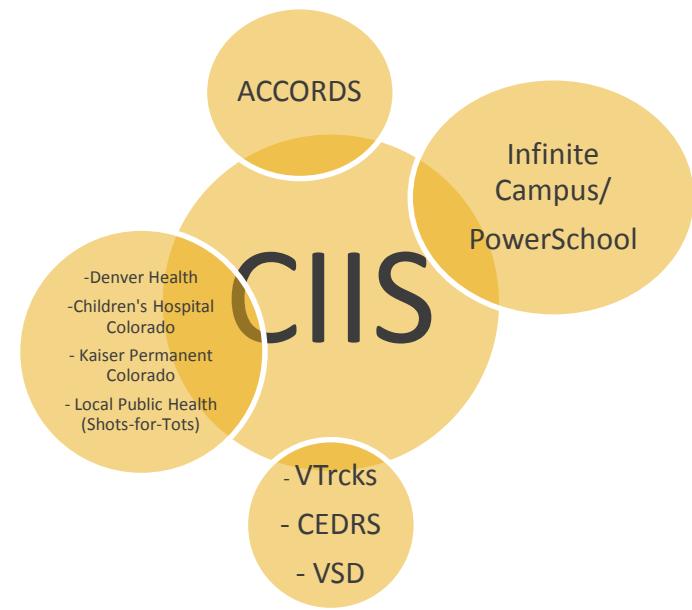


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Forum for Networking & Sharing

Inventories of:

- Immunization data visualization efforts (CO & US)
- Member strengths & roles
- Data systems & sources
- Research questions of interest & methods to explore



Education:

- Member updates & presentations
 - i.e. model resources, research/analyses being conducted, etc.

Supported Public Data Transparency

County Level Immunization Coverage Maps

- Shared other state models & pilot of select counties
- Partnered with CDPHE for regional conference
- Surveyed partners to assess value, utility, visual appeal, missing content

School & Child Care Level Immunization Data

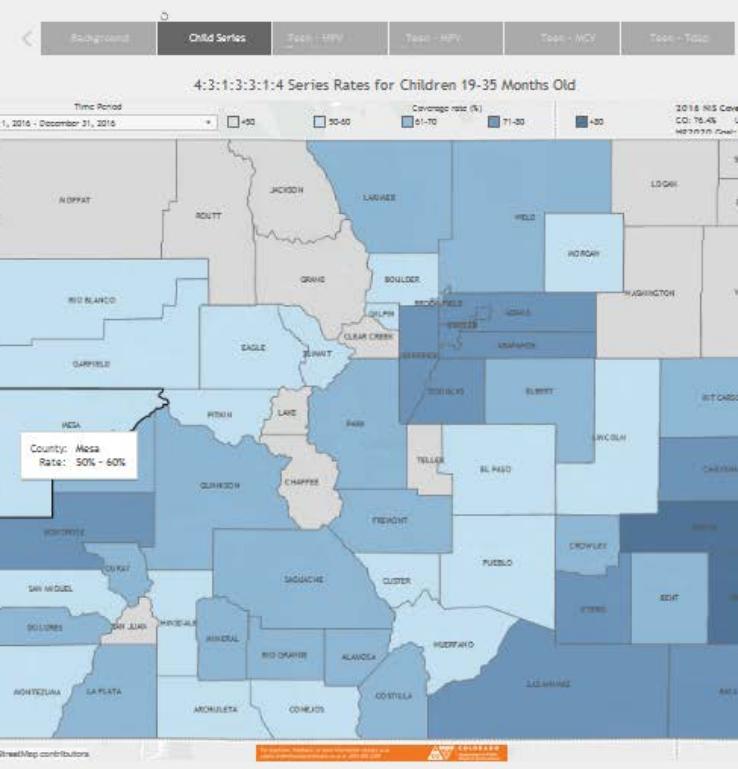
- Feedback for dashboard pilot



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CIIS county level rates



Collected Baseline Information

Child Care Provider Survey

- Awareness of new reporting rules
- Current practices & policies
- Support of IZ policy
- Need for training, resources

Parent Survey

- Value of public IZ rate data
- Vaccine rate influence on decisions
- Support of policies
- Visualization preferences



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New School & Child Care Coverage Data Publicly Available

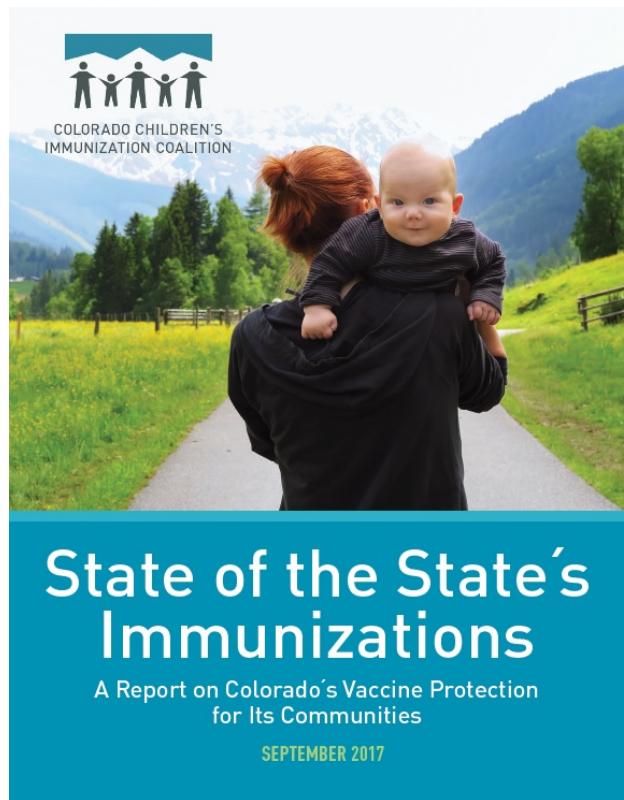
- CO now has school and child care IZ coverage data for nearly 1 million children
- Result of HB14-1288 legislation and subsequent Board of Health Rules
- Self-reported to CDPHE annually
 - First reported in December 2016
 - Available to public as of June 2017 at: www.cohealthdata.dphe.state.co.us

Translation & Dissemination of New Data

State of the State of
Immunizations Report

Children's Hospital Colorado
Annual Vaccine Preventable
Disease Report

Legislator Fact Sheets



2017 State of the State of Immunizations Report

HIGHLIGHTS

- Variations in coverage
- Community risk, recent outbreaks
- Economic impact
- Importance of systems & processes to protect IZ infrastructure & programs
- Vaccination barriers (provider & public)
- Importance of advocacy to maintain confidence in vaccines (community role)
- Direction for further exploration and analysis

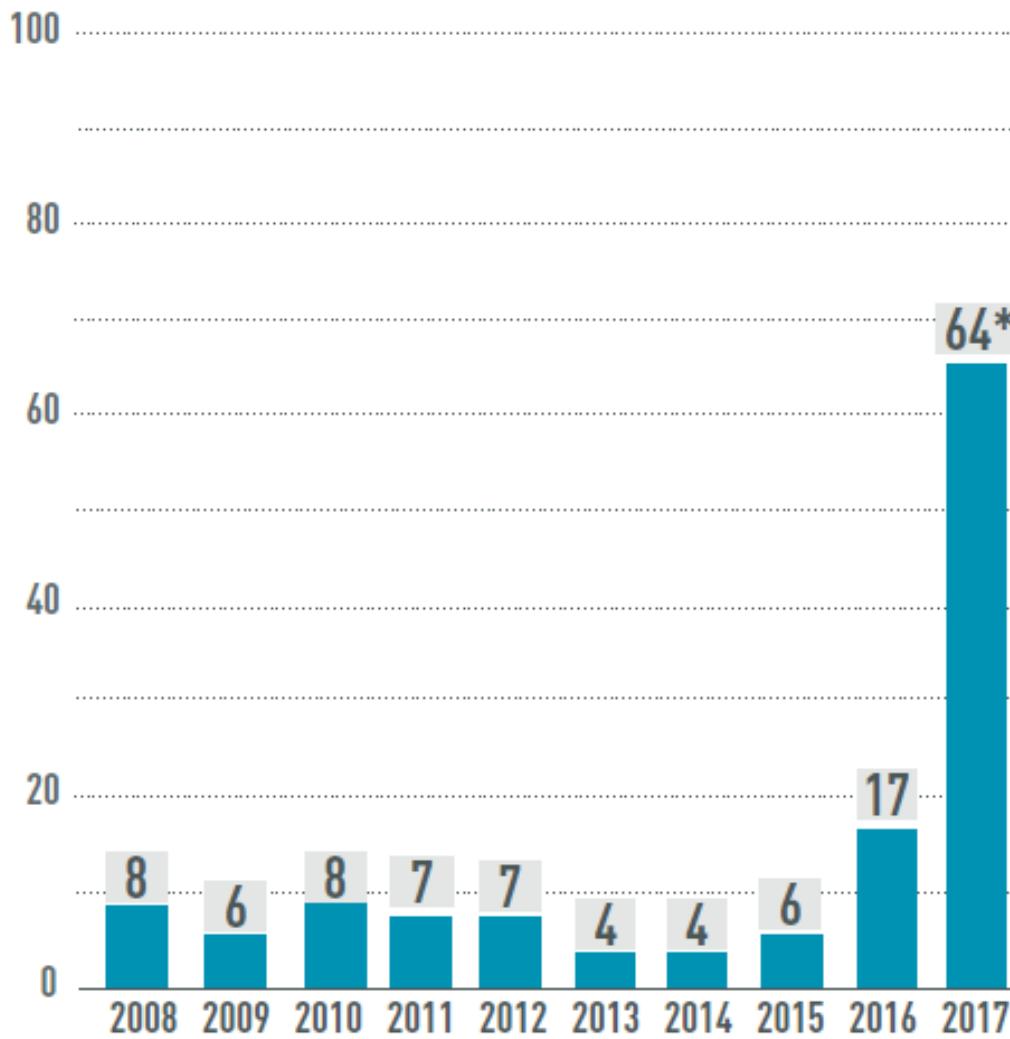


Variation of Average UTD Rates of Schools Within Select Districts, 2016-2017

	Lowest School Average Up-to-Date Rate (%) within District	Highest School Average Up-to-Date Rate (%) within District
Boulder Valley RE2	41.6	95.56
Cherry Creek 5	74.35	99.57
Colorado Springs 11	40.93	96.43
Denver County 1	66.26	100
Jefferson County R1	48.31	98.74
Mesa County Valley 51	64.2	97.62
Montezuma-Cortez RE-1	52.76	96.4
Poudre R1	56.02	98.14
Roaring Fork RE-1	45.79	97.5
Salida R-32	65.35	86.55
St. Vrain RE 1J	44.14	100
Telluride R-1	70.65	83.71
Thompson R2-J	34.29	97.77



FIGURE B.⁶ Mumps cases in Colorado: 2008–2017



*As of April 25, 2017



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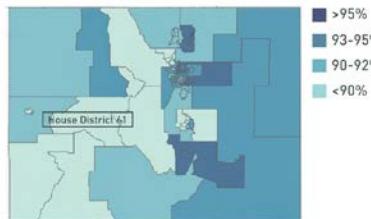


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Future Direction

- Continue to serve as **convening** mechanism
- Identify and prioritize **data analyses, initiatives and products** to produce on regular basis
 - i.e. analyses and tools to demonstrate pockets of need, economic impact, to inform policy
- Systems and structure for **data interconnection and integration**
- Incorporate learnings into **programs**



Acknowledgments

IDAC MEMBERS

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Bryce Andersen
Adam Anderson
Edwin Asturias (IDAC Chair)
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Lynn Trefren
Stephanie Wasserman
Katie Waters



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CDC Cooperative Agreement: Immunization Barriers in the United States: Targeting Medicaid Partnerships



Immunization Barriers in the United States: Targeting Medicaid Partnerships

State Medicaid agencies will collaborate with their public health and immunization information system partners to improve Medicaid policies and immunization outreach to increase immunization rates among low-income children and pregnant women.

Partners



Project Team

- AcademyHealth
- National Academy for State Health Policy (NASHP)
- CCIC

Advisors

- Steering Committee
- CDC National Center for Immunization & Respiratory Diseases

Community of Practice States

- Colorado
- Hawaii
- Kentucky
- Montana
- New Mexico

Areas for Technical Assistance

- State cross-agency collaboration
- Population-based interventions
- Health care provider and delivery site issues
- Access to experts and other collaborators
- Data-sharing and health informatics
- Financing and sustainability support

https://nashp.org/new-program-helps-state-medicaid-programs-close-an-immunization-disparity-gap/

The screenshot shows the NASHP (National Academy for State Health Policy) website. The header includes a search bar, a navigation menu with links to About Us, Annual Conference, Newsroom, E-News, Blogs, and Jobs, and social media links for Twitter and LinkedIn. A search bar with a magnifying glass icon and a dropdown menu are also present. The main content area features a large image of a doctor examining a baby, with a heading about a new program to help Medicaid programs close an immunization disparity gap. Below the heading is a paragraph by Megan Lent from February 27th, 2018, followed by several text blocks and a sidebar with links to popular content and recent tweets.

New Program Helps State Medicaid Programs Close an Immunization Disparity Gap

By [Megan Lent](#) | February 27th, 2018

State Medicaid programs play a vital role in protecting public health by ensuring that children receive all of their recommended immunizations. If all children born in 2009 were fully immunized, for example, it would prevent 42,000 early deaths and 20 million cases of disease, while saving the country more than \$13.5 billion in direct health care costs and \$68.8 billion in total societal costs.



But a vaccination coverage gap remains for low-income children covered by Medicaid. In 2016, immunization rates for children enrolled in state Medicaid programs were [2.5 to 12 percent](#) lower than among privately-insured children.

The United States has made great progress to reduce vaccine-preventable illnesses. Declines in these diseases and their associated health care costs are considered one of the greatest public health [achievements](#) of the last decade, and annual cases of many vaccine-preventable illnesses have dropped to historically [low levels](#).

All children who are eligible for the Early and Periodic Screening, Diagnostic and Treatment benefit are covered for all vaccines [recommended](#) by the Advisory Committee on Immunization Practice. The [Vaccines for Children \(VFC\) program](#) provides immunizations at no charge to physicians' offices and public health clinics that are registered as VFC providers.

While immunization rates for most recommended vaccines among children remain high overall, rates are often lower among children living in poverty. African American children also have lower immunization rates than white children.



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Popular Content

NASHP's maps and toolkits are among its most popular content for researchers and lawmakers.



Maps



Toolkits



Charts

Recent Tweets

NASHP's Trish Riley quoted: States Resort to Individual Mandates to Save a Dying Healthcare System <https://t.co/w3l4HI7hf8>

4 hours ago

Job Opening: NASHP has a job opening for a multimedia specialist and web maestro. Come work for a great cause and a... <https://t.co/I0duZKMRVNK>

4 days ago



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Colorado Immigrant and Refugee Immunization Taskforce

Tye Harlow, MPH
Program Coordinator

Colorado Children's Immunization Coalition

Partnering to
KEEP COLORADO KIDS HEALTHY

OUR MISSION

Founded in 1991, the Colorado Children's Immunization Coalition (CCIC) is a statewide 501(c)3 nonprofit that strategically mobilizes diverse partners and families to advance children's health through immunizations.

BACKGROUND

- Provider Education Event: *Immunization & Related Health Issues Among Immigrant & Refugee Children*, Dr. Janine Young
- Q&A session highlighted complex challenges providers face delivering refugee immunizations
- Request to **convene** key stakeholders to seek solutions
- Received funding through **Colorado Health Foundation** 2 year special project grant

WHO WE ARE

~30 Stakeholders in Refugee Vaccination:

- 4 Refugee Health Screening Sites
- State Refugee Health Coordinator
- CO Department of Public Health & Environment
- Local Public Health Departments
- School nurses/administration

Identify and prioritize challenges, barriers and opportunities to support both providers & local refugee community in vaccine uptake



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CHALLENGES/BARRIERS

- Lack of **Coordination** in Care
- Incomplete / Missing **Vaccine History**
- Vaccine **Follow Up** and Completion
- **School**-aged Children IZ Requirements
- **Medicaid** eligibility and enrollment
- Language, **Literacy**, Cultural Barriers

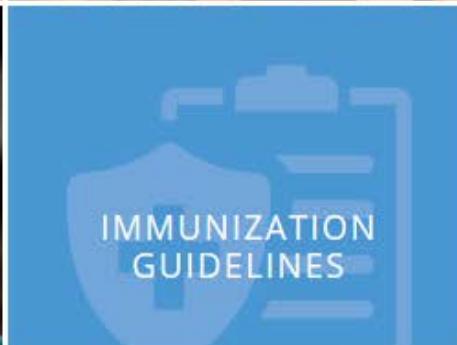


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WELCOME TO THE COLORADO REFUGEE IMMUNIZATION PROVIDER HUB

The following resource guide was developed by the members of the Colorado Refugee Immunization Taskforce as a compilation of refugee immunization-related information and guidelines to benefit providers who administer immunizations to refugees within the Colorado community.

Information on this site is specific to patients with "refugee" immigration status and may not apply to asylees, parolees, and/or immigrants. Definitions to distinguish between these terms are available [here](#).



CoRefugeeZ.org

- Screening
- Guidelines
- Data
- Key Contacts & Services
- Educational/Cultural Resources
- Who We Are

Integrate Data with Formative Research

CDC Library Literature Request

What I requested:

- **What:** Literature describing barriers (cultural, language, transportation, etc.), access issues, trust in Western medicine in refugee and immigrant populations, including literature on successful models to address those issues including best practices, interventions, and strategies for increasing refugee immunization rates.
- **Who:** Did not limit populations, but requested emphasis on populations from Burma, Iraq, Afghanistan, Somalia, Cuba, Syria, Bhutan, and the Democratic Republic of the Congo. Included all age ranges with particular interest in refugee children 0-5 years of age.
- **From where:** Did not limit where studies/literature came from (i.e. international sources included)
- **When:** Did not include specific time period

What I received from the CDC:

- A list of 193 articles pertaining to my search
 - EndNote references
- Publishing date ranges from 1976-2017
- Sources include a variety of international journals

Highlights:

- Good variety in populations & sources
- Heavy emphasis on HPV uptake
- Themes for outreach & uptake include a multi-pronged approach, utilizing both healthcare provider support and investment and community resources such as faith groups, peer liaisons, and utilization of non-traditional clinic settings with a particular focus on those who fall outside of public programs.

Prominent Themes*:

Prevalence in Population

- Disease Prevalence (1)
- Rate comparison (4)
- Seroprevalence/vaccination coverage (5)
- Vaccine preventable diseases (1)

Attitudes & Beliefs

- Vaccine decision making (2)
- Vaccine beliefs/willingness (6)
- Health literacy (1)

Health Systems

- Economics/costs (2)
- Health systems (3)
- Provider challenges (1)
- Vaccine access (5)
- Outreach & Vaccine Uptake (8)

Emergencies

- Emergency (2)
- Vaccine Campaigns (3)
- Reemerging infectious diseases (1)

*Of 45 pertinent articles from 2012-2017

Next Steps:

- What kind of information will benefit this group?
- What are we trying to accomplish with this information?
- Specific population? Specific issue?



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Refugee Patients (age >18yrs), May 2016 - April 2017

Denver Public Health Immunization and Travel Clinic

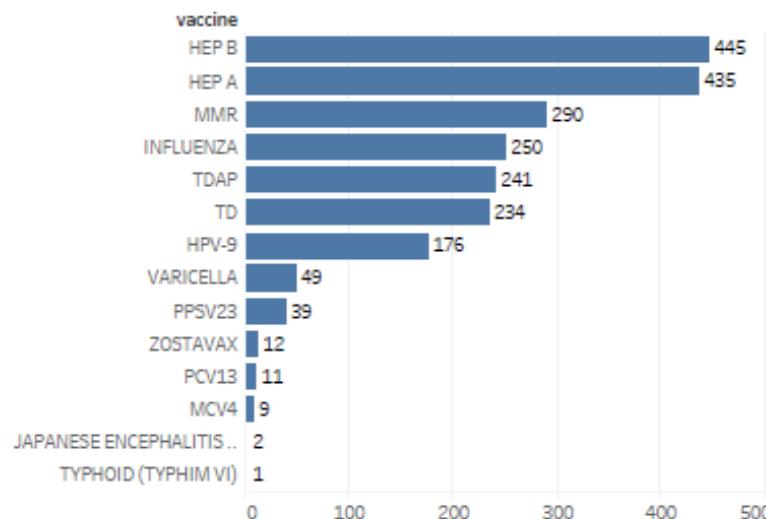
Overall Activity

Unique patients	416
Total Visits	698
Total Vaccines	2,194

Total Visits



Vaccines



Top 10 Countries of Origin

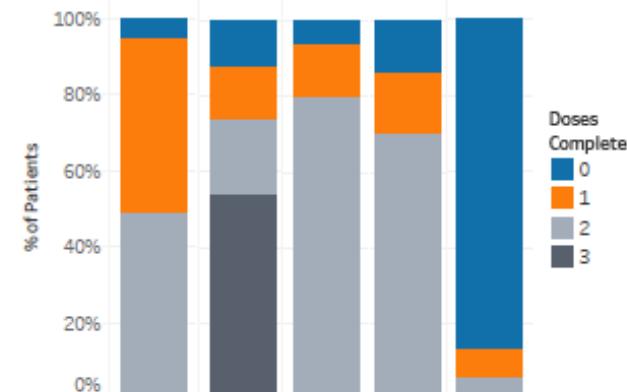
*patients representing over 25 different primary languages

Country	Count
Iraq	87
Afghanistan	47
Cuba	41
Syria	38
Congo, Democratic Republic of	30
Somalia	27
Bhutan	23
Myanmar	22
Ethiopia	20
Eritrea	19
Other	62

Series Completion

(Referrals made May- August 2016 - 9 month lag, N=81)

HepA HepB MMR TD Var





COLORADO CHILDREN'S
IMMUNIZATION COALITION

School Health Personnel Immigrant and Refugee Immunizations Survey

Dear school health professional:

The Colorado Children's Immunization Coalition (CCIC) formed the **Colorado Refugee and Immigrant Immunization Taskforce** to identify and address barriers to immunization delivery and uptake among refugee and immigrant populations across the state. This taskforce, made up of resettlement professionals, healthcare providers, school health professionals, and others has identified a need to support schools in ensuring refugee and immigrant students are up to date on school required vaccinations.

The Taskforce has developed a brief survey to be administered to school health personnel. The purpose of this survey is to learn more about the challenges school nurses and health staff face in ensuring immigrant and refugee students meet school vaccine requirements, as well as the current practices and/or needs for enhanced support to address these obstacles. Findings from this survey will be used to inform future immunization outreach and/or education efforts. The Taskforce acknowledges the political climate immigrant and refugee families face and will be cognizant of this throughout any dissemination of results.

You are being asked to complete this survey because of your experience working in school health. Even if you have limited experience working with refugees or immigrants, we need your perspective as well. Please consider your experiences working specifically with refugee and immigrant students when completing this survey, acknowledging these barriers may be applicable to all students. Please note that while your participation is greatly appreciated and valuable, this is an optional survey.

Please complete the survey no later than April 15, 2018.

Take the Survey

The survey should take about 10-15 minutes of your time. Please answer all questions as completely as you are able and only submit this survey once. Responses will be anonymous if



COLORADO CHILDREN'S
IMMUNIZATION COALITION

School Health Personnel Survey

Top Refugee & Immigrant Family Barriers from the School Health Personnel Experience & Perspective

Not aware of vaccine requirements	71%
Language barriers	66%
Lack of vaccination documentation	62%

Barriers Most Often Faced by School Health Personnel in Ensuring Vaccination Compliance among Refugee & Immigrant Students

Incomplete vaccine records	83%
Access to vaccine records	74%
Language barriers	73%



NEXT STEPS

- Data Analyses
- Grant application to conduct **focus groups** to identify priority population(s), barriers and immunization gaps
- Develop and pilot an **intervention** to increase vaccine education and uptake among identified priority refugee or immigrant population in Colorado



COLORADO CHILDREN'S
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Tye Harlow, MPH
Program Coordinator

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School-Located Immunization Clinics: Practical Strategies for Program Implementation

Katie Waters, Public Health Associate

CCIC June Coalition Meeting
Thursday, June 21st, 2018

Thank you to Denver
Public Health &
Tri-County Health
Department!

Project Overview

- **Purpose:** Compile lessons learned, effective strategies, research, as well as legal, logistic, and safety considerations into a comprehensive, easy to navigate toolkit
- **Why:** High level of interest, proven strategy for improving vaccination rates and increased transparency in school rates with new CDPHE data
- **Target audience:** Health departments across the state of Colorado and other health-related organizations looking to host an immunization clinic
- **Patient population:** School aged children (4-18 years of age)

Why school-located immunization clinics?

Improves Access

- Opportunity to vaccinate un/underinsured
- Alternative settings can remove barriers¹
- Opportunity to improve compliance to vaccination laws (schools & students)

Convenient

- No appointment or travel from school & work
- SLVCs are trusted by parents^{2,3}
- Option for schools to improve UTD rates, public data and parent confidence

Target population

- School children are at an increased risk of spreading infectious diseases⁴
- Reach to adolescents, who receive less primary care than younger counterparts²

Master Checklist

Conduct internal analysis of department goals, priorities and capacity	
Perform formative research to define target population	
Develop relationship with community partner, such as a school or school district, and set shared expectations and goals	
Secure funding	
Develop and implement communication and outreach plan with community partner	
Prepare clinic details	
Follow-up with community partner after clinic	

Internal Analysis & Planning

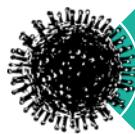
First set internal goals, expectations and capacity for implementing a SLVC. This will help inform initial decisions below and manage the program from year to year.



Identification of priority population



Partner organization identification & outreach

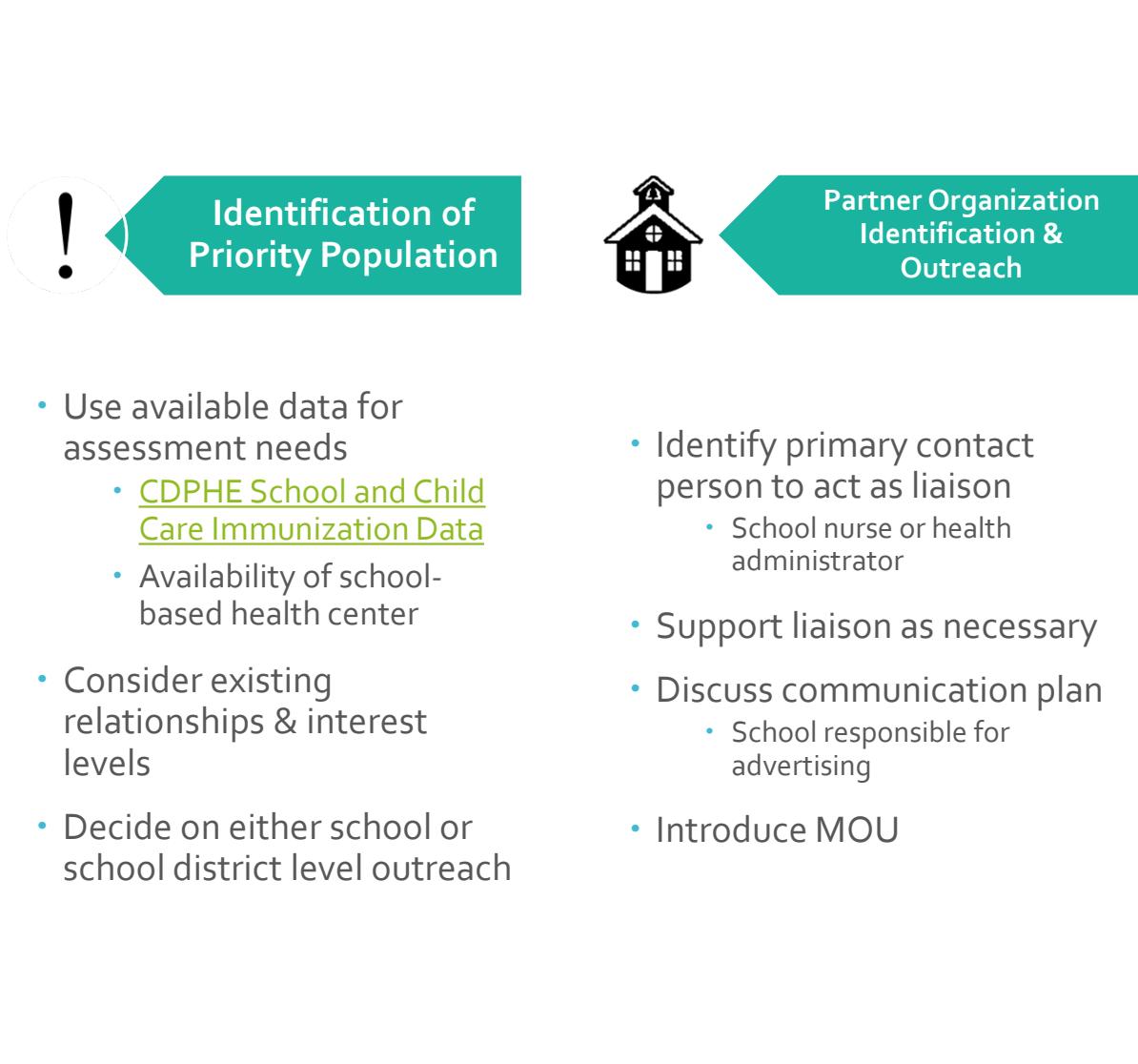


Clinic type



Funding

Internal Analysis & Planning



Internal Analysis & Planning



Clinic Type

- Vaccines available
 - Consider providing all pertinent vaccines
- Dosage of vaccines
- Timing of clinic
- Clinic population
 - Age
 - Eligibility

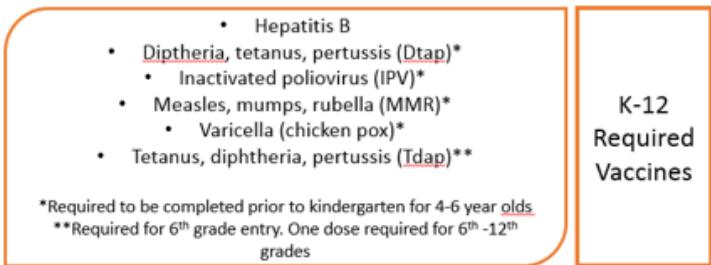


Funding

- Grants
- Temporary staff to initiate program
 - AmeriCorps, PHAP
- Utilize existing resources
 - Emergency preparedness departments

Child
Care
Required
Vaccines

- Hepatitis B
- Diphtheria, tetanus, pertussis (Dtap)
- Haemophilus influenza type b (Hib)
- Inactivated poliovirus (IPV)
- Pneumococcal conjugate (PCV13) or polysaccharide (PPSV23)
- Measles, mumps, rubella (MMR)
 - Varicella (chicken pox)



Clinic Planning

-  Shared goals and priorities
-  Date & time
-  Location
-  Communication & outreach plan
-  Data access, collection & sharing
-  Patient population
-  Staffing
-  Memorandum of Understanding (MOU)

Clinic Planning



Shared Goals & Priorities

- Helps each organization to meet expectations
- Clinic metrics to develop goals
 - # vaccinations given
 - # patients vaccinated
 - % increase in up-to-date
 - Minimal out of seat time
- Ask what would make for a successful clinic?



Date & Time

- Utilize existing events
 - Registration night, health fairs, parent-teacher conferences
- Keep important dates in mind
 - Back-to-school time
 - Exclusion dates
- Vaccine availability
 - Flu season
- Length
 - # of noncompliant students can help predict patient load

Clinic Planning



Location

- Space considerations:
 - Tables & walkways
 - Electrical outlets
 - Easy flow (different doors for enter/exit)
 - Patient privacy
 - Internet accessibility
- Public locations allow for greater outreach
- Consider places where families already visit



Communication Plan

- Schools have systems in place for communicating with parents
 - Emails, flyers, website, robo calls, social media, etc.
- Support with talking points & examples
- Ensure consistent language
- Consent
 - To be continued...

Methods of Consent

If parent/guardian
will not be present at
time of vaccination:

**Receive written
consent prior to clinic**

Consent forms can be sent
home for parents to
complete and send back

**Receive verbal consent via
phone call prior to
vaccination**

Parents should be aware of
clinic time for availability
Consider school policies

If parent/guardian
will be present at
time of vaccination:

Able to provide
medical history,
insurance information
and consent on site

Benefit of holding
during existing event
or public location

Clinic Planning



Data Access,
Collection &
Sharing

- Access to CIIS is vital
- Individual-level data collection
 - Personal info
 - Medical history, contraindications
 - Vaccinations received
- Clinic-level data collection
 - # patients screened, turned away, and vaccinated
 - # vaccinations given by type & stock
 - Average out-of-seat time



Patient
Population

- Increase impact by vaccinating family members as well
- Employ a referral system for those who can't be seen
- Language and translation services may be necessary

Clinic Planning



Staffing

- Combination of school and health department staff
- Volunteers and professional health students welcome
- Multilingual staff are an asset
- Designate clear job duties for each person
- Staff appropriately for patient volume



MOU

- Review components in detail
- Ensures ownership of activities by each organization
- MOU signed 2 months prior to clinic date

Clinic Preparation



Space & Logistics



Supplies &
Transportation



Communications



Protocol

Clinic Preparation



Space & Logistics

- Schedule visit to clinic space to ensure adequacy
- Take note of electrical outlets and doors
- Creating a flow chart makes for easy set-up on the day of the clinic
- Special considerations include vaccine storage, recovery space and privacy



Supplies & Transportation

- Administrative, technical and medical supplies
- Master list provided in toolkit
- Labeled bins make packing and unpacking easy
- Bins can be assigned to staff members for transportation to clinic site
- Transportation method must maintain cold chain for vaccines

Clinic Preparation



Communications

- Communications with clinic staff should be clear and include:
 - Hours
 - Location
 - Security/check-in process
 - Food & drink availability
 - Attire
 - Job assignments
 - Clinic details (patient population, expectations)



Protocol

- Consider forming and sharing protocol to handle special situations which may arise including:
 - Parental concerns and/or anger
 - Medical emergencies
 - Environmental emergencies (tornado, fire, etc.)

Evaluation & Follow-Up

Evaluation is dependent upon metrics collected during the clinic

Create report to share internally and with partner organization

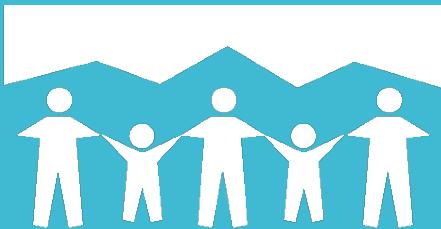
Both organizations should reflect on the clinic outcomes:

- Were goals met?
- What could be improved?
- What went well?
- Is this clinic worth doing again?

Determine next steps

Resources Included in Toolkit

- Program planning flow chart
- Auto-dial scripts
- Reminder cards
- Email reminder scripts
- Clinic “job” descriptions
- Clinic sign-in sheet
- Vaccine temperature log
- Links to important resources (language line, data & reporting, staffing ideas, etc.)



COLORADO CHILDREN'S IMMUNIZATION COALITION

Thank you!

Katie Waters, Public Health Associate
Colorado Children's Immunization Coalition
Katherine.Waters@childrenscolorado.org

References:

1. McRee A, Reiter PL, Pepper JK, Brewer NT. *Correlates of comfort with alternative settings for HPV vaccine delivery*. Human Vaccines & Immunotherapeutics 9:2, 306-313, February 2013.
2. Middleman AB, Tung JS. *At what sites are parents willing to have their 11 through 14-year-old adolescents immunized?*. Vaccine, 28, 2674-2678. January 2010.
3. Won TL, Middleman AB, Auslander BA, Short MB. *Trust and a School-Located Immunization Program*. Journal of Adolescent Health, 56, S33-S39, September 2015.
4. *Vaccination Clinics in Schools*. Public Health and Schools Toolkit, ASTHO Legal Preparedness Series Public Health & Schools Toolkit, Issue Brief. Association of State and Territorial Health Officials, 2013.



2018 Community Baby Fair

Emily Clancy

Communications and Development Coordinator

Colorado Children's Immunization Coalition

The Annual Community Baby Fair

A free, outdoor community event that connects new and expecting parents in Stapleton and Lowry with local health and safety organizations, baby-focused businesses, and community groups that provide resources and services to help keep children safe and healthy.

Goals and Objectives

Objectives:

- To connect local new and expecting parents health and safety resources
- To engage parents in a community setting
- To grow awareness of CCIC and position CCIC as a trusted resource for Colorado parents
- To position immunization as one of many evidence-based steps parents take to keep their kids healthy

2018 Goals:

- To host **30** exhibitors representing health and safety resources and services, baby-focused businesses, and community groups
- To draw **150** new/expecting parents to the event
- To offer **10** door prizes

Audience

New and Expecting Parents

- 40% of parents make decisions about vaccinating their child during pregnancy, and roughly 21% make these decisions shortly after birth
- 1 in 3 parents has concerns about the safety of immunization
- 81% of parents see it as their role to question the safety of vaccines

Why Stapleton (and why Aviator)?

- Small neighborhood in Denver (hard to target all of Denver, little capacity to host a large event)
- Home to lots of families (4,400 in 2016—out of 6,390 households)
- 352 births in 2016
- Demographics in Stapleton similar to those of parents who delay/refuse vaccines
- Aviator Park
 - Low cost
 - Located in a neighborhood with access to families
 - Located next to a pool
 - Success with exhibitors and vendors in 2017

Baby Fair History

2016 Baby Fair

Location: Montclair

Rec Center

Exhibitors: 20

Attendees: ~50



2017 Baby Fair

Location: Aviator Park

Exhibitors: 29

Attendees: ~120

The 2018 (3rd Annual) Community Baby Fair



2018 Exhibitors

Health and Safety:

- “Ask a Nurse” Booth (Bryce Andersen from Tri-County)
- Advanced Pediatric Associates
- Tri-County Health Department’s WIC program
- Colorado Breastfeeding Coalition
- Healthy Expectations Perinatal Mental Health Program at CHCO
- Mother’s Milk Bank & Rocky Mountain Children’s Health Foundation

- Safe Splash Swim School
- Safety Store at CHCO
- Shot@Life Campaign
- Special Kids Special Care
- MotherWise
- Partners in Pediatrics
- East Stapleton Kid’s Dentistry
- Abby & Finn
- Colorado Children’s Immunization Coalition

Baby-Focused Products/Services:

- Fit4Mom/Stroller Strides of Denver
- Thirty-One Gifts
- Great Play of Cherry Creek
- Oh That Baby!/Toofeze
- Happy Family Brands
- Beech-Nut Foods
- CureGear
- Matilda Jane Clothing

Community Organizations:

- Denver Public Library
- Denver's Early Childhood Council
- Bright By Three
- Family Star Montessori School

Total Exhibitors: 27



Immunization at the Baby Fair

“Ask a Nurse” booth with Nurse Bryce

Number of people asked “Do you have question about IZ”?	2-3 minute conversation about vaccines, myths, or importance of immunizing	5-10 minute conversation about vaccines, specific concerns, or questions	Number of vendors Bryce talked to about immunizations and their importance
18 people	8 people	3 people	4 people

CCIC table

Number of families at the CCIC table	Number of families who had questions about immunization
~35 families	~8 families

Promotion & Marketing



Marketing Channels:

- Facebook
- Twitter
- Community event calendars and websites
- Flyering at local businesses
- CCIC newsletter
- Emails to listservs
- Bright By Text

Facebook Event



Event

Events 11

Events

Calendar

Birthdays

Discover

Past

2018 Community Baby Fair!

INSIGHTS SINCE 04/06/2018

7.5K Reached 5.4k in last 7 days

483 Viewed 349 in last 7 days

100 Responded 30 in last 7 days

See More

How many people attended this event?
This will not be visible to the public.

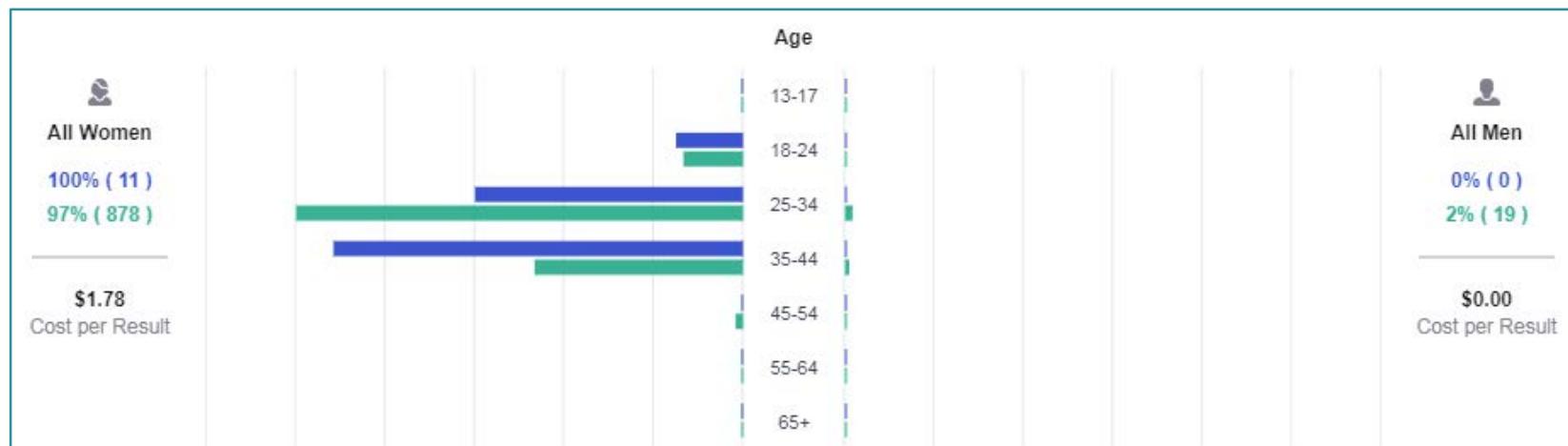
How did you track attendance?
 Tickets

Edit ...

Audience Details:

- Living in Stapleton, Lowry and surrounding zip codes in Aurora and Denver
- Aged 23-45
- Male and Female
- Criteria:
 - New moms
 - Moms of preschool children
 - New parents (0-12 months)
 - Parents with toddlers (1-2 years)

Demographics reached



Event Flyer



A yellow and white event flyer for the Community Baby Fair. The top half features a white circle containing a baby in a blue stroller with a yellow bird on top and two butterflies inside. A red balloon is attached to the stroller. The text "Please Join Us!" is at the top, followed by "COMMUNITY BABY FAIR" in large bold letters, and "For New & Expecting Parents" below it. The bottom half has a yellow background with the date "June 9th" and time "10:30am - 1pm" in a large font, and the location "Aviator Park & Pool 8054 E 28th Ave. Denver, CO 80238" in smaller text. A small paragraph at the bottom left says "Featuring health and safety information, products and services from the Stapleton and Lowry area, food trucks and fun activities for the whole family!" and a website "childrensimmunization.org". The bottom right corner features the Colorado Children's Immunization Coalition logo with the text "Keeping Colorado Kids Healthy! 13123 East 16th Avenue, Box 281 Aurora, CO 80045 ccicoffice@childrenscolorado.org • 720-777-5340".

Hung flyers at multiple locations:

- Lowry town center (~15 businesses)
- Montclair Rec Center
- Schools (2)
 - Stanley British Primary
 - Stapleton Knowledge Beginnings
- Stanley Marketplace
- Stapleton Town Center at 29th Street (~20 businesses)
- CHCO employee mailboxes
- And more!

Sent flyers to exhibitors/sponsors to distribute:

- Gymboree Play and Music
- Safe Splash Swim School
- Advanced Pediatric Associates
- Family Star Montessori
- And more!

Bright By Text

Text Copy:

FREE Community Baby Fair
6/9, 10:30am-1pm at Aviator Park. Resources for new parents, giveaways, food trucks, and fun activities!
More info: *link to flyer*

Recipients

177 parents

URL Views

48

Click Through Rate

27%



Additional Marketing Channels

Twitter

- Shared Facebook event, teased exhibitors, shared images from 2017 Baby Fair

Community event calendars and websites

- StapletonDenver website
- Mile High Mamas website
- Children's Hospital Colorado employee calendar

Email

- CCIC Shot by Shot newsletter to coalition members and subscribers
- Email to listservs such as the School Nurse list, CCHC list, CARES list

Facebook Groups & Pages

- Mom groups (Stapleton Moms, Mom and Baby Park Hill and Stapleton, MOMS club of Stapleton)
- Pro-vaccine groups (Crunchy Front Range Pro-Vaxxers)
- CCIC Facebook page
- Exhibitor/partner Facebook pages

Activities and Entertainment

- Food trucks
 - *Sunshine Bowls*
 - *Mac 'N Noodles*
 - *Ba-Nom-A-Nom*
- Lawn games
 - *Hula hoops*
 - *Connect 4*
 - *Cornhole*
 - *Bubble machine*
- Face painter
- Kids DJ
- Nemo mascot



Goody Bags

- Tote bag from **The Boppy Company**
- Toothbrush and toothpaste from **Delta Dental**
- Organizer pouch from **RuMe, Inc.**
- Free class from **Gymboree Play and Music**
- Discount code from **The Bump Club and Beyond**
- Pens from **Shot@Life**
- Band aid packs from **CCIC**
- Discount codes from **Good Buy Gear**
- Informational flyers from **Tri-County Health** and **La Leche League of Stapleton**



Door Prizes and Sponsors

- Gift certificate from **Good Buy Gear** (1)
- Gift certificates from **The Bump Club and Beyond** (2)
- Free month of diapers and wipes from **ABBY & FINN** (1)
- Free month of classes from **Gymboree Play and Music** (1)
- *Parentally Incorrect* book from **The Pump and Dump Show** (1)
- Gift certificate from **Peak-A-Boo Play kids gym** (1)
- Bag from **Thirty-One Gifts** (1)
- Nursing pillows from **Boppy** (2)
- CCIC water bottle, blanket, and *Your Baby's Best Shot* book (1)



Total Door Prizes:
11

Evaluation

Did we meet 2018 Goals?

- 30 exhibitors? **27**
- 10 door prizes? **11**
- 150 attendees? **152**
- Immunization discussed/CCIC positioned as resource? **18**
parents talked to Bryce, **35** families came to the CCIC booth, **8** asked about IZ at the CCIC booth

2019

- Awaiting exhibitor survey results which will help inform 2019 goals



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