



Flu Vaccine for Everyone!

A Guide to Reaching and Engaging
Diverse Communities

Massachusetts Department of Public Health—Office of Health Equity

Acknowledgements

Flu Vaccine for Everyone! was developed by the Massachusetts Department of Public Health (MDPH), Office of Health Equity (OEH). We wish to acknowledge the many individuals and organizations that generously contributed their time and efforts to make this guide a reality. We would especially like to thank the Immunization Division in the Bureau of Infectious Disease and Laboratory Sciences (BIDLS), at MDPH for its contribution, in particular, Rebecca Vanucci, Katie Reilly, and Susan Lett, who reviewed and updated this guide in 2018.

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We also wish to acknowledge other attendees to the 2011 Massachusetts Association of Public Health Nurses conference who took the time to review this guide in its initial draft format.

This publication was supported in part by the cooperative agreement award number 1H75TP000378-01, Public Health Emergency Response, from the Centers for Disease Control and Prevention and by grant number STTMP101046-01, State Partnership Grant from the U.S. Office of Minority Health. Its content is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control and Prevention or the U.S. Office of Minority Health.

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What's New in Flu Outreach and Education

Today, we face a new challenge: to get flu vaccines to those who have traditionally been hard to reach. Especially at risk are racially, ethnically and linguistically diverse populations that are often isolated and have limited access to health information.

The best way to protect the most vulnerable individuals is to vaccinate everyone. Our challenge today is to get the word out about the importance of flu vaccination.

Introduction

The Flu Outreach Guide you are holding is designed to help your health department or community-based organization truly reach the communities that need flu vaccine the most. The community health approach to flu vaccination has changed a great deal in the last few years. In the past, public health officials focused most of their efforts on seniors and people with chronic health conditions. Today, vaccination is recommended for almost everyone over the age of six months. We face a new challenge: to get flu vaccines to groups that have traditionally been hard to reach. Racial, ethnic and linguistic (REL) populations are often isolated and have limited access to health information. As we work together to find ways to educate individuals, we can help reduce disparities in flu vaccination, a priority for the Massachusetts Department of Public Health.

Very real barriers stand in the way of our efforts to get the flu vaccine to those who need it most. We must remain responsive to the changing diversity of our communities—understanding where people live and how they receive services. We need to be aware of new arrivals in our neighborhoods, even as continuing shifts in populations keep us on our toes.

Why did flu vaccine recommendations change?

Anyone can get the flu, and *most importantly, anyone can give the flu to somebody else*. Children can give it to their grandparents; babysitters can give it to newborns; workers can give it to co-workers who may have unknown health problems; and family members can give it to people in their households who may be at risk for serious complications of flu. A mild case of flu for one person may be deadly to another person.

Each year brings new strains of the flu virus, and each of these new viruses may be especially harmful to particular groups of people. For example, the 2009 H1N1 (swine) flu caused more deaths among pregnant women than had been seen before with influenza. Because of this uncertainty as to who will be the hardest hit, *the best way to protect the most vulnerable individuals* is to vaccinate everyone. Our challenge today is to get the word out and educate everyone about the importance of flu vaccination. Only by doing this will we be able to protect those who need it most.

Public health departments and providers made great progress in getting the flu vaccine to seniors, but seniors themselves are also seeking out their annual flu vaccines at flu clinics, in their providers' offices, and in pharmacies. Still, even among seniors, rates of vaccination for Hispanics and African-Americans are lower than for whites. Public health departments and community agencies now need to focus on community members who may not have had access to vaccination. Often, these community members already face greater health risks because of racial, ethnic and linguistic barriers to care and services, as well as the increased burden of chronic diseases that put them at risk. *This guide is designed to help local community agencies and public health departments share innovative strategies to reach these community members.*

Note: We understand that many local health departments and community-based organizations have limited resources to apply to a flu outreach campaign. While some strategies discussed in this guide have a moderate cost, others are completely free. Choose those that are feasible in your community, or look to regional resources to amplify your efforts.

Section One:

Background

Section One: **Background**

Why is flu outreach important in underserved racially, ethnically and linguistically diverse (REL) communities?

Underserved communities stand to benefit the most from flu vaccination but also suffer the greatest loss when they are not vaccinated. For example, in Massachusetts, African Americans have the lowest rates of flu vaccination and are more likely than whites to be hospitalized—or even die—from seasonal flu. During the H1N1 (swine) flu outbreaks in 2009, African American children and pregnant women had the highest rates of complications. In addition, higher rates of chronic diseases such as asthma, hypertension and diabetes among REL populations place them at much higher risk of getting seriously ill from the flu. For example, a five-year-old with asthma who gets flu from a healthy schoolmate may miss weeks of school when she gets complications and ends up in the hospital.

Health education messages, often in English, are hard to understand for non-English speakers. New arrivals to the U.S., as well as underinsured, low-income groups or those not connected to services, may not even be aware that they are at risk of getting the flu. Some groups may not trust public health messages due to past histories of discrimination or bad experiences with public agencies. Despite strong evidence for the safety and effectiveness of the flu vaccine, many people still believe it is unsafe or experimental. All these issues are made worse by logistical obstacles such as inconvenient hours and locations of flu clinics and confusing eligibility and insurance requirements.

How should local health departments respond to flu today?

Public health professionals must rethink and revise their flu vaccination and education efforts to fit the needs of new populations that may be hard to reach. We need to creatively tackle system-wide barriers to flu vaccination such as access, eligibility, language, and hours of operation. Location is an important consideration. When appropriate, providers should consider alternative sites to administer vaccine. As we do this, we will lay the groundwork for future public health efforts by getting to know our community, understanding how members receive and incorporate health information, and finding the best ways and locations for them to access public health services.

Our success depends heavily on the partnerships we can build with community members and organizations that share our common mission. As we work together, we can promote flu vaccination in our communities.

Vaccines protect our communities

There are many health behaviors that are hard to change, such as diet, exercise, weight loss, and smoking. Getting vaccinated against flu is one of the easiest, provided the barriers are removed. It is an easy way for community members to protect themselves and their families.

And while you're at it...

Don't forget pneumonia vaccines!

How common is pneumococcal disease?

Each year in the United States, pneumococcal disease kills thousands of adults, including 18,000 adults 65 years or older. Thousands more end up in the hospital because of pneumococcal disease.

How does pneumococcal disease spread?

Pneumococcal bacteria can spread from person to person by direct contact with respiratory secretions, like saliva or mucus. People can carry the bacteria in their nose and throat, and can spread the bacteria without feeling sick.

Who is at risk for pneumococcal disease?

- People 65 years and older
- People with certain health conditions, such as chronic lung disease or diabetes
- People with conditions that lower the body's resistance to infection (weakened immune system)
- People who smoke cigarettes

Flu outreach lays a foundation

In 2009, during the H1N1 flu epidemic, the Cambridge Public Health Department developed a database of all the day care centers in their town. It contained the ages of and number of children served, languages spoken, key personnel names and contact information.

A year later, the health department used this list to send critical information and recommendations during an outbreak of whooping cough.

For community-based organizations:

Offering flu outreach education or clinics can be an easy way to provide a concrete service to your clients—an achievable step on the path to better health. These events also provide the opportunity to market all of your agency’s programs, and to bring in a population that might not have otherwise known about other services available to them.

Further, keeping your constituents and your staff healthy is helpful, not only for the health of your community, but also to prevent staffing shortages and expensive overtime costs. Finally, developing the systems necessary to stop the spread of seasonal flu will find your community more prepared for larger flu outbreaks in the future.

Access to flu vaccine: Is it enough? Can we do better?

Now that annual flu vaccination is recommended for everyone aged six months and older, a diverse network of sources has sprung up to provide the vaccine. It is paid for by health insurance, which in Massachusetts covers 98 percent of the population. Currently, the Massachusetts Department of Public Health (MDPH) supplies free flu vaccines to local health departments to vaccinate those who do not have insurance. Primary care providers and pharmacies are making extra efforts to run flu clinics at convenient times. MDPH has also developed systems to help local health departments participate in billing health insurance for vaccination. Step-by-step guidance and resources are found in the Toolbox on page 32. While the tips in this guide have been created to bring the vaccine to everyone, we encourage local health departments to purchase a vaccine that can be provided and billed for.

Pneumococcal Vaccine for Adults - Flu Guide for Diverse Communities Updated September 2017

There are two vaccines that protect against pneumococcal disease, which is caused by infection with a common bacterium called *Streptococcus pneumoniae*. Which adults should get these vaccines? When and how often are they needed?

PCV13: Adults should get one dose of this vaccine before starting or continuing doses of PPSV23. It is recommended for:

- All adults 65 years or older
- Adults 19 years or older with certain medical conditions

PPSV23: Adults should get one, two, or three doses of this vaccine, depending on their age, health condition, and timing of the first dose.

It is recommended for:

- All adults 65 years or older
- Adults 19 years or older with certain health conditions
- Adults 19 years or older who smoke cigarettes

The type of pneumococcal vaccine needed for an age or risk group and its schedule is complex. Please see these resources below:

CDC, Pneumococcal Vaccine website, <https://www.cdc.gov/vaccines/vpd/pneumo/index.html>

CDC, Pneumococcal Vaccine for Adults timing chart,

<https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf>

CDC, Addressing Common Questions about Pneumococcal Vaccines in Adults,

<https://www.cdc.gov/vaccines/hcp/adults/downloads/fs-pneumo-hcp.pdf>

Section Two:

Planning Your Outreach Campaign

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Understand your target community

Effective outreach requires knowledge of your community, reliability, trustworthiness, creativity and determination. Outreach is based on knowing where to go and how best to communicate a message so that it is heard and understood. It also means being a dependable and easily accessible source of information and support.

To begin, identify those in your community who are less likely to be immunized. Are there populations of recent immigrants, ethnic minorities or others who are at high risk? Start conversations with members of your target groups, and those organizations who serve them, to ensure that your flu prevention effort is successful.

Here are some suggestions to help you learn about your target group:

- **Study the demographics of your community.** Are there groups of people at particularly high risk for flu, or who are less likely to receive primary care? Where do they live? Where do they work?
 - Visit your town's website.
 - Look at census data, and MassCHIP (<http://www.mass.gov/dph/masschip>).
- **Visit a library.** Check in with your local library, or visit the Massachusetts Department of Housing and Community Development website, which has "Community Profiles" of every municipality in the Commonwealth. MDPH and the Regional Centers for Healthy Communities have large libraries with a wealth of information in multiple languages.
- **Meet with key community residents** to understand their attitudes toward flu prevention. Ask what their greatest needs are and how you can help make their community a healthier place. You might talk to:
 - Local political leaders, especially those already identified as health champions.
 - Community organization directors or board members.
 - Community and social service staff, especially those working directly with high-risk populations.
 - Spiritual leaders: ministers, rabbis, shamans, imams, priests, church elders, and youth pastors.
 - Business owners and leaders.
 - "Informal" community leaders such as seniors, peer leaders, coaches and school-parent liaisons.
- **Conduct a community insider discussion.** A focused discussion can give you clues about where to focus your intervention. It is an opportunity to identify and engage "community insiders"—members of your community who will help spread the message about flu to their friends, families and colleagues. They can also help you assess your health materials for cultural competency and language.

Invite community members who are part of your target population and are formal or informal leaders, including clergy, employers, teachers or youth group leaders, to the key informant discussions. There is a brief guide to conducting a discussion group in the Toolbox.

- What to talk about? Ask *them*, and *listen*.
 - What are their ideas about health and illness, flu and vaccinations?
 - Who are the trusted figures in their community?
 - How do most people get their health information?

Learn about your community

- *Study the demographics.*
- *Visit a library.*
- *Meet with key community residents.*
- *Have a "community insider" discussion.*
- *Learn about culture, beliefs and norms.*
- *Identify community organizations.*



Kids know what's best!

Photo courtesy of Manet Community Health Center

- ***Learn about:***
 - Your target group's culture (values, family systems, impact of immigration).
 - The help-seeking behaviors of this community. Who do they turn to when they are ill? Will they attend an event in the evening? Do women need permission from their husbands to participate? Will cold weather keep them away?
 - Key health beliefs, behaviors, communication preferences and traditions.
 - Basic etiquette, polite form of greeting, and one or two words of the language.
- ***Identify community organizations.***
 - Is there an ethnic-serving community organization?
 - Where do community members congregate?
 - Are there any other community-based organizations? Which ones do people trust?
 - Are there neighborhood associations or other civic groups?
 - Are there informal social groups (e.g., clubs, men's clubs, book clubs, sports leagues, etc.)?
 - What are some important businesses patronized by community members (e.g., beauty salons, barber shops, restaurants, ethnic grocery stores)?
 - What are their favored media outlets (newspapers, TV, radio)?

(See the list of ethnic media in Section 11.)

YOU DON'T HAVE TO DO IT ALONE!

Partner with people and organizations in your community who already have connections to the group you want to educate or vaccinate. You will be more successful, have more fun and build important relationships for the future.



Photo courtesy of Manet Community Health Center

Identify your community partners

Your most important partners are *people and organizations that already have trusted relationships with the community* you hope to reach. Both formal and informal leaders are invaluable; with their help, you can implement an effective campaign.

While building these relationships can be challenging and time consuming, remember that you are building the foundation for the future success of your health promotion activities. If you have developed a respectful and trusting relationship with key community leaders, your impact will grow over time.

Begin with the people and organizations you identified in the previous section. Choose the one or two that show the greatest promise for reaching and influencing your target community.

Organizations that exist specifically to serve the needs of the population you are trying to reach are often your best choice—for example, mutual aid programs, ethnic community organizations and churches. Also look for partners who are already serving the health needs of the community, such as lay health leaders in church ministries.

RIHP: A good outreach partner

The Massachusetts Department of Public Health's Refugee and Immigrant Health Program (RIHP) has a significant outreach component staffed by trained bilingual, bicultural individuals who provide the primary link between their communities and the health care delivery system.

RIHP provides health education, outreach, clinical interpreting, treatment monitoring, and follow-up for refugees from Southeast Asia, the former Soviet Union, Haiti, Cuba, Somalia, Iraq and Bosnia to control tuberculosis and hepatitis B.

RIHP also works to increase understanding of and compliance with medical recommendations and provide basic information about local health care. You may be able to work with one of the individuals assigned to your area by contacting one of the three regional coordinators at (617) 983-6590.

Tips from the Family Van: How to reach out

Staffing a table or handing out fliers at a store or street corner requires a special set of skills. These suggestions are from the staff of The Family Van, a Boston-based street outreach team:

- *Be friendly.*
- *Don't be shy.*
- *Dress casually—no uniforms.*
- *Be yourself.*
- *Make eye contact.*
- *Don't be pushy.*



Photo courtesy of Tapestry Health

For racially and ethnically diverse and immigrant groups, try to utilize “insiders”—people from the identified target group—to do the outreach and education. They are likely to have the language and cultural skills necessary to communicate your message effectively and are usually trusted in their community. *Don't forget to provide vaccines to your volunteers and address any myths or reservations they might have about getting a flu vaccination. You want them to have excellent “street cred” (street credibility). By providing them with the right information, you can make them allies who can help overcome the skepticism of community members.*

Other potential partners and outreach venues to consider:

- Massachusetts Association of Community Health Workers (MACHW)
- Pharmacies
- Women, Infants and Children (WIC)
- English as a Second Language programs (ESL)
- Unemployment office
- Food pantries
- MBTA stations
- International food stores
- Community action agencies
- Chambers of Commerce
- Minority-owned businesses
- YMCA, YWCA, Boys and Girls Clubs and other athletic or recreational facilities
- Housing Authority
- Public Library

What to look for in a community partner

Community partners can play a critical role in developing and implementing your flu initiative. While some communities may have many potential partners, you will need at least one partner that can bring resources, knowledge, skills and credibility to the initiative.

Ask yourself:

- Does this organization interact regularly with many residents from your target group? Are these the people whom you hope to vaccinate? (For instance, churches may connect with more elders, and YMCAs with more men. Some agencies work with recent immigrants, but not with those who have been here many years.)
- Do they employ bilingual and bicultural staff?
- Do they already have a health promotion program?
- Is there a key employee who has the power to influence the health practices of your community?
- How do community insiders feel about this organization?
- Does the organization have the capacity to help you with your flu initiative? Can it identify a staff person to work with you, offer space or share their mailing list?
- Does the organization have a history of working successfully with government or social service agencies?

Vote & Vax

Vote & Vax works with local public health providers to help them launch vaccination clinics at or near polling places across the country. The Robert Wood Johnson Foundation recognized this opportunity to safely and conveniently provide flu vaccinations on Election Day, and provides technical assistance and support to participating communities. Try this strategy in diverse neighborhoods with a high percentage of residents at risk for flu.

For more information on how to participate, visit <http://www.voteandvax.org>.



Photo courtesy of Cambridge Public Health Department



Photos courtesy of Manet
Community Health Department

Outreach strategies

Outreach is hard work, but it is effective. There is no substitute for being out in the community and meeting people. Possible places to go include supermarkets, bodegas, laundromats, barbershops, beauty salons, libraries, parks, sports and community events. Go to where people live, congregate and shop, and engage them one-on-one.

The following strategies can help.

- ***Participate in health fairs or other large community events.***
Be creative and interactive when participating in health fairs and community events. Provide incentives for people who take information, fill out a questionnaire or complete an application. Incentives can include entry into a raffle or small gifts (e.g., a toothbrush, a tiny eraser). Plan a children’s activity (parents usually follow their children to the table). Have unusual, attention-getting table displays, or have your staff wear costumes or eye-catching attire, such as T-shirts saying, “Want to protect your family from the FLU? Talk to me.”
- ***Post fliers around town.***
Post everywhere possible, especially in places where community members congregate. Going door-to-door may be labor intensive, but it is effective. Use your community connections (such as scouts, college students, and outreach workers) to help you distribute fliers throughout their blocks or neighborhoods. Do this twice if possible.
- ***Enlist the help of community agencies and businesses.***
Encourage community agencies and businesses to incorporate flu or other health information into their daily routine. For example, ask them to hand out fliers to every client, place them in every intake packet, or include them in every purchase.
- ***Make pharmacists your allies.***
Pharmacists often know who has unmet health care needs. Encourage them to post fliers and information on their counters or distribute them to those they serve. Ask the pharmacy if you can set up an information table in their stores.
- ***Attend school or after-school activity information or registration events.***
- ***Provide trainings in “temp” or day-labor agencies.***
- ***Co-host a casual information session with a community partner.***
Hold an after-hours or weekend coffee at someone’s house, a local church or community center. Provide food and ask one of your community partners if they will host with you and invite their friends.
- ***Partner with students.***
Ask high school or college students to help you reach their peers or to distribute fliers in target neighborhoods.

(Resources to help plan your outreach campaign can be found on page 39.)

Section Three:

**Engaging Your Community:
Faith-Based Organizations**

Section Three: Engaging Your Community: Faith-Based Organizations

We often think of churches, mosques, temples and synagogues as places where our communities find spiritual resources and leaders. They are also trusted cultural and activity centers for many hard-to-reach populations. Members and leaders of faith-based organizations are important links to the community for all kinds of health outreach. Health departments and community organizations may be working with them or may have worked with them in the past. Your city or town may have a directory of its faith-based organizations or lists of all churches by denomination, location, times of worship, populations served and contact numbers. Many communities developed such lists in the midst of a local emergency, such as an ice storm, a power outage, or the H1N1 outbreak in 2009.

If you have access to one of these lists, now is the time to bring it up to date. If not, it is well worth the effort to create a complete database of faith-based organizations in your community. This information will be a great resource in the future.

As you reach out to these diverse groups, keep the following tips in mind.

- **Find a primary contact.** The church leader (pastor, imam, priest, etc.) may be too busy for you, so begin somewhere else. Is there a nurse, doctor or other health professional who attends the place of worship and can be your ally?
- **Seek to hold a meeting in their place of worship.** Does the institution have a health committee or ministry that can assist with education and vaccination at their place of worship or in the surrounding community as part of their community volunteer work? If so, offer to hold an educational program (*see Section Eight: Flu Education*).
- **Reach underserved populations through key programs.** Does the institution sponsor a meal program, food pantry, clothing drive, or drop-in space? These are excellent opportunities to reach underserved and underinsured populations.
- **Participate in existing events.** You don't have to plan an event if you are able to attend one that is already scheduled. What events are planned for the future? Ask if you can have a table or hand out informational material at upcoming fairs or social events.
- **Spend time getting to know the institution.** Find out:
 - What is the institutional structure?
 - Do they have elders or lay ministers?
- **Learn how they communicate with members outside of religious services.** Ask:
 - Do they have a newsletter?
 - Do they have a website where they post announcements?
 - Do they use an e-mail list?
 - What languages do they use?
- **When planning a flu clinic with a faith-based institution, it can help to:**
 - Ask if the pastor or leader can participate in or advocate for the flu vaccination.
 - Train church volunteers in the basics of flu and turn them into flu ambassadors—give them their flu vaccinations first, and they will help publicize the clinic.
 - Find out if the event will be open to the general public, or only to members of that religious community.
 - Determine what language capacity you will need.
 - Ask when people are most likely to attend.
 - Get full endorsement from the institution. Put its name front and center.

Faith-Based Organizations

Faith-based institutions may be Buddhist, Christian, Hindu, Jewish, Muslim or Humanist, and among these, there are many denominations and differences in faith and practice. While diverse in beliefs, they are linked by their ability to connect with and lead communities. Members may gather daily or weekly, for worship or other events.

Partnership in Peabody

At a church in Peabody, Massachusetts that serves a largely Brazilian population, community members were concerned that undocumented members would not participate in something sponsored by the government. For this reason, the health department was not mentioned in promotional materials. Instead, the church's name was prominent.

An Annual Celebration

At Lowell Community Health Center, they engage over 40 Faith-Based Organizations through bilingual-bicultural Community Health Workers' (CHWs) outreach efforts. At the end of each flu season, they host an annual Faith Leaders Luncheon to celebrate, appreciate and share information with the faith leaders and other community partners. The faith leaders also get to connect with other colleagues and share best practices, challenges and opportunities.

Be persistent!

Don't be discouraged by low turnout at the first effort. Plan another event and stay in touch. It takes time to earn trust and become a community partner. The partnerships you develop during this time will be of value for other community outreach and engagement work in the future. When flu vaccination season is past, be sure to schedule a meeting with your partner(s) to thank them and talk about what worked and what did not work. Use the feedback from that meeting to start planning for improvements in future health initiatives.



Church members lining up for flu vaccine. Photo courtesy of Peabody Public Health Department

Third time's the charm

At the St. Paul's AME Church in Cambridge, initial participation in H1N1 flu vaccination was very low. Public health nurses returned two weeks later to offer a flu educational session and vaccines, and participation went up. At a third event, held at the church's Christian Life Center, the pastor got his flu vaccine and spoke about it from the pulpit the following Sunday. Each time, community acceptance and response increased.



Annual Faith Leaders Luncheon in Lowell. Photo courtesy of Lowell Community Health Center

(Resources to help you engage faith-based organizations can be found on page 42.)

Section Four:

**Engaging Your Community:
Schools**

Section Four: **Engaging Your Community: Schools**

No flu outreach to underserved populations is complete without considering the schools in the community. School buildings today are not just open to students but also bring together adults, children and workers for a wide range of community programs and activities. Schools are used after hours for recreation, adult education programs and parenting classes. Several approaches to schools in your community can help with promoting and improving flu vaccination.

Your target group may not be the children. By working with the schools, you are able to reach out to communities of people who use school facilities, whether or not they have children in those schools.

Develop a list of all schools and day care centers in your area with contact information, ages served and lists of the programs offered. Include private and parochial schools, which often provide scholarships or supported tuition to children from diverse communities. The school superintendent and school principals are important allies. In the spring and fall of 2009, H1N1 caused such high absenteeism that many classrooms and school activities ceased. Because of this, school personnel today understand the vital importance of educating children and families about flu prevention. Start planning well before the beginning of the school year. Back-to-school letters can include simple “four ways to prevent flu” messages. Bring teachers, school health educators, and school nurses on board to sponsor a Flu Education Week or Month.

“You can’t educate a child who isn’t healthy, and you can’t keep a child healthy who isn’t educated.”

- Dr. Jocelyn Elders,
U.S. Surgeon General,
1993 - 1994

“Ten minutes of interrupted classroom time is a small trade-off to keep a child from being out of school for a week.”

- Dr. Jeffrey Young,
Superintendent, Cambridge Public
Schools, Cambridge,
Massachusetts



Photo courtesy of Manet Community Health Department



Tulsa, Oklahoma: children grades 1-5 participate in a Don't Bug Me contest to create flu posters.

Increased awareness of flu vaccines

Awareness of the importance of flu vaccines continues to grow in local schools. As a result of the H1N1 flu virus outbreak in the 2009-2010 flu season, most cities and towns in Massachusetts held some kind of school-based or school-located immunization effort.

When contacting a school or day care center, you may want to ask the following:

- Who is responsible for health education? (Ask to speak with that person.)
- Does the school have a nurse? Does he or she give flu vaccine?
- What languages do the children and parents served by this school speak? What cultures do they represent?
- Is there a parent advisory council or parent-teacher organization?
- How does the school communicate with parents?
 - Do they send children home with fliers or handouts (i.e., “backpack express”)?
 - Do they send out regular mailings?
 - Do they have an emergency parental communication system that could be used?

Ideas for a flu education week or month:

- Plan early—get school allies on board before the school year begins.
- Ensure that flu is part of age- and grade-appropriate health education curriculum.
- Sponsor a flu education poster competition among the students and display the winners in school hallways.
- Encourage children to sign a pledge: “How I am going to prevent flu this year.” (See below.)
- Develop classroom skits about flu (see the *Whack the Flu* materials in Toolbox).
- Send reminders home with specific information about when and where to get a flu vaccination.

Simple pledge: “How I am Going to Prevent Flu This Year”

Check off each of the following:

- Cover my coughs and sneezes
- Wash my hands for 20 seconds with soap and water before eating and after going to the bathroom.
- Stay away from people who have a fever and sore throat.
- Stay home if I am sick.
- Get a flu vaccine. Tell my family and friends about the flu.

Signature

(Resources for working with schools can be found on page 42.)

Section Five:

**Engaging Your Community:
Workplaces**

Section Five: **Engaging Your Community: Workplaces**

Because flu causes thousands of hours of lost work time, workplaces have an economic interest in keeping workers healthy and protected from flu.

Large workplaces can be encouraged to sponsor their own flu clinics and to send reminders about flu vaccination to all of their employees. When workers have health insurance, the flu vaccine is often covered and may not require a co-payment. Company bulletin boards can post information about nearby flu clinics and reminders about flu prevention. Local health departments and community-based organizations can encourage flu vaccination at workplaces by providing flu education materials, posters and letters for employees and by providing information about convenient nearby sites for vaccination. Some large workplaces may have an occupational health department or nurse, but this is rare when it comes to low-wage and non-English speaking workers.

Workers at minimum and low-wage jobs often must work two or more jobs to support their families. This means they have very little time to devote to finding and getting a flu vaccination. Convenient and timely access to the vaccine is extremely important to them. If they have to wait, or travel too far, it just won't happen.

To reach culturally and linguistically isolated members of the workforce, you need to find and map their work locations within your community. This will help you plan public clinics that are easily accessible to them.

Ask yourself:

- What are the low-wage jobs in your area?
- What are the service industries in your area, such as restaurants, hotels, shopping malls, contracting and landscaping businesses?
- Is there an outdoor location in your community where workers gather informally to seek contract work for a day or a few hours?
- Where in your community do workers break for lunch or coffee? Is there a popular after-work hang out spot?
- Are the workers represented by a union or another workers' organization?
- What languages do the workers speak and read?

Messages:

- Getting a flu vaccination:
 - Prevents missed workdays and lost sick time.
 - Protects the other workers near you.
 - Protects your family—don't bring home the flu!
 - At public clinics, you don't have to have insurance, and no one will ask about your immigration status.
 - Information about you is confidential and protected by law.



Photo courtesy of Manet Community Health Center

“If there are eight guys in a group, I will go right up to the biggest one first, and then the rest of them will roll up their sleeves.”

- Kitty Mahoney, PHN,
Framingham Health Department



Photo courtesy of Cambridge Public Health Department

Examples of successful practices

Flu vaccinations at the bakery

In Framingham, Massachusetts, the public health department set up vaccination supplies and a public health nurse in a neighborhood bakery frequented by Brazilian workers who congregate there while waiting for work.

Flu vaccinations on the job

In Belmont, Massachusetts, the health department worked with the largest restaurants, where service workers were vaccinated before and after the lunchtime shift. Restaurant managers were happy to cooperate, and few workers refused the opportunity.

In Gloucester, Massachusetts, the health department reached out to the three largest fish processing plants to offer onsite vaccination to workers. This activity was so successful that it is now done every year, offering multiple opportunities for health promotion activities.

Flu vaccinations while you shop

The cities of Cambridge, Somerville and Chelsea teamed up with mall management at the CambridgeSide Galleria Mall to offer three flu clinics in 2010. Food court and retail sales workers were highly represented among those vaccinated. For many, it was their first flu vaccination ever, and because 10 percent of them had risk factors for pneumonia such as smoking, asthma, or other chronic disease, the clinic provided the pneumonia vaccine at the same time as the flu vaccine.

(Resources on workplaces can be found on page 43.)

Section Six:

**Engaging Your Community:
Homeless Populations**

Section Six: **Engaging Your Community: Homeless Populations**

Homeless people are a unique group. Many of them are 65 or older and suffer chronic diseases such as asthma, diabetes and heart disease that put them at high risk for flu and its complications. They are also likely to be transient, with irregular access to medical and preventive health services. Their overcrowded living facilities and exposure to extreme weather conditions lower their immunity, further predisposing them to flu. This is why homeless shelters and drop-in programs are excellent venues in which to educate and vaccinate people in our community.

Homeless clients may be wary or fearful, so it is essential to partner with those at the facility who have already established relationships with clients. Providing education or vaccination to staff, volunteers and visitors is an excellent first step. Engaging shelter staff to help plan your flu outreach initiative is critical. You may also want to identify natural leaders among the homeless to help support your effort, or vaccinate clients and staff together.

Lunchtime flu vaccinations

In Western Massachusetts, the Amherst and Northampton Survival Centers provide lunchtime flu vaccinations to homeless persons. Since clients already gather for their daily meal, and to receive staples such as clothing and toiletries, they have been more receptive to education and vaccination at the Centers.

A healthy New Year's resolution

A South Carolina health department collaborated with the First Baptist Church to conduct a vaccination effort during the annual New Year's Day gathering for the homeless. Church volunteers provided guests with hot meals and winter coats and health department staff walked around the church, talking to people and encouraging them to receive the vaccine. More than 20 percent of attendees were vaccinated.



Flu vaccines at Thanksgiving Dinner for the homeless. Photo courtesy of City of Framingham Health Department

Consider also extending your outreach to food pantries, welfare offices, libraries and other spots where homeless persons congregate. You may find one-to-one outreach most successful, especially if you are accompanied by trusted staff. Verbal presentation is likely to be more effective than written material.

Incentives including food, socks, toiletries or gift cards will be especially appreciated and might increase your success.

Remember to include in your training sessions preventive housekeeping and hygiene practices that may prevent a flu outbreak: management of staff absences due to flu outbreaks and strategies for isolation and care of clients suffering from flu.

(Resources for working with homeless populations can be found on page 43.)

Section Seven:

**Engaging Your Community:
Community Organizations
and Ethnic Groups**

Section Seven: **Engaging Your Community: Community Organizations and Ethnic Groups**



Local community-based organizations, in particular those that serve particular ethnic populations, are ideal partners for flu prevention campaigns. Settlement houses, community action agencies, civic and business organizations and athletic clubs have already developed trusting relationships with their constituents, and know those who are most vulnerable and hard to reach. They can help communicate important health information about the need for vaccination and healthy practices in an effective and motivating manner.

Many towns have interagency coalitions that meet regularly. Ask for a list of their members, and see if you can participate in a meeting, preferably well before the start of flu season. Follow up by contacting the leaders of these groups, and request their help in keeping their community healthy. Offer to host a coffee hour, or ask to be invited to a meeting to educate staff or board members about flu prevention.

Encourage them to partner with you to:

- Spread the word about what individuals can do to stay healthy during flu season.
- Set a healthy example by getting vaccinated and staying home if they are sick.
- Include information about flu in their regular newsletter or website.
- Identify people who are homeless, shut in, uninsured or underinsured, non-English speaking, unconnected to mainstream media, migrant workers, immigrants, or refugees.
- Offer space in their premises that can allow you to engage clients in conversation about flu prevention.
- Translate your information into culturally and linguistically appropriate materials that can be understood by members of their community.
- Ensure that messages are simple and clear to low-literacy audiences.
- Organize rides to vaccination clinics and set up vaccination appointments.
- Host an information session on flu vaccination for people in their community.
- Follow up with community members to help ensure that they receive all necessary vaccinations and see their doctor for treatment.

Door-to-Door health education

Cambridge Literacy Ambassadors, who have established close connections to six ethnic groups to encourage parents to read to their children, reviewed flu education materials and hung flu info “door hangers” in their neighborhoods. They got so excited about this work that they planned a special flu outreach event at a public housing development with residents from more than 20 nationalities. They now think of themselves as health educators as well as literacy advocates, and are eager to help with other health issues in the future.

Young Health Advocates

The Family Van, a health outreach program in an urban Boston neighborhood, worked with the Roxbury and Chelsea Boys & Girls Clubs to encourage youth to become flu educators. They taught the kids about flu, and they in turn worked to educate their peers and their parents about the importance of getting the flu vaccine. The kids also designed posters, put them up through the club and designed an outreach plan for their neighborhoods. These young health advocates helped implement seven flu education and vaccination events.



Photo courtesy of Manet Community Health Center

Many community organizations already have outreach educators trained to provide health information and connect residents to health services. Ask if they can add information about flu to their menu of services. Perhaps they might be willing to focus-test your materials or offer suggestions about what messages will work best for your target group. MDPH's Refugee and Immigrant Health Program (RIHP) has a significant outreach component staffed by trained bilingual, bicultural individuals who provide the primary link between their respective communities and the health care delivery system. The program provides health education, outreach, clinical interpreting, treatment monitoring and follow-up for refugees from Southeast Asia, the former Soviet Union, Haiti, Cuba, Somalia, Iraq and Bosnia. RIHP staff work to control tuberculosis and hepatitis B, to increase understanding of and compliance with medical recommendations, and to provide basic information to the local health care groups. For help on how to contact individuals assigned to your area, check the Resources listed on page 42.

It's easiest to participate in events that are already scheduled. Find out if the organization hosts a regular men's or women's group, a teen or senior program, or an annual fair. Ask if you can have a table or a portion of their meeting to discuss the importance of flu prevention.

In Massachusetts, there are many community-based organizations that serve the needs of specific ethnic and language groups. Staff there know the people, the norms and customs, and the informal and formal leaders who are important in that community. They will likely be comfortable in the language and dialect of your target group, and they may understand the specific issues facing them, such as:

- Are there recent immigrants? How did they stay healthy in their country of origin?
- Which generation has the most influence?
- Can children carry a message for their parents?
- What is their attitude toward government or medical services?
- Are they more likely to respond to a message from a male or female health worker?

For a list of programs that serve distinct ethnic and linguistic communities, see Toolbox, Section 11.

(Resources on Community and Advocacy organizations can be found on page 43.)

Section Eight:

**Flu Education:
Beliefs and Perceptions**

Section Eight: Flu Education: Beliefs and Perceptions

Your community’s awareness of flu and flu vaccination depends on many factors: socio-cultural, level of education and past experience. Populations with the greatest health disparities may also have had discriminatory experiences in the past with health providers and health authorities. They have learned to be skeptical. They need information, but they also need to trust the source—you. Developing the trust of your population is the key. **The biggest mistake you can make in your approach is to assume you know what people think or how they feel about flu.**

Sometimes a particularly vocal community member will tell you “all of my people believe (this or that).” It might be true that many people have a particular belief, but never base your educational program on the word of one or two outspoken people. Here, as with any other community outreach, it helps to do homework ahead of time, and start by asking questions instead of giving answers.

Before you begin doing flu education

Find out what a particular group thinks about vaccines, and specifically about flu vaccines, by starting your meeting or educational session with these questions:

- Do they get vaccines? Do their children get vaccines? If they do, why? If not, why?
- What have they heard about flu vaccines?
- Who do they trust for reliable health information?
- What practices do they follow to prevent diseases?
- What are their feelings about “official” sources of health information such as their provider, the health department, and the government?

Disparities in vaccination rates

During the 2015-2016 flu season for anyone over 6 months of age in the US, the flu vaccination rates were:

*47% White
43% Black
44% Hispanic*

These rates illustrate that everyone can benefit from flu vaccination efforts.

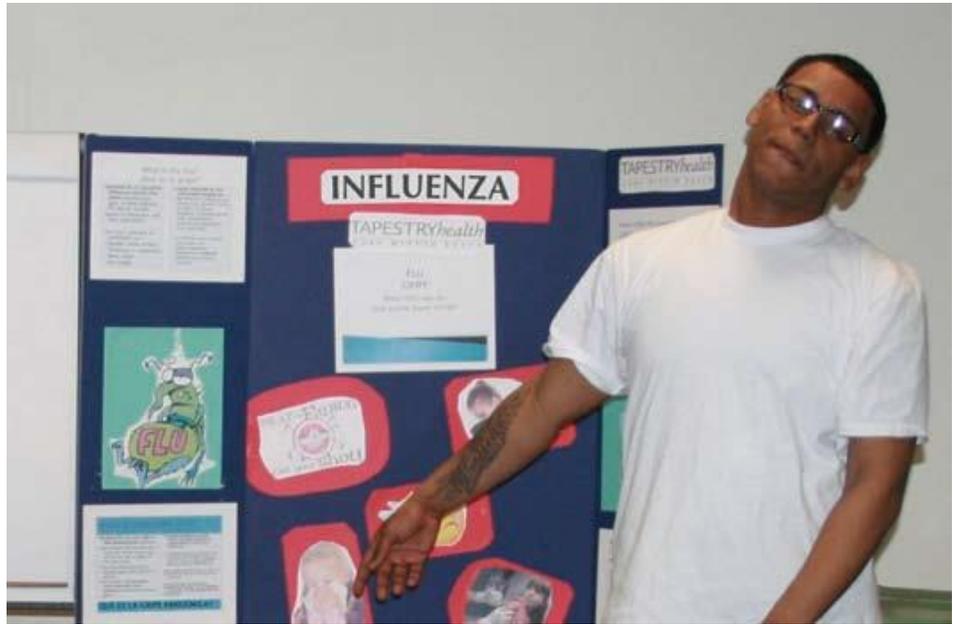


Photo courtesy of Tapestry Health

As you hear the answers to these questions, write them down on a board or flipchart and acknowledge them—don't argue with them, and don't judge them. Statements such as “many people think this” and “I have heard that before from others” and “we'll talk about this one” are helpful to support people being open about sharing these beliefs. This will give the group permission to talk honestly about their attitudes toward flu.

When you have the list, go through each statement. Ask how many agree with the statement, and then ask for responses to it. Then, provide simple, clear answers to each concern. Your goal is to inform and win trust by being a partner with the group. It usually takes several exposures to new information for people to adopt a new health behavior, so it won't happen all at once. Your efforts will combine with those of their providers, with community leaders, and with public information campaigns.

- Don't argue with strongly held beliefs. Mistrust of the government or authorities is usually based on real-life experiences of discrimination, cultural and linguistic barriers.
- Don't overpromise results—sometimes people still get flu after having a flu vaccination!
- Be open about possible side effects and pain from flu vaccinations.
- Be clear, and keep it simple.
- Congratulate others in the group who have had a flu vaccine—elicit their experiences.
- Be a good example! Let them know that you have had a flu vaccine.

(A basic flu education outline and PowerPoint presentation are located in the Toolbox, Section 11. Flu education resources can be found on page 44.)

Dealing with Myths and Misinformation

Strongly held beliefs about health and illness may create barriers to our goals of preventing disease. Health beliefs are rooted in culture and the history of a community, and they are sometimes hard to change. While correcting misinformation, we need to respect the diversity of experiences and backgrounds that inform different health beliefs.

Answers to 13 myths about flu vaccination

Listen. Respect. Educate.

These answers contain more details than the average audience will need, but will give you the background that you need to tailor your own answers.

1. *The vaccine makes you sick or gives you the flu.*

Flu vaccine is made from inactivated viruses that cannot cause the flu. Does everybody know what I mean by inactive? These inactive viruses make your body develop its own protection (antibodies) from flu. A few people may get some aches and low-grade fever one to two days after a flu vaccination, but this is not the same as having the flu. You might still get the flu right after a flu vaccination because it takes up to two weeks for the vaccine to work. You are not protected if you have just been exposed to someone with the flu in the last few days.

2. *I am healthy, and I never get the flu, so I don't need a vaccine.*

We recommend flu vaccine every year for everyone because, by being vaccinated, you protect those who aren't so healthy. If you get the flu, you can pass it on to babies, seniors, and people who have chronic health conditions such as heart disease, lung disease, diabetes or asthma. Those people may end up in the hospital or even die from flu. Many of us don't get the flu vaccine only to protect ourselves, but to protect our families, friends and co-workers.

3. *The flu vaccine is experimental. You don't know what is in it. I have heard that it can give you bad blood.*

The flu vaccine is not experimental. While the vaccine is a new formula each year, it is closely related to flu vaccine that has been given for decades. Hundreds of millions of doses of flu vaccine are given every year, and public health authorities keep track of all new side effects. It is one of the most frequently given vaccines in history. Serious problems with flu vaccine are fewer than one in a million.

4. *We already get too many vaccines. There are too many vaccines, and they are weakening people's immune systems.*

Vaccines do not weaken the immune system. They actually strengthen the body's immune system to fight particular diseases. It's true that today, children get more vaccines—against 18 different diseases—than they did in past years. Vaccines come from disabled germs that imitate disease-causing germs. They trick your body into making a defense (antibodies) that protect you against the disease for which you were vaccinated.

5. *Flu vaccine isn't safe for babies, pregnant women, or sick people.*

Flu vaccine is especially important to these more vulnerable people, because their immune systems are not as strong as others'. Over the years, flu vaccine has been given to millions of pregnant women, babies over six months, and people with chronic illness, and it has helped to keep them from getting flu. Babies under six months cannot get flu vaccine because their immune systems are still developing.

Answers to 13 myths about flu vaccination (*Continued*)

6. *Stomach flu is another kind of flu.*

Stomach flu is not a kind of flu. The term “stomach flu” is used to describe illness with nausea and vomiting. It is usually caused by contaminated food, or germs passed from one person to another. It lasts a few days at most. The flu we are talking about here, also called influenza, is not a stomach illness, and usually does not cause diarrhea or vomiting. The symptoms of flu are fever, cough, sore throat, fatigue, aches and pains.

7. *The flu is not as big a risk as you say. Remember “swine flu”? Just a big government hype, where drug companies made a lot of money and nobody was really at risk.*

A mild flu for one person may be deadly for another. It is difficult to predict which flu will cause serious problems, and who will have the worst problems. H1N1 (swine flu) was not as serious for many as was originally expected, and for many the vaccine arrived too late. Still, in the United States, 61 million people got sick and over 12,000 died between April 2009 and August 2010, according to a CDC estimate. In Massachusetts, non-whites were much more likely to be hospitalized or die than whites were. Pregnant women and children under five were hardest hit. The worst flu, which could happen again, was in 1918, when 50 to 100 million people died, worldwide. Many of those who died in 1918-1919 were healthy young adults.

8. *It is better to get the flu, and fight it off naturally.*

(See the answer to #2.) This may be your choice, but you might not want to take that risk for your grandmother or your newborn niece.

9. *We don’t trust authorities. When everyone is urging you to get something like this, it is right to be suspicious. They want too much personal information and I don’t know what they are using it for.*

Past experiences of discrimination by medical and government policies and abuses such as the Tuskegee research have made many people mistrustful of medical and public health personnel. We hope to earn your respect by working with your community and with trusted leaders, not by imposing what we think is best on a community. A lot of effort goes into making vaccines safe. Information about you and your vaccination is kept private and is protected by law.

10. *I already had the flu, so I don’t need the vaccine.*

Without testing you, we can’t be sure that what you had was the flu. It could have been a cold or an infection that felt like the flu. If it was a stomach illness, it was not the flu. Because the virus that causes flu changes every year, you need a new flu vaccination each fall.

11. *People get the flu from: going out with wet hair; not eating healthy foods; not eating hot food in cold months; not dressing warmly in the winter; not wearing underwear.*

How we eat and take care of ourselves can be very important in resisting infections. It makes sense to follow our traditional beliefs about how to stay healthy. But flu is caused by a virus, and you may get flu if you are exposed to someone who has it. The best ways to protect yourself from flu are to wash hands frequently, especially after contact with anyone who is sick; avoid direct exposure to people who are sick; and get a flu vaccination!

12. *Flu isn’t important in comparison to social, financial, or other issues or diseases, especially where I’m from.*

A lot of issues can impact your health, such as those you mention, and some of them are really hard to do much about. If you have a chance to get a flu vaccination, it is a free or low cost way to protect yourself easily. Being protected against flu won’t solve those other problems, but it will give you one less thing to worry about for you, your family and community.

13. *Flu vaccines are expensive and hard to locate, and usually the clinics are scheduled at inconvenient times.*

Flu vaccine is free to people who are uninsured. Many health insurance plans cover flu vaccine without a co-payment, so you can ask your primary care provider (PCP) about it. If you don’t have a PCP or you don’t have health insurance, most local public health departments provide it for free. Please let us know what are good times and places for a flu clinic in your area, and we will work with you or your organizations to plan these. Pharmacies are a convenient location where flu vaccine is available for a fee. A list of Massachusetts flu clinics can be found at <https://vaccinefinder.org/>.

Section Nine:

**Publicize and Disseminate
Your Message**

Section Nine: Publicize and Disseminate Your Message

Planning an effective health communication campaign takes careful thought and knowledge of the community you intend to serve. Your efforts to understand the community will lead to valuable clues about what kinds of messages and resources are most likely to motivate community members to seek out a flu vaccination or engage in other preventive health behaviors. Building on this knowledge will enable a successful health promotion effort—one that promotes flu education and vaccination in a way that fulfills the needs and desires of the target audience and reinforces their core beliefs.

Did you know?

Many seniors find social networking exciting, and are connecting with family and friends by joining Facebook, LinkedIn, and Twitter. Use these to get your flu message out!

DO NOT WAIT until flu season to think about how you will publicize your flu outreach and vaccination efforts—this should be part of your initial planning efforts. If possible, invite your agency’s media or communications person (or someone else in your community with marketing expertise) to your first planning meeting, so you can craft a publicity campaign that will successfully engage your target community.

Look for existing ways by which information is disseminated to your specific target group. If you are targeting children and families, is there a school or church bulletin that everyone reads? Is it electronic or paper? Does the local school or day care center communicate regularly with families? If so, ask them if you can include information about flu.

Does your town send out regular print or electronic communications to citizens? Does the Council on Aging have a monthly bulletin? Do seniors in your community read the local newspaper?

Always include consumers from the target group in planning and designing your campaign. Ask them:

- What attracts their particular group?
- What are the ways they get their information? From their physician, peers, newspaper or radio?
- Where do they spend their time?

Your outreach strategy should maximize social media, such as texting, Twitter, YouTube and Facebook, which are increasingly a major source of information for both younger and older people. The CDC social-media website has many flu-focused podcasts, widgets and videos in multiple languages.



Seriously?

Latinos and African Americans under 25 are the ones most at risk of being hospitalized from H1N1, one of the three kinds of flu in this year’s vaccine. Peak flu season usually occurs in January—or later!

Call your health center today for a flu vaccination appointment. Your friends and your family will thank you.

Keep your friends healthy by sharing this message via Facebook or Twitter.

From “Seriously?” a flu message developed by the Massachusetts League of Community Health Centers for Facebook and Twitter, in English and Spanish

Here are some other ideas that have proven effective in Massachusetts:

- Focus your efforts. Choose **one** message for **one** population in order to get the most “bang for your buck.”
- Rely on word of mouth. Word of mouth is your best marketing strategy. Tell one or two well-respected people and ask them to spread the word!
- Lead with new information. If there’s something **new** to say, emphasize that! For example, previous flu vaccination efforts targeted seniors. Now, some of the most successful campaigns are designed to target families (see the Cambridge posters below) or young people.

Test your materials, if possible. Even an informal group from the community can offer critical feedback about the messages, images and language that will be most acceptable to your community. If recruiting a group is not feasible, ask your local partners to help identify a group that already meets (such as parents, community health workers, or civic organizations) and offer refreshments or other incentives in exchange for their valuable input.

Consider whether you can:

- Create a display window in a prominent area (such as a well-traveled street, a popular gathering area, a bus depot, or a library).
- Advertise on local billboards.
- Advertise in small everyday items, such as store receipts, food tray liners at fast-food restaurants, and paper placemats at local restaurants.
- Put fliers or inserts in supermarket shopping bags (especially at ethnic supermarkets likely to be patronized by your target community) or in take-out food containers, such as pizza boxes.
- Identify local celebrity spokespeople who are willing to be photographed for your promotion materials.
- Use photos of your community members getting vaccinated.
- Use children’s or local artwork in your promotional materials. This greatly increases community buy-in!
- Whenever possible, use photos and images of local people in your materials.



Courtesy of Cambridge Public Health Department

Make use of local and statewide communications avenues. For example:

- **Use the “backpack express.”** Ask local schools to send fliers home in their younger children’s backpacks. Be sure to accommodate different language needs in your community.
- **Use your town or school system’s emergency communication system.** This allows your city or school district to call every resident or family to let them know about your flu clinic or event.
- **Promote use of information and referral services.** 2-1-1 (or 1-877-211-MASS) is the abbreviated dialing code for free access to Massachusetts health and human services, information and referral. Let your constituents know who they can call to find information about the availability of flu vaccine and the location of flu clinics near them.
- **Use the help of community partners and members to distribute materials from door to door.** College and high school health classes or volunteers are great resources for this activity.

Train community-based peer educators

Health education research shows that peer educators—individuals who are bicultural or bilingual and indigenous to the community—are your best allies to deliver health outreach messages. Work with your community partners to identify appropriate members of your target community, such as teens, seniors, parents and care providers. Train them on simple flu prevention strategies and encourage them to talk to their friends and neighbors, distribute fliers door-to-door or help staff a table at a health fair.

Plan Early!

Most newsletter deadlines are at least one month before publication, so be sure to get your information to them in plenty of time.

Use your local media, such as newspapers, newsletters, radio and cable television. You will find a list of ethnic media throughout the Commonwealth in the Toolbox. There are many ways to use these media, including:

- A feature story using a local leader or celebrity.
- A press release before an event.
- A photo and story after an event.
- A simple listing in the calendar section.
- An insert about your event in a local paper or newsletter.
- A radio call-in show.
- A TV public service announcement.

Refer to the resources in the Toolbox for detailed information about how to write a press release and links to comprehensive resources for engaging your local media and getting coverage for your activities.

Make use of the many flu education resources (news articles, public service announcements, videos and sample letters to the editor) that have been developed by the CDC and the Commonwealth of Massachusetts, as well as those for national health events such as National Immunization Awareness Month.

(Resources for publicizing your message are found on page 45.)

Section Ten:

Language and Translation

Section Ten: Language and Translation



Partner with ESOL programs

Community programs that teach English for Speakers of Other Languages (ESOL) are great partners. These educational programs are often eager to add new and useful curriculum topics, such as health and wellness. Help them develop a module on flu, using the MDPH Flu Facts materials in the Toolbox.

We've been vaccinated—have you?

The city of Lawrence targeted its sizeable young Spanish-speaking population with this message in Spanish: “We’ve been vaccinated against the flu—have you?”

One in five Massachusetts families speaks a language other than English at home. There are more than 62 languages spoken in Massachusetts. With new arrivals and populations suddenly appearing, often in response to world events, local health departments are often the first to be aware of a new community group needing attention. Sections Eight and Nine have given information about what to say and how to get the word out. Equally important are what language to use and whether written or spoken is the best medium. Language differences represent some of the most difficult barriers to building equity in access to health information. This is where community partnerships can really pay off. Health departments and community outreach workers working together to get the message across are more effective than either of them working alone.

You may get information from your local school district, which keeps records of what languages are spoken at home by their students. Many languages also have regional variations or differences. The term “Creole” may refer to a language derived from French, Portuguese, Dutch, or one of several African or Pacific Island languages. Usage of common terms varies, depending on the region or country the person is from. It is not sufficient to rely upon a dictionary or glossary of terms. Community partners who know the language used in their neighborhoods, shops and households are the most valuable resource.

Unless you are a fluent speaker *and* reader of the language, you have no way of knowing what translated material says or sounds like. It is tempting to rely on a volunteer community member, but bear in mind that accurate translation is a very complex process. All translated materials, even those listed in the Toolbox in the back of this Guide, should be tried out with a small group of representative community members before using them. Once you have a completed translation, be sure to ask someone to read and translate the piece back into English so that you can make sure that the message is correct. See the Toolbox for tools to do this evaluation.

The Office of Public Health Strategy and Communications (OPHSC) at the Massachusetts Department of Public Health has produced a very useful translation toolkit, which can be found in the Resources section at the back of this guide.

As in English, it is important to pay attention to the literacy level of the target population when copying or posting material in other languages. If a translated document is above the literacy levels of the group you are trying to reach, or contains technical language, it will not be useful. As you learn about the population, find out what grade levels they have completed, on average, and what sort of materials they are likely to use. In these situations, oral communication through radio spots, informal educational talks, or outreach may be the most effective way to get your message out. Again, partnerships are critical. Locate the programs that work with community groups in their own languages.

(Translation resources are listed on page 47.)

Section Eleven:
Toolbox

Section Eleven: **Toolbox**

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Flu Vaccination Reimbursement Projects for Massachusetts Public Health and School Flu Clinics

Medicare Roster Billing

- For Medicare beneficiaries, usually 65 years of age and older; some younger disabled individuals can also have Medicare.
- Will reimburse for the cost of flu and pneumococcal vaccines, as well as for the cost of administering the vaccine.
- For questions: Call Commonwealth Medicine, (800) 890-2986, or send e-mail to vaccine.reimbursement@umassmed.edu.
- To contract for billing assistance: Call Public Sector Partners, 508-421-5938, or visit <http://www.publicsectorpartners.com>.

Health Plan Reimbursement Program

- For children and adults younger than 65 years of age.
- Will reimburse for the cost of administering all childhood vaccines at public clinics. The list of Health Plans participating each year changes, so you must get the current list each fall.
- For assistance: Call Commonwealth Medicine, (800) 890-2986, or send e-mail to vaccine.reimbursement@umassmed.edu.
- Information and forms are available at <http://www.umassmed.edu/commed/flu-reimb/index.aspx>.



A girl receives an intramuscular injection. Source: Centers for Disease Control and Prevention

How to Conduct a Discussion Group

A discussion group can be a powerful means to test new ideas for flu outreach. By gathering a group of people from the community you wish to educate and vaccinate, you can get a great deal of information and also develop trusted connections to help with your outreach effort.

Preparing for the session

- **Identify the major objective of the meeting.** What is the key thing you hope to learn about?
- **Recruit for your group.** Invite individuals or groups who are knowledgeable about their community. These can include clergy, parents, educators, employers, civic leaders and youth workers. Although it's ideal if participants don't know one another, you can also consider groups that have already met (such as parent groups, community health workers, and agency staff). Incentives really help in recruiting; consider a small gift card, and make sure to provide refreshments for community groups!
- **Make reminder calls.** About three days before the session, call each member to remind him or her to attend.
- **Make special accommodations** needed (e.g., dietary restrictions, access for people with disabilities).
- **Keep it brief.** Develop no more than four or five questions.

Plan your session

- **Scheduling:** Plan meetings to be 1 to 1.5 hours long. Lunch seems to be a very good time for others to find time to attend.
- **Setting and Refreshments:** Hold sessions in a conference room, or other setting with adequate air flow and lighting. Configure chairs so that all members can see each other. Provide name tags for members. Be certain to make accommodations for people with disabilities.
- **Ground Rules:** You want all members to participate as much as possible, but keep the session moving along while generating useful information. Because the session is often a one-time occurrence, it is useful to have a few short ground rules that sustain participation, yet do so with focus. Consider the following three ground rules: keep focused, maintain momentum, and allow for everyone to speak.
- **Recording:** Plan to record the session with either an audio or audio-video recorder. Don't count on your memory. If recording isn't practical, involve a co-facilitator who will take notes. (If audio-video recording, get prior written permission from each participant, this could be done with a single master release form with multiple signature lines.)

Facilitating the session

- **Introduce yourself and the co-facilitator**, if any.
- **Review the agenda.** Consider the following agenda: welcome, review of agenda, review of goal of the meeting, review of ground rules, introductions, questions and answers, and wrap-up.
- **Explain the means to record the session.**
- **Word each question carefully** before presenting to the group. Allow a few minutes for each member to think about answers. Then, facilitate discussion around the answers to each question, one at a time.
- **Ensure even participation.** If one or two people are dominating the meeting, call on others. Consider using a round-table approach, going in one direction around the table and giving each person a minute to answer the question. If the domination persists, note it to the group and ask for ideas about how the participation can be increased.
- **Close the session.** Tell members that they will receive a copy of the report generated from their answers, thank them for coming, and adjourn the meeting.

Immediately after the session

- **Verify that the tape recorder, if used, worked throughout the session.**
- **Check your notes.** Clean up unclear handwriting, ensure pages are numbered, and clarify any notes that don't make sense.
- **Write down any observations made during the session.** For example, where did the session occur and when? What was the nature of participation? Were there any surprises during the session? Did the tape recorder break?

Sample Flu Education Outline

I. Flu, the illness

- a. Flu is caused by a virus that changes every year.
- b. Flu is spread by droplets that spray through the air, get on hands, or objects, and are transferred to other people.
- c. Symptoms of flu
 - i. Fever, chills, weakness, loss of appetite, or aches and pains all over.
 - ii. Sore throat and cough.
 - iii. Possible complications: dehydration, pneumonia, and worsening of other health problems such as asthma, bronchitis, heart disease, and diabetes.
- d. How is it different from a cold?
 - i. Colds usually don't have high fever, or the fever doesn't last long.
 - ii. Flu causes aches, pains and extreme tiredness (lethargy).
 - iii. Colds and flu both have upper respiratory symptoms, but flu feels much worse than a cold. People with flu feel so badly that they have to stay in bed.
- e. Each year, between 4,000 and 49,000 people in the U.S. die from flu.
- f. Impact of flu
 - i. While some are elderly or have chronic health conditions, some were completely healthy before they got the flu.
 - ii. Half of the children hospitalized with flu in 2010–11 season had no prior health conditions.
 - iii. Flu has a huge impact on daily life: it causes workers to miss work, children to miss school, and seniors to be hospitalized.

II. Flu prevention: Spreading flu is best prevented by:

- a. Staying home when sick.
- b. Covering coughs and sneezes.
- c. Frequent hand washing.
- d. Vaccine.

III. Flu vaccine basics

- a. The vaccine is now recommended for everyone over 6 months, so that more vulnerable people can be protected.
- b. The vaccine can't cause flu, but does have side effects.
 - i. A sore arm where the vaccine was given. This goes away after a day or two.
 - ii. In some cases, a person may feel a little sick 12–48 hours after the vaccine.
- c. Vaccine protection occurs within two weeks.
- d. Flu vaccine is NOT experimental. It has been successfully given to hundreds of millions of people from countries and cultures all over the world for decades.

Flu Education PowerPoint presentation

The MDPH Health Equity Immunization Work Group has developed a brief PowerPoint presentation that can be adapted for use in flu education settings. To request an electronic version, send an e-mail to DPH-HealthEquity@state.ma.us.

Telephone Survey Template

This script can be used to contact and develop partnerships with local organizations in your community. If you are reaching out to organizations that work with racially, ethnically and linguistically diverse (REL) communities, you may want to work with an interpreter.

Name of Organization:

Name of contact person you are speaking with:

Begin here:

Thank you for speaking with me today. We are collecting information to learn about the perception of flu in racial and ethnic populations, and I think your knowledge and experience will be helpful. Are you ready to begin?

- What populations are served by your agency/organization?
- What are the primary language(s) spoken in the community?
- Who are the leaders, spokespersons, trusted sources, and key informants in the community?
- What are the formal and informal ways people get their information?
- What is the biggest gap in communication with your community?
- Who most influences the health decisions for people in your community?
- Where do most community members get their health care?
- Is there anything else you would like to share?
- Would you be willing to help us get the word out about flu this season?
- What's the best way to reach you?
- Is there someone else I should speak with?

Thank you so much for your time.

Community Partners and Potential Collaborators Database Template

Organization	Contact Name	Address	City	State	Zip	E-mail	Telephone	Notes

Massachusetts Ethnic Community Organizations and Advocacy Groups

When contacting these organizations, consider asking:

- What racial or ethnic groups does your organization serve/represent?
- What are the primary languages spoken?

Africans for Improved Access (AFIA)

Augustus Woyah, Program Coordinator
617.238.2410
<http://www.mac-boston.org>

Alliance to Develop Power

Tim Fisk, Interim Executive Director
413.739.7233
info@a-dp.org

Asian Center of the Merrimack Valley

Betsy Loeman, Executive Director
978.683.7316
betsyleeman@asiancentermv.org

Berkshire Community Action Council

Hilary Green, Executive Director
413.445.4881
hilary@berkshireic.com

Bosnian Community Center for Resource Development

Adnan Zubcevic, Executive Director
781.593.0100 ext 20
azubcevic@comcast.net

Brazilian Community Center

Natalicia Tracy, Executive Director
617.783.8001 ext 107
ed@braziliancenter.org

Cambodian Mutual Assistance Association

Boreath Chen, Health Director
978.454.6200 ext 1026
bchen@cmaalowell.org

Catholic Charities of Boston

Marjean Perot, Director of Refugees & Immigrant Services
617.451.7979
marjean_perhot@ccab.org

Catholic Charities of Worcester

Deborah Spangler, Program Director
508.798.0191/508.860.2226
dspangler@ccwor.org

Centro Latino de Chelsea

Daisy Gonzalez, Director Of Immigrant Services
617.884.3238
dgonzalez@centrolatino.org

Centro Presente

Patricia Montes, Executive Director
617.629.4731 ext 211
Pmontes@cpresente.org

Chelsea Human Services Collaborative

Gladys Vega, Executive Director
617.889.6080 ext 101
gladysv@chelseacollab.org

Chinese Progressive Association Workers Center

Lydia Lowe, Executive Director
617.357.4499
justice@cpaboston.org

City Life/Vida Urbana

Curdina Hill, Executive Director
617.524.3541 ext 307
cjhill@clvu.org

Community Economic Development Center

Corin Williams, Executive Director
508.990.0199
info@cedc-sm.org

Dudley Street Neighborhood Initiative

John F. Barros, Executive Director
617.442.9670
urbanvillage@dsni.org

Eritrean Community Center

Berhan Haile, Executive Director
617.427.1210
bhaile@yahoo.com

Ethiopian Community Mutual Assistance Association

BinyamTamene, Executive Director
617.492.4232
btamene@aol.com

Greater Lowell Indian Council Association

Chief Tom Libby
978.453.3831
tandslibby@comcast.net

Haitian American Public Health Initiative

Jean Marc Jean-Baptiste, Executive Director
617.298.8076
jeanmarc.jnbaptiste@haphi.org

Immigrants Assistance Center

Helena Marques, Executive Director
508.996.8113
mrq729@aol.com

International Institute of Boston

Jude Travers, Director of Employment and Education
617.695.9990 ext 136
jtravers@iiboston.org

International Institute of Boston/Lowell

Rebecca Feldman, Program Director
978.459.9031
rfeldman@iiboston.org

Irish Immigration Center

Alexandra Pineros, Director of Programs
617.542.7654
apineros@iicenter.org

Jewish Family and Children Service

Ena Feinberg, Director
781.647.5327
efeinberg@jfcbsoston.org

Jewish Family and Children Service of Metro West

Malka Young, Director of Community Impacts
508.875.3100
mwinter@jfswm.org

Jewish Family and Children Service of Western MA

Raya Katsen, New Program Specialist
413.737.2001 ext 122
rkatsen@jfslink.org

Jewish Vocational Service

Mirjana Kulenovic, Director of Refugee Services
617.451.8147
mkulenovic@jvs-boston.org

Lawrence Family Development

Peter Kamberelis, Director of Development
978.689.9863
plkamberelis@lfdcs.org

Lutheran Community Svcs. of Southern New England

Helena Czernijewski, Director
413.787.0725
helenc@icssne.org

Lutheran Community Svcs. of Southern New England

Jozefina Lantz, Director Of Immigrant Services
508.754.1121
lanz@lcssne.org

Massachusetts Alliance of Portuguese Speakers

Paulo Pinto, Executive Director
617.864.7600
ppinto@maps-inc.org

MA Immigrant and Refugee Advocacy Coalition

Eva Millona, Executive Director
617.350.5480
emollina@miracoalition.org

Mashpee Wampanoag Tribe

Cedric Cromwell, Tribal Chairman
508.477.0209
Cfrye-cromwell@mwtrive.com

Massachusetts Commission on Indian Affairs

John Peters, Executive Director
617.727.6394
John.Peters@state.ma.us

Metro West Immigrant Worker Center

Diego Low, Executive Director
508.371.5986
metrowest.worker.center@gmail.com

New North Citizens Council Program

Maureen Holland, Director
413.747.0090
mholland@newnorthcc.org

North American Indian Center of Boston

Joanne Dunn, Executive Director
617.232.0343
joannedunnaicob@gmail.com

Refugee Immigrant Ministry of Malden

Ruth Bersin, Executive Director
781.322.1011
ruth.rim@verizon.net

Refugee and Immigrant Assistance Center

Miriam Gas, Executive Director
508.756.7557
somaliwca@aol.com

Russian Community Assn. of Massachusetts/Boston

Serge Bologov, Executive Director
617.731.7789
rcam-boston@comcast.net

Russian Community Assn. of Massachusetts/Lynn

Alla Poylina, CRES Coordinator
781.593.0100 ext 16
alla_rcam@yahoo.com

Southern Sudan Solidarity Organization

James L. Modi, Executive Director
781.593.0100 ext 20
smamawoh@aol.com

Springfield Partners for Community Action

Johnetta Baymon, Community Service Specialist
413.263.6500 ext 6539
johnnettab@springfieldpartnersinc.com

Vietnamese American Civic Association

Quoc Tran, Executive Director
617.288.7344
qtran@vacaboston.org

Organización Maya K'iche USA Inc. _Maya

Anibal Lucas, Director
508.994.7396
mayakichee@juno.com

Ethnic Media in Massachusetts

Note: No contact information is provided since this information changes frequently.

American Russian Radio

Boston Irish Reporter

Brazilian Times

Brazilian Voice Newspaper

Cambodian Women's Organization

Cape Verdean News

Celtic Vision

El Mundo (Spanish)

El Sol Latino (Hispanic/Latino paper)

Haitian American Public Health Initiative

India New England

Irish on the Move

Jewish Advocate/Jewish Times

Jewish Journal

Jewish Reporter, MetroWest

Khmer Television (Cambodian populations)

La Semana–Boston (Spanish)

La Semana–Dorchester (Spanish)

La Vida Catolica (Spanish)

Latino Magazine–Perfiles

Metropolitan Brazilian News

O Jornal (Portuguese)

Point of View (African American)

Portuguese Times

Radio Norte–Lowell (Spanish)

Sampan AACA (Chinese)

Siglo 21 (Spanish) Spanish American Center

Tele Diaspora (Haitian)

The Epoch Times (multiple languages)

Vocero Hispano

WCUW 91.3 FM (Irish, Scottish, French, Polish,

Latino, Indian, Jewish, Albanian, Chinese)

WJFD/Radio Globo (Portuguese)

WJUL/Salsa 91 (Hispanic)

WMBR 88.1 FM (multicultural)

WSPR (Western Mass Spanish Language Radio)

WUNI-TV, Channel 27/Univision (Hispanic)

WUNR 1600 AM (eight languages)

WTCC Radio – Springfield Technical College Radio

Press Release Template

A press release is a one-page description of your news or event designed to inform media of high-level information—the “who,” “what,” where,” “when,” “why” and “how.” A press release should include the partner’s contact information, a descriptive headline, and a quote from your organization’s president or spokesperson and should only include essential information about your issue or event. Keep your press release to one page.

FOR IMMEDIATE RELEASE: (this goes directly under your letterhead)

CONTACT: (name of contact/s)

PHONE: (number of contact/s)

E-MAIL: (e-mail of contact/s)

HEADLINE: e.g., Flu Clinic Targets Ethnic Populations

DATELINE: e.g., Springfield, Massachusetts, June 1, 2011

LEAD:

Paragraph one—Two to three sentences describing what happened or will happen—the most important facts of the release.

BODY:

Paragraph two—Include essential background material, names of key characters, the number of people expected in attendance, sources for data cited. Also, include supportive quotes.

Paragraph three—Elaborate the material in the first two paragraphs, including background material, and attribution. Include supportive quotes from community members, if possible.

###

Always end the press release with three number signs, centered, at the end of your release.

Resources (by Section)

Resources for Section Two: Planning Your Outreach Campaign

U.S. Census Bureau

<http://www.census.gov>

Offers extensive data on national, state, county, and city populations. In addition, The American Community Survey (ACS) is an ongoing survey that provides data every year—giving communities the current information they need to plan investments and services.

U.S. Census American Fact Finder

<http://factfinder.census.gov>

Includes data on racial and ethnic characteristics of populations at the sub-county and census tract level.

American Community Survey

<http://www.census.gov/acs>

Provides data every year, giving communities the current information they need to plan investments and services.

Office of Refugees and Immigrants (ORI)

Tel: (617) 727-7888

Fax: (617) 727-1822

TTY: (617) 727-8147

Email: ori.webmaster@state.ma.us

Promotes the full participation of refugees and immigrants as self-sufficient individuals and families in the economic, social, and civic life of Massachusetts. ORI sponsors a variety of programs geared to immigrant populations and keeps important data on new populations in Massachusetts.

Massachusetts Department of Housing and Community Development – Community Services

<http://www.mass.gov>

Enter *Department of Housing and Community Development* in the SEARCH field.

Massachusetts Association of Community Health Workers

<http://www.machw.org>

A statewide network of community health workers (CHWs) from all disciplines.

The Massachusetts Regional Center for Healthy Communities System

Provides assistance and support for health and safety related initiatives in communities across the Commonwealth. Each center maintains a resource library that provides free loans of current and culturally appropriate prevention resources including videos, curricula, books, and health data. Many materials are available in languages other than English.

Western Massachusetts Center for Healthy Communities

<http://www.westernmasshealthycommunities.org>

413-540-0600 (phone)

Central Massachusetts Center for Healthy Communities

<http://www.cmchc.org>

508-438-0515 (phone)

Northeast Center for Healthy Communities

<http://www.nc4hc.org>

978-688-2323 (phone)

Regional Center for Healthy Communities (serving suburban Boston and Metrowest)

<http://www.healthier-communities.org/>

617-441-0700 (phone)

Southeast Center for Healthy Communities

<http://www.preventionworks.org>

508-583-2350 / 1-800-530-2770 (phone)

Greater Boston Center for Healthy Communities

<http://www.hria.org/services/healthy-communities.html>

617 617-451-0049 (phone)

Massachusetts Partnership for Healthy Communities

<http://www.hria.org/services/healthy-communities.html>

617 617-451-0049 (phone)

Massachusetts Immigrant and Refugee Advocacy Coalition

<http://www.miracoalition.org/>

Public Health Seattle and King County Advanced Practice Center

<http://www.apctoolkits.com/vulnerablepopulation/>

A wealth of very useful tools and resources, entitled EQUITY: Meeting the Needs of Vulnerable Populations in Emergency Response. These tools are useful for any community engagement process.

Vote & Vax

<http://www.voteandvax.org>

A national campaign to immunize voters on election day.

Resources for Section Three: Faith-Based Organizations

Seasonal Influenza (Flu): A Guide for Community and Faith-Based Organizations and Leaders

http://www.hhs.gov/partnerships/resources/Pubs/seasonal_flu_gd.pdf

Flier: Faith and Communities Fight Flu

http://www.hhs.gov/partnerships/resources/Pubs/faith_and_communities_fight_flu.pdf

Resources for Section Four: Schools

Flu prevention resources from MDPH

- **Fight the Flu Poster for Parents**
(also available in Spanish and Portuguese)
http://www.mass.gov/Eeohhs2/docs/dph/cdc/flu/fightflu_parent.pdf
- **Fight the Flu Poster for Students**
http://www.mass.gov/Eeohhs2/docs/dph/cdc/flu/fightflu_student.pdf
- **“Wash Your Hands” song**
http://www.mass.gov/Eeohhs2/audio/dph/wash_your_hands_dph.mp3
- **The Flu: A Guide for Parents (MDPH)**
- **La gripe: Guía para padres (Spanish version)**
- **Gripe: um guia para os pais (Portuguese version)**

Materials from CDC about flu education in schools

<http://www.cdc.gov/flu/school/>

Materials from CDC to help in planning flu intervention and education in schools

<http://www.cdc.gov/flu/school/planners.htm>

CDC Stop the spread of germs website

<http://www.cdc.gov/germstopper/>

School Network for Absenteeism Prevention

<http://www.itsasnap.org/index.asp>

Prevention materials to keep kids in school, prevent absenteeism; lots of fun materials for school-based education on keeping kids healthy.

Whack the Flu

<http://www.countyofnapa.org/whacktheflu>

A wide range of creative children’s teaching materials adapted from Berkeley, California Public Health Department by several state and local health departments.

Downloadable Whack the Flu teaching tools from Missouri Department of Public Health

<http://health.mo.gov/living/healthcondiseases/communicable/influenza/whack/index.php>

Whack the Flu poster downloadable in English and Spanish (Pégale) from Napa County California Health Department

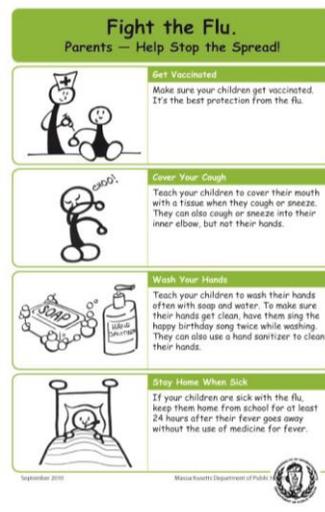
<http://www.countyofnapa.org/publichealth/whacktheflu/>

Whack the Flu classroom skit in English and Spanish

http://www.cdph.ca.gov/programs/immunize/Documents/317_skit.doc

Posters and handouts for children on cold and flu prevention

http://www.cleaninginstitute.org/clean_living/sda_cold_flu_toolkit.aspx



Resources for Section Five: Workplaces

National Institute for Occupational Safety and Health Guidance For Preventing Seasonal Flu in the Workplace

<http://www.cdc.gov/niosh/topics/flu/guidance.html>

Companies that want to implement site-based flu clinics, and are willing to pay for them can contact the local VNA, or a number of businesses that offer onsite flu clinics.

Locate your local Visiting Nurse Association by visiting <http://www.vnaa.org> and clicking “Find a VNA.”

Maxim Health Care:

<http://www.maximhealthcare.com/services/flu-wellness.aspx>

The Wellness Company:

<http://www.thewellcomp.com/>

Resources for Section Six: Homeless Populations

The Health Care of Homeless Persons: A Guide of Communicable Diseases and Common Problems in Shelters and on the Streets

<http://www.bhchp.org/BHCHP%20Manual/pages/chapters.html>

A 384-page guide that describes health problems commonly afflicting homeless persons and discusses appropriate responses and treatment. The guide addresses communicable disease control and food handling in shelter settings, and current approaches to the management of chronic diseases.

It includes convenient patient education materials in English and Spanish that can be easily reproduced and given to shelter guests and staff. The Guide is no longer available in print, but some chapters are downloadable at the website above.

National Health Care for the Homeless *Flu Guide*

<http://www.nhchc.org/flumanual.pdf>

Written to assist shelters and other congregate facility manage the potential spread of H1N1, but is equally useful for preventing and managing seasonal flu in homelessness programs.

Resources for Section Seven: Community Organizations and Ethnic Groups

Massachusetts Office for Refugees and Immigrants (ORI) Provider List – see Section 11, Toolbox

Massachusetts Department of Public Health Refugee and Immigrant Health Program

Central Office:

State Laboratory Institute
305 South Street
Jamaica Plain, MA 02130
Tel: 617-983-6590
Fax: 617-983-6597

Greater Boston Regional Office (Area includes Metropolitan Boston, North Shore and South Shore)

State Laboratory Institute
305 South Street
Jamaica Plain, MA 02130
Tel: 617-983-6594 or 617-983-6587
Fax: 617-983-6597

Northeast/Central Regional Office (Area includes Merrimack Valley and Worcester County)

Tewksbury Hospital
365 East Street
Tewksbury, MA 01876
Tel: 978-851-7261 x4033
Fax: 978-640-1027

Western Regional Office (Area includes Hampden, Hampshire, Franklin and Berkshire Counties)

23 Service Center
Northampton, MA 01060
Tel: 413-586-7525 x1141
Fax: 413-784-1037

Massachusetts Department of Public Health, Office of Health Equity

250 Washington Street, 5th Floor
Boston, MA 02108
Tel: 617-624-6000
Fax: 617-624-6062

The Cross Cultural Health Care Program

<http://www.xculture.org>

Provides information, research and resources to help ensure underserved communities have full access to quality health care that is culturally and linguistically appropriate. This site includes cultural competency training materials, links to national sites, and a resource library, including many resources about specific ethnic communities.

EthnoMed

<http://www.ethnomed.org>

A website for health care providers who see patients from different ethnic groups. It contains resources and information about culture, language, health, illness and community resources.

(Also, see List of Ethnic Community Based Organizations on page 37.)

Resources for Section Eight: Flu Education

Massachusetts Department of Public Health flu education materials

http://www.mass.gov/Eeohhs2/docs/dph/cdc/education_materials_catalog.pdf

A wealth of flu education materials, posters, brochures, audio and video resources.

Immunization Action Coalition

<http://www.immunize.org/influenza>

Vaccine Information Statements in 32 languages, patient education materials and handouts, and resources for providers.

Children's Hospital of Philadelphia (CHOP) Vaccine Education Center

<http://www.chop.edu/centers-programs/vaccine-education-center>

Fact sheets for parents about vaccine myths and concerns.

Nurse Training in Immunization Program (Nurse TIP)

State Univ. of New York at Albany, School of Public Health

<http://www.albany.edu/sph/cphce/nursetip.shtml>

Free Continuing Education Unit (CEU) eligible webinar programs for public health nurses on immunization education for patients and families.

The Mass Clearinghouse of Health Promotion Resources

<http://www.maclearinghouse.com>

A complete library of free health promotion fliers and brochures, including excellent flu materials in nine languages. Includes Flu: What You Can Do; Flu: What You Can Do (basic literacy); Flu Facts Poster; and Flu Facts brochure.

Free Resources about Flu from the US Centers for Disease Control and Prevention

Brochures, Fact Sheets, Articles, Posters, Stickers, Media Toolkit

<http://www.cdc.gov/flu/freeresources/print.htm>

Materials designed to help you learn about more about influenza and its treatment.

Web Tools

http://www.cdc.gov/flu/freeresources/web_tools.htm

This page lists all seasonal flu eCards, Web badges and buttons related to influenza and its treatment.

CDC Podcasts, Videos, PSAs

<http://www.cdc.gov/flu/freeresources/media.htm>

This page lists all seasonal flu podcasts, videos and PSAs related to influenza and how to treat it.

Materials for the Deaf and Hard of Hearing

These were produced by the Massachusetts Commission for the Deaf and Hard of Hearing and MCPH, and are in AS with voice over and captioning.

- **Injectable vaccine video:**
<http://www.youtube.com/watch?v=6tKkKUS5On>

Vaccine Administration Resources

[CDC Immunization website](#) This webpage is CDC's main site for immunization information and links to many important resources

[MDPH Guidelines for Immunization Clinics](#). These guidelines were developed to assist in the planning and operation of vaccination clinics, including annual flu clinics, school-based clinics, and vaccination clinic in response to small-scale emergencies. This document summarizes key points in running a successful clinic, and provides links to many other useful resources.

[Guidelines for Large-Scale Influenza Vaccination Clinic Planning](#). This webpage provides guidelines and recommendations to assist with planning influenza vaccination clinics. Topics include clinic logistics as well as vaccine storage, handling, and administration.

[Tools to Assist Satellite, Temporary, and Off-Site Vaccination Clinics](#). Outlines CDC's Best

Practices that are essential for patient safety and vaccine effectiveness in these settings.

[CDC At-A-Glance Resource Guide - Vaccine Administration and Storage and Handling](#). This is a quick guide to key web resources on immunization, vaccine administration, and vaccine storage and handling. The guide includes CDC guidelines, an immunization checklist, educational webinars, and standing orders.

[CDC Vaccine Administration Site](#). This is CDC's main vaccine administration web page with resources for providers about screening for contraindications, vaccine administration, job aids, videos, e-learning and self-study on-line materials.

[General Best Practice Guidelines for Immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices \(ACIP\)](#). This comprehensive website and report provides evidence-based guidance for healthcare providers related to a broad range of immunization practices and vaccine administration.

[MDPH Influenza Vaccine Guidelines and Tools](#). This webpage contains information about influenza vaccine and links to guidance about planning flu and other mass immunization campaigns, standing orders, screening forms, consent forms, and MDPH-specific vaccine management guidance.

- [One & Only Campaign](#). The One & Only Campaign is a public health campaign, led by the Centers for Disease Control and Prevention (CDC) and the Safe Injection Practices Coalition (SIPC), to raise awareness among patients and healthcare providers about safe injection practices.
- [Frequently Asked Questions](#) Regarding Safe Practices for Medical Injections
- [Pocket Card](#) on Injection Safety Guidelines from CDC
- [Infographic](#) describes the impact of unsafe medical injection practice

Resources for Section Nine: Publicize Your Message

Massachusetts Flu Site

<http://www.mass.gov/flu>

HealthMap Vaccine Finder

<https://vaccinefinder.org/>

CDC Influenza Awareness Campaign Media Relations Toolkit

http://www.cdc.gov/flu/pdf/nivw/NIVW_Media_Toolkit_Final_1110.pdf

Complete information on how to write a press release and a public service announcement, as well as specific annual information and key messages on flu for specific target audiences.

CDC Gateway to Health Communication & Social Marketing Practice

<http://www.cdc.gov/healthcommunication>

Links to tools and templates that make preparing a social marketing or health communication plan much easier for you.

Free broadcast-quality media

<http://www.cdcmediaresources.com>

Social Media Toolkit—The Social Media Toolkit has been designed to provide guidance and to share lessons learned in more than three years of integrating social media into CDC health communication campaigns, activities, and emergency response efforts. In this guide, you will find information to help you get started using social media—from developing governance to determining which channels best meet your communication objectives to creating a social media strategy. You will also learn about popular channels you can incorporate into your plan—like blogs, video-sharing sites, mobile applications, and RSS feeds.

Federal Government Flu Site

<http://www.flu.gov>

CDC Seasonal Flu Website

<http://www.cdc.gov/flu>

Includes a wide range of ethnic and linguistic-specific materials.

American Lung Association's Influenza Prevention Program

<http://www.facesofinfluenza.com>

U.S. Food and Drug Administration Influenza Virus Vaccine Safety & Availability website

<http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/UCM110288>

The Massachusetts League of Community Health Center's social media campaign for Facebook, Twitter and Blogs:

<http://commonhealth.wbur.org/2011/01/tweeting-andfacebooking-the-message-on-flu-shots/>

<http://www.massleague.org/Patients/FluFacts/SocialMedia-English.php>

(See List of Ethnic Community Based Organizations on page 37.)

Resources for Section Ten: Language and Translation

Reliable sources for translated health materials

These educational resources include some materials translated into other languages, and can be depended upon.

Immunization Action Coalition

<http://www.immunize.org>

Includes vaccine Information Statements and other materials in many languages.

CHOP Vaccine Education Center materials in Spanish

<http://www.chop.edu/service/vaccine-educationcenter>

U.S. Centers for Disease Control

<http://www.cdc.gov/flu/freeresources/print.htm?tab=2#TabbedPanels1>

Flu education materials in Spanish.

Healthy Roads Media

<http://www.healthyroadsmedia.org/>

A source of quality health information in many languages and multiple formats.

Health Information Translations

<http://www.healthinfotranslations.org/index.php>

National Library of Medicine

<http://nmlm.gov/outreach/consumer/multi.html>

Resources on Translation: How to Do It Right

Massachusetts Department of Public Health: Office of Public Health Strategy and Communications (OPHSC) guidelines

http://www.mass.gov/Eeohhs2/docs/dph/health_equity/translation_guidelines.pdf

Translation: Getting it Right, American Translators Association.

http://www.atanet.org/docs/Getting_it_right.pdf

This is a quick and very useful set of tips.

Hablamos Juntos, More Than Words

<http://www.hablamosjuntos.org/mtw/default.toolkit.asp>

A Robert Wood Johnson Foundation-sponsored toolkit of practical tools for effective translated health information.

Seattle King County APC Guide to High Quality Health Translations

http://www.apctoolkits.com/files/PHSKC_TranslationKit_Web_Final.pdf

Massachusetts Department of Public Health: Office of Public Health Strategy and Communications (OPHSC) tool for evaluating translations

http://www.mass.gov/Eeohhs2/docs/dph/health_equity/translation_qa_form.pdf

Appendix:
**Immunization Equity
Technical Assistance (IETA):
Case Studies**

Appendix: Immunization Equity Technical Assistance (IETA): Case Studies

Immunization Equity Collaborative Technical Assistance

In 2014-2015, the Massachusetts Department of Public Health's (MDPH) Office of Health Equity (OHE), in partnership with the Bureau of Infectious Disease Immunization Program, collaborated with the Office of Health Communications, Emergency Preparedness Bureau (EPB), Bureau of Health Care Quality and Safety, local boards of health (LBoH) and community-based organizations in an initiative to increase community awareness and immunization against influenza.

Through this initiative, OHE supported and facilitated outreach, education and flu immunization activities targeted at the most vulnerable and isolated racial, ethnic and linguistic (REL) populations hardest hit by the H1N1 flu. OHE produced flu education materials, provided technical assistance (TA) to 8 grantees in 2014 and 10 grantees in 2015, and collected outreach, education and vaccination data by age, race, ethnicity and language. An overview of the measures and process of this initiative, as well as a summary of outcomes from each grantee, is included in the following pages.

Proposed Plan: Starting in September 2013, the Immunization Equity Collaborative will build upon and support the work that EPB and other immunization initiatives do by contracting a consultant (0.25 FTE) to offer immunization equity TA for LBoH across the state. The goal of this TA is to build capacity and facilitate systems change through a Plan / Do / Study / Act approach, to ensure sustainability of immunization equity work for years to come.

CLAS Objective: Coordinate the Immunization Equity Collaborative TA to create systems change in immunization practices in minority communities by bringing together stakeholders and providing monitoring support through regular meetings, conference calls, correspondence and reports.

Activities

- Appoint staff-person (0.25 FTE) to coordinate collaborative membership
- Outreach and recruitment of stakeholders
- Collaborate with MDPH Bureau of Infectious Disease to build upon past Immunization Equity Initiative efforts

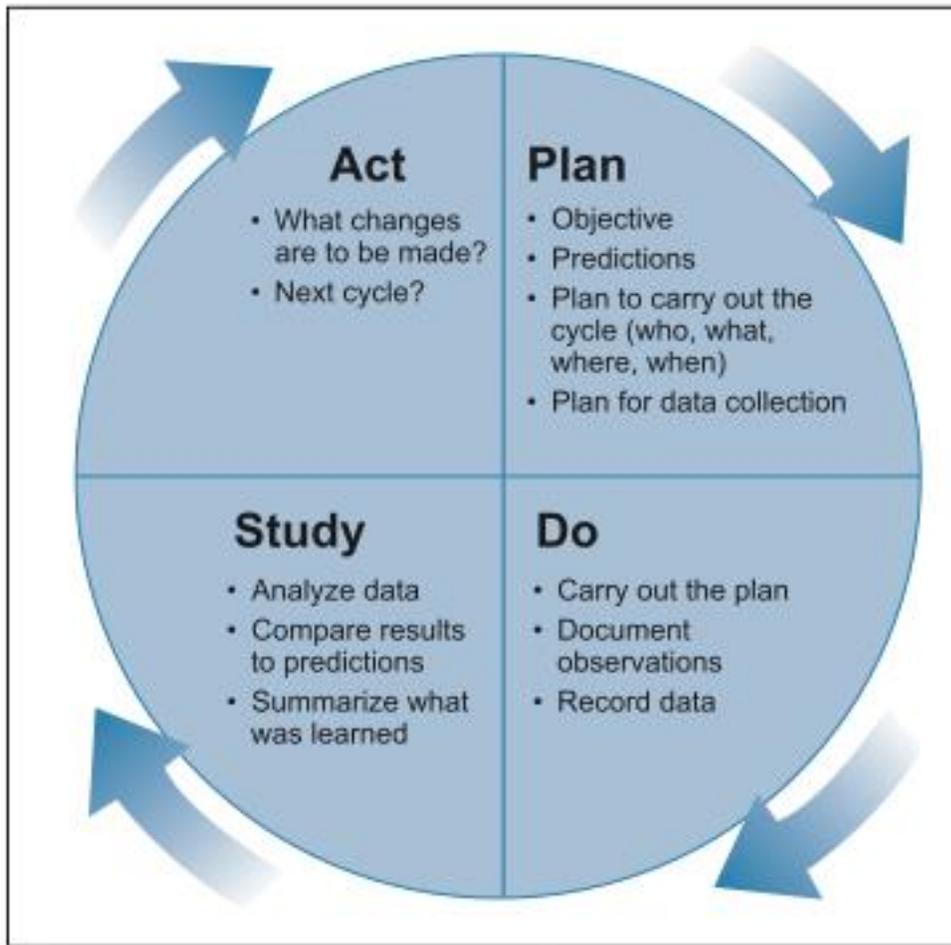
Measures

- Number of IEC meetings and calls
- Number and role/description of IEC membership
- Number of resources produced by IEC
- Documented changes in practice and protocols by Local Boards of Health (LBH)

Outcomes

- Periodic technical assistance meetings and conference calls
- Periodic reports, guidance materials and resources

Plan - Do - Study - Act (PDSA) Model



The Immunization Equity Team operates under the Plan-Do-Study-Act (PDSA) model to ensure continuous quality improvement both at the state and local level. Grantees receiving Immunization Collaborative Technical Assistance are asked to apply the PDSA model to their vaccination initiatives.

This process incorporates lessons on immunization learned from the H1N1 pandemic. Initial learning from the H1N1 pandemic flu revealed that aggressive preparation including: identification of priority populations; securing funding to facilitate community outreach and education activities; and making vaccines available and easily accessible for at-risk populations was critical to reducing adverse effects from the flu.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Immunization Equity Team Report

Plan, Do, Study, Act (PDSA)

<p>PLAN (<i>the “idea,” a specific goal to address a specific issue/challenge. Think of a SMART* Objective: Specific, Measurable, Attainable, Relevant, Time-specific</i>)</p>	<ul style="list-style-type: none"> ■ Identified priority populations: Black, Hispanic & Asian communities showing increased Flu morbidity, mortality, and low immunization. ■ Developed goals and objectives, based on Healthy People 2020 Immunization objectives. ■ Identified and allocated resources: <ul style="list-style-type: none"> ○ Secured Bureau of Emergency Preparedness funding. ○ Distributed funding among Health Disparities Reduction (HDR) grantees. ○ Developed educational materials (print and online). ○ Offered technical assistance to grantees (group and conference calls). ■ Identified key partners.
<p>DO (<i>list a specific activity “For 3 weeks we will…” – think of a “change,” something you will do differently</i>)</p>	<ul style="list-style-type: none"> ■ Outreach, dissemination and immunization: <ul style="list-style-type: none"> ○ Advertising in local media ○ Free vaccinations to uninsured/underinsured
<p>STUDY (<i>analyze/measure what happened as a result of the “do” – what improved as a result of the change, and by how much?</i>)</p>	<ul style="list-style-type: none"> ■ Data collection and analysis: <ul style="list-style-type: none"> ○ OHE data collection tool ○ Grantee information ■ Learning lab: <ul style="list-style-type: none"> ○ MDPH staff, HDR grantees, others met to share immunization data, challenges and successes. ○ Developed recommendations for subsequent flu efforts.
<p>ACT (<i>what will you adopt, adapt or abandon as a result of the “study?” Look at what worked, what didn’t and why, to inform the next cycle</i>)</p>	<ul style="list-style-type: none"> ■ Adapt lessons learned. ■ Build on successful immunization strategies. ■ Develop standards.

The following are case studies from the work completed by 14 participants of the IETA. Their plans, activities and lessons learned have been summarized following a template that reflects the technical assistance they received during their participation in the IETA. These are not intended, nor have they been vetted, as “best practices” but as examples that other programs can use and adapt in order to learn from the experience of their peers.

ATHOL BOARD OF HEALTH

Immunization Equity TA FY15 Case Study

Goal	<ul style="list-style-type: none"> ■ Increase flu vaccination rates by at least 10% for under-immunized and hard-to-reach populations in Athol and surrounding small towns.
Objective/s	<ul style="list-style-type: none"> ■ Develop and/or strengthen local partnerships. ■ Provide educational material and be available to answer questions. ■ Hold one or more flu clinics for our target population.
Target Population	<ul style="list-style-type: none"> ■ Below poverty level, low income, and low literacy populations ■ Families with generational dependency on government aid ■ Focus on men and women 25 and older
Partners	<ul style="list-style-type: none"> ■ Local churches and organizations (Valuing Our Children, Salvation Army, Athol Hospital, Family Pharmacy, Athol Housing Authority, RCAP Solutions)
Activities	<ul style="list-style-type: none"> ■ Provided educational materials and answered questions for residents at: the Athol pre-school/kindergarten screening event, free community meals at St. Francis Church, American Legion and Salvation Army. ■ Held telephone meeting with owner of Family Pharmacy. ■ Met with Sanofi representative. ■ Held a meeting with church board members.
Outcomes/Outcome Measures	<ul style="list-style-type: none"> ■ Developed and strengthened important partnerships with the local organizations that serve the target population. These partnerships are essential to reaching out and understanding underserved adults.
Progress	<ul style="list-style-type: none"> ■ Provided education at three community events, gaining a better understanding of the target population and the organizations that serve them. By meeting people on their own turf, we began to gain trust from individuals.
Challenges	<ul style="list-style-type: none"> ■ Low-literacy and undereducated individuals who have access to Internet often believe “if it’s on the internet, it’s true.” ■ Communication barriers and lack of interest.
Learning	<ul style="list-style-type: none"> ■ Gaining the target population’s trust is important prior to holding a flu clinic. Initially met with resistance but learned that if you have a “value added” item, people are more likely to speak with you. ■ Some individuals needed basic information, such as why the flu vaccine is important and hand washing instructions. ■ After being at more than one function the target population became familiar with me and felt more comfortable.
Recommendations	<ul style="list-style-type: none"> ■ Between now and flu vaccine season (fall 2015), spend more time at the free meals events, get to really know people so they are comfortable with me. Gain trust by answering questions (and a lot of the questions have nothing to do with vaccine).

Athol Board of Health FY15 Immunization Equity TA Report (cont.)

PLAN, DO, STUDY, ACT (PDSA)

<p>PLAN <i>(the idea, a specific thing to address a specific issue)</i></p>	<ul style="list-style-type: none"> ■ Get flu vaccine out to underserved populations and increase flu vaccination rates in the target population.
<p>DO <i>(list a specific activity "For 3 weeks we will...")</i></p>	<ul style="list-style-type: none"> ■ Spend time and provide education in organizations that cater to underserved populations. Target is to continue to be present at six community events.
<p>STUDY <i>(Analyze what happened as a result of the activity, the "do")</i></p>	<ul style="list-style-type: none"> ■ Initially underestimated the target population’s ability to communicate; face-to-face interaction was at first daunting and most didn’t have any desire to approach me even when free items were available. The more community events we attended, the more comfortable they became. ■ Learned that the flu vaccine was undervalued in the community. Many believed it was ineffective last year because that is what they saw as a ‘flash by’ on a TV or computer screen. ■ Speaking softly, avoiding touch (handshakes), and dressing down make us more approachable to the target population.
<p>ACT <i>(what you will adopt, adapt or abandon as a result of the “study”)</i></p>	<ul style="list-style-type: none"> ■ Limit and eventually stop pharmacy visits, as individuals there are in a hurry and few stop to ask questions. ■ Hold one ore more vaccination clinics in the Fall of 2015 at the free meal sites. (Free meal sites offered good opportunities for interaction. Recommend going early, setting up a table, offering “value added” items, and socializing before the meal is served. Most individuals come at least a half hour early for the meal.) ■ Build on the important partnerships and education work developed during the project period.

BERKSHIRE PUBLIC HEALTH ALLIANCE

Immunization Equity TA FY15 Case Study

Goal	<ul style="list-style-type: none"> ■ Improve immunization rates for all children in Berkshire County.
Objective/s	<ul style="list-style-type: none"> ■ Raise awareness of vaccination issues/needs among Boards of Health and the public. ■ Improve partnerships and relationships with providers. ■ Improve the Alliance Immunization Program.
Target Population	<ul style="list-style-type: none"> ■ Under-vaccinated children, especially those who are homeless, uninsured, or without transportation; and children of undocumented, immigrant, seasonal, farm and hospitality workers.
Partners	<ul style="list-style-type: none"> ■ Community Health Programs, Volunteers in Medicine, Fairview Hospital, Schools, Berkshire Community Organizations Active in Disasters, Berkshire Medical Reserve Corps, Berkshire Medical Center, Northern Berkshire Community Coalition, Latino Community Leaders, Western Mass Labor Action, Emergency Rooms, Head Start
Activities	<ul style="list-style-type: none"> ■ Assess under-vaccination rates among children in Berkshire County. ■ Develop strategies to improve overall vaccination rates
Outcomes/ Outcome Measures	<ul style="list-style-type: none"> ■ Assessed 2014 Alliance flu immunization records for children: 148 total (26 uninsured; 48 on MassHealth); determined more than half were likely from lower income families potentially needing support. ■ Talked to 5 Providers over the course of 5 weeks: a hospital ER, pediatrician, school nurse, and 2 practice nurses ■ Improved relationships and connections between the Alliance and providers in the county. ■ Presented project and received feedback from 15 Board of Health representatives (3/12/15); increased awareness of vaccination barriers among Alliance Boards of Health and offered ideas on why children are not vaccinated. ■ Distributed survey to more than 10 pediatricians assessing the barriers to vaccinations: survey process was perhaps more valuable than the results as we made new connections, strengthened existing relationships and got some new ideas and perspectives on vaccination.
Progress	<ul style="list-style-type: none"> ■ Survey is currently in progress. ■ Ordered flu vaccine for the fall (500 doses, 3 formulations, for individuals 2-18 years). ■ Survey results will be used to develop an immunization plan for Fall 2015.
Challenges	<ul style="list-style-type: none"> ■ Lack of good data ■ Lack of funding for vaccines, including barriers for Boards of Health to access insurance reimbursements ■ Large number of undocumented workers in the hospitality business ■ School nurses are stressed and schools aren't willing/able to take on new initiatives that are not mandated.

Berkshire Public Health Alliance FY15 Immunization Equity TA Case Study (cont.)

Learning	<ul style="list-style-type: none"> ■ While many barriers to vaccination exist, many people are interested in improving vaccination rates. ■ Convenience may be one of the biggest contributors to vaccination delays.
Recommendations	<ul style="list-style-type: none"> ■ Make it easier for Boards of Health (BOH) to bill for all vaccinations, including setting up a State system online to check insurance status and automatically bill the correct insurance. ■ Schools should provide all immunizations to children. ■ ERs should provide all immunizations during any visit. Insurance should pay for this. ■ Vaccination exemptions in public schools should be harder to obtain. Work with each school district to change local policies.

PLAN, DO, STUDY, ACT (PDSA): Immunization Data

PLAN (the idea, a specific thing to address a specific issue)	<ul style="list-style-type: none"> ■ Looked at Alliance 2014 flu vaccination data to determine how many children were uninsured or underinsured.
DO (list a specific activity "For 3 weeks we will...")	<ul style="list-style-type: none"> ■ Analyzed Alliance 2014 vaccination/insurance records.
STUDY (Analyze what happened as a result of the activity, the "do")	<ul style="list-style-type: none"> ■ About half of the children were uninsured/underinsured.
ACT (what you will adopt, adapt or abandon as a result of the "study")	<ul style="list-style-type: none"> ■ Anticipate that many families with children will need additional resources to get vaccinations.

PLAN, DO, STUDY, ACT (PDSA): Immunization Survey

PLAN (the idea, a specific thing to address a specific issue)	<ul style="list-style-type: none"> ■ Create and distribute a survey to learn why providers think children are not vaccinated. This will help us to decide how we can best reach and vaccinated children who have been missed.
DO (list a specific activity "For 3 weeks we will...")	<ul style="list-style-type: none"> ■ Created a survey, received TA to improve the questions, beta tested it with 3 providers, updated again, loaded it into Survey Monkey and distributed.
STUDY (Analyze what happened as a result of the activity, the "do")	<ul style="list-style-type: none"> ■ Berkshire Health Systems had initially agreed to distribute the survey to all their affiliated pediatricians, but later decided not to.
ACT (what you will adopt, adapt or abandon as a result of the "study")	<ul style="list-style-type: none"> ■ Identifying other channels to distribute the survey, including blind emails to practices with follow-up phone calls. ■ Continue with activities beyond the grant timeframe, including using the survey results to develop strategies to increase vaccinations for children during the Fall of 2015.

FENWAY HEALTH CENTER

Immunization Equity TA FY15 Case Study

Goal	<ul style="list-style-type: none"> ■ Address immunization inequities by preparing and planning for the implementation of the Massachusetts Immunization Information system (MIIS). ■ Implementation will allow for more complete access to immunization records, which will increase vaccination rates, reduce missed opportunities for immunization, and provide a streamlined process for completing targeted outreach to our under immunized patients.
Objective/s	<ul style="list-style-type: none"> ■ Update electronic health record (EHR) forms/software in order to make current system compatible with MIIS ■ Develop project plan for full implementation of MIIS ■ Plan staff training regarding use of new immunization forms
Target Population	<ul style="list-style-type: none"> ■ Fenway Health patients (25,000 active patients, and 43,000 total patients who have vaccine records in our EHR system)
Partners	<ul style="list-style-type: none"> ■ Collaborate with Qvera, a software company that has previously worked with Centricity Practice Solutions, our electronic health record provider, to create an interface that links the CPS system to the MIIS
Activities	<ul style="list-style-type: none"> ■ Prepare EHR system to map to MIIS ■ Develop system to inform patients of MIIS data sharing ■ Review/develop training materials, and plan staff training on MIIS in advance of go-live date
Outcomes/Outcome Measures	<ul style="list-style-type: none"> ■ Registered for MIIS; installed Qvera ■ Developed logic model for project planning and to track progress/outcomes ■ Converted 231,431 vaccine entries on 42,383 patients
Progress	<ul style="list-style-type: none"> ■ Registered three Fenway Health practice sites with MIIS ■ Completed data conversions ■ Set testing date for linkage to MIIS (July 1)
Challenges	<ul style="list-style-type: none"> ■ Technology: There were several technological hiccups that slowed progress slightly. Our system could not link directly to the MIIS, and many years of data had to be converted and tested for the new system ■ Due to many of the technological hiccups, dedicated staff time related to this project ended up being more extensive than anticipated
Learning	<ul style="list-style-type: none"> ■ Learned that it is important to keep realistic timelines for projects that require in-depth IT solutions
Recommendations	<ul style="list-style-type: none"> ■ Research how your particular system will link to the MIIS system as you prepare ■ Allow adequate time to address data challenges, including unstructured data fields, etc

Fenway Health Center FY15 Immunization Equity TA Case Study (cont.)

PLAN, DO, STUDY, ACT (PDSA)

<p>PLAN <i>(the idea, a specific thing to address a specific issue)</i></p>	<ul style="list-style-type: none"> ■ Prepare for implementation of the MIIS in order to improve accuracy of immunization records and vaccination rates for all vaccines.
<p>DO <i>(list a specific activity "For 3 weeks we will...")</i></p>	<ul style="list-style-type: none"> ■ Identify data needs and researched options to link our system to the MIIS (2 months). ■ Perform tests and data conversions (3 months). ■ Identify staff training needs (ongoing). ■ Develop logic model for ongoing project planning (ongoing).
<p>STUDY <i>(Analyze what happened as a result of the activity, the "do")</i></p>	<ul style="list-style-type: none"> ■ As a result of these efforts, 231,431 vaccine entries on 42,383 patients were converted and will be sent to the MIIS when our go-live date arrives.
<p>ACT <i>(what you will adopt, adapt or abandon as a result of the "study")</i></p>	<ul style="list-style-type: none"> ■ These project activities laid necessary groundwork for activities that will continue and be sustained. These organizational and systems changes will allow us to advance our immunization equity focus. Use of the MIIS is a significant system adoption that will permit us to target our under-immunized populations. Once we are fully using the MIIS outside partners can be pulled in to enhance our efforts. ■ Continue to use and adapt our logic model, which outlines the next steps, to document and monitor our progress as well as guide evaluation as we move forward with full MIIS implementation.

EDWARD M. KENNEDY COMMUNITY HEALTH CENTER

Immunization Equity TA FY15 Case Study

Goal	<ul style="list-style-type: none"> ■ Address immunization disparities among substance users who are treated at our primary care site located at a nearby, outpatient substance abuse clinic operated by Spectrum Health Systems, Inc.
Objective/s	<ul style="list-style-type: none"> ■ Determine the best method to increase vaccination rates of our high-risk Spectrum Health Patients.
Target Population	<ul style="list-style-type: none"> ■ The 272 patients of the primary care site located at Spectrum Health Systems, Inc.
Partners	<ul style="list-style-type: none"> ■ Spectrum Health Systems, Inc.
Activities	<ul style="list-style-type: none"> ■ Evaluated supplies and equipment needed to provide vaccines at Spectrum site, reports designed for outreach to Spectrum Clinic patients, patients booked into EMK Tacoma Nursing schedule.
Outcomes/Outcome Measures	<ul style="list-style-type: none"> ■ Initial report was run for patients seen in April at Spectrum; 33 patients were identified, and 15 patients had no vaccine history. ■ The medical assistant reviewed the chart for lab data for titers. ■ Booked appointments first and second week of June. ■ Analysis is pending for show rates for nursing appointments, lab results (titers), and patient self-booked appointments.
Progress	<ul style="list-style-type: none"> ■ Medical Assistant now reviews vaccine needs as part of visit planning for upcoming appointments at Spectrum. ■ Scheduled meeting with partner organization in mid-June. ■ High-risk populations that were not receiving vaccinations as part of primary care will receive education and new appointment slots for needed vaccines. Will continue to work toward best method of scheduling.
Challenges	<ul style="list-style-type: none"> ■ Still need to determine most effective method of scheduling and for having vaccines accessible at our Spectrum Health Clinic.
Learning	<ul style="list-style-type: none"> ■ Data is still preliminary. Planning on several additional PDSAs to determine best practice to increase immunization rates. ■ Test having a monthly vaccine clinic on-site at Spectrum. Will discuss further with partners. Planning and work on developing educational/promotional fliers
Recommendations	<ul style="list-style-type: none"> ■ Increase education to high-risk populations regarding adult vaccinations.

Edward M. Kennedy Community Health Center FY15 Immunization Equity Case Study (cont.)

PLAN, DO, STUDY, ACT (PDSA)

<p>PLAN <i>(the idea, a specific thing to address a specific issue)</i></p>	<ul style="list-style-type: none"> ■ Address immunization disparities among substance users who are treated at our primary care site located at a nearby, outpatient substance abuse clinic operated by Spectrum Health Systems, Inc.
<p>DO <i>(list a specific activity "For 3 weeks we will...")</i></p>	<ul style="list-style-type: none"> ■ <u>January – March</u> planning (equipment, staff resources) ■ <u>March – April</u> (Reports for outreach and staffing needed evaluation, Spectrum clinic staff providing vaccine education) ■ <u>May</u> (Outreach for Tacoma nursing appointments)
<p>STUDY <i>(Analyze what happened as a result of the activity, the "do")</i></p>	<ul style="list-style-type: none"> ■ High-risk populations that were not receiving vaccinations as part of primary care are provided education and appointment slots to receive needed vaccines.
<p>ACT <i>(what you will adopt, adapt or abandon as a result of the "study")</i></p>	<ul style="list-style-type: none"> ■ Medical Assistant now reviews vaccine needs as part of visit planning for upcoming appointments at Spectrum.

MATTAPAN COMMUNITY HEALTH CENTER

Immunization Equity TA FY15 Case Study

Goal	<ul style="list-style-type: none"> ■ Increase rates of HBV and pneumococcal vaccination in under-immunized patients.
Objective/s	<ul style="list-style-type: none"> ■ Use evidence-based strategies to increase adult vaccination rates. ■ Partner with a community organization.
Target Population	<ul style="list-style-type: none"> ■ <u>HBV vaccination</u>: Patients 50 years and old with diabetes. ■ <u>Pneumococcal vaccination</u>: Patients 60 years and older with chronic health conditions. ■ For both groups, there is a focus on the Haitian Creole population.
Partners	<ul style="list-style-type: none"> ■ CVS pharmacy: located on group level of health center ■ Haitian Adult Day Care: a community-based organization ■ Behavioral Health: a new department within the health center
Activities	<ul style="list-style-type: none"> ■ Used EMR system to run reports, conduct a record review, and determine number of 50+ diabetic patients that started but didn't finish, or didn't start, the HBV vaccine series. ■ Identified more than 500 patients. ■ Reminder/recall letters were sent to all patients. ■ Purchased HBV vaccine. ■ Running reports for patients who need pneumococcal vaccine and in the process purchasing PCV13 vaccine. ■ Setting up a meeting with DPH MIIS staff to move forward the process of on boarding with the registry. ■ Holding a health fair for adult vaccination education at a local church.
Progress / Outcomes	<ul style="list-style-type: none"> ■ There was a large, receptive response to the reminder/recall letters. We strategized to make the letter simple with easy-to-understand information, which we believe contributed to the positive response. ■ Increased understanding of the importance of vaccines among patients. ■ Increase in the understanding of the importance of adult vaccination among medical staff (particularly medical assistants) as part of overall wellness, the adult vaccination schedule, and risk groups for HBV and pneumococcal vaccine. We now plan to review all adults for recommended vaccines as they come in for visits. ■ Vaccinated 100 patients with HBV vaccine; 75 more are scheduled for visits. ■ Strengthened partnership with CVS (health center refers patients to CVS for adult vaccines not stocked). ■ Increased communication with behavioral health department regarding diabetic patients.

Mattapan Community Health Center FY15 Immunization Equity Case Study (cont.)

Challenges	<ul style="list-style-type: none"> ■ Grant work progressed without major challenges or barriers. ■ New patients that come to the health center without previous vaccination records always present a challenge. ■ Understaffing of nurses in the health center staff often resulted in delays in reaching out to community partners and moving forward on the pneumococcal vaccination component of the project.
Learning	<ul style="list-style-type: none"> ■ It is important to continually monitor adult patients for vaccination status and to ensure patients are up-to-date with all recommended adult vaccines. Providers need to be diligent. Adult vaccination needs to be prioritized in the same way as childhood vaccination, and incorporated as part of overall wellness. ■ Our internal organizational systems that were in place were important to identifying our target groups. We are moving our EMR to the EPIC system in December 2015, which should provide more consistent reports, better capturing of information and more accurate data. ■ We did not see much vaccine hesitancy with the Haitian Creole patients. There was more resistance with Muslim patients, with their religious beliefs being a barrier to vaccination.
Recommendations	<ul style="list-style-type: none"> ■ The health center could utilize more staff workshops or in-services on adult immunizations, with a focus on understanding cultural implications and communicating with people from other countries.

PLAN, DO, STUDY, ACT (PDSA)

PLAN (<i>the idea, a specific thing to address a specific issue</i>)	<ul style="list-style-type: none"> ■ Use our EMR system to identify under-immunized patients for HBV and pneumococcal vaccination.
DO (<i>list a specific activity "For 3 weeks we will..."</i>)	<ul style="list-style-type: none"> ■ Send out reminder/recall letters in easy-to-read language targeting patients 50+ in need of HBV vaccine.
STUDY (<i>Analyze what happened as a result of the activity, the "do"</i>)	<ul style="list-style-type: none"> ■ The letters resulted in a positive response with many return phone calls made to the health center to schedule vaccination visits. During an approximate 8-week period (end of March to end of May), we vaccinated 100 patients with HBV vaccine, and approximately 75 more have scheduled visits or are in the process of scheduling visits.
ACT (<i>what you will adopt, adapt or abandon as a result of the "study"</i>)	<ul style="list-style-type: none"> ■ We adapted our organizational practice to include increased record review for high-risk and under-immunized patients for HBV vaccination. ■ Beyond the grant time frame, we will continue with HBV vaccination and will start pneumococcal vaccination. The project overall encouraged our providers to recommended adult vaccines, and adult vaccination will be incorporated into our overall wellness plan.

NATICK BOARD OF HEALTH

Immunization Equity TA FY15 Case Study

Goal	<ul style="list-style-type: none"> ■ Provide increased access to Shingles vaccination for all Natick residents age 60+; in particular, to provide access for homebound Natick residents age 60+.
Objectives	<ul style="list-style-type: none"> ■ Increase the average monthly number of Shingles vaccines given among <u>all</u> Natick adults age 60+ by 50% by June 30. ■ Establish vaccination coverage against Shingles among homebound/isolated Natick elders age 60+ by completing 3 home immunization visits by June 30. ■ Increase knowledge about Shingles disease and the Homebound Shingles Program among homebound/isolated Natick elders age 60+ by: <ul style="list-style-type: none"> ○ Utilizing at least 2 suggested partner strategies to distribute information by April 30, 2015 ○ Mailing information to all town residents aged 60+ who have been listed disabled in the Town Census by June 30. ■ Increase community awareness of the Shingles Immunization Program for Natick adults age 60+ by: <ul style="list-style-type: none"> ○ Advertising in at least 3 media by March 31. ○ Distributing info to at least 3 community sites by June 30.
Target Population	<ul style="list-style-type: none"> ■ Natick adult residents age 60+ ■ Homebound and/or isolated Natick adults age 60+
Partners	<ul style="list-style-type: none"> ■ Natick Housing Authority, Natick Service Council, Natick Clergy Association, Natick Council on Aging (COA), Meals on Wheels, Town Clerk
Activities	<ul style="list-style-type: none"> ■ Presentation of Homebound Vaccination Program to partners, enlisting assistance in targeting homebound/isolated adults age 60+ ■ Targeted mailing to 62 addresses of disabled residents, and to 371 addresses of seniors age 60+ living in senior/handicapped housing. ■ Informational displays and brochures at library, Community Senior Center, Town Hall ■ Submissions in COA, Housing Authority newsletter publications, public access cable channel, town website, and online news sites ■ Administration of Shingles vaccine to Natick adults age 60+
Outcomes/Outcome Measures	<ul style="list-style-type: none"> ■ Number of vaccinations for total population in 5 months of 2015 matched the total for all of 2014. ■ Average number of vaccines given/month increased 229% from 2014-May 2015 ■ Number of homebound vaccination visits unchanged 2013-May 2015

Natick Board of Health FY15 Immunization Equity Case Study (cont.)

Progress	<ul style="list-style-type: none"> ■ Established new partnership with Natick Clergy Association <ul style="list-style-type: none"> ○ New identification strategies suggested which target caregivers of homebound ■ Strengthened existing partnerships with Natick Service Council, Natick Housing Authority <ul style="list-style-type: none"> ○ Goal to meet 2x/year to evaluate the Homebound Program
Challenges	<ul style="list-style-type: none"> ■ Determining where homebound/isolated adults are located ■ Continuing cooperative commitment of partners necessary ■ Multiple meetings with new and established partners
Learning	<ul style="list-style-type: none"> ■ Need to use social media to get the word out ■ Use this model to include other vaccinations (e.g., Tdap, PCV13)
Recommendations	<ul style="list-style-type: none"> ■ Continue to explore additional identification strategies by: <ul style="list-style-type: none"> ○ Establishing partnerships with other stakeholders: Sherwood Village (federal senior/handicapped housing), Natick Veterans' Services ○ Using social media to get the word out (e.g. Facebook)

PLAN, DO, STUDY, ACT (PDSA)

PLAN (<i>the idea, a specific thing to address a specific issue</i>)	<ul style="list-style-type: none"> ■ Set up an expansion of our current Adult Immunization Program to provide immunization access to homebound/isolated adults 60+ by offering Shingles vaccination in their homes.
DO (<i>list a specific activity "For 3 weeks we will..."</i>)	<ul style="list-style-type: none"> ■ Establish visits to offer Shingles immunization among homebound/isolated Natick elders age 60+ by June 30.
STUDY (<i>Analyze what happened as a result of the activity, the "do"</i>)	<ul style="list-style-type: none"> ■ Ongoing challenge to determine where homebound/isolated adults are located. <ul style="list-style-type: none"> ○ Isolated due to non-physical reasons, e.g., don't know their neighbors and are unable to drive. ○ Isolated due to mental health issues, e.g. phobias, afraid or unwilling to enlist help. ■ Ongoing and evolving effort to find and enlist partners. <ul style="list-style-type: none"> ○ Explore other community groups with interest in serving the homebound/isolated.
ACT (<i>what you will adopt, adapt or abandon as a result of the "study"</i>)	<ul style="list-style-type: none"> ■ Need to establish and use social media accounts to get the word out more efficiently. ■ Continuous system of advertising, checking with participating partners to find new clients. ■ Sustaining the program through continuing participation with the Commonwealth Medicine Reimbursement Program. <ul style="list-style-type: none"> ○ Reimbursement monies placed in town Vaccine Revolving account for purchase/administration of vaccine, other activities.

WHITTIER STREET HEALTH CENTER

Immunization Equity TA FY15 Case Study

Goal	<ul style="list-style-type: none"> ■ Create a viable clinical model for achieving immunization equity for vulnerable (immuno-compromised, uninsured, or under-insured) patient populations in the community. ■ Vaccinate 30-45 patients over a 3-month period. 		
Objective/s	<ul style="list-style-type: none"> ■ Devise a successful method for connecting with, establishing consistent follow-ups, and immunizing high-risk patients with vaccines unlikely to be covered, such as the Pneumococcal Conjugate Vaccine (Prevnar: PCV-13). 		
Target Population	<ul style="list-style-type: none"> ■ Patients who are immuno-compromised (HIV+) and /or uninsured or under-insured. 		
Partners	<ul style="list-style-type: none"> ■ Lead HIV physician: Dr. Mothusi Chilume; HIV Nurse: Elizabeth Oliva; Lead Medical Assistant: Ronisha McElroy-Brown; BMC Infectious Disease Specialist: Dr. Cassandra Pierre; WSHC I.T. Department. 		
Activities	<ul style="list-style-type: none"> ■ Discussed, evaluated need for immunization with PCV-13 amongst HIV-infected patients; determined, defined qualifying criteria for immunization; reached out to target population to begin the vaccination process. <p>Roles & Time Frames:</p> <ul style="list-style-type: none"> ■ Project leaders set meetings, led discussions, directed partners to particular tasks, developed overall plan, including list of criteria for immunization of 30-40 patients (12 weeks). ■ Medical Assistant to Dr. Chilume was directed to call patients, schedule appointments, and review set provider schedules to make changes as appropriate (2-3 weeks). ■ Lead medical assistant will play an active role in purchasing vaccines. ■ HIV Nurse called and met with patients (immunization-related teaching), served as liaison (6 weeks), and is set to administer vaccines both during nursing visits and follow-ups with MD. ■ The HIV nurse continues to update list of potential patients (currently about 30), based on list of criteria developed by the team. 		
Outcome Measures	<table border="0"> <tr> <td data-bbox="519 1457 974 1944"> <p>Measures</p> <ul style="list-style-type: none"> ■ Number of HIV-infected patients seen at WSHC (N=72) ■ Not receiving Anti-Retroviral Therapy ■ Diagnosis / History of chronic pulmonary disease ■ Diagnosis / History of diabetes ■ Diagnosis / History asplenia ■ Diagnosis / History of chronic cardiac disease ■ Diagnosis / History of asthma ■ Diagnosis / History of sickle cell </td> <td data-bbox="990 1457 1445 1944"> <ul style="list-style-type: none"> ■ Diagnosis / History tobacco dependence ■ Diagnosis / History chronic renal disease ■ Without health insurance coverage ■ With limited health insurance coverage ■ Number of HIV-infected patients 50 and older ■ Living in poor, underserved Roxbury/Dorchester ■ Vaccinated with PPSV-23 </td> </tr> </table>	<p>Measures</p> <ul style="list-style-type: none"> ■ Number of HIV-infected patients seen at WSHC (N=72) ■ Not receiving Anti-Retroviral Therapy ■ Diagnosis / History of chronic pulmonary disease ■ Diagnosis / History of diabetes ■ Diagnosis / History asplenia ■ Diagnosis / History of chronic cardiac disease ■ Diagnosis / History of asthma ■ Diagnosis / History of sickle cell 	<ul style="list-style-type: none"> ■ Diagnosis / History tobacco dependence ■ Diagnosis / History chronic renal disease ■ Without health insurance coverage ■ With limited health insurance coverage ■ Number of HIV-infected patients 50 and older ■ Living in poor, underserved Roxbury/Dorchester ■ Vaccinated with PPSV-23
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Whittier Street Health Center Immunization Equity TA FY15 Case Study (cont.)

<p>Outcomes</p>	<ul style="list-style-type: none"> ■ The number of HIV- infected patients aged 50 and older became our main guiding figure, as the patients within this subset had all received PPSV-23 at least 1 year ago (qualify for PCV-13, per CDC recommendations), reside in underserved areas, and include those with a history of chronic lung disease and other co-morbidities. ■ Telephone calls proved not as effective as in-person talks, which allowed greater opportunity for building trust (per the HIV Nurse).
<p>Progress</p>	<ul style="list-style-type: none"> ■ We continue working on further refining our immunization criteria, in view of limited funding. The list of qualifying criteria has become more extensive over the past 2 weeks (see above). ■ Lead Medical Assistant has been directed to assist in the purchase of 30 doses of PCV-13 through contracted vendor.
<p>Challenges</p>	<ul style="list-style-type: none"> ■ Certain patients on our high-risk list could not be reached by phone or mail. ■ Some patients have a pattern of no-shows on schedule and happen to be on our list of potentials for vaccination ■ Appointments could not be set as regularly as we had hoped.
<p>Learning</p>	<ul style="list-style-type: none"> ■ Our patients are far more willing to participate in new activities / initiatives when treated as equal partners: they demanded to be fully informed of all aspects of the PCV-13 vaccine administration project (benefits, risks, financial considerations, etc.). ■ Humans are our greatest resource. Methods and plans make for a focused, disciplined achievement of set goals, but the value of the human touch cannot be overstated (e.g., many patients were convinced to be vaccinated, not by cold hard data, but by the empathic, compassionate, and welcoming attitude of our HIV nurse). ■ In-person conversations allow greater opportunity for building trust between healthcare provider and patient than phone conversations. ■ Seizing the moment is the way to go, when dealing with an immunization-hesitant patient population: vaccinate them while they are on site; do not schedule a later appointment just for the better aesthetics found in the checking of set project boxes.
<p>Recommendations</p>	<ul style="list-style-type: none"> ■ We must strive for even greater flexibility in our scheduling practices, which at times entails not scheduling at all, allowing patients to walk in for all vaccines: this is already commonplace at our practice. We need only establish vaccine-specific parameters geared toward widening our standing order list, to include vaccines not regularly administered to our adult patient population in the recent past (e.g.: PCV-13). ■ Become more methodical: gather accurate sets of data, pre- and post-implementation; devise a sound action plan, guided by measurable outcomes; re-evaluate fearlessly and make corrections accordingly. ■ Do not let the adopted method become a stumbling block: allow people’s creativity and compassion to flourish.

Whittier Street Health Center FY15 Immunization Equity TA Case Study (cont.)

PLAN, DO, STUDY, ACT (PDSA)

<p>PLAN (<i>the idea, a specific thing to address a specific issue</i>)</p>	<ul style="list-style-type: none"> ■ Immunization equity for high-risk patients, specifically patients who are HIV+, with co-morbidities.
<p>DO (<i>list a specific activity "For 3 weeks we will..."</i>)</p>	<ul style="list-style-type: none"> ■ See Activities and Learning above.
<p>STUDY (<i>Analyze what happened as a result of the activity, the "do"</i>)</p>	<ul style="list-style-type: none"> ■ See Progress and Challenges above.
<p>ACT (<i>what you will adopt, adapt or abandon as a result of the "study"</i>)</p>	<ul style="list-style-type: none"> ■ The I.D. Specialist, who has championed this project from the beginning, continues to actively collaborate with project leaders, Medical Assistants, and the HIV Nurse, meeting on a bi-weekly basis to seek a more efficient and more fluid immunization model: we will immunize during nurse visits and provider follow-ups. ■ We will bring other team members on board (mainly nurses) in order to provide greater scheduling flexibility to patients on the high-risk list (evening and Saturday walk-ins). ■ As a result of this project, we have laid the necessary groundwork for activities that will continue beyond the grant time frame (i.e., the purchase and implementation of pneumococcal vaccination). ■ We are making organizational changes that will allow us to advance our immunization equity focus. Our new method may be a model that we can continue to sustain.

BARNSTABLE COUNTY BOARD OF HEALTH

Immunization Equity TA FY14 Case Study

Goal	<ul style="list-style-type: none"> ■ Educate adults about new and recommended vaccinations. ■ Raise awareness and increase immunization rates of Tdap in adults over 18.
Target Population	<ul style="list-style-type: none"> ■ Adults 18 and older ■ First responders
Partners	<ul style="list-style-type: none"> ■ Fire Training Academy
Activities	<ul style="list-style-type: none"> ■ Reached out and provided Tdap to first responders (frequent contact with public). ■ Recommended and provided Tdap as a one-time dose in place of the regular tetanus vaccine for clients who came to the health department. ■ Promoted Tdap vaccination at the TB testing clinic at the fire department, and at the Blood-borne pathogens training in Cape Cod.
Progress/ Outcomes	<ul style="list-style-type: none"> ■ More Cape Cod fire departments requested TB testing and Tdap immunizations for their employees and first responders.
Challenges	<ul style="list-style-type: none"> ■ Often working as the only Public Health Nurse in the area. ■ Many primary care doctors “just don’t carry vaccines, or are not aware of the recommendation and don’t offer Tdap to their patients.”
Learning	<ul style="list-style-type: none"> ■ Education about the value of Tdap is critical for increasing acceptance of Tdap, especially for those working with vulnerable populations, like children.
Recommendations from mentor	<ul style="list-style-type: none"> ■ Work with school districts to ensure teachers working with children are up-to date with their immunizations. ■ Develop Public Safety Guidelines, which include immunizations.
Recommendations for TA	<ul style="list-style-type: none"> ■ This is a good model. It was difficult to visualize at first but now I see how valuable it is to set goals and keep record of progress; and revisit our work to see what works and what doesn't.

PLAN, DO, STUDY, ACT

PLAN (<i>the idea, a specific thing to address a specific issue</i>)	<ul style="list-style-type: none"> ■ Raise awareness and increase immunization rates of Tdap in adults 18 and older.
DO (<i>list a specific activity "For 3 weeks we will..."</i>)	<ul style="list-style-type: none"> ■ Provide the Tdap as a one- time dose in place of the regular tetanus vaccine
STUDY (<i>Analyze what happened as a result of the activity, the "do"</i>)	<ul style="list-style-type: none"> ■ Offer more education to increase acceptance of Tdap.
ACT (<i>what you will adopt, adapt or abandon as a result of the "study"</i>)	<ul style="list-style-type: none"> ■ Continue promoting Tdap in place of the regular Tetanus vaccine

CHELSEA BOARD OF HEALTH

Immunization Equity TA FY14 Case Study

Goal	<ul style="list-style-type: none"> ■ Increase Tdap and Shingles vaccination among seniors.
Target Population	<ul style="list-style-type: none"> ■ Undocumented immigrants ■ Seniors 60 and older
Partners	<ul style="list-style-type: none"> ■ Directors of the medical/hospital community who serve the immigrant community
Activities	<ul style="list-style-type: none"> ■ Advertised at the senior center and adult practices; and OB and pediatric practices in the city. ■ Placed an ad in the senior newspaper. ■ Advertised and provided Tdap and Shingles vaccines at health fairs held in May and June.
Progress/Outcomes	<ul style="list-style-type: none"> ■ Distributed vaccines at the health fair. Hoped to complete all available vaccine; unfortunately, the freezer broke down, the vaccine was destroyed and the program stopped.
Challenges	<ul style="list-style-type: none"> ■ Vaccine is not sufficient or affordable for the large population of undocumented workers in the community. ■ Poor reimbursement rates of Commonwealth Medicine Insurance Company make it impossible for CBH to purchase vaccines. ■ The amount of paperwork needed for the Mass Health and Medicare application for reimbursement is a barrier to increasing vaccinations. ■ Slow response to Tdap among potential clients ■ Clients fear vaccines.
Learning	<ul style="list-style-type: none"> ■ Vaccine uptake was increased when doctors advised and referred patients.
Recommendations	<ul style="list-style-type: none"> ■ Secure funding to repair or replace freezer. ■ Work with MDPH to streamline Medicare and Mass Health paperwork. ■ Enable use of tax ID numbers instead of one person's SSAN on Medicare applications.

PLAN, DO, STUDY, ACT

PLAN (<i>the idea, a specific thing to address a specific issue</i>)	<ul style="list-style-type: none"> ■ Promote and provide Tdap /Shingles vaccines among uninsured and underinsured seniors 60 years of age and over.
DO (<i>list a specific activity "For 3 weeks we will..."</i>)	<ul style="list-style-type: none"> ■ Partner with the medical/hospital community.
STUDY (<i>Analyze what happened as a result of the activity, the "do"</i>)	<ul style="list-style-type: none"> ■ Clients are more likely to accept vaccines when vaccines are referred by medical practitioners.
ACT (<i>what you will adopt, adapt or abandon as a result of the "study"</i>)	<ul style="list-style-type: none"> ■ Work with the medical community to advise and refer clients to the BOH.

FRAMINGHAM BOARD OF HEALTH

Immunization Equity TA FY14 Case Study

Goal	<ul style="list-style-type: none"> ■ Improve vaccine uptake of recommended immunizations among eligible residents. Focus on HPV vaccine beginning in February.
Target Population	<ul style="list-style-type: none"> ■ Uninsured/underinsured residents, students ■ Predominantly Portuguese-speaking clients
Partners	<ul style="list-style-type: none"> ■ Parents ■ School Nurses
Activities	<ul style="list-style-type: none"> ■ Wrote return visit reminders on VIS. ■ Made immunization cards showing (#1, #2, or #3 finished!); also including "next one due on..." ■ Discussed VPD when offering Flu and HPV vaccines to clients.
Progress/Outcomes	<ul style="list-style-type: none"> ■ During the measles outbreak, clients were offered Flu vaccine as well, and 30% of those vaccinated with MMR accepted the flu vaccine at the same time. ■ We had great return for second, and in some cases, 3rd dose of the HPV vaccine. ■ Since the increased focus on serial vaccinations of HPV in February, we expect to see high HPV vaccination rates in August.
Challenges	<ul style="list-style-type: none"> ■ Language and cultural barriers limit understanding of the value of vaccination. ■ Limited eligibility criteria for VFC vaccines can make promotion difficult.
Learning	<ul style="list-style-type: none"> ■ Coupling recommended and required vaccines in one visit made parents feel I was not just “processing them for school entry,” but also thinking about their long-term health. ■ Adding check-off boxes on VIS’s is a helpful reminder and advances parental knowledge of the VIS. ■ When a health care provider recommends a vaccine, there is a stronger likelihood that clients will accept it.
Recommendations from mentor	<ul style="list-style-type: none"> ■ Broaden the eligibility criteria for VFC vaccines.
Recommendations for TA	<ul style="list-style-type: none"> ■ We appreciated and found useful the one-on-one calls, webinar, conference calls and, especially, learning from other Public Health nurses about their initiatives. ■ The PDSA tool and approach was very helpful.

Framingham Board of Health Immunization Equity FY14 Case Study (cont.)

PLAN, DO, STUDY, ACT

PLAN (<i>the idea, a specific thing to address a specific issue</i>)	<ul style="list-style-type: none">■ Promote, offer and provide HPV vaccines to all eligible residents, regardless of the reason for the visit.
DO (<i>list a specific activity "For 3 weeks we will..."</i>)	<ul style="list-style-type: none">■ Add check boxes with dates on the VIS as reminders for 2nd and 3rd doses.
STUDY (<i>Analyze what happened as a result of the activity, the "do"</i>)	<ul style="list-style-type: none">■ We had great return for the 2nd and, in some cases, 3rd dose of the HPV vaccine even without making phone calls.
ACT (<i>what you will adopt, adapt or abandon as a result of the "study"</i>)	<ul style="list-style-type: none">■ Offer and provide recommended vaccines, regardless of the visit.■ Offer and provide Flu vaccine at any opportunity, regardless of event focus.■ Add check boxes with dates as reminders on the VIS for all serial vaccines.■ Couple required and recommended vaccines in the same visit.■ "Every clinic visit is an opportunity to vaccinate."

PEABODY BOARD OF HEALTH

Immunization Equity TA FY14 Case Study

Goal	<ul style="list-style-type: none"> ■ Improve immunization among poorly immunizing members of the community. ■ Promote and provide shingles vaccine among seniors in Peabody.
Target Population	<ul style="list-style-type: none"> ■ Uninsured and underinsured seniors
Partners	<ul style="list-style-type: none"> ■ Council on Aging and local Portuguese churches ■ Medical providers and pharmacies
Activities	<ul style="list-style-type: none"> ■ Accepted vaccines that were not being used in neighboring towns. ■ Updated our contact lists for MD offices and pharmacies. ■ Reached out to Peabody providers asking for referrals of seniors unable to pay for vaccines. ■ Sent "ambassadors" to the local Portuguese churches to inform members of the availability of free shingles vaccine. ■ Placed an ad for the shingles vaccine in the Council on Aging Newsletter, the Housing authority Newsletter, the Electronic Billboard on Rt. 1, and on Facebook.
Outcomes	<ul style="list-style-type: none"> ■ MD offices and pharmacies are aware of Zostavax at the Health Department. ■ All available shingles vaccine was used up before it expired. ■ Currently receiving 1- 4 calls a week regarding vaccine; created a waiting list for those interested in receiving the shingles vaccine.
Challenges	<ul style="list-style-type: none"> ■ Running out of vaccine. ■ The complex Medicare system is difficult to understand and explain to seniors that have been referred to the LBOH by MD offices/pharmacies.
Learning	<ul style="list-style-type: none"> ■ Working with MD offices and pharmacies is essential to increasing access to vaccines for uninsured and underinsured seniors.
Recommendations from mentor	<ul style="list-style-type: none"> ■ Establish a revolving account to allow for purchase of small amounts of Zostavax if DPH is unable to provide more. ■ Reach out to urgent care clinics in the future. ■ A training or webinar on Medicare: what is covered and when, would be helpful.
Recommendations for TA	<ul style="list-style-type: none"> ■ The timing of this TA was great, that is, better than the busy fall.

Peabody Board of Health Immunization Equity FY14 Case Study (cont.)

PLAN, DO, STUDY, ACT

PLAN (<i>the idea, a specific thing to address a specific issue</i>)	■ Promote and provide Shingles vaccine to uninsured and underinsured seniors.
DO (<i>list a specific activity "For 3 weeks we will..."</i>)	■ Reach out to MD offices and Pharmacies to inform them of the availability of Zostavax.
STUDY (<i>Analyze what happened as a result of the activity, the "do"</i>)	■ More uninsured and underinsured seniors were referred to LBOH for their shingles vaccine.
ACT (<i>what you will adopt, adapt or abandon as a result of the "study"</i>)	■ We will continue to work with MD offices and pharmacies to promote vaccination.

RANDOLPH BOARD OF HEALTH

Immunization Equity TA FY14 Case Study

Goal	<ul style="list-style-type: none"> ■ Raise awareness and improve immunization among low immunizing members of the community.
Target Population	<ul style="list-style-type: none"> ■ Vietnamese community ■ Haitian community ■ Latino community
Partners	<ul style="list-style-type: none"> ■ Clergy Association
Activities	<ul style="list-style-type: none"> ■ Reached out to the lead Pastor of the clergy association. ■ Attended a Haitian gathering where we offered free shingles vaccine. ■ Placed signs at the BOH and at the senior center.
Progress/Outcomes	<ul style="list-style-type: none"> ■ We are more knowledgeable of our vulnerable populations. ■ We distributed all 40 doses of the shingles vaccine to appropriate residents.
Challenges	<ul style="list-style-type: none"> ■ The biggest challenge remains that there is little time for one nurse to do everything in a 30 hr. position. ■ Our language capacity is inadequate overall
Learning	<ul style="list-style-type: none"> ■ Outreach needs concentrated efforts to be effective. ■ Start with the "low-hanging fruit," such as placing signs at places where your target population lives or receives services.
Recommendations from mentor	<ul style="list-style-type: none"> ■ For our language needs, working with the World Languages Department of the school department has been an asset especially in crisis situations (outbreaks). ■ To meet our staff needs, a resource person, such as a community health worker, would be very helpful.
Recommendations for TA	<ul style="list-style-type: none"> ■ It was difficult to participate in the TA sessions due to time constraints.

PLAN, DO, STUDY, ACT (PDSA)

PLAN (<i>the idea, a specific thing to address a specific issue</i>)	<ul style="list-style-type: none"> ■ Raise awareness and improve immunization among low immunizing communities in Randolph.
DO (<i>list a specific activity "For 3 weeks we will..."</i>)	<ul style="list-style-type: none"> ■ Reach out to the lead pastor of the Clergy Association
STUDY (<i>Analyze what happened as a result of the activity, the "do"</i>)	<ul style="list-style-type: none"> ■ We are more likely to reach more of our diverse populations through the Clergy Association.
ACT (<i>what you will adopt, adapt or abandon as a result of the "study"</i>)	<ul style="list-style-type: none"> ■ Partner with the Clergy Association for all other health promotion activities.

WEBSTER BOARD OF HEALTH

Immunization Equity TA FY14 Case Study

Goal	<ul style="list-style-type: none"> Identify and reach low immunizing populations, especially young adults.
Target Population	<ul style="list-style-type: none"> Adults 18-34 People of low socioeconomic status
Partners	<ul style="list-style-type: none"> Worcester State University
Activities	<ul style="list-style-type: none"> Worked with an intern at Worcester State University to develop a community health survey. Distributed survey and immunization fact sheets at the 7-Eleven, the barber shop, Food Share, and posted the survey on the town website where people could fill it out online and it would automatically go to my e-mail.
Progress/Outcomes	<ul style="list-style-type: none"> The community health immunization surveys revealed what immunizations were needed, for what age group, and the places these groups would find it easier to access an immunization clinic.
Challenges	<ul style="list-style-type: none"> The Mass Health and Medicare reimbursement process is very complicated and tedious. It is just too much paperwork.
Learning	<ul style="list-style-type: none"> Presence at a health fair or blood drive would have broadened the reach of the community health survey.
Recommendations for TA	<ul style="list-style-type: none"> I was thrilled to have worked on this survey and will continue to improve on it to assess the community's needs. I also think it delved into a side of community needs that my interns don't usually think about or participate in.

PLAN, DO, STUDY, ACT (PDSA)

PLAN (<i>the idea, a specific thing to address a specific issue</i>)	<ul style="list-style-type: none"> Identify and reach low immunizing populations, especially those of low socioeconomic status.
DO (<i>list a specific activity "For 3 weeks we will..."</i>)	<ul style="list-style-type: none"> Develop a community health survey that includes immunization questions.
STUDY (<i>Analyze what happened as a result of the activity, the "do"</i>)	<ul style="list-style-type: none"> I learned that there is a need for immunizations in the town, which immunizations were needed, and the age groups needing them.
ACT (<i>what you will adopt, adapt or abandon as a result of the "study"</i>)	<ul style="list-style-type: none"> I began with the survey and stuck with it to help me move closer to my aim, which is finding out who in the lower socioeconomic population needs immunizations and what type of immunizations are needed.

WILBRAHAM & HAMPDEN BOARDS OF HEALTH

Immunization Equity TA FY14 Case Study

Goal	<ul style="list-style-type: none"> ■ Test and refine our emergency preparedness plan and assess our capability to mass vaccinate in case of an emergency.
Target Population	<ul style="list-style-type: none"> ■ Residents of Wilbraham and Hampden, mostly retired/live-alone seniors ■ A large transient Asian population
Partners	<ul style="list-style-type: none"> ■ Hampden-Wilbraham Medical Reserve Corps (MRC) (partnership between Wilbraham and Hampden) ■ Emergency responders (Police, firefighters, ambulance services, volunteers)
Activities	<ul style="list-style-type: none"> ■ Training in which we revisited the experience and challenges faced during the H1N1 epidemic. ■ Formulated an Emergency Dispensing Site Plan calling for the use of Minnechaug Regional High School. ■ Identified roles, engaged local chief & elected officials, clarified job descriptions and developed job action sheets. ■ Presented an overview of emergency preparedness to volunteers. ■ Deployed our working mobile food dispensing station, mobile pet shelter and a mobile shelter supply trailer.
Progress/Outcomes	<ul style="list-style-type: none"> ■ Areas within our facility have been designated to meet the physical and psychological needs of our staff and volunteers. ■ A dispensing site layout plan is in place with a clearly marked EDS flow map including triage. ■ Our facility is ADA accessible. ■ A new generator will supply refrigeration, lighting, etc. ■ Ongoing facility assessment is in place. ■ Established key areas to meet anticipated tasks and the needs of our population, such as, identifying translators within our volunteer community and capacity for manual translation (flip charts) as well as electronic translation.
Challenges	<ul style="list-style-type: none"> ■ Seniors, retired and live-alone in a place that is mainly rural ■ High-risk area for power outages from blizzards, ice storms and tornados
Learning	<ul style="list-style-type: none"> ■ As a result of combining our towns' resources, we feel better prepared to assist our population in an emergency.
Recommendations from mentor	<ul style="list-style-type: none"> ■ We hope to have ALS translation available and possibly information sheets in braille. ■ We have plans and adequate space to implement Drive-Thru vaccination.
Recommendations for TA	<ul style="list-style-type: none"> ■ The TA was great, however it was impossible to make it for conference calls, considering that I work 10 hours a week.

Wilbraham and Hampden Boards of Health FY14 Immunization Case Study (cont.)

PLAN, DO, STUDY, ACT

PLAN (<i>the idea, a specific thing to address a specific issue</i>)	■ Test and refine our emergency preparedness plan.
DO (<i>list a specific activity "For 3 weeks we will..."</i>)	■ Reach out to our partners in Hampden (police, firefighters, ambulance services and volunteers).
STUDY (<i>Analyze what happened as a result of the activity, the "do"</i>)	■ We needed a point person, or "go-to person," within our partner organizations. This would be really important during a crisis and power outages.
ACT (<i>what you will adopt, adapt or abandon as a result of the "study"</i>)	■ Maintain an updated contact list of our partners especially the "go to person" in the event of an emergency

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