

Call to Action Meeting Notes

(These notes are in addition to the “scribe’s” notes: 9/13-14/2006)

Break-Out Sessions

1. *Public Education*

A. Existing/Best Practices/New

- Use available resources (Ex: Immunization Action Coalition, -for parents: www.chop.edu/consumer/jsp/division/generic.jsp)
- Provide continuing education for day care personnel
- Obtain publicity on “new” vaccines and/or other “new” items: Use all media (radio, tv, newspapers,) as well as community resources (ex: church bulletins, *Texas Month*, etc.)
- Use other agencies/programs/services (Ex. WIC, Extension Service, United Way Education Program, Avante, schools [provide letter w/check-off list for vaccines required, send home questionnaires, provide schedule of clinic hours], coalitions, etc.)
- Provide “other” services in addition to immunizations (Ex: shot record as entry “ticket” to fairs w/incentives for parents, children)
- Discuss liability issues w/private providers
- Schedule “floating” immunization nurse
- Use community resources (ex: McDonald’s – tray liners w/immunization schedule/info)
- Use pictures/descriptions of diseases
- Provide copy of immunization record (from Imm-Trac) to parent at each vaccination. Additional copy to Health Department.

B. Problems

- Timeliness (ex: NIIW material received in mid-June)
- Imm-Trac – lack of sufficient training for ability to access all features, time, equipment)
- Care-A-Van

2. *Provider Education*

A. Existing/Best Practices/New

- Establish/perform a “routine” set-up for TVFC (posters, brochures, etc.) and review tool kit, contingency plan, etc.
- Establish a “help line” + resources (ex: hospitals/birthing center--Hep B, State of California/ Immunization Action Coalition materials, pink book (include on web site), tool kit, etc.)
- Give demonstrations, etc. on parenting, comforting. Use videos for training.
- Forward information (EpiVac, etc.)
- Provide an annual recognition banquet w/certificates of appreciation , honor per group/category: hospital, nurses, # of shots, rate of vaccination—90% or above, etc. (lunch hour --12/1:00 PM-- by county, not district, in-service training—8/12:00 on a

weekday, etc.). (Note: vaccine reps. sometimes pay for the lunch, give presentations, etc.) Use a “community building” as the site for the luncheon. Provide tangible rewards, “freebies” as incentives, the best incentive being c.m.e.s. **Can this be done statewide?** Provide a “gift basket” as a promotional item at the entrance.

- Bring an “expert, well-known” presenter – topic does not always have to be immunizations but can be related topics.
- Update the Tool Kit; check for contingency plan
- Prepare a monthly packet (It could be seasonal, e. g., flu in the Fall, etc.)
- Visit each individual provider, scheduled and non-scheduled, emphasize educational aspect and that the visit (assessment, etc.) is not punitive.
- Distribute new VIS, changes in vaccine requirements, updates, etc.
- Coordinate w/local coalitions (ex: TMA), provide information for inclusion in their individual organizational newsletters.
- Attend/present info at regularly scheduled meetings (ex: disasters, pandemics, etc.)
- Provide/arrange for ImmTrac/TWICES Training; train assistants, provide adequate advance notice.
- Check for “Plan/Procedure for Disaster” w/providers (ex: power outages)
- Ensure providers are kept up-to-date re: immunization schedule
- Promote NIIW, NIAM, etc.

B. Problems /Other

- Drop-out rate is high: too much paperwork, insufficient payment
- Need a current (updated) list of participating and non-participating (TVFC) providers, physician assistants, nurse practitioners.
- Need a list w/home addresses, not work addresses
- Provide enrollment bonus
- Provide a monthly report of compliance/non-compliance early enough to help before problems develop (ex: use TMA system)
- Prepare a schedule of activities, observances, etc. for the entire year (total calendar, ex: National Public Health Week, etc.)

3. Medical Home

A. Existing/Best Practices/New

- Educate providers re: number of vaccines that can be administered at one time, include contraindications.
- Educate parents re: Medicaid lists of providers, assist in selecting the most convenient/accessible (ex: look at zip codes)
- Invite medical care provider to participate in various events

B. Problems/Other

- Have HMO providers list hours/days of service in directory
- Co-payments are high; not all MDs are Medicaid enrolled, possibly due to inadequate reimbursement, e. g., lobby Medicaid for an increase in reimbursement
- Under insurance/no insurance: LHD may be the only option
- Provider office hours are inconvenient

- Language/cultural barriers (ensure at enrollment this is not a problem)
- **A medical home brochure is needed**
- Schedule advertising for medical home(s)
- Prepare video for medical home (could this be in a cartoon format?)
- Maximize the immunization schedule
- Provide medical/nursing/other medical care providers with continuing education credits for attending seminars, events, etc.

4. Community Collaborations

A. Existing/Best Practices/New

- Coordinate w/local community groups/businesses for special events, clinics, seminars, etc. (Ex: Rotary, HEB, Wal-Mart, etc.) (Ex: Regularly schedule specific clinics/other services on certain specific days/hours, seasons, etc.)
- Establish local partnerships w/entities involved in providing health care. (Ex: BCIC—Big Country Immunization Coalition, Abilene—w/local nursing schools, schools, Dr. Wives Association, local hospitals, etc.)
- Mayor’s Task Force: Graffiti perpetrators are required to “clean up” their graffiti, by using positive graffiti w/immunization message.

B. Problems/Other

- LHDs need income from immunizations.
- **Use the back of grocery receipts from HEB to print immunization info.**
- Develop, distribute refrigerator magnets w/info re: immunizations
- Develop, implement “stuffers” to be distributed in city pay checks, utility bills, etc.