



hot topics in practice

A Public Health Webinar Series by


Northwest Center
FOR PUBLIC HEALTH PRACTICE



Local Efforts to Improve Childhood Vaccine Access



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How familiar are you with efforts to improve childhood vaccine access in your community or region?


- A. Very familiar** – I'm actively involved in related work
- B. Somewhat familiar** – I've heard about these efforts but haven't been directly involved
- C. Not very familiar** – I know a little but would like to learn more
- D. Not familiar at all** – this is all new to me

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Setting the Stage




What the Numbers Tell Us



Voices from the Field



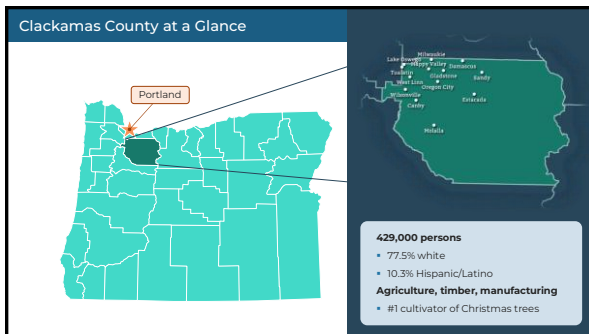
Turning Insights Into Action



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Vaccines for Children (VFC)

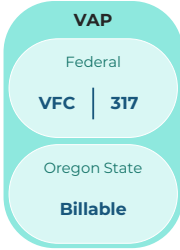
- Federal entitlement program providing no-cost immunizations to eligible children and young adults through age 18:
 - Medicaid-eligible
 - American Indian or Alaska Native
 - Uninsured
 - Underinsured (only at Federally Qualified Health Centers and Rural Health Clinics)
- Covers all recommended pediatric vaccines
- Clinics enroll in the VFC program and receive vaccine to administer to eligible patients
 - Must agree to certain requirements for billing, storage, auditing, etc.

Image source: National Library of Medicine Digital Collections
https://www.nlm.nih.gov/digitalcollections/

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Oregon's Vaccine Access Program (VAP)

- The **Vaccine Access Program (VAP)** is a state-funded program designed to improve access for people of all ages.
- Most of the vaccine administered by VAP providers is **state-supplied**:
 - Vaccines for Children (VFC)** – federally funded, for children who are eligible for Medicaid, AI/AN, or uninsured/underinsured
 - 317 program vaccines** – federally funded, for uninsured adults
 - Oregon billable vaccine** – state-funded, for insured clients not eligible for VFC or 317:
 - adults on Medicaid or Medicare
 - children and adults who are privately insured



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How the Billable Vaccine Program Works & Its Benefits

- Vaccine Access Program (VAP) clinics maintain **one state-provided stock for most vaccines**
- The VAP clinic pays the State for the cost of vaccines administered to **Billable clients** **after** the clinic receives reimbursement from insurance
- Major benefit: Clinics can stock a full vaccine supply and **reduce upfront vaccine purchasing costs**

~300 safety net clinics in Oregon participate in VAP

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VFC and VAP Over the Years: Greater Protection, Greater Complexity

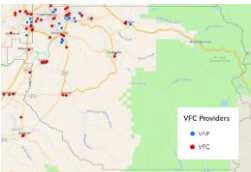
Immunization Schedule: **1995** → Immunization Schedule: **2025**

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[illegible]

VFC and VAP Provider Distribution in Clackamas County

50 clinics currently participate in the Vaccines for Children (VFC) or Vaccine Access Program (VAP), with most concentrated in the more urban northwest part of the county:



CENSUS COUNTY DIVISION	NO. OF VFC/VAC CLINICS	2020 POPULATION	RESIDENTS PER CLINIC
Beavercreek	1	7,325	7,325
Canby	6	19,991	3,332
Colton	0	5,093	N/A
Estacada	2	17,523	8,762
Malolia	2	14,534	7,257
Mount Hood	0	10,671	N/A
Mulino	0	4,997	N/A
NW Clackamas	34	276,605	8,135
Redland	0	6,431	N/A
Sandy	4	23,637	5,909
Wilsonville	1	28,036	28,036
Yoder	0	6,578	N/A
County Total	50	421,401	8,428

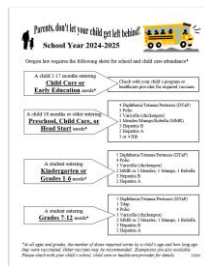
Map and data from the Oregon Immunization Program
www.oregon.gov/Health/Immunization/ID/ID%20Program/ID%20Program%20Data/ID%20Program%20Data%20Index.html

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School Immunization Law

- All 50 states and Washington D.C. require that children receive certain vaccines to attend child care and school.
 - Medical exemptions
- Oregon families can claim a non-medical exemption from these requirements for religious or philosophical reasons
 - Educational component required
- Vaccine requirements apply to all schools, public and private
- In Oregon, these requirements are enforced in February on "School Exclusion Day", a deadline by which families must have submitted documentation for all required vaccines.



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[illegible]

Additional Factors Affecting Vaccination Rates

- ✓ Vaccine hesitancy and misinformation
- ✓ Policy and funding challenges
- ✓ Staffing and workload changes
- ✓ Widening equity gaps

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What the Numbers Tell Us

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Evaluation Activities

Where are the gaps among childhood immunizations in Clackamas County?

What modifications should be considered to enhance access and health equity in the VFC program?

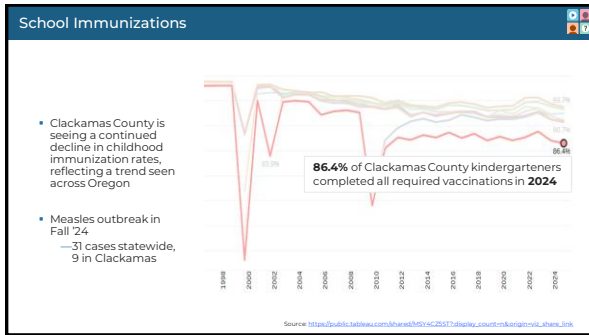
How can VFC services be integrated into Clackamas County Public Health's existing structure?

Vaccines for Children Community Assessment

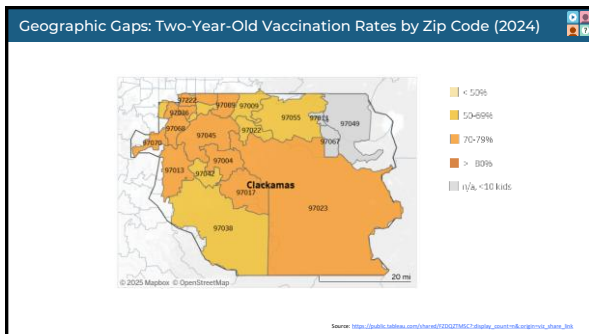
Clackamas County Public Health Department
March 2024

Northwest Center

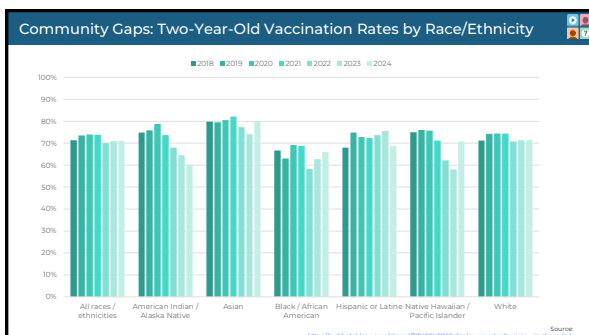
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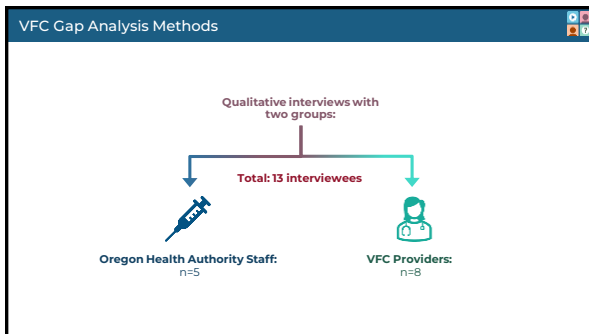
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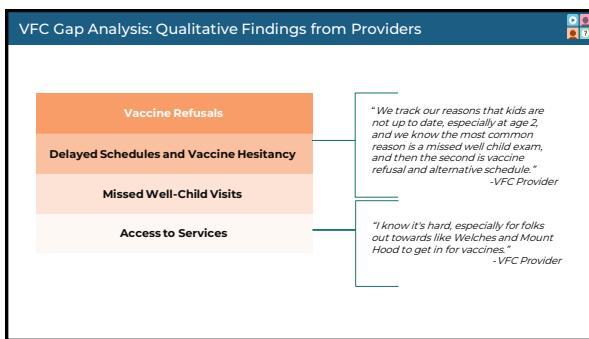
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Vaccine Hesitancy, Refusals, and Delayed Schedules

- Vaccine refusals and hesitancy have increased following the COVID-19 pandemic
- Many families choose to delay the recommended vaccine schedule or adopt a slower, more extended schedule

"I've seen probably close to a dozen patients in the last few months who [.] used to get vaccinated, and they told me, 'Since COVID I just don't trust any vaccines' and 'if I could do it again, I wouldn't vaccinate at all' or '[with] my new kid I'm not going to vaccinate at all.'"
- VFC Provider

"The Russian population, particularly, has very, very low vaccination rates. And we try really hard to convince them. They actually come in a lot for their visits, but they're not going to get vaccinated."
- VFC Provider

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Missed Visits and Access to Services

- Missed well-child appointments are a top reason for a child remaining unvaccinated
- Barriers to accessing appointments stemmed from limited hours of operation, limited transportation options, insufficient childcare, lack of internet access, and distance to care

"[There is] good indication that some number of parents who claim a non-medical exemption in Oregon do it not because they don't want their kids vaccinated but because they don't have access."
- OHA Staff

"We used to [see a surge] a lot more than we do now. I think [now it's] like a handful of kids, so it's not like our 'shot only' schedule is full. [...] It used to be a huge panic and we would get hit hard [...] I feel like now, [there are fewer] because we're doing the recall efforts to make sure they're coming in for Well Care."
- VFC Provider

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Gaps: Barriers to Private Provider Participation in VFC

- Two-Stock Model
- Purchasing Costs
- Low Reimbursement

"With [the COVID] vaccine being commercialized and the new RSV monoclonal antibody that's on the market right now, we anticipate losing more VFC providers because the cost to them will be untenable."
- OHA Staff

"I have anecdotal reasons for why those providers don't want to accept kids on Medicaid, and it has to do with lower reimbursement rates."
- OHA Staff

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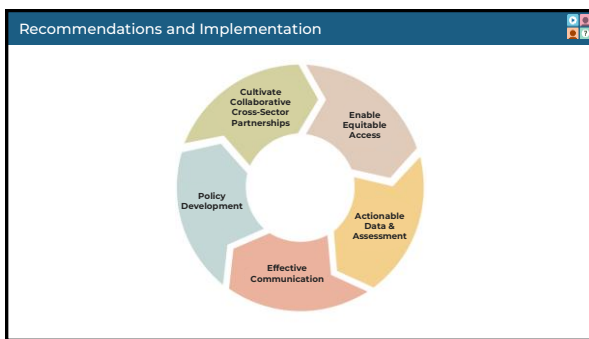
Which barrier to childhood vaccination access do you hear about most in your work?

- A. Lack of nearby providers
- B. Insurance or cost
- C. Transportation challenges
- D. Misinformation or vaccine hesitancy
- E. Other (please type in chat)

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Recommended Strategies for Consideration

Collaborative Cross-Sector Partnerships

In Action	In the Works
<ul style="list-style-type: none"> Collaborate with Community-Based Organizations (CBOs) that serve communities with low vaccination rates. Partner with schools and school district health programs to increase school exclusion awareness. Work with existing healthcare providers and community organizations to enhance services. Community Liaisons working with specific populations. 	<ul style="list-style-type: none"> Leverage Community Health workers Immunization coalitions, such as Immunize Oregon

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Recommended Strategies for Consideration

Enable Equitable Access

In Action	In the Works
<ul style="list-style-type: none"> Embed Public Health nurse within County Health Centers for immunization-focused work. Improve access to all at the County Health Centers. Maintain ongoing collaboration with Community College student nurses. Choose childhood vaccine catch-up clinic locations and times based on low vaccination rates and vaccine access. 	<ul style="list-style-type: none"> Equity work continues to expand as data, CBO participation, and barriers are reduced — Dependent on capacity, staffing, and funding

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Recommended Strategies for Consideration

Actionable Data & Assessment: Assess and Monitor Population Health

In Action	In the Works
<ul style="list-style-type: none"> Community Assessments — Rapid Community Assessment Implementing patient surveys at catch-up clinics 	<ul style="list-style-type: none"> Work to gather additional data to determine population characteristics and exclusion outcomes OHA's non-medical exemption parent survey

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Recommended Strategies for Consideration

Effective Communication

In Action	In the Works
<ul style="list-style-type: none"> Provide targeted training for healthcare providers on effective vaccine communication. Promote vaccinations to schools and families to increase vaccination rates. Improve culturally informed communication efforts toward low-vaccination immigrant and BIPOC communities. 	<ul style="list-style-type: none"> Develop a strategic communications plan for internal and external audiences. Establish long-term community connections and build trust beyond vaccine-related initiatives by engaging with community-based organizations.

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Recommended Strategies for Consideration

Policy Development: Create, Champion, and Implement Policies, Plans, and Laws

In Action	In the Works
<ul style="list-style-type: none"> Incorporate vaccination promotion within other CDPHD programs such as WIC Integrating into Clackamas County's communicable disease team. 	<ul style="list-style-type: none"> Support the State in efforts to extend the school exclusion period. Support vaccine finance modernization in Oregon.

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What's Next?



- Legislation: Oregon Senate Bill 42
 - Funding to sustain and expand Vaccine Access Program
 - April 8: referred to Joint Committee on Ways & Means
- Beyond Clackamas County
 - These problems exist across Oregon and across the country
 - Lasting effects of the COVID-19 pandemic
 - The Oregon Health Authority is looking to modernize the patchwork of existing vaccine financing programs




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Key Takeaways

- ✓ Improving childhood vaccine access is an equity concern and requires a multi-faceted approach
- ✓ Local public health efforts to improve vaccination rates are most effective in collaboration with community partners
- ✓ Low childhood vaccination uptake is multifactorial, and it can be difficult to untangle vaccine hesitancy from barriers to vaccine access
- ✓ While there are systems in place to support access to childhood vaccines, significant systemic barriers affect both families and providers
- ✓ In the current environment, immunization advocates must stay responsive to changing needs and evolving challenges.

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A Chat With Bridget and Kevin

Betty Bekemeier

Bridget Abshear


Kevin Staley

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To ask a question, please click the Q&A icon in your Zoom toolbar!



Tell us what you think about today's webinar:



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Special thanks to:


- Megan Rogers, Kelly Chadwick, Sue Grinnell, and Betty Bekemeier of the University of Washington's Northwest Center for Public Health Practice
- Kelly F. McDonald of the Oregon Immunization Program

Feel free to reach out with further questions.


Bridget Abshear
Kevin Staley

immunizations@clackamas.us

<https://www.clackamas.us/publichealth/childhood-immunizations>



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Resources & Further Reading 

Oregon School Immunization Rates
<https://public.tableau.com/app/profile/oregon.immunization.program/viz/SchoolLawTableau/Kimmunizations>

Oregon Early Childhood Immunization Rates
<https://public.tableau.com/app/profile/oregon.immunization.program/viz/OregonEarlyChildhoodImmunizationRates/StatewideDashboard>

Routine Immunizations on Schedule for Everyone (RISE) - CDC Toolkit and Resources
<https://www.cdc.gov/vaccines/php/riase/index.html>

Immunize Oregon – State Immunization Coalition
<https://www.immunizeoregon.org>

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