

TOOLKIT

SECTION 7: INCREASING VACCINE UPTAKE

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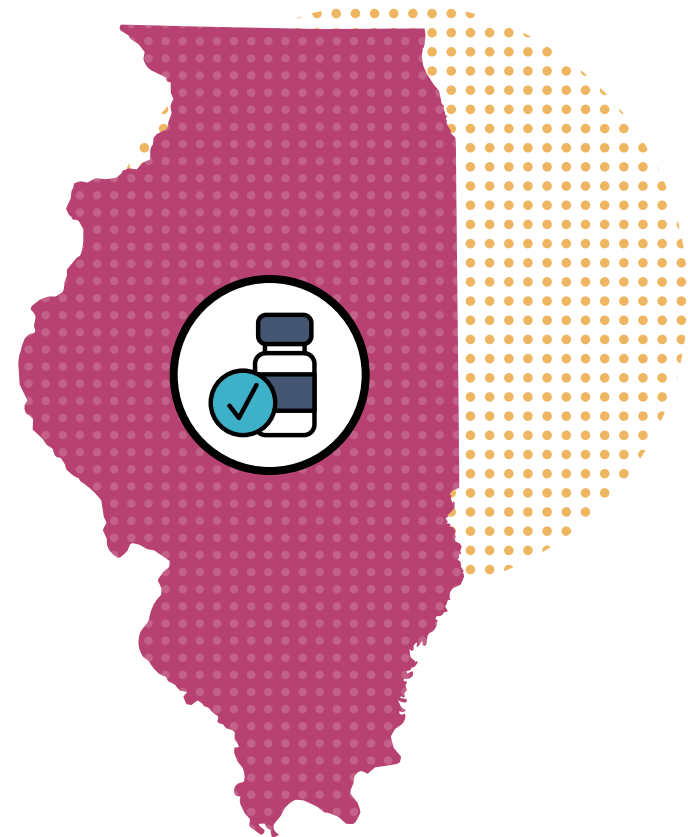
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USING DATA TO IDENTIFY UNVACCINATED PATIENTS

COVID-19 has exacerbated health inequities across populations that have been present for decades. It is more important than ever to make a conscious effort to reach disproportionately affected populations. The data sources provided in this toolkit along with other data sources can help paint a clearer picture of who in your communities remain unvaccinated or under-vaccinated which can help you define your outreach efforts.



USING YOUR EHR TO IDENTIFY DUE/OVERDUE PATIENTS

Providers can use immunization reminder and recall systems to identify and notify patients who are not up to date with their COVID-19 vaccines (recall) or due soon (reminder). I-CARE and electronic health records (EHR) can easily run reports that can be used by your practice to contact due/overdue patients. Building these practices into your patient workflows is key.

Use the following steps as a guide to create your own report:

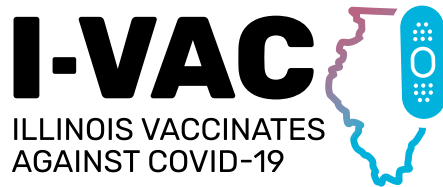
- Decide on an age range to focus on
- Run a query on I-CARE for all patients in your selected age range who are 30+ days behind on vaccination
- Run the same query in the EHR, contact your EHR vendor if you are unsure about your system's capabilities
- Pull the records for everyone who came up on each list
- Reconcile the lists and update the EHR or I-CARE with missing information
- Remove any patients from the list who have moved or gone elsewhere

Consider preferred communication methods of patients and families in your practice with the following questions:

- What percent of patients actively utilize the patient portal?
- Do patients respond to mailed reminders, or are patients/families more responsive to individual phone calls?
- Do families find text messages more convenient?

Source: [AAP: Reminder and Recall Strategies](#)

USING I-VAC DATA TO INFORM OUTREACH STRATEGIES



COVID-19 Vaccine Prioritization Project Identification Methodology:

1. Current Vaccination Rate:

- % Population fully vaccinated
- %5-11 years fully vaccinated
- %12-17 years fully vaccinated

2. Community Vulnerability:

Socioeconomic status; race/ethnicity and language; household and transportation; epidemiologic factors; healthcare system factors; high-risk environment; population density, and <18 population

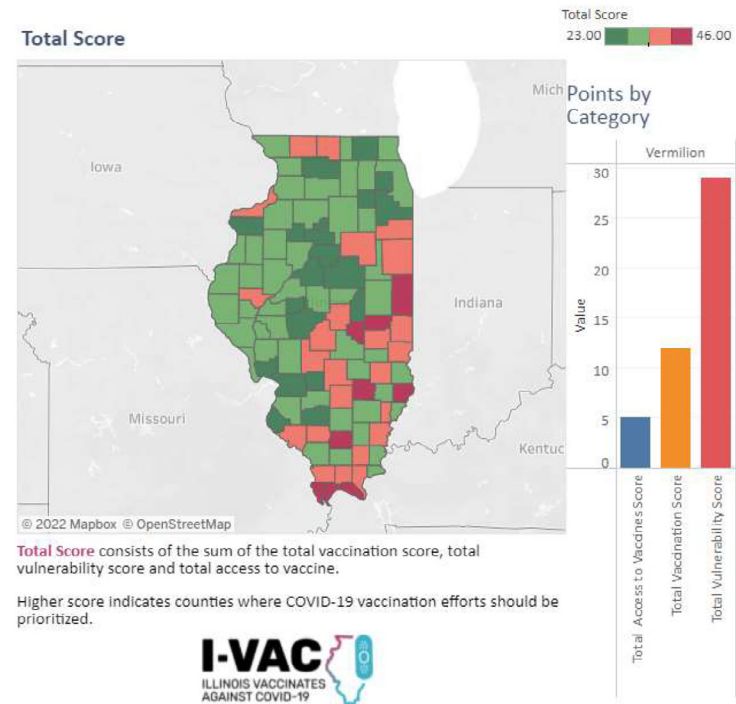
3. Access: Primary Care Physicians rate, Certified Pediatricians rate, and sites providing COVID-19 vaccines rate. Each variable was broken down into its quartiles. A score of 4 points was given to the lowest quartiles that would be high-risk and therefore, indicates required prioritization. Example: a county in the lowest quartile of % population fully vaccinated would score 4 points. A county in the highest quartile of % population fully vaccinated, would score 1 point.

USING I-VAC DATA (CONTINUED)

COVID-19 Vaccine Prioritization Project

Scores for each variable within the category were totaled. The score of each of the three categories were summed together to create a **Total COVID-19 Vaccine Prioritization Score**.

Please note: Some data may be out-of-date due to changes in COVID-19 vaccination reporting requirements. However, this data may still be a good indicator of Illinois counties that should be prioritized for COVID-19 vaccine distribution and outreach efforts.



USING CDC DATA

The CDC has a [COVID-19 Data Tracker](#) which captures very detailed information about vaccination rates across various demographic groups. This data includes test positivity, emergency department visits, hospitalizations, and deaths. The CDC COVID-19 Vaccination Tracker shows the percent of the total population who are up-to-date with COVID-19 vaccines by state. Mandatory reporting of COVID-19 data to the CDC ended with the expiration of the Public Health Emergency on May 11, 2023. As a result, some states have chosen to discontinue reporting to CDC. States and territories that did not report data or did not report data consistent with CDC requirements are grayed out. Much of the demographic and county-level COVID-19 is also no longer being updated due to the change in reporting requirements.



IDPH DATA & OTHER DATA SOURCES



IDPH Data

IDPH has developed a [data dashboard](#) that provides data on all the COVID-19 vaccines administered in Illinois. You can also drill down to county-level data and see vaccination rates across age and race/ethnicity groups. This data is updated regularly and can be used to get a daily snapshot of vaccination coverage in the communities you serve.



Other data sources: Kaiser Family Foundation

[COVID-19 Vaccine Monitor: Parents and the Pandemic](#)

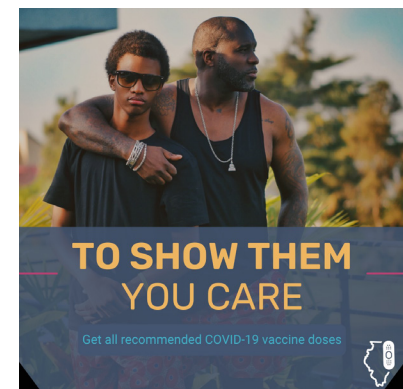
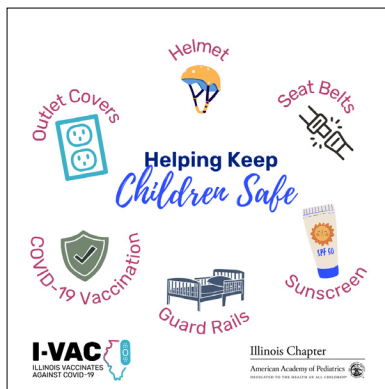
[COVID-19 Vaccine Search Insights](#)

You can use this data to compare search interest between topics related to COVID-19 vaccination and see what topics are popular or rising in popularity. The value for search interest isn't an absolute number of searches—it's a value representing relative interest which we scale to make it easier to compare regions with one another, or the same region over time. If you'd like to know more about our calculation and process, see [technical docs](#).

OUTREACH STRATEGIES

Once you have identified locations where you want to perform patient outreach, you will need to formulate a plan for communication. Effective patient outreach takes many forms. When deciding on a communication channel, consider how you currently contact your patients. Do they prefer phone calls, texts, emails, or something else? If you/your facility has a social media presence, create social media posts, or use some of the samples linked at the bottom of this page, or on the I-VAC website. Write out a communication guide with messages that everyone in the office can use when talking to someone on the phone or in-person. If you are working in a large-scale health care facility, consider dedicating a phone line for patients to call in with their questions.

Some sample messages you can put on posters or social media include:



[View Additional Outreach Materials](#)

OUTREACH STRATEGIES (CONTINUED)

In-Person Outreach Strategies

If you can perform in-person outreach, remember to meet people where they are. Go in-person to schools, community organizations, or neighborhoods in low-vaccine uptake communities to talk to residents and explore what is holding them back from getting vaccinated. Let these conversations drive how you tailor your messaging.

For example, if a common concern in your community is managing side effects from the vaccine, create a guide on what side effects patients can expect, how to manage them, and how to reach back out to you for more information.




Remember, patient outreach is a constantly evolving process, and you will have to use more than one outreach strategy to be effective.



ENGAGING COMMUNITY PARTNERS

Another great way to increase vaccine uptake and outreach efforts is by partnering with community organizations like schools, nonprofits, and local faith leaders. Building community partnerships is an important way to connect with harder-to-reach populations, such as those who are unhoused or refugee populations. Research any organizations in your community that are already doing vaccine hesitancy work and ask how you can get involved.

 **For more information,**
see the CDC's [COVID-19 Vaccination Field Guide:
12 Strategies for Your Community](#)

It is important to remember that the COVID-19 pandemic has highlighted the social and racial injustices and inequities that exist in our society. Certain groups distrust medical professionals, and this distrust has only been amplified during the pandemic. Negative experiences are unfortunately common, and many groups have historically been prevented from fair opportunities for their financial, physical, and emotional health.

A way to start rebuilding trust is to meet people where they are. Forming partnerships with community organizations or community members can aide you in better understanding the barriers that prevent certain people or groups from getting vaccinated in your community. While you are doing this outreach, make sure you are using culturally and linguistically appropriate materials.



MEDICAL MISTRUST

A person's trust in healthcare providers and systems is an important factor in vaccine uptake and should be considered when trying to increase vaccine confidence with patients. The field of medicine in the United States has a long history of racism, discrimination, and exploitation that laid the foundation for medical mistrust among communities of color today.

Structural racism in the medical community is not a thing of the past. Recent studies have shown that Black and Hispanic people are more likely to be undertreated for pain compared to White patients. In 2016, half of the White medical students and residents at a popular medical school believed false intrinsic biological differences between Black and White patients (e.g. "Black people's skin is thicker than White people's skin"). Total cumulative data show that Black, Hispanic, AIAN, and NHOPI people have experienced higher rates of COVID-19 cases and deaths than White people when data are adjusted to account for differences in age by race and ethnicity.

Redlining around communities of color, disparities in medical education, police brutality—all of these have contributed to enduring systemic and structural racism in the medical community.



It is not the burden of communities of color to seek out care from an institution that has continually discriminated against them.

Source: [KFF: COVID-19 Cases and Deaths by Race/Ethnicity: Current Data and Changes Over Time](#)

MEDICAL MISTRUST (CONTINUED)

Acknowledging medical mistrust across marginalized groups

Clinicians and institutions must acknowledge that medical mistrust is not restricted to race or ethnicity. It includes all groups that have been dismissed or exploited by the medical community, whether historically or currently. This includes, but is not limited to, the LGBTQ+ population, immigrants, people with disabilities, and many others.

As members of the healthcare community, it is our responsibility to reflect on how our biases may impact our delivery of health care services. It is imperative that we learn what we can do to ensure we are not bringing bias to conversations about vaccines with patients and we must recognize when we are. Most importantly, we must meet people where they are and empower them to make informed decisions about their health.



MEDICAL MISTRUST (CONTINUED)

Tips for Eliminating Bias and Building Trust

- Use data from your EMR or other state sources to understand your patient population and identify disparities in vaccine coverage.
- Use culturally and linguistically appropriate materials that show diverse faces and perspectives.
- Before doing any procedures with your patient, use easy-to-understand terms to explain what action you are going to take, how you will do it, and why. Be transparent about what information you are recording in your EMR about them.
- If a patient explains their mistrust as a factor in their decision to get vaccinated, do not dismiss these concerns as simply having taken place in the past.
 - Acknowledge past experiences of discrimination as valid and have an open and honest conversation on how you can help support them as their trusted healthcare provider moving forward.
- Suspend judgment and use motivational interviewing to understand your patient's mistrust in the vaccine and answer any questions you can.
- Be aware of the language you are using – ensure it is an anti-biased, inclusive language. Use the AAP [Guidance on Inclusive, Anti-biased Language](#) as a reference.

HEALTH EQUITY

Under-Resourced Communities

COVID-19 vaccine is no longer free. While in most cases it should be covered by insurance or other public programs, there are still additional costs to getting the vaccine – gas for transportation (if you have it), lost wages for time off work, childcare, etc.

Data from the Kaiser Family Foundation tells us that people from households who earn less than \$40,000 a year per household are less likely to have gotten a COVID-19 vaccine than households that earn more. There are also lower rates among younger people.

We need to think about these things when we are deciding how and where vaccines are being offered. If someone can only seek medical care once a year for whatever reason/condition, we want to ensure that there is a COVID-19 vaccine available to them at that visit.

This includes vaccine access for staff at your clinic as well.

Source: [Kaiser Family Foundation: COVID-19 Vaccine Monitor Dashboard - Equity](#)

Learn more about these important issues here:

- [The New England Journal of Medicine: How Structural Racism Works](#)
- [The Commonwealth Fund: Understanding and Ameliorating Medical Mistrust Among Black Americans](#)
- [CDC: CDC COVID-19 Response Health Equity Strategy: Accelerating Progress Towards Reducing COVID-19 Disparities and Achieving Health Equity](#)
- [The Commonwealth Fund: Confronting Racism in Healthcare](#)

ADDRESSING VACCINE HESITANCY

Vaccine confidence is the belief that vaccines work, are safe, and are part of a trustworthy medical system. Increasing vaccine confidence is one of the best ways to increase vaccine uptake. Whether in the patient room or out in the community, increasing vaccine confidence is a process of communicating with your community, understanding their hesitations, and effectively addressing them.



ADDRESSING VACCINE HESITANCY

AMONG STAFF

Your staff plays an important role in their communities by sharing vaccine information and building confidence in the vaccines. Not only is it important to educate healthcare teams about COVID-19 vaccines, development, and safety for the sake of conversing with patients, but also to provide an avenue for staff to express their own vaccine hesitancy.

Here are some strategies to assist with vaccine hesitancy among staff:

- Create a feedback mechanism for staff to express their own hesitancy and questions. This can be in the form of town halls or a dedicated vaccination contact person.
- Make it clear that your organization supports COVID-19 vaccines, and you want vaccine confidence to be a part of your office culture of creating a safe environment for patients and staff.
- Remind your staff that all healthcare personnel in a facility need to get vaccinated and use all current protective measures against spreading the virus that causes COVID-19. Not only will this ensure there is consistent messaging and practices around the vaccines, but it will also help ensure that healthcare personnel, patients, and families are protected.
- If you are instituting a mandate, be very clear in your guidelines and set a hard deadline at least a full month in advance. That way, you are giving personnel time to voice their concerns.
- Use a variety of communication channels such as meeting announcements; posters in common spaces such as breakrooms, bathrooms and hallways; email blasts; your health system intranet; and social media to share key messages about the importance of vaccination and vaccine confidence.

AMONG STAFF (CONTINUED)

Identify trusted leaders from various areas of your facility to serve as vaccine champions. Invite leaders to share with staff their personal reasons for getting vaccinated and the importance of vaccination using:

- Testimonials
- Short videos
- Email blasts
- Social media or blogs

Plan for what do when a staff person contradicts your organization's vaccine messaging and make sure this is clear and in writing. When addressing vaccine misinformation, keep your language simple and precise and stay away from using very technical terminology.



VACCINE CONFIDENCE

Set the example for your practice by being vaccinated and up to date on your COVID-19 vaccines.

ADDRESSING VACCINE HESITANCY

AMONG PATIENTS

Studies and surveys show time and again that a healthcare provider's strong recommendation around COVID-19 vaccines is one of the largest influences in a patient's decision to vaccinate. We understand these conversations around misinformation and unfounded claims can be draining, frustrating, and tiring.

These tips can help you navigate tricky vaccine conversations without feeling burnt out:

- **Use Personal Stories**

One of the best ways to start off a conversation about vaccines is by telling a personal story of the vaccine, instead of leading with numbers and statistics. This can be a story of your own experience getting the vaccine or a story of another patient like the one you are speaking with.

- **Make Vaccine Confidence Visible**

Encourage other clinicians and office staff to wear 'I Got My Vaccine!' stickers or lanyards. Consider making a photo wall of staff who got the vaccine and their reasons for doing so. Record testimonials on why healthcare personnel in your facility decided to get vaccinated and share on social media.

- **Roll with Resistance**

It's ok if a patient says they do not want to get the vaccine that day. Instead of continuing to argue, say "Ok, we can talk more about it at your next appointment".



USING MOTIVATIONAL INTERVIEWING

Motivational interviewing is an evidence-based and culturally sensitive way to speak with patients about getting vaccinated. The goal of motivational interviewing is to help people manage mixed feelings and move toward healthy behavioral change that is consistent with their values and needs.

Steps to Motivational Interviewing:

1

Embrace an Attitude of Empathy and Collaboration

Be sensitive to the cultural, linguistic, or historical circumstances that influence a person's decision to get vaccinated. Remember: arguing and debating do not work.



2

Ask Permission to Discuss Vaccines

If the patient says no, respect their decision.

Remember that you do not have to “fix” this situation right now. We also know that people are more open to future conversations if we don’t keep pushing. When we push, the natural response is that people push back. This is exhausting for all of us.

- **Option 1:** Move on and say, “I respect that, and because I care about your overall health, maybe we could talk about the vaccines at a future time.”
- **Option 2:** Based on the patient’s demonstrated emotions and your assessment of the patient’s worldview and values, you could spend several minutes curiously exploring why the patient doesn’t want to talk about it. The goal is to understand, not to change their mind.

3

Motivational Interviewing

Start the interview by asking a ranked question. For example, 'On a scale of 1-10, how likely are you to get a COVID-19 vaccine today?'. Explore both sides of their answer. For example, if a patient answers '4', you can say, "Okay, why 4? And why not a lower number?" Let them answer, and ask a follow-up question like, "What would help you move to a 5 or 6?"

The goal is to help the patient become more open to moving toward higher numbers- in other words, getting vaccinated. You want them to talk about this out loud because talking changes how they process their choices and can develop forward momentum. People that are hesitant about vaccines usually have more practice explaining why they haven't gotten vaccinated, so it's good to reverse that. Ask them to express their vaccination benefits out loud.

4

Respond to Questions About Vaccines

Answer any questions the patient might have about vaccines. If a patient asks a question about vaccine safety, vaccine risks, or their health or mental health, respond within the boundaries of your competence, ethics, and scope of practice.



REACHING SPECIAL POPULATIONS

Resources to help you reach certain populations:

Immigrant Communities

Videos created by the Protecting Immigrant Families Coalition available in 9 languages: Arabic, Chinese (Mandarin), Haitian Creole, English, French, Korean, Spanish, Tagalog, and Vietnamese.

- [These videos](#) use one person's story to assure immigrant families that getting the COVID-19 vaccine will have no consequences on immigration status or applications.
- [Social media samples](#) with captions and images.

Rural Communities

Health Resources and Services Administration – Fact Sheet on [Expanding COVID-19 Response in Rural Communities through Rural Health Clinics](#)

National Rural Health Association – [List of resources](#) for rural health providers

- Includes communication strategies and resources for rural hospitals

People with Disabilities

CDC – [Toolkit with resources](#)

- Includes resources for adults and children with disabilities

People Living in Congregate Settings

CDC – [Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities](#)

- Includes information on assessing a facility's risk, COVID-19 prevention strategies, and additional considerations

Pregnant Populations

American College of Obstetricians and Gynecologists – [Toolkit with resources](#)

- Includes infographics, flyers, and testimonials for patients who are pregnant or breastfeeding
- Also includes webinars and conversation guides for clinicians and office staff