

Provider & Community Awareness Committee Agenda

June 8th, 2020 | 12pm-1:30pm



- Welcome and Introductions.....Debbie McCune Davis
- Committee Members Update.....All
- ADHS/AIPO Update.....Dana Goodloe
 - Vaccine Update
 - COVID-19
- Doctoral Student introduction.....Dr. Gail Hock
- Flu immunization in patients with chronic mental illness.....Renai Allen
- Provider Visit/ Well Visit Campaign/AZAAP.....Anne Stafford, MA
- TIPS Discussion/Review..... Jennifer Tinney/Rebecca Nevedale
- Advocacy Update.....Debbie McCune Davis
 - a. AHCCCS/KidsCare Outreach.....Debbie McCune Davis
 - b. Activate “AZ Parents Who Protect” Facebook Group.....Laura Smith
 - c. NIAM Social Media Campaign & Outreach list.....Denise Olson
- TAPI Updates.....TAPI Staff
 - University Flu Challenge 2020
 - HPV working group
 - 10 Things parents need to know

NEXT MEETINGS:

Community Awareness Committee Meeting

July 15th

9:00am- 10:30am

Joint Provider and Community Awareness Committee Meeting

August 10th

12pm-1:30pm

Provider & Community Awareness Committee Agenda

April 13th, 2020 | 12pm-1:30pm



Welcome and Introductions.....Debbie McCune Davis

Committee Members Online: Alison Gladish (Dignity Health Immunization Clinic); Alysia Teran (Magellan); Angela Rhoades (ADHS); Angee McDaniel (Pfizer); Beth Squyres (UHC); Brandy Wells (Pfizer); Coleen Marias (Cigna Medical Group); Damien Johnson (AZ Medical Association); Dana Goodloe (ADHS); Dr. Eric Tack (AHCCCS); Felicia Butler (Merck); Jan Weigel (AOMA); Jennifer Davis (Sanofi Pasteur); Jocelyn Van Driel-Morrison (MercyCare); Joni Rodger (Sanofi Pasteur); Kelly Fine (AZ Pharmacy Association); Kelsey Spadafora (Student); Kristin Stookey (AZ Family Health Partnership); Kristina Belk (GSK); Lisa Davis (Dynavax); Marian Bigelow (Apache County Public Health); Meagan Surgenor (ADHS); Michelle Denton (Mesa Fire); Rachel Clark (Seqirus); Renee Prendergast (United Healthcare Community Plan); Robert Smith; Sandy Biggers (US/SMT); Tara Please (AZ Alliance for Community Health Center); Veronica Ojeda (Care First); Veronica Venturini (American Cancer Society)

TAPI Staff: Debbie McCune-Davis, Jennifer Tinney, Roxanne Ereth, Laura Smith, Blanca Barrera, Denise Olsen, Patty Gast; Nicholine Gilliland

Update.....All

Updates on working situations from community members:

- Dignity Health Immunization Clinic - Clinics are closed.
- Magellan – Working from home.
- ADHS Immunization Office – Working from home.
- UHC– Long term care - Working from home.
- Cigna Medical Group - Pediatric Section working in the office. Not many patients coming in. Doing in person visits and telemedicine administrative work. Office is seeing well child visits up to and including 15 months. Office is seeing babies to get vaccines and non-respiratory sick children in the office. Any kids with respiratory issues are going to 1 of 4 Cigna Urgent Care sites.
- ArMA - Working from home.
- AHDS Immunization of Program Office – Working from home.
- Merck– Working from home. Biggest question receiving is about supply. Still at supply at usual.
- MercyCare – Working from home.
- Sanofi Pasteur – Working from home.
- AZ Pharmacy Association – Working from home. Pharmacy has been rough. Adjusting to increase demand to medication. Pharmacies have some PPE and plexiglass set up. They are working hard to make sure they stay open and available for patients who need medication.

- AZ Family Health Partnership– Working from home. Business as usual.
- Apache County Public Health – Office is still open. Small clinic, business slowed down. Still doing immunizations for kids. Small enough number of children seen so they feel safe.
- Seqirus – Working from home. Business as usual.
- United Healthcare Community Plan – Working from home.
- American Cancer Society – Working from home.

TIPS:

- Remember to take a break, stand up and stretch.
- Remember to put a sticky over your camera.

*****Please review minutes and send any changes to tapiadmin@tapi.org*****

ADHS/AIPO Update.....Meagan Surgenor

Vaccine Update

- Vaccine update overview in attached packet notes
- Questions:
 - No questions at this time

COVID-19.....Dana Goodloe

Resources.....Jennifer Tinney

- Group discussion and brief updates on how to manage through COVID-19
- Digital messaging – Updated flu message and added COVID-19
- Check for daily updates on the following websites:
 - Maricopa County Department of Public Health | 602.506.6767
<https://www.maricopa.gov/5491/Healthcare-Provider-Guidance>
 - Arizona Department of Health Services | 844.542.8201
<https://www.azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/index.php#novel-coronavirus-healthcare-providers>
 - Centers for Disease Control and Prevention | 800.CDC.INFO
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>
- Discussion and updates from offices – What are you hearing?
 - Prioritizing babies – newborn up to 2 years. Asking older kids to hold off on vaccines for a short time and prioritize for younger children.
 - Those not getting vaccines during this time, please try to work on tips and ideas to keep track of kids that need to be recalled back in to receive vaccines.
 - Concerns from offices about expired vaccines.
 - It will be a little chaotic for vaccines providers when the time comes to give vaccines to those kids who have fallen behind and get them up to date.
- Email Jennifer with additional websites or resources

Advocacy Update.....Debbie McCune Davis
AHCCCS expansion/Eligibility.....Debbie McCune Davis

- AHCCCS will be officially waiving KidsCare premiums and halting disenrollment throughout the course of the COVID-19 emergency.
- Following legislation – legislators discussed a few things that concerned them.
 - 1) COVID-19
 - 2) As the economy shuts down their ability to legislate an accurate budget becomes really challenging. They put through a lean budget covering the most basic things and took a break. They implemented some distance voting so high risk people don't have to physically be present. They are on hiatus with an uncertain return date. If current situation resolves itself quickly they will go back and move some bills.
 - They will be starting over with bills beginning of next year.
- The recent COVID aid packages that passed at the federal level provide a lot of support and flexibility to states, but more is needed:
 - Congress should increase the FMAP by 10%. The previous bills increased the FMAP by 6.2%. Additional federal funding will help state Medicaid agencies better respond to the pandemic.
 - Congress should require insurance companies to cover COVID-19 treatment and related expenses, not just testing. Federal funds should also be allocated to pay for treatment for the uninsured.
 - Congress should extend stimulus payments to immigrants working and paying taxes in the US. At present, individuals who file taxes under an ITIN, rather than a Social Security number, are ineligible for stimulus payments. This means about 4.3 million adults and 3.5 million children will not receive financial assistance.
 - AHCCCS should reinstate prior quarter coverage and expand presumptive eligibility to help people get into care quickly (thank you to everyone who signed on to our letter to AHCCCS requesting they take advantage of these flexibilities!)
 - AHCCCS has been adding a number of services covered under Telehealth services. As they see a drop in a number of patient visits, Telehealth visits have increase. Hoping reimbursable services remain after this is over.
 - Join the Arizona Telemedicine Program and Southwest Telehealth Resource Center tomorrow, April 14th, at 12:00 PM to learn more about preparing your practice for telemedicine during this time of COVID-19. The AAP sent out another webinar notice today.
- Anti-vaxxers do not like Bill Gates or Dr. Anthony Fauci. Dr. Andrew Wakefield has a new documentary film out called "1986 – The Act", which is a direct attack on PhRMA. There are also a couple of articles about how COVID-19 will convert anti-vaxxers to pro-vaxxers. Anti-vax websites are stating under no circumstance will they ever get vaccinated against COVID-19.
- Questions:
 - No questions at this time

Activate "AZ Parents Who Protect" Facebook Group.....Laura Smith

- Purpose:
 - To connect health professionals and community members, and to share information from trusted sources
 - Encourage advocacy and immunizations

- Share advocacy calls to actions- registering opinions on bills relating to immunizations going through the house or senate.
- Q & A Session; Looking for volunteers to be available for a Q&A session regarding specific vaccines or general Immunization information.
- To join: <https://www.facebook.com/groups/1538234286191968/> or search Facebook for “AZ Parents Who Protect”
 - This is a private group on Facebook, so you need to request to join.

NIIW Social Media Campaign & Outreach list.....Denise Olsen

- Advocacy is about citizen involvement and not part of a particular job
- Vaccine rates affect all Arizonans
- Personal email addresses help keep you connected!
- CDC Campaign NIIW (National Infant Immunization Week) – Starts April 25th
 - <https://www.cdc.gov/vaccines/events/niiw/promotional/web-etools/social-media.html>
 - TAPI will be participating
- Questions:
 - No Questions at this time

Cloud Award and Big Shots Event.....Debbie McCune Davis

- TAPI will continue with the awards and recognition process through a virtual event on April 22nd at 5:15pm to acknowledge hard work going on in the community.
- STC is assisting TAPI with Virtual Awards using the Zoom platform and made it possible for more people to participate.
- TAPI will not have the Silent Auction, but requests members to hold onto items until August during National Immunization month. Stay tuned for updates.
- TAPI hopes you will join us for the event, email TAPI if you did not receive an invite, and feel free to share the link to register for the event.
 - [Register for Event Here](#)

TIPS Discussion/Review..... Debbie McCune Davis

- TAPI will not be traveling for TIPS trainings. Working with AZ Telemedicine to work in their format.
- Previously distributed TIPS training schedule is not going to be the active schedule.
- Beginning June 10th, TIPS trainings will alternate Wednesdays for one hour during lunch.
- Using the Telemedicine format TAPI can bring in up to 500 people for each session and will do a different topic each week.
- TAPI Strategy – to use the Wednesday in between trainings to put together GoToMeetings to do regionally for practices from specific regions to: ask questions, do follow up, and have conversations with practices to find out the particular challenges they are having.
- TAPI is in the early stages of planning and discussing topics to cover.
- Feedback?
 - Communicate with Debbie directly for further input on how to do this.
 - Members think this is an “excellent idea to make TIPS be a virtual presentation”.

TAPI Updates.....TAPI Staff

- 10 Things Project Update:
 - Currently working on 10 things for parents to know why to vaccinate and continue to build the tools.

Committee Member Updates..... All

- None at this time

NEXT MEETINGS:

Community Awareness Committee Meeting

May 20, 2020

9:00-10:30 AM

Provider Awareness Committee Meeting

June 8, 2020

12pm-1:30 PM

Substantial Decrease in Pediatric Vaccines with Surge of COVID-19

- Vaccine for Children vaccine orders and Vaccine Safety Datalink vaccine doses administered from January 6, 2020-April 19, 2020 compared to the same period in 2019 showed a notable decline in both measles-containing vaccines and non-influenza routine childhood vaccines.
- The decline in 2020 occurred a week after a national emergency was declared due to COVID-19.
- The decrease was less among children aged ≤ 24 months than among older children.
- Pediatric vaccinations are essential to avoid outbreaks of measles, whooping cough, and other vaccine-preventable diseases.

See *Morbidity and Mortality Weekly Report* (MMWR), [May 15, 2020](#).

COVID-19 Pandemic Stops Many Global Mass Vaccination Campaigns

- Mass vaccination drives in many parts of the world have been suspended so as to not put both communities and immunizers at risk of infection with COVID-19. However, this will inevitably result in an upsurge of many other infectious diseases.
- Lack of polio vaccinations will result in more children being paralyzed in countries where poliovirus is still circulating and it will likely spread to countries that are now polio-free.
- Measles cases could quickly surge following campaign suspensions since measles is incredibly contagious. See *Science*, [April 10, 2020](#).

Novel Coronavirus Vaccines

- 152 novel coronavirus vaccines are under development as of June 2, 2020.
 - See the COVID-19 Treatment and Vaccine Tracker at <https://milkeninstitute.org/covid-19-tracker>.
- Once a vaccine is available in the U.S., the Arizona Department of Health Services will be directing its distribution in Arizona.

Measles in the U.S.

- As of 5/7/2020, there have been 12 reported cases of measles in 7 jurisdictions (in 2019 there were 1,282 measles cases).
- A marked decrease in international travel has helped to slow measles spread to the U.S.
- Since measles cases are expected to increase around the world, the U.S. measles cases will likely rise, especially if vaccine hesitancy persists.

HPV Vaccine Coverage for Adolescents in Arizona Held Steady in 2019

2019	1 st Dose	Completion
F	66%	48%
M	64%	42%

Source: ASIIS data in 13-18 year olds



Provider & Community Awareness Committee

The Arizona Partnership for Immunization Welcomes You!

June 8th, 2020
12:00pm – 1:30pm

On-line participants:

- o Please place your microphone or phone on mute unless you are speaking.
- o Introductions will take place at the start of the meeting.
- o You may use the GoTo Meeting chat box to ask questions.
- o Please message the Administrator if you are having any difficulties.



Community Awareness Committee Meeting

Welcome and Introductions



Please review our last meeting's minutes and send any corrections or additions to TapiAdmin@tapi.org.

ADHS/AIPO Update & Vaccine Update

Dana Goodloe
Immunization Program Office at ADHS



ARIZONA DEPARTMENT OF HEALTH SERVICES
Health and Wellness for all Arizonans



Check for daily updates

- Arizona Department of Health Services | 844.542.8201
<https://www.azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/index.php#novel-coronavirus-healthcare-providers>
- Centers for Disease Control and Prevention | 800.CDC.INFO
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>



Dr. Gail Hock

Introduction



Renai Allen

Flu Immunization in patients With Chronic Mental Illness

Improving Preventative Health Outcomes through Influenza Education to Patients with Chronic Mental Illness



Renai Allen
Brandman University

Image Retrieved from <https://weather.com/health/cold-flu/news/2019-12-23-a-brief-history-of-the-flu-vaccine>

Background & Significance of the Problem

INFLUENZA

- ✓ Potential deadly viral syndrome present for centuries'
- ✓ Influenza & Pneumonia, 8th leading cause of death in U.S.
- ✓ Global economic burden, est. \$65 billion annually.
- ✓ Influenza vaccination available since 1940's
- ✓ Low rates of influenza vaccination for vulnerable populations.

(Heron, 2019)
(Patterson, 2012)
(Ghebrehewet, MacPherson & Ho, 2016)

Background & Significance of the Problem

Populations with chronic mental illness (CMI) and severe, persistent mental illness (SPMI)

- ✓ 1 of 5 (47.6 million) Americans with CMI
- ✓ 90% have medical co-morbidities
- ✓ 2-3 times higher rate of mortality
- ✓ 25 year less life expectancy

(NAMI, 2018)
(Lorenz, Norris, & Norton, 2013)
(Wron, Baggett, Hill & Freudenreich, 2012)

Problem Statement

Influenza is a global health concern with 25% of Americans with lowest rate of immunization, are populations with chronic, severe and persistent mental illness

PICOT Question

(P) for patients with chronic mental health disorders

(I) will receiving influenza vaccine education

(O) improve preventative health outcomes

(C) compared to the standard of care

(t) during an eight-week period?

Keywords: chronic mental illness, immunization, vaccine hesitancy, influenza education

Databases

Studies reviewed: 54, Articles supporting CSP: 33

- CINAHL,
- Medline,
- PsychINFO,
- EBSCO

Review of the Literature

- Associations between Influenza and Psychiatric Disorders
- Correlations between Lack of Knowledge and Low Immunization Rates
- ✓ Viral syndromes (H1N1) linked to neuropsychiatric disorders.
- ✓ Schizophrenia, Anxiety linked to swine flu, HIV, and Hepatitis. C.
- ✓ Upper and lower respiratory illness results in mania, grandiosity, mood changes.
- ✓ Lowest vaccination rates with populations with mental health disorders
- ✓ Vaccine hesitancy is influenced by lack of influenza illness and vaccination education
- ✓ Poor perceptions of vaccination increases fear, resulting in vaccine hesitancy

(Park, S, Kwon, J, Rhee, M, Rohann, G, 2016)
(Soren et al. 2011)
(Holtz, Engelbrecht, O'Dwyer, Behrens, 2018)
(Duan, Piao, Hoop, Ahzouf, Abit, 2020)
(Fang, Li, Cheng, Cheng, Jiang, & Sun, 2020)

Review of the Literature

- Education through Innovation
- Integrative Behavioral & Medical Healthcare Model = Reuptake of Immunization
- ✓ Cellphones a resources for homeless and underserved populations
- ✓ Mobile technology increases opportunity for immunization reuptake and reminders for appointments and medications.
- ✓ Integration of behavioral and medical health services increase engagement
- ✓ Increase opportunity to provide health prevention, immunization
- ✓ Decreases the margin of disparities among patients with mental health disorders.

(Madhankalya, Free, Salmon, Whitney, Oliver, 2017)
(Olson, Biddisburgh, Looman, and Rosenbush, 2018)
(Fryback, 2020)
(Olson, Eggert, Hill, Freudenreich, 2012)

Clinical Scholarly Project Objective

- ✓ Assess perceptions of vaccine hesitancy, in flu immunization naïve adults with CMI
- ✓ Assess the utility of a free mobile application to provide influenza education
- ✓ Determine the impact of education on decision making for immunization acceptance

Theoretical Framework

Theory of Planned Behavior

Dr. Icek Azjen



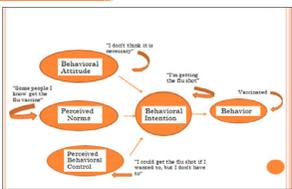
- ✓ Most widely utilized Theory explaining human behavior (1985)
- ✓ Identifies change and the intent of the behavior changes
- ✓ 3 concepts in behavior change

(Rush, 2014).
(Buhmann & Brown, 2018).

Theory of Planned Behavior

The Theory of Planned Behavior may be applied as a means to understand patients' reason for vaccine hesitancy to structure interventions which may improve preventative health care outcomes, such as immunization health.

Below demonstrates the framework of this theory as it relates to flu vaccination



Methodology

Recruitment

- ✓ Attended self-scheduled appointment in an outpatient medical clinic.
- ✓ Flyers displayed for participation.
- ✓ Inclusion criteria: adults, non-vaccination year 2018-2019; diagnosis of depression, bipolar disorder, or schizophrenia
- ✓ Consent for participation



Methodology

Intervention

- ✓ Interventional, mixed method study – 4 components
 - ✓ Center for Disease Control and Prevention, Rapid Flu Questionnaire.
 - ✓ Survey - 5 pt. Likert scale
- ✓ ReadyVax mobile application, evidenced- based.
- ✓ Final survey – helpfulness of educational intervention and intent to vaccinate.
- ✓ Post intervention vaccination status

(Centers for Disease Control and Prevention (2012). National Rapid Flu Survey Questionnaire: March 2012.) (Bednarczyk, Frew, Salmon, Whitney, Omer, 2017).

Findings

Demographics

Findings

Study Questions

- RQ 1: Was there an association between patient diagnosis and vaccine status?
- RQ 2: Was there an association between educational level and vaccine status?
- RQ 3: Was there association of whether the educational intervention was helpful and vaccine status?
- RQ 4: Was there a difference between participants' perceptions of influenza vaccination and vaccine status?

Methodology

Data Analysis

Perceptions of influenza (pre-intervention) M = 4.0

Table 1
Descriptive Statistics for the Likert Scale Ratings Based on Highest Agreement

Statement	M	SD
Health care providers did not recommend the vaccine	4.00	0.00
Fear of injections	3.44	0.53
Vaccines will make my mental health condition worse	3.11	1.05
Flu vaccine prevents the flu	2.78	0.97
I will get the flu from the vaccine	2.67	1.00

Note: N = 9.
Note: Ratings based on a five-point metric: 1 = Strongly disagree to 5 = Strongly agree.

Methodology

Data Analysis

Change in decision-making (post intervention)

Table 2
Fisher's Exact Test for Selected Variables with Vaccine Status

Variable	Category	No Vaccine		Had Vaccine	
		n	%	n	%
Diagnosis*	MDD	0	0.0	1	100.0
	MDD	0	0.0	2	20.0
	High school	1	10.0	2	20.0
Information helpful*	No	2	100.0	0	0.0
	Yes	4	100.0	3	60.0
Plan to receive the vaccine*	No	0	0.0	0	0.0
	Yes	0	0.0	3	100.0
Age Category*	20-35 years	3	75.0	1	25.0
	36-50 years	0	0.0	2	100.0

Note: N = 9.
* Fisher's Exact Test (p = .33), * Fisher's Exact Test (p = .23), * Fisher's Exact Test (p = .50), * Fisher's Exact Test (p = .01), * Fisher's Exact Test (p = 1.00), (p = < .05)

Methodology

Data Analysis

Perceptions of influenza and vaccination status (post-intervention)

Table 3
Fisher's Exact Test for Likert Items with Vaccine Status

Statement	Score	n	SE	SD	z	p
Flu vaccine prevents the flu	3	4	0.50	0.84	1.16	.25
	4	5	0.58	1.15	1.41	.16
I will get the flu from the vaccine	3	4	0.50	1.10	0.45	.66
	4	5	0.58	0.58	0.65	.52
Fear of injections	3	4	0.50	0.55	3.84	.05
	4	5	0.58	0.58	3.33	.001
Vaccines will make my mental health condition worse	3	4	0.67	0.82	3.84	.05
	4	5	0.75	0.60	3.33	.001
Health care providers did not recommend the vaccine	3	4	0.50	0.00	0.00	1.00
	4	5	0.00	0.00	0.00	0.00

Note: N = 9, N = 200. Ratings based on a Likert five-point metric: 1 = Strongly disagree to 5 = Strongly agree. (p = .05, p < .05)

Implications

and...
Clinical Significance

- ✓ 77% of participants believed the educational intervention was helpful
- ✓ 100% of those who planned to vaccinate, post intervention, received the influenza vaccination*
- ✓ Participants who reported an agreement to the statement, "Vaccines will make their mental health condition worse", did not vaccinate.
- ✓ 100% of participants did not receive recommendations from a HCP in the past**

*[Icek Ajzen's Theory of Planned Behavior]

**[Lorenz, et al. 2013]

Limitations

- ✓ Small sample size
- ✓ Site of project – medical vs. mental health outpatient clinic
- ✓ Consent process cumbersome
- ✓ Short study time frame

Sustainability

- ✓ Streamline the consent process – patient centered
- ✓ Reimbursement for mental health clinic for immunization health
- ✓ Integration of mental and medical health services

Learning points

- ✓ Provisions for influenza vaccination in behavioral health (BH) settings as well as integrated primary care.
- ✓ Ensure reimbursement for BH clinics for vaccine health administration
- ✓ Streamline consent process – simplify
- ✓ Use of mobile application for education did not have utility for this group.

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**Thank you.
Questions?**

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Improving Preventative Health Outcomes through Influenza Education to Patients with Chronic Mental Illness

April, 2020



Anne Stafford, AzAAP

Back to the Office Campaign

well child visits during the **COVID-19 PANDEMIC**

Staying home keeps you and your children safe, but well child care and immunizations during the first 24 months of life are essential to long-term health.

Adapting to Unprecedented Times
 Physicians are making adjustments to usual clinic operations to best serve you.

- Telehealth when possible
- Forms, surveys and payments handled virtually when possible
- Specific hours and rooms used for well visits and sick visits

Vaccinations

- Postponing immunization visits could increase your child's risk for whooping cough, measles and other vaccine preventable diseases
- According to CDC guidelines, physicians should prioritize newborn care and vaccination of infants and young children (up to 24 months of age)

Check with your child's pediatrician to see how they are keeping patients safe & healthy.

DISTRIBUTED BY


Even during social distancing, children need checkups!

Well child visits and routine immunizations are important, especially now. Children keep growing and it's important that they stay on track with checkups and vaccinations.

Contact your child's pediatrician to learn more about available checkup options!

DISTRIBUTED BY




How to prepare for a video visit with the pediatrician
Have your child with you!
 Other things to have ready:

Your child's weight & temperature

A list of specialists your child sees

Your pharmacy info

Medicines your child takes

Don't forget to test your camera and microphone before the visit. Log in a few minutes early.

DISTRIBUTED BY




Stay on track with vaccinations!

Washing your hands and social distancing help prevent COVID-19 just like routine immunizations help prevent many other dangerous illnesses.

Contact your child's pediatrician to learn more about available vaccination options.

DISTRIBUTED BY





The Time is NOW!

Immunizations are key to maintaining children's health. If your child is due for a routine vaccination, **DON'T WAIT!**

Contact your child's pediatrician now to schedule your child's appointment!



DISTRIBUTED BY 

Well child care is important, even during a pandemic.

Wash your hands often and contact your child's pediatrician to discuss regular well child visit options.



DISTRIBUTED BY 

We are here FOR YOU!





By Phone



Telehealth



In Person

Call your child's pediatrician today to learn about what options are available for well child visits and vaccinations.

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Jennifer Tinney Rebecca Nevedale

2020 TIPS Training



2020 TIPS Training Discussion Virtual

TAPI TIPS VIRTUAL VACCINE CONVERSATIONS
Training for Immunization Practice Strategies (I.I.P.S.)

REGISTER NOW!



Training on Immunization Practice Strategies (I.I.P.S.) is a series of 5 sessions for medical assistants and vaccine coordinators. I.I.P.S. is a partnership with the Arizona Immunization Program to offer this series over the summer.

Session #1 - Wednesday, June 10th, 12:00-1:00 PM*
Why Vaccines are Important and Protecting Herd Immunity

Session #2 - Wednesday, June 24th, 12:00-1:00 PM
Vaccine Basics and Understanding the ACIP Schedule

Session #3 - Wednesday, July 8th, 12:00-1:00 PM
Protecting the Child Care and Preparing for Patients

Session #4 - Wednesday, July 22nd, 12:00-1:00 PM
Empowering Patients and Administering Vaccines

Session #5 - Wednesday, August 5th, 12:00-1:00 PM
Best Practices for Immunization Delivery in Arizona

*Times in AZ Time

REGISTER NOW!

You must register for each session individually.

For more information visit www.tapi.org or call (520) 298-7558





Debbie McCune Davis Executive Director TAPI

Advocacy Update



Debbie McCune Davis
Executive Director
TAPI

Advocacy Update



Advocacy Update



https://www.cnn.com/2020/04/23/us/as-nurse-coronavirus-rally-trnd/index.html?hpid=hp_hp-top-table-main-coronavirus-rally_96pm5sk1DOkC8dsuuwUxtpgf4GgY9MaHJHf885kwg



Advocacy



<https://www.forbes.com/sites/tarahaelle/2020/05/08/why-its-important-to-push-back-on-plandemic-and-how-to-do-it/#24aea8de5fa3>



Advocacy Update

What we are learning from COVID-19 about being prepared for a public health emergency



Trust for America's Health



Advocacy Update



Anti-Vaccine Group Protests Colorado Bill That Would Make It Tougher To Opt Out Of Immunizations



Laura Smith
TAPI

Parents Who Protect



Pro-Child
Pro-Family
Pro-Vaccine



Arizona
Parents Who Protect

“AZ Parents Who Protect” Facebook Group

Purpose:

- To connect health professionals and community members, and to share information from trusted sources
- Encourage advocacy and immunizations
- Share advocacy calls to actions- registering opinions on bills relating to immunizations going through the house or senate.
- Great place to find resources to share- “Plandemic”, contact tracing, COVID information.



Please join, add your friends and family, and post to the page!

- To join: <https://www.facebook.com/groups/1538234286191968/> or search Facebook for “AZ Parents Who Protect”




Denise Olson
TAPI

National Immunization Month



Four Weeks of Messages




Begins August 1!





Be Sure to Follow TAPI's Social Media and Share!

Too see all the great content from the CDC: Provider focused, Parent Focused and Images for all Social Media Platforms

<https://www.cdc.gov/vaccines/events/niam/index.html>



Speaking Of Social Media...



We'd love to hear how TAPI has helped you and how long you've been involved. Help us change the narrative and show how TAPI is fighting for the community!

TAPI TIPS VIRTUAL VACCINE CONVERSATIONS

Training on Immunization
Practice Strategies (T.I.P.S.)

REGISTER
NOW!



Training on Immunization Practice Strategies (T.I.P.S.) is a series of 5 sessions **for medical assistants and vaccine coordinators**. TAPI is proud to partner with the Arizona Telemedicine Program to offer this series over the summer.

Plan to attend each session to be eligible for a **FREE PRIZE!**

Session #1 – Wednesday, June 10th, 12:00-1:00 PM*

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Best Practices for Immunization Delivery in Arizona

*Shown in AZ Time

REGISTER NOW! ➔

You must register for each session individually.



For more information, visit www.WhyImmunize.org
or call 602.288.7568

What we are learning from COVID-19 about being prepared for a public health emergency

LESSONS WE ALREADY KNEW

The novel coronavirus, SARS-CoV-2, the virus that causes COVID-19, emerged in late 2019 and swiftly brought about the worst global public health emergency in a century, inflicting an extraordinary toll on the lives, livelihoods, and well-being of people across the globe. Governments everywhere are now racing to protect their people and contain the damage.

As unimaginable as the crisis feels, it was commonly predicted by infectious disease experts.¹ Indeed, two years ago, the Centers for Disease Control and Prevention (CDC) posed the critical question in a symposium on the 1918 influenza pandemic: “100 Years Since 1918: Are We Ready for the Next Pandemic?”² The presentation prophetically warned of disruptions in medical supplies and services, inadequate ventilator access, high economic costs, and a lengthy vaccine development process.

Eventually, this pandemic will be behind us, and there will surely be examinations of the strengths and weaknesses of the world’s response, including in the United States, and how we can be better prepared for the next pandemic emergency. But public health experts already knew much of what needs to be done long before the outbreak began. The COVID-19 crisis has illuminated the critical need for federal, state, local, tribal, and territorial leaders to take steps to shore up the nation’s preparedness for the long term, even as the current response is ongoing.

This issue brief lays out four major issue areas that need attention: funding and coordination, medical countermeasures, healthcare readiness, and equity and resilience.

This issue brief summarizes themes and recommendations covered in greater depth in two recent Trust for America’s Health (TFAH) reports: *Ready or Not: Protecting the Public’s Health from Diseases, Disasters and Bioterrorism* and *The Impact of Chronic Underfunding on America’s Public Health System: Trends, Risks and Recommendations*, 2020 as well as work by TFAH’s Promoting Health and Cost Control in States (PHACCS) initiative.

FUNDING AND COORDINATION

The COVID-19 pandemic has exposed the impact of chronic underfunding of America's public health and emergency preparedness systems. Only five states have over 50 percent of their population served by a comprehensive public health system, leaving 45 states in which less than half of their residents are served by a comprehensive system.³ Furthermore, more than 56,000 local public health jobs were eliminated between 2008 and 2017 — nearly one quarter of the workforce.⁴ This underfunding has real consequences, as health departments struggle to respond to the biggest public health crisis in a century with archaic technologies and inadequate staffing levels. Building and maintaining a public health system, one capable of effectively protecting and promoting health across the country, requires a significant increase in funding above recent levels, a wise investment considering the much larger costs (in lives, dollars and economic disruption) of responding to uncontrolled epidemics, chronic diseases, environmental dangers, and other crises.

The Public Health Leadership Forum, a group of the nation's top public health thought leaders and practitioners, has called for increasing annual funding by \$4.5 billion⁵ for public health infrastructure in state, territorial, tribal and local public health agencies. Funding increases of this size are necessary to ensure every community is served by a comprehensive public health agency and to enable these agencies to better carry out essential tasks, including disease surveillance and emergency preparedness.

Two federal programs, in particular, play critical roles in preparing the country for disasters: the Public Health Emergency Preparedness (PHEP) program, administered by the CDC, and the Hospital Preparedness Program (HPP), administered by the Office of the Assistant Secretary for Preparedness and Response (ASPR) at the U.S. Department of Health and Human Services (HHS). Both are seriously underfunded. Through grants, the PHEP program is a primary way in which the federal government works with state, territorial and local public health departments to prepare for and respond to emergencies. Created after the terrorist attacks of 2001, the program has seen its funding fall by nearly a third since Fiscal Year 2002 — and nearly one half, adjusting for inflation.⁶ The HPP provides funding and technical assistance to states and territories to help them prepare their hospitals and healthcare systems for disasters. Its funding has fallen by half since FY2003 and over 60 percent when accounting for inflation. The impact of these cuts can be seen throughout the COVID-19 pandemic, as health departments try to track the disease with out-of-date surveillance systems, and hospitals in disease “hot spots” quickly became overwhelmed.

Even as we work to improve public health agencies' baseline readiness, they must also have timely access to additional funding to ramp up operations when emergencies strike without the delays that may accompany congressional deliberations. Two federal programs facilitate this pipeline: the Public Health Emergency Fund and the Infectious Disease Rapid Response Reserve Fund, from which the Secretary of Health and Human Services was able to quickly utilize \$105 million⁷ in the early days of the COVID-19 response. Going forward, these funds should be replenished with new money to maintain balances of at least \$2 billion.

Finally, as the world responds to and recovers from COVID-19, the U.S. should play an active leadership role, including global health security programs at the CDC, the World Health Organization, and the U.S. Agency for International Development, to be a global partner with other countries and to help develop the core health security capacity of other nations. Investing in global health security will help protect Americans by fighting outbreaks where they begin thereby reducing the likelihood of spread to other countries including the U.S.

Funding and Coordination Recommendations:

- Congress should increase annual funding for state, local, tribal, and territorial infrastructure by \$4.5 billion to ensure every community is protected by core components of a comprehensive public health system.
- At least \$ 2 billion should be kept in the Infectious Disease Rapid Response Reserve Fund at all times to enable faster responses to future infectious disease outbreaks.

- The Public Health Emergency Preparedness (PHEP) program should receive annual funding of at least \$824 million and the Hospital Preparedness Program (HPP) should receive at least \$474 million in annual funding to rebuild these programs going forward.
- The White House should create a health security directorate, including senior advisors to the President with public health expertise to advise on health security issues and oversee the national biodefense strategy and interagency responses.
- The White House should ensure senior advisors to the President have a strong background in public health and/or biodefense and that senior-level interagency cooperation is progressing before, during, and after public health emergencies, including through regular meetings of the Biodefense Steering Committee and Biodefense Coordination Team. The White House, HHS, CDC ASPR, Department of Homeland Security, Federal Emergency Management Administration and the Food and Drug Administration should work together to clarify roles and responsibilities to improve the nation's emergency preparedness and response capacity.
- Science needs to govern the nation's COVID-19 response, led by federal public health experts — including leadership at CDC and the National Institutes of Health. Policy decisions from the federal to the local level should be based on the best available science.

MEDICAL COUNTERMEASURES

The COVID-19 pandemic has made crystal clear the importance of a well-resourced and well-run medical countermeasure enterprise. A robust medical countermeasures program consists of the research, development, stockpiling and distribution of medical supplies, drugs, devices, vaccines and other products for use in emergencies. The U.S. must have the surge capacity to be able to facilitate the rapid development and procurement of diagnostic tests and personal protective equipment (e.g., gloves, respirators, goggles, face shields, and gowns), therapeutics, and vaccines—and then distribute them strategically and equitably.

Sustained, long-term funding must be made available to support the Public Health Emergency Medical Countermeasures Enterprise, including greater funding for the Biomedical Advanced Research and Development Authority (BARDA), the Strategic National Stockpile (SNS), and the nation's vaccine infrastructure. Together, these programs help build the pipeline of countermeasures for health security purposes. The Stockpile must be sufficiently equipped to operate when global supply chains are disrupted and just-in-time delivery schedules that work well in normal times cease to function adequately. The shortages of supplies from the SNS during the COVID-19 outbreak are in part due to long-term underfunding of the program.⁸ Private sector manufacturing surge capacity should be incorporated into proactive public sector planning.

Much work needs to be done to foster better coordination between federal, state, local, tribal and territorial governments, as well as with private sector suppliers and healthcare providers. To prevent states from competing with one another to procure vital supplies amid a global emergency, federal agencies must be prepared to proactively assess, and project states' needs and then leverage their superior purchasing power and logistical capabilities to efficiently deliver needed tools and prevent shortages that cost lives.

Medical Countermeasures Recommendations:

- The federal government should provide significant and long-term funding for the entire medical countermeasures enterprise including research, manufacturing, procurement, and distribution.
- Congress should invest now in shoring up the systems that will be leveraged for distribution and dispensing of a potential COVID-19 vaccine, including immunization information systems, reporting and surveillance structures, training, outreach and education, and ultimately, distribution.
- The federal government should coordinate between states and supply chain partners to provide situational awareness on needs and supplies during an emergency and offer the option of using the federal government's buying power to procure supplies and distribute them to states, if needed.

HEALTHCARE READINESS

In a pandemic, particularly one in which a significant number of people who become infected require hospitalization, a top-level concern is healthcare capacity. As we have seen with COVID-19, it is essential that health care systems not become overwhelmed, that healthcare workers and patients are protected from infection, and that health care systems can continue to provide essential non-COVID-19 care.

When care facilities become overwhelmed, providers are stretched thin and at greater risk of infection, patients perish who could have been saved and chronic health conditions become acute or fatal due to lack of care. Ensuring that an area's healthcare system can manage its influx of patients is an essential part of limiting transmission and keeping case fatality rates as low as possible. This requires coordination across the healthcare system to ensure an adequate supply of staff; hospital beds, including intensive care beds; personal protective equipment; medicines; and, ventilators. While preparedness standards exist for individual facilities through the Centers for Medicare and Medicaid Services (CMS)⁹ and The Joint Commission, systemwide readiness requires external coordination and planning.

Healthcare Readiness Recommendations

- In addition to increasing funding for the Hospital Preparedness Program to promote cooperation between competing healthcare entities and public health, Congress and CMS, in coordination with ASPR, should provide payment incentives and reward facilities that maintain specialized disaster care capabilities.
- Congress and HHS should work to build surge capacity across the system by establishing an external regulatory body to set, validate, and enforce standards for healthcare facility readiness, stratified by facility type, with authority to impose financial penalties.
- States should engage healthcare providers, supply chain leaders and coalitions in emergency planning efforts. Local health care systems and public health leaders should coordinate through healthcare coalitions or other mechanisms to improve situational awareness and enable strategic movement of patients, personnel, and supplies. In addition, states should review credentialing standards to ensure facilities are able and ready to receive providers from other states during a surge response. States should adopt policies that promote readiness and surge capacity, such as the Nurse Licensure Compact and the Interstate Medical License Compact.

EQUITY AND RESILIENCE

The impact that COVID-19 has on a community depends in part on the underlying health and socio-economic status of its people, two markers that tend to be correlated. While anyone can be at risk for infection from the novel coronavirus, COVID-19 has had a disproportionate impact on communities of color and low-income communities, where factors such as structural inequities, limited economic opportunity and substandard housing have contributed to underlying health, social and economic disparities that put these communities at higher risk for infection and severe outcomes.¹⁰ People with chronic lung disease, diabetes, heart disease, and severe obesity, among other characteristics — all of which are correlated with socioeconomic factors — are at particular risk for severe health impact if infected.¹¹ In addition, people of color and lower income Americans have also been disproportionately designated as essential workers during the pandemic, with fewer job protections, placing them at increased risk for COVID-19 exposure.¹²

These realities illustrate that a vital element of preparedness—and a key defense against any epidemic—is investing in programs that prevent chronic illness and promote health equity. Therefore, efforts to address social determinants of health; reduce health disparities; and improve economic conditions, housing and education—to name a few, need to be part of the efforts to make our country more resilient in the face of a disease outbreak.

A major challenge highlighted by the COVID-19 crisis is inadequate collection and reporting of data on the degree to which different population groups are being affected during a disease outbreak. Although early data showed disproportionate rates of hospitalization and death among African-American,¹³ Latino¹⁴ and American Indian¹⁵ populations, racial and ethnic data was missing in most cases reported to CDC as of April 30.¹⁶ HHS, states, healthcare providers and facilities, and public health officials must identify and address barriers to the collection, analysis and regular reporting of detailed demographic data on individuals with COVID-19 in order to equitably respond to this crisis. Without timely data, our public health system cannot effectively understand the pandemic, focus the response on communities most in need, and address the national emergency.

To help control the spread of infection, especially during a pandemic, it is important that people who are feeling ill be able to limit their exposure to others, including to co-workers. Paid sick leave policies allow employees to take time off from work to recover from illness, visit a health care provider, or care for a family member, without fear of lost wages or termination. Without these protections, workers are more likely to come to work when they are sick,¹⁷ endangering others and delaying or forgoing medical care. During the H1N1 pandemic of 2009, up to an estimated 7 million individuals were infected as a result of contagious co-workers not staying home from work when ill.¹⁸ Further exacerbating employee pressure to report to work is the fact that only three out of every 10 American adults have emergency savings that they could tap if forced to stay home without paid leave.¹⁹

Equity and Resilience Recommendations

- The collection and regular public reporting of demographic data by race, ethnicity, sex, gender identity, age, primary language, socioeconomic status, disability status, county, and other demographic information of cases, hospitalizations, and deaths is essential during all health emergencies. This disaggregated data is vital to identifying impacted areas and partnering with communities on outreach, prevention, and access to care. Congress should provide additional resources to fully modernize public health data surveillance including, enabling electronic case reporting to state health agencies, education of providers on data collection and reporting, and reduction of duplicate reporting systems to the federal government.
- Congress and the President should provide new and ongoing public health and prevention-focused funding to community-based organizations working in and representative of populations disproportionately impacted by COVID-19, especially in low-income communities and communities of color.
- Congress and the President should enact a federal law to allow workers to earn at least seven days of job-protected paid sick days per year; during a public health emergency more may be necessary. In the absence of congressional action, states and localities should enact laws to provide paid sick days to their employed residents.
- The Federal government should ensure access to affordable, high quality and comprehensive healthcare for all Americans, including access to COVID-19 testing, treatment and vaccines.
- Government at all levels should target funding for programs that address the social determinants of health. Congress should fund CDC and health departments to address social determinants through cross-sector collaboration, policy change, and creating community-clinical linkages. Federal agencies should also strengthen and expand programs that create and preserve affordable housing, improve access to nutrition, expand access to quality education, provide job training opportunities and improve transportation systems — all factors that improve the conditions in people's lives that impact their health and make communities more resilient during an emergency.

Conclusion:

FUNDING, COORDINATION AND VIGILANCE ARE ALL CRITICAL COMPONENTS OF NATIONAL READINESS

The COVID-19 pandemic is a defining event that will shape the lives of billions of people. After the current threat is controlled, it is inevitable that the country's leaders will awake sometime in the future to early reports of another emerging public health emergency somewhere in the world. It could be weather-related, a terrorist act, or a mysterious disease outbreak.

Will we have learned from the COVID-19 pandemic and be better prepared to prevent or mitigate the impact? That is the question we must grapple with even while still in the midst of the current crisis.

The COVID-19 crisis must teach us the indelible lesson that preparing for what will inevitably happen is essential, and that core public health capacities and resources must be adequately funded. We must organize our federal government to treat pandemics and other global health emergencies as top-level threats necessitating constant monitoring and preparation—just as we do with wars. This will require a whole-of-government focus and prioritization.

When a crisis emerges, every hour carries extraordinarily high stakes measured by the preservation of lives and livelihoods. We must be prepared.

Endnotes

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2020 Calendar



JANUARY						
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Community Awareness Committee

TAPI
700 E Jefferson, Suite 100/GoTo Meeting
Wednesday 9:00 AM - 10:30 AM

Joint meeting with Provider June, Aug, Oct, Dec 12 PM - 1:30

Provider Education Committee

TAPI
700 E Jefferson, Suite 100/GoTo Meeting
Monday 12:00 PM - 1:30 PM

Steering Committee

Invitation only
Wednesday 12:00 PM - 1:30 PM

Events

TIPS TeleHealth Trainings June 10th & 24th,
July 8th & 22nd, Aug 5th

10 Things Parents Need to Know about
Immunizations Telehealth Training Sept 9th

National Immz Awareness Month-Aug
Children's Health Month-Oct
Influenza Immunization Week-Dec

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