Marathon County Board of Health

Tuesday, July 13, 2021 at 7:45 AM **Meeting Location: 1000 Lake View Drive, Suite 100 Wausau, WI 54403**

The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, Marathon County encourages Board of Health members and the public to attend this meeting remotely. To this end, instead of attendance in person, Board of Health members and the public may attend this meeting by telephone conference. If Board of Health members or members of the public cannot attend remotely, Marathon County requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees. Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number. When you enter the telephone conference, put your phone on mute.

Dial +1 312 626 6799 US (Chicago)
Meeting ID: 851 2896 1112
Password: 882227

Committee Members: John Robinson, Chair; Craig McEwen, Vice-Chair; Kue Her, Secretary; Sandi Cihlar; Dean Danner; Tiffany Lee; Corrie Norrbom

Marathon County Mission Statement: Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)

Marathon County Health Department Mission Statement: To advance a healthy Marathon County community by preventing disease, promoting health, and protecting the public from environmental hazards. (Last updated: 5-7-13)

1. Call to Order

2. Public Comment Period

3. Approval of the Minutes of the June 8, 2021 Board of Health Meeting

4. Operational Functions Required by Statute, Ordinance, or Resolution
- A. None

5. Policy Discussion and Possible Action
- A. Update on the Wisconsin 2021-23 Biennial Budget and public health priorities
- B. Policy updates from the Wisconsin Association of Local Health Departments and Boards (WALHDAB) and WI Department of Health Services (standing agenda item)
    - i. WPHA/WALHDAB 2021-22 Wisconsin Bill Tracking
- C. Update on the COVID-19 pandemic response efforts at a local and state level
    - i. Vaccine hesitancy and implications in achieving Wisconsin's 80% vaccination goal by the end of 2021

ii. Other

D. Report from the Health & Human Services Committee June 30 meeting on policy issues impacting public health – Cancelled

6. Educational Presentations/Outcome Monitoring Reports

A. Update on actions being taken to address human health hazards identified at the Northern Mobile Home Park

B. Overview of the Health Department Denison Organizational Culture Survey findings (as time permits)

C. Update on staffing

7. Announcements

8. Policy Discussion and Possible Action (resume 8:30 AM)

A. Determine "indicators" for the Community Health Priority Substance Misuse

9. Next Meeting Date & Time, Location, Future Agenda Items:

A. Confirm August 10, 2021 meeting date and determine agenda topics

i. Update on Marathon County Start Right program evaluation

ii. Healthy Marathon County to join for the second half of the meeting to define "results" for the Community Health Priority Mental Health

10. Adjourn

FAXED TO: Daily Herald, City Pages, Marshfield News, Mid-West Radio Group

Date _____ Time_____

By _____

Signed_____

THIS NOTICE POSTED AT THE COURTHOUSE

Date_____ Time_____

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.

Marathon County Board of Health
Meeting Minutes
June 8, 2021

Present (via Zoom): John Robinson, Craig McEwen, Lori Shepherd, Sandi Cihlar, Dean Danner, Kue Her, Tiffany Lee, Corrie Norrbom

MCHD Staff: Jenna Flynn, Hannah Schommer, Dale Grosskurth, Laura Scudiere, Eileen Eckardt, Rachel Klemp-North, Melissa Moore, Amanda Ostrowski, Aaron Ruff

Others Present: Tim Buttke, Jeff Sargent, JoAnna Bernklau, Brooke Davis, Katie Dively, Jen Smith, Erin Wells, Tara Draeger, Debi Traeder

1. Call to Order

John Robinson called the meeting to order at 7:45 AM.

2. Public Comment Period

None.

3. Approval of the Minutes of the May 11, 2021 Board of Health Meeting

Motion to approve the minutes of the May 11, 2021 meeting made by Sandi Cihlar. Seconded by Lori Shepherd. The motion was approved.

4. Operational Functions Required by Statute, Ordinance, or Resolution

A. Election of the Board of Health Secretary

Sandy Cihlar nominated Kue Her. Motion to appoint Kue Her as Board of Health Secretary made by Corrie Norrbom. Seconded by Craig McEwen. The motion was approved. Joan Theurer will connect with Kue regarding the responsibilities of the position.

5. Policy Discussion and Possible Action

A. Update on Governor Evers 2021-23 Biennial Budget Proposal and determine public health priorities

i. Review letter to area legislators of the Board of Health budget priorities

No action taken.

ii. Share updates on the state budget process and legislative priorities

Joan Theurer shared that the Joint Committee and Finance wrap up next week, at which time the budget will go to the Legislature.

B. Policy updates from the Wisconsin Association of Local Health Departments and Boards (WALHDAB) and WI Department of Health Services (standing agenda item)

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Joan Theurer shared that agencies will have a better idea of COVID response funding in late summer or early fall, and that local health departments continue to look to the State for direction in terms of the pandemic response.

C. Update on the Start Right UniverCity program evaluation

Joan Theurer shared the history behind the recommendation to have an outside party evaluate the Start Right program to determine how the program benefits the community long-term. Joan also provided an update on the status of the UniverCity study being done by Barry Delin, Ph.D. affiliated with UniverCITY, University of Wisconsin System who has extensive experience in federal grant program evaluations. Mr. Delin is currently looking at all data he has received to date and will provide an initial draft by mid-to-late August, with a final draft (including recommendations) expected in mid-September.

Discussion on recognizing the limitations of the study, as well as how to provide a comprehensive program evaluation as to long-term impacts, given this would require a long-term study lasting 20-50 years, as well as very granular data that would cost a lot of money and resources to capture.

D. Update on the COVID-19 pandemic response efforts at a local and state level

i. Update on vaccination efforts in Marathon County

Joan Theurer provided an update on vaccination efforts in Marathon County, indicating that while vaccinations administered at the NTC AMI site have dropped to less than 500 per week. Corrie Norrbom shared vaccination efforts occurring through H2N partners.

ii. Update on the challenges in promoting COVID-19 prevention measures of masking, physically distance, quarantine/isolation in light of CDC's May 13 recommendations for fully vaccinated individuals

Discussion about the continued challenges promoting masking and vaccinations. Craig McEwen indicated that it is difficult to change the minds of people, but we can aim for a 70% vaccination rate. Joan Theurer indicated that the public is tired of masking and social distancing, and parents are asking school boards to reconsider the layered prevention approach to COVID, which would include discontinuing masking, social distancing and policy changes around close contacts. The proposed changes may have ramifications in the fall once school resumes.

Joan Theurer indicated that the COVID-19 vaccine is being integrated by health care providers into the standard of care, so it will be readily available to individuals even after the AMI clinic is discontinued.

E. Report from the Health & Human Services Committee June 2 meeting on policy issues impacting public health

John Robinson shared that the Committee took up amending the county ordinance for the Board of Health membership to be in keeping with state statutory language as previously adopted by the County Board in 2019.

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6. Educational Presentations/Outcome Monitoring Reports

A. Report on actions being taken to address human health hazards identified at the Northern Mobile Home Park

Joan Theurer and Dale Grosskurth provide an overview on the actions being taken to address the human health hazards identified at the Northern Mobile Home Park as well as their implications. Actions that can be taken include the Health Department not renewing the license and the City of Schofield revoking the license.

B. Update on staffing

Joan Theurer shared that Dani Parker has been hired as a Public Health Nurse, and that another vacant Public Health Nurse position will be filled as well. Laura Fischer has accepted the position of Public Health Educator. Recruitment for the two vacant administrative positions continue.

DHS has offered to assist in the recruitment for the Health Officer position to Lance Leonard.

7. Announcements

A. Acknowledgement of Lori Shepherd, MD service to the Board of Health since May 7, 1996

On behalf of the Board, John Robinson expressed gratitude to Dr. Lori Shepherd for her 25 years of service to the Board of Health. Dr Shepherd shared that over time the Board of Health transitioned from being primarily operationally-focused to focused on policy change, and the positive impact that has had on our County.

John Robinson congratulated Joan Theurer for being awarded the 2021 Carol Graham Lifetime Achievement Award by the Wisconsin Public Health Association. The purpose of the award is to recognize special career-spanning contributions through leadership, advocacy, or service to public health in Wisconsin.

8. Policy Discussion and Possible Action (resume 8:30 AM)

A. Defining "results" for the Community Health Priority Substance Misuse

Amanda Ostrowski presented four options to the board for discussion:

1. All Marathon County residents use substances safely.
2. All Marathon County residents are free from substance-related health and safety programs.
3. All Marathon County youth grow up substance free.
4. Marathon County residents of all ages and abilities are free from alcohol-related health and social problems.

After hearing additional ideas, discussion and clarification, the group voted on the following options:

1. All Marathon County residents use substances safely.

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2. All Marathon County residents are free from substance-related health and safety programs.
3. All Marathon County youth grow up substance free.
4. Marathon County residents of all ages and abilities are free from alcohol-related health and social problems.
5. Marathon County residents of all ages and abilities will achieve well-being free from substance misuse.
6. Marathon County residents of all ages and abilities are free from the physical, emotional, and social impacts of substance misuse.

Results of the vote selected by the group are as follows:

1. Marathon County residents of all ages and abilities are free from the physical, emotional, and social impacts of substance misuse.
2. All Marathon County youth grow up substance free.

The Community Health Improvement (CHI) team will research options for Indicators that support the Result(s). The Board of Health with members of Healthy Marathon County will then determine which Indicator(s) best support the Result at a future meeting.

Melissa Moore shared that she, Hannah Schommer, and Debi Traeder will be hosting upcoming QPR trainings, and exploring "train the trainer" options within this program.

9. Next Meeting Date & Time, Location, Future Agenda Items:

A. Confirm June 13, 2021 meeting date and determine agenda topics, noting the next date is July 13
   i. Overview of Marathon County Health Department's Organization Culture Survey findings and next steps
   ii. Healthy Marathon County to join for the second half of the meeting to determine "indicators" for the Community Health Priority Substance Misuse

10. Adjourn

The meeting was adjourned at 10:02 AM.

Respectfully submitted,

Kue Her, Secretary
Kim Wieloch, Recorder

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Health Officer Notes
July 2021

To facilitate diverse perspectives, consider the following questions during the policy discussion.

- Who benefits from or will be burdened by the proposal?
- What are the strategies for mitigation unintended consequences?

Operational Functions Required by Statute, Ordinance, or Resolution

A. None

Policy Discussion and Possible Action

A. Update on the Wisconsin 2021-23 Biennial Budget Proposal and public health priorities

Members along with Joan Theurer, Health Officer will provide any updates on the state budget process and legislative priorities that occurred since the June 8, 2021 meeting.

B. Policy updates from the Wisconsin Association of Local Health Departments and Boards (WALHDAB) and WI Department of Health Services (standing agenda item)

i. WPHA/WALHDAB 2021-22 Wisconsin Bill Tracking

Members will be made aware of bills being tracked by WPHA/WALHDAB and position. Enclosed, is WPHA/WALHDAB 2021-22 Wisconsin Bill Tracking document.

C. Update on the COVID-19 pandemic response efforts at a local and state level

i. Vaccine hesitancy and implications in achieving Wisconsin's 80% vaccination goal by the end of 2021

ii. Other

Laura Scudiere, Program Director of Community Health Improvement will provide a presentation on research done on vaccine hesitancy and efforts to increase the percentage of residents vaccinated. Enclosed, is a copy of the PowerPoint presentation and article "15 Practices to Improve Vaccination Program Effectiveness by Reaching the People Most at Risk".

D. Report from the Health and Human Services Committee June 30 meeting on policy issues impacting public health - Cancelled

Educational Presentations/Outcome Monitoring Reports

A. Update on actions being taken to address human health hazards identified at the Northern Mobile Home Park

Joan Theurer, Health Officer and Dale Grosskurth, Program Director of Environmental Health and Safety will provide an update on actions being taken to address human health hazards at the Northern Mobile Home Park.

B. Update on Staffing

Laura Fisher, BS, CHES has accepted public health educator positon starting on June 29, 2021.

Hannah Pinch, BSN, RN has accepted a public health nurse position starting on July 12, 2021.

Julia Mohr, BSN, RN has resigned as a public health nurse as of July 9, 2021, after 3 ½ years of service.

Recruitment is underway to fill the following vacant position: administrative specialist, administrative coordinator, and a public health nurse. The interview process has begun for securing the next Health Officer by September 2, 2021.

Announcements

Policy Discussion and Possible Action (resume 8:30 AM)

A. Determining "indicators" for the Community Health Priority Substance Misuse

Members of Health Marathon County will join the members of the Board of Health to determine "indicators" for substance misuse. The Community Health Improvement Team colleagues will be available for questions. Amanda Ostrowski, Public Health Educator will facilitate the discussion. Enclosed, find Results-Based Accountability and CHIPP document and a copy of the Results-Based Accountability Framework.

Next Meeting Date & Time, Location, Future Agenda Items:

A. Confirm August 10, 2021 meeting date and determine agenda topics

I. Update on the Marathon County Start Right program evaluation
II. Healthy Marathon County to join for the second half of the meeting to define "results" for the Community Health Priority Mental Health

WPHA/WALHDAB – *2021-22 Wisconsin Bill Tracking*

Updated June 22, 2021

Bill Number	Bill Description	Position	Bill Status
Assembly Bill 1	Relating to: Pandemic relief		• Vetoed by the Gov. on Feb 5, 2021
Assembly Bill 5	Relating to: Facilitating COVID-19 vaccine distribution		• Passed Assembly on Jan 28, 2021
Assembly Bill 23 (Companion to Senate Bill 4)	Relating to: prohibiting government officials from mandating a COVID vaccine		• Vetoed by Governor
Assembly Bill 24 (Companion to Senate Bill 7)	Relating to: Closure of places of worship		• Vetoed by Governor
Assembly Bill 25 (Companion to Senate Bill 5)	Relating to: Prohibiting mandatory vaccination as condition of employment		• Passed Assembly on March 23, 2021
Assembly Bill 32 (Companion to Senate Bill 22)	Relating to: Drinks to Go		• Signed into law
Assembly Bill 66 (Companion to SB 59)	Relating to: Community Health Center Grants		• In Assembly Health Committee
Assembly Bill 88 (Companion to Senate Bill 87)	Relating to: Requiring face coverings in certain situations		• In Assembly Committee
Assembly Bill 92 (Companion to Senate Bill 86)	Relating to: Grants to hospitals for expanding psychiatric bed capacity		• In Assembly Committee
Senate Bill 4 (Companion to Assembly Bill 23)	Relating to: Prohibiting government officials from mandating COVID-19 vaccination		• Dead with veto of AB 23
Senate Bill 5 (Companion to Assembly Bill 25)	Relating to: Prohibiting mandatory vaccination as condition of employment		• Passed Senate Committee on Jan 21, 2021

Senate Bill 7 (Companion to Assembly Bill 24)	Relating to: Closure of places of worship		• Dead with veto of AB 24
Senate Bill 22 (Companion to Assembly Bill 32)	Relating to: Drinks to Go		• Irrelevant with final passage of AB 32
Senate Bill 56	Relating to: Remote orders and pick up of alcohol		• Passed Senate on March 23, 2021
Senate Bill 57	Relating to: Alcohol Delivery		• Public hearing held in Senate Committee on Feb 4, 2021
Senate Bill 59 (Companion to AB 66)	Relating to: Community Health Center Grants		• Passed Senate Committee on 2/11/21
Senate Bill 86 (Companion to AB 92)	Relating to: Grants to hospitals for expanding psychiatric bed capacity		• Passed Senate Committee on March 19, 2021
Senate Bill 87 (Companion to AB 88)	Relating to: Requiring face coverings in certain situations		• In Senate Committee
Senate Joint Resolution 3	Relating to: Terminating COVID-19 public health emergency		• Passed Legislature on Jan 26, 2021
Senate Joint Resolution 9 (Companion to AJR 6)	Relating to: proclaiming February 2021 as American Heart Month		• Passed Senate on Feb 15, 2021
Assembly Joint Resolution 6 (Companion to SJR 9)	Relating to: proclaiming February 2021 as American Heart Month		• Passed Legislature on Feb 16, 2021
Assembly Joint Resolution 8	Relating to: Proclaiming racism a public health crisis		• In Assembly Rules Committee

Assembly Bill 131 (Companion to SB 152)	Relating to: sealant products		• In Assembly Committee on Transportation
Assembly Bill 140 (Companion to SB 156)	Relating to: PFAS mitigation		• Passed Assembly Committee on Environment on May 6, 2021
Assembly Bill 169 (Companion to SB 181)	Relating to: licensing of dental therapists		• In Assembly Committee on Organization
Assembly Bill 174 (Companion to Senate Bill 188)	Relating to: Revoking supervision, parole, or probation if a person is charged with a crime		• In Assembly Criminal Justice Committee
Senate Bill 8	Relating to: COVID-19 Vaccination distribution		• Passed Senate on Feb. 16, 2021
Senate Bill 152 (Companion to AB 131)	Relating to: sealant products		• In Senate Committee on Natural Resources
Senate Bill 156 (Companion to AB 140)	Relating to: PFAS mitigation		• Passed Senate Committee on April 8, 2021
Senate Bill 181 (Companion to AB 169)	Relating to: licensing of dental therapists		• Passed Senate on April 14
Senate Bill 188 (Companion to AB 174)	Relating to: Revoking supervision, parole, or probation if a person is charged with a crime		• Passed Senate Committee on June 18, 2021
Senate Bill 312 (Companion to AB 292)	Relating to: Composition of local boards of health		• In Senate Rural Issues Committee
Assembly Bill 196 (Companion to SB 322)	Relating to: Prohibiting transgendered females from participating in girls' sports		• Passed Assembly on June 16, 2021
Assembly Bill 292 (Companion to SB 312)	Relating to: Composition of local boards of health		• In Assembly Committee on Health

Assembly Bill 299 (Companion to SB 383)	Relating to: Prohibiting proof of vaccination for COVID-19 as a condition of receiving business and government services		• Passed Assembly on June 16, 2021
Assembly Bill 303 (Companion to SB 337)	Relating to: Prohibiting businesses from discriminating against customers due to vaccination record		• Passed Assembly Committee on Ethics on June 9, 2021
Assembly Bill 309 (Companion to SB 336)	Relating to: Prohibiting discrimination based on vaccination status		• Passed Assembly Committee on Ethics on June 9, 2021
Assembly Bill 316 (Companion to SB 342)	Relating to: Prohibiting discrimination based on whether a person has received a COVID-19 vaccine		• Passed Assembly Committee on Ethics on June 9, 2021
Assembly Bill 347 (Companion to SB 375)	Relating to: prohibiting University of Wisconsin System institutions and technical colleges from requiring testing for, or vaccination against, the 2019 novel coronavirus.		• Passed Assembly Committee on Ethics on June 9, 2021
Senate Bill 383 (Companion to AB 299)	Relating to: Prohibiting proof of vaccination for COVID-19 as a condition of receiving business and government services		• In Senate Health Committee
Senate Bill 337 (Companion to AB 303)	Relating to: Prohibiting businesses from discriminating against customers due to vaccination record		• In Senate Health Committee
Senate Bill 336 (Companion to AB 309)	Relating to: Prohibiting discrimination based on vaccination status		• In Senate Health Committee
Senate Bill 342 (Companion to AB 316)	Relating to: Prohibiting discrimination based on whether a person has received a COVID-19 vaccine		• In Senate Health Committee
Senate Bill 375 (Companion to AB 347)	Relating to: prohibiting University of Wisconsin System institutions and technical colleges from requiring testing for, or vaccination against, the 2019 novel coronavirus.		• In Senate Committee on Universities and Tech Colleges
Senate Bill 322 (Companion to AB 196)	Relating to: Prohibiting transgendered females from participating in girls' sports		• Public Hearing Held in Senate Human Services Committee on May 26, 2021
Senate Bill 361	Relating to: regulating and addressing PFAS		• In Senate Committee on Labor and Regulatory Reform

How to reach vaccine hesitant people, a review

MARATHON COUNTY HEALTH DEPARTMENT

LAURA SCUDIERE MAY 2021

Vaccine Hesitancy Defined

- Voluntary refusal or delay in acceptance of recommended vaccines while vaccine services are available
- One defined it as four groups
  - Vaccine believers- are 100% in
  - Cautious- actively seeking info, but may be experiencing anxiety towards vaccination
  - Relaxed- don't really have any views on vaccination
  - Unconvinced-most negative views of vaccination

Vaccine hesitancy background

- Values influence decision making
  - Individuals with similar views cluster together
  - Value purity and individual liberties
  - Public health messages emphasize collective good, fairness messages

Vaccine hesitancy background

- Patient's decisions are made on gut decisions
- Insufficient evidence to support social media had any impact on improving vaccination rates among this population
- Very few programs are proven to reduce vaccine hesitancy
  - One strategy alone is about as good as no strategy at all
  - Proven strategies require multiple approaches and one-on-one conversations with trained staff

What does work?

- Resource Intensive initiatives
  - Multi-component and/or dialogue-based interventions
    - Motivational interviewing ("rolling with resistance")
    - Community health workers that are specifically trained on communication techniques and have received robust information-based vaccine training
- Direct targeting of unvaccinated
- Improved convenience to vaccine
- Mandated vaccination

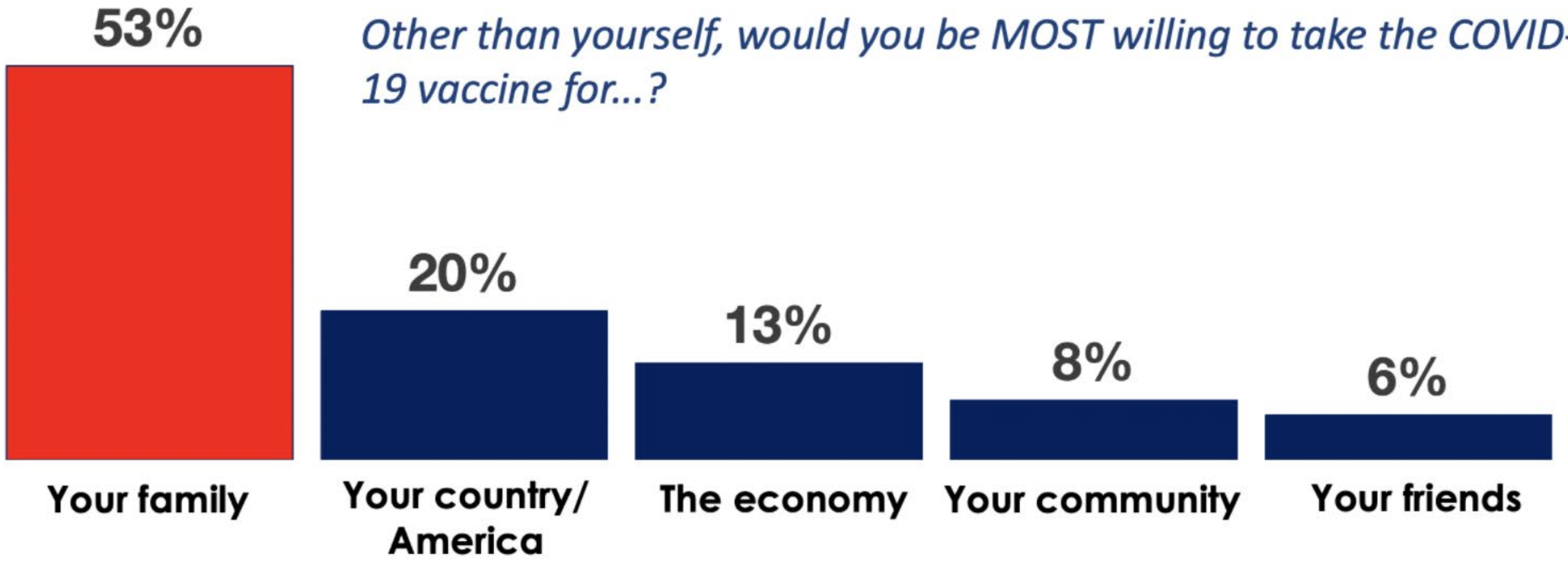
What does work? (continued)

- Key religious leaders or influential leaders promoting
- Embedding "new knowledge" into routine procedures (like hospital procedures, primary care, walk-ins)

Language Use

- Minimize controlling language, emphasize individual independence
  - Lots of cross walks in literature to climate change language
  - Public health language has a lot of competing values to individual liberties and purity (we tend to value the collective good/science and emphasize fairness and equity)
  - "Use this not that" language

Family is by far the most powerful motivator. *"Do it for …"*



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TIPS

FOCUS ON THE BENEFITS OF SUCCESS, NOT JUST THE CONSEQUENCES OF FAILURE.

- *We understand that people are tired, but public health measures are not the enemy — they are the roadmap for a faster and more sustainable recovery.*
- *Scientists and medical professionals are developing and preparing to distribute a safe and effective vaccine that will help us return to normal day-to-day activities.*

EMPHASIZE THAT THE SCIENCE IS SETTLED.

- *The science is clear. There is no doubt that mask wearing, hand washing, and social distancing reduce the spread of COVID-19 and saves lives.*

DON'T EXPECT PEOPLE TO TAKE PUBLIC HEALTH MEASURES BECAUSE IT'S GOOD FOR THEM. SPEAK TO THE CONSEQUENCES OF NOT TAKING THESE MEASURES.

- *Because COVID-19 is highly infectious, one infection can quickly grow into an outbreak that could shutter a neighborhood, community, or entire city.*

DON'T LET POLITICS OR PARTISANSHIP SLIP INTO YOUR MESSAGING, BECAUSE THAT WILL HARM YOUR CREDIBILITY. KEEP YOUR LANGUAGE NEUTRAL AND REPEATEDLY EMPHASIZE "EVERY" AND "ALL."

Use These Words MORE:	Use These Words LESS:
the pandemic	the coronavirus
eliminate/ eradicate/ get rid of the virus	defeat/crush/ knock out the virus
social distancing	physical distancing
an effective and safe vaccine	a vaccine developed quickly
protocols	orders/ imperatives/ decrees
face masks	facial coverings
essential workers	frontline workers
personal responsibility	national duty
a stay-at-home order	a government lockdown/ shutdown
public health agencies	government health agencies
policies that are based on facts/ science/data	policies that are sensible/ impactful/ reasonable

References

- Amin, A. B., Bednarczyk, R. A., Ray, C. E., Melchiori, K. J., Graham, J., Huntsinger, J. R., & Omer, S. B. (2017). Association of moral values with vaccine hesitancy. *Nature Human Behaviour*, *1*(12), 873-880. https://doi.org/10.1038/s41562-017-0256-5
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- *Poll: The language of vaccine acceptance*. (n.d.). de Beaumont. Retrieved May 19, 2021, from https://debeaumont.org/changing-the-covid-conversation/vaccineacceptance/
- Resnicow, K., Bacon, E., Yang, P., Hawley, S., Van Horn, M. L., & An, L. (2021). Novel Predictors of COVID-19 Protective Behaviors Among US Adults: Cross-sectional Survey. *Journal of Medical Internet Research*, *23*(4), e23488. https://doi.org/10.2196/23488

COVID-19

RESOLVE TO SAVE LIVES | Vital Strategies

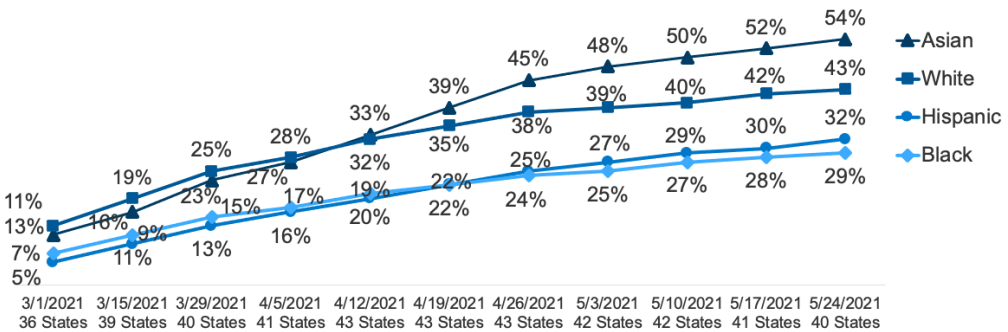
15 Practices to Improve Vaccination Program Effectiveness by Reaching the People Most at Risk

Introduction

The percent of the U.S. population vaccinated for COVID-19 has increased steadily over the past few weeks alongside of expansion of eligibility. As of June 2, 2021, nearly 63% of U.S. adults 18 years of age and older have received at least one dose of COVID-19 vaccine, nearly 52% are fully vaccinated and everyone 12 years of age and older is now eligible for the vaccine. But this does not tell us the whole story. There are large disparities in vaccine uptake; racial and ethnic minorities, particularly the Black and Latinx communities, are being vaccinated at much lower rates than their white counterparts. These population groups also experience a higher burden of disease and higher COVID-19 hospitalization and death rates than whites. Vaccine uptake rates are also lower among rural populations and people with certain political perspectives. Vaccine equity needs to be prioritized in all counties throughout the United States, not only as a matter of justice and to save lives, but also to reduce the risk of having more dangerous variants emerge.

Figure 4

Percent of Total Population that Has Received at Least One COVID-19 Vaccine Dose by Race/Ethnicity, March 1 to May 24, 2021



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic.
SOURCE: Vaccination data based on KFF analysis of publicly available data on state websites; total population data used to calculate rates based on KFF analysis of 2019 American Community Survey data.

KFF

About Us

Vital Strategies is a global public health organization working in 70+ countries to strengthen public health systems. Resolve to Save Lives, an initiative of Vital Strategies, aims to prevent at least 100 million deaths from cardiovascular disease and epidemics. Through its Prevent Epidemics program, Resolve to Save Lives has rapidly leveraged existing networks to establish a multi-disciplinary, multi-pronged effort to support countries throughout Africa and beyond. This work is supported by Bloomberg Philanthropies, the Bill & Melinda Gates Foundation and Gates Philanthropy Partners, which is funded with support from the Chan Zuckerberg Initiative.

More information at

PreventEpidemics.org
ResolveToSaveLives.org
VitalStrategies.org

COVID-19 | RESOLVE TO SAVE LIVES | Vital Strategies

A single, strategic vaccination can save 10 times more lives and prevent 100 times more cases than vaccinating a low-risk person in a low-risk community. To beat COVID-19, we must get vaccines to the people who need them the most as quickly as possible. We must reach the unreached. Following is an overview of promising strategies and tactics being implemented by health departments and community partners to promote COVID-19 vaccine equity and uptake. Many of these insights are drawn from projects led by Franklin County Public Health (OH), Marion County Public Health Department (IN) and Wake County Human Services (NC). Resolve to Save Lives, an initiative of Vital Strategies, wishes to thank these program partners for sharing their experiences and recommendations in the spirit of collaboration.

Equity and Allocation

1 Collect complete race and ethnicity data

Local and state health departments can play a key role in collecting race and ethnicity data during vaccine registration. This will help inform the prioritization of racial and ethnic minorities for vaccination and promote equitable distribution. Some consumers may not want to report race and ethnicity. Communication campaigns can reinforce why this is important.

Additionally, some vaccination providers may need technical assistance, training, incentives and recognition encouraging the collection and recording of these data. The accurate collection of this information will ensure that key data are publicly available and enable ongoing program analysis and improvement. In one state, linking vaccine allocation to completeness of race/ethnicity reporting greatly increased reporting rates.

Effective programs provide weekly feedback to each facility on both the completeness of reporting, with technical support to improve reporting, and on vaccine distribution compared with the distribution of demographic groups in the catchment area.

2 Allocate appointments based on vulnerability mapping

Local health departments have had success in using data mapping based on COVID-19 case load and Social Vulnerability Indices from the Centers for Disease Control and Prevention (CDC) and Surgo Ventures to prioritize vaccine allocations to individuals who reside in zip codes or census tracts reporting the highest COVID-19 rates.

Mapping can be used to identify vaccine deserts in the community; inform the equitable allocation of vaccine appointments; establish permanent and pop-up vaccine sites; and identify areas for community outreach and the deployment of strike teams (teams of two to five nurses and two or three logistics staff who register and vaccinate people in the community).

Data mapping is most effective when the goals of the mapping are defined in advance and include overlaying social vulnerability/COVID-19 rate data with the social determinants of health (e.g., analyzing distance to vaccine sites and/or searching for census tracts with no known vaccine providers). The use of mapping to target vaccine appointments requires robust information systems and vaccine team collaboration.

3 Mine case investigation and contact tracing databases to identify high-risk individuals eligible for vaccination

Using case investigation and contact tracing (CI/CT) data, local health departments can identify people who are eligible for the vaccine but have not been vaccinated.

CI/CT staff can contact high-risk individuals to help schedule them for vaccine appointments. Hiring dedicated staff with data mining skills to review the databases and other staff to call and schedule appointments will ensure critical human resources are not diverted from core CI/CT activities. This can be done by identifying and reaching out to everyone in social networks surrounding COVID-19 cases, bringing vaccines to those in communities of greatest need.

Community Engagement and Access

4 Establish and deploy strike teams to high COVID-19 prevalence areas and vulnerable communities

Many jurisdictions have discovered that assigning the strike teams to high-need areas based on data mapping is key to ensuring vaccine program effectiveness. Additionally, health departments can make it easy for employers and community- and faith-based organizations (CBO, FBO) that employ and/or serve high-risk populations to request a strike team based on need. Once deployed, the strike teams can help establish systems to simplify the appointment registration process, get people vaccinated and confirm that critical information is captured in vaccination databases.

5 Provide mobile vaccinations

Existing and/or new mobile units (vans, buses) may be utilized for community-based vaccinations to ensure broader coverage. Similar to the approach with strike teams, mobile vaccinations can be rolled out in partnership with CBOs and FBOs, as well as business associations, parks, schools and other community structures.

Mobile vaccinations should be provided in areas prioritized by vulnerability mapping and allow flexibility for people to either walk in or sign up in advance with the support from community health workers (CHW) and navigators.

6 Organize pop-up vaccination sites/events with traditional and non-traditional partners

Many public health teams have learned that pop-up vaccination events are most successful when conducted in collaboration with strike teams or CBOs providing health and social services for vulnerable individuals. Examples of key program partners include shelters for people experiencing homelessness and/or domestic violence and organizations supporting adults with disabilities and homebound seniors, such as Meals on Wheels.

Outreach at homeless encampments and to people who use drugs can be done in partnership with mobile vaccination and/or strike teams. Non-traditional partners (e.g., employers and/or day care providers serving highly vulnerable individuals) can also help access populations otherwise unreached by health departments.

Key logistics regarding event space, registration, vaccine storage and other plans must be coordinated in advance with the community and/or non-traditional partners.

7 Promote walk-up vaccinations

Local health departments have helped facilitate vaccine equity by offering people the convenience of walk-up vaccination. This has been promoted through targeted outreach strategies in partnership with key community partners (e.g., distributing flyers to local stores and service providers; disseminating key messages and information via partner social media channels).

For efficiency, mass vaccination sites should provide a separate line for walk-ups and these individuals (and their companions) should be greeted and assisted in a timely manner. Talking points should be provided for vaccination staff to address potential vaccine hesitancy, confusion or misinformation that may surface and encourage greater vaccine confidence among the walk-ups.

8 Utilize community health workers as vaccine navigators

Local health departments have been leveraging pre-pandemic relationships with key community leaders, structures and community health workers (CHW) to promote COVID-19 vaccination. CHWs are effective in connecting communities to vaccine sites, generating referrals and reaching and supporting people who are experiencing barriers to health care. CHWs that receive adequate training, are trusted by the communities they serve and have adequate supervision are the most successful.

9 Increase vaccine access by eliminating key structural barriers – transportation, hours and identification

COVID-19 vaccine equity and uptake can be improved by removing key structural barriers that are making it difficult for many people to get vaccinated, such as a lack of transportation, limited vaccination site hours and identification requirements.

Many local health departments are working with CBOs and service providers to offer free transportation services that align with the needs and preferences of communities. Some community members are comfortable using shuttles, while others prefer taxis or ride shares. Uber, for example, is partnering with the National Urban League, the Morehouse School of Medicine and the National Action Network to provide free or discounted rides to help ensure that those in greatest need can get to and from their vaccination appointments.

Vaccination sites should provide adequate staffing for lunch-time, evening and weekend operations, enabling those who work during traditional business hours greater and more convenient opportunities to get vaccinated.

In addition, various state and local health departments are making a concerted effort to vaccinate individuals without requiring them to present a government-issued identification card, and they are training their staff on this policy. Pre-registration, providing a bill with a name and address and/or filling out a form at check-in can be used as proxy for identification.

10 Provide food and other supportive services at vaccination events

Local health departments, CBOs and FBOs can partner to provide food and other wrap-around services at vaccination events to help incentivize vaccination. In addition to addressing critical individual and family needs, this can create a supportive environment that facilitates community engagement. Community leaders can help ensure that these incentives are offered in ways that avoid potential stigmatization.

11 Create innovative public/private partnerships

There are many creative ways to build public-private partnerships to promote vaccine equity and uptake among key communities.

For example, CDC is exploring a partnership with Dollar General to get vaccinations to individuals living in rural communities. CDC also is working closely with small businesses to encourage vaccination among essential workers at greater risk for COVID-19. In addition, strategic partnerships among states and the corporate sector are helping to increase vaccinations among those facing systemic barriers, including the Black, Indigenous, Latinx, low-wealth and immigrant communities. Vaccination at worksites, either by health staff of the workplace or a partner, such as a local health care provider or the health department, can further increase vaccine uptake.

Communication and Community Education

12 Customize vaccine communication and grassroots outreach campaigns

Local health departments have had success in working with specialized marketing agencies and CBOs to design and promote media and grassroots outreach campaigns targeting the populations disproportionately affected by COVID-19. Successful initiatives are data-driven, created through a lens of equity and cultural humility and use traditional and non-traditional approaches.

13 Host vaccination townhalls

Many local health departments and CBOs have organized live, interactive, multilingual townhall meetings to address COVID-19 vaccine-related topics. These events allow for questions to be answered by experts in real time and provide an open forum where members of the community can engage.

Townhalls typically feature a panel of local subject matter experts who are enlisted by the local health departments and/or CBOs. Communications and community engagement staff help plan the events, coordinating logistics and developing the agenda and discussion guides in partnership with the panelists. If panelists are unable to address specific questions during the events, staff are quick to follow up with the requested information to maintain community engagement and confidence.

14 Identify and employ trusted ambassadors

Local health departments are working with communities to identify information gaps and better understand barriers to vaccination. Trusted ambassadors, such as community leaders, physicians and health care staff, have proven helpful in bolstering vaccine confidence.

In determining which individuals to enlist as trusted ambassadors, it is important to consult with local equity councils and/or CBOs reaching key communities to ensure inclusivity and appropriate racial, ethnic and cultural representation.

Many agencies and organizations have developed comprehensive toolkits—in multiple languages—to help trusted ambassadors deliver scientifically accurate and culturally appropriate messages encouraging vaccine confidence. CDC's Best Practices for Community- and Faith-based Organizations provides an overview of key ways to work with these messengers.

15 Perform community canvassing

Conducting door-to-door canvassing in targeted communities prior to vaccine events is an effective way to assess the need for vaccines in real time, assist with scheduling and address vaccine hesitancy. For greater efficiency, teams can utilize CI/CT staff and engage others who have been involved in door-to-door Census and "get out the vote" initiatives.

Conclusion

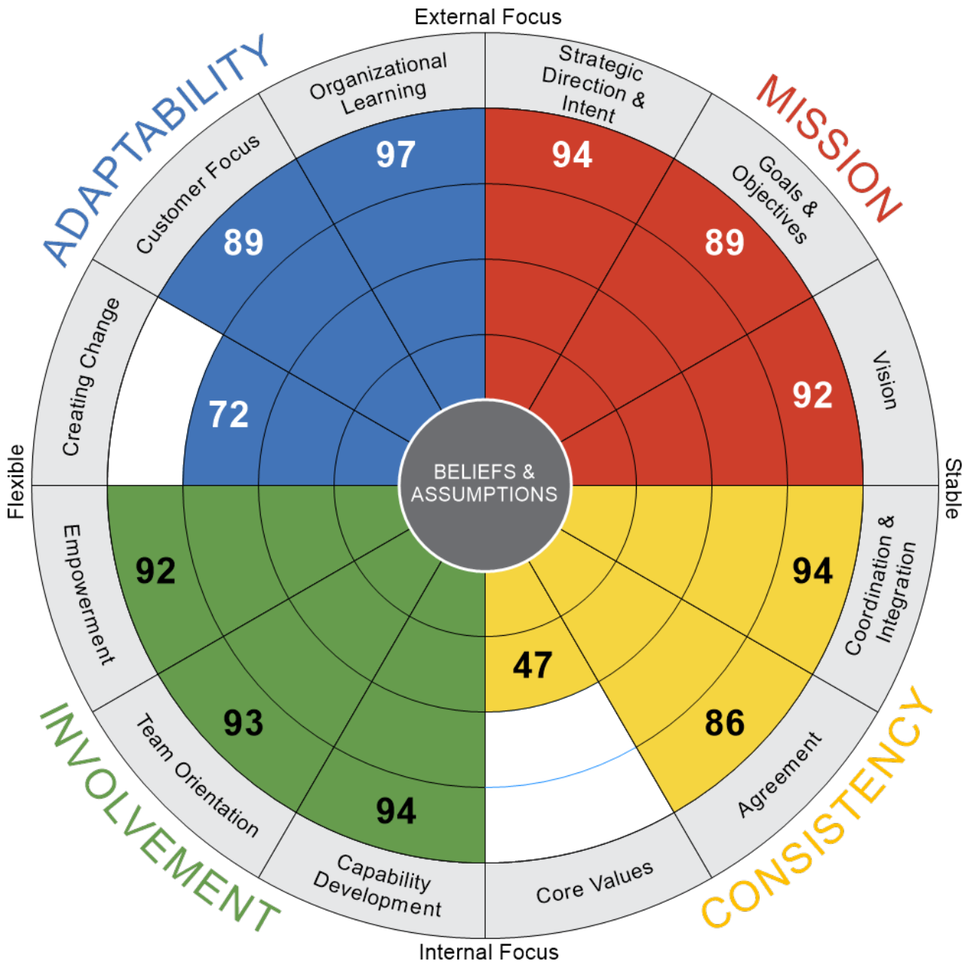
By optimizing COVID-19 vaccine distribution, we can save more lives and help bring an end to the pandemic. Investing in an equitable vaccination program that targets the communities disproportionately affected by COVID-19 will help achieve a greater impact. Promising practices from jurisdictions across the U.S. can help health officials promote vaccine equity and uptake with greater speed. The strategies and tactics in this report, which focus on equity and allocation, community engagement and access, and communication and community education, are showing promise in various jurisdictions. Other counties and cities can reference these practices when designing and refining their own equitable COVID-19 vaccination approaches to reach the people at greatest risk.

Marathon County

Organizational Culture Survey

2021 vs 2019: Health Department

2019: Health Department



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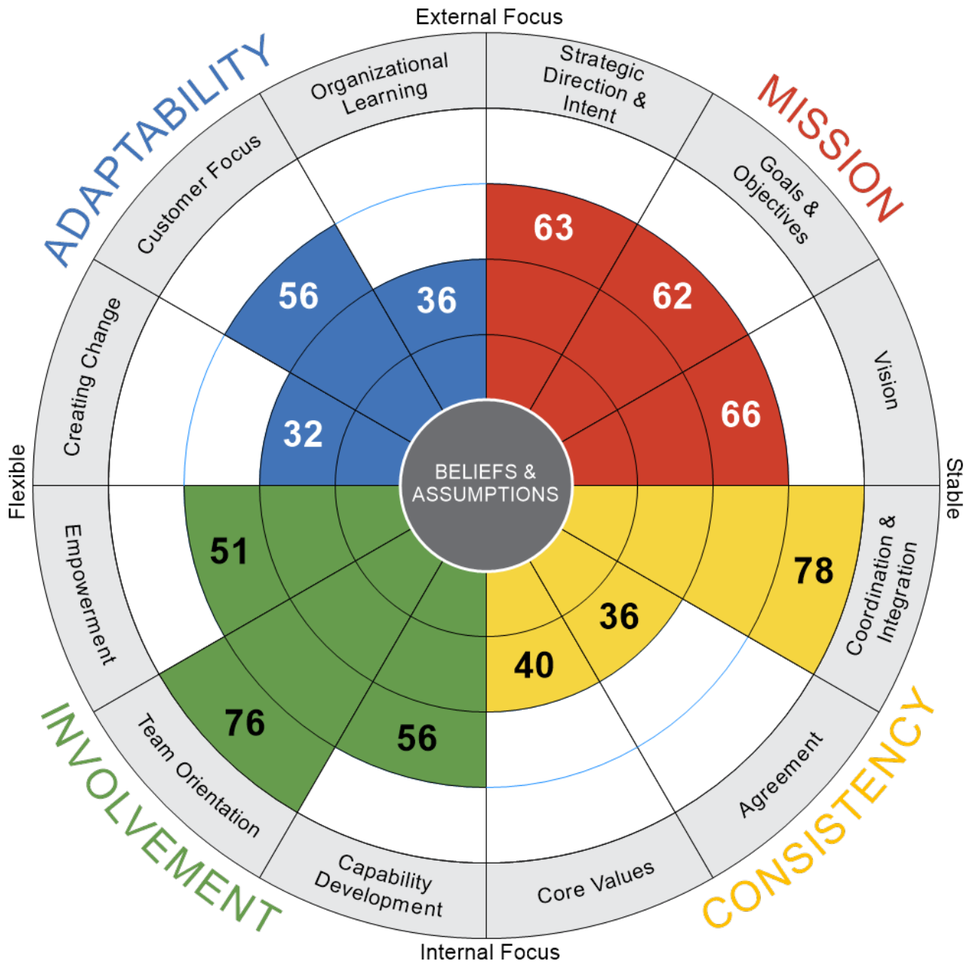
2021: Health Department



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Index Scores

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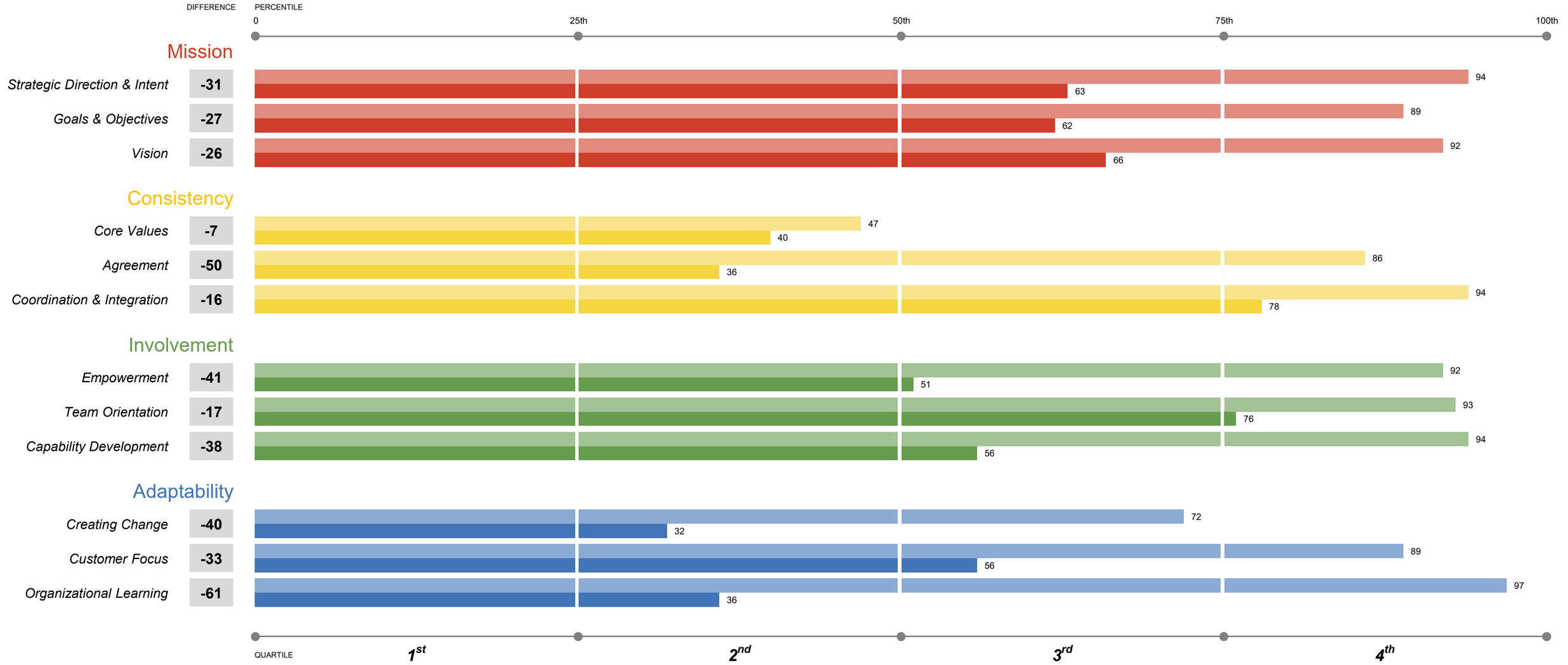
2021: Health Department (N = 34)



NUMBERS DENOTE PERCENTILES | 3/18/2021 | D60OL419G-116

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Mission

2019: Health Department (N = 39)
2021: Health Department (N = 34)

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*For this negatively worded item, the raw score has been reversed.

IN ALL CASES, A HIGHER SCORE INDICATES A MORE FAVORABLE CONDITION.

Consistency

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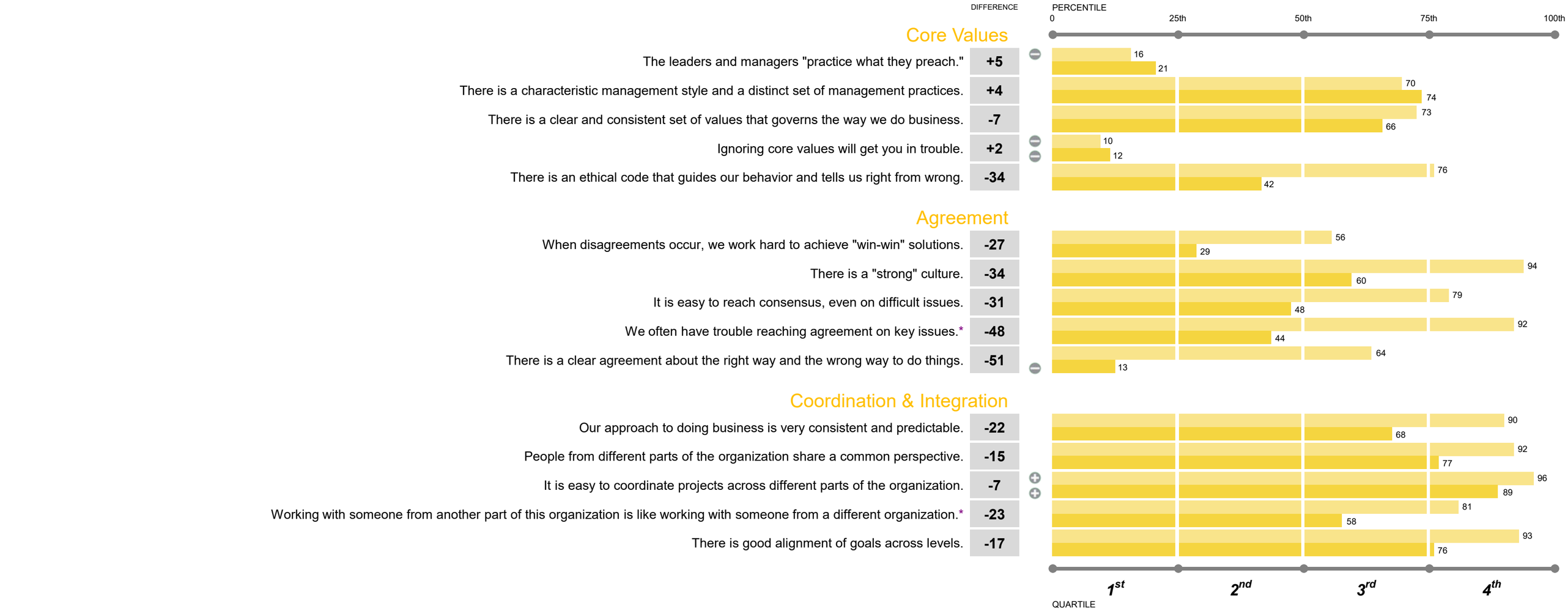
2021: Health Department (N = 34)



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IN ALL CASES, A HIGHER SCORE INDICATES A MORE FAVORABLE CONDITION.

Involvement

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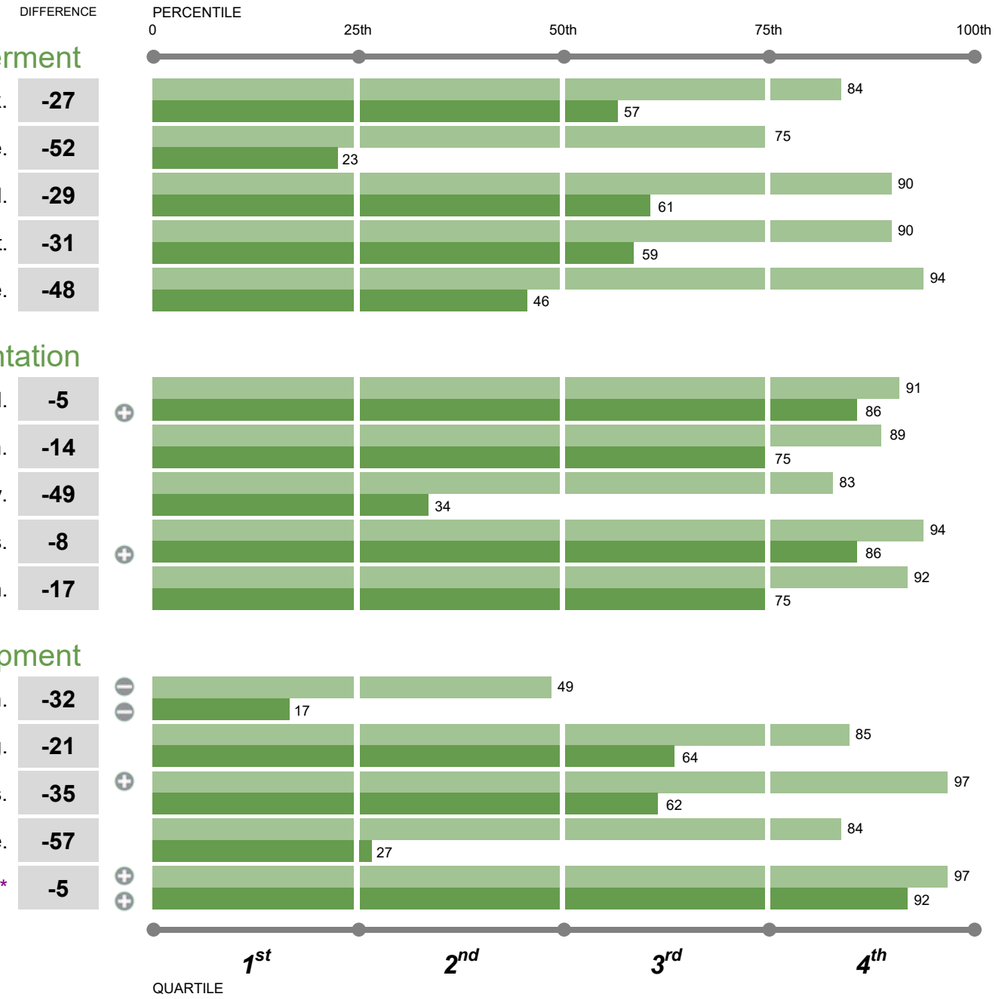

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Adaptability

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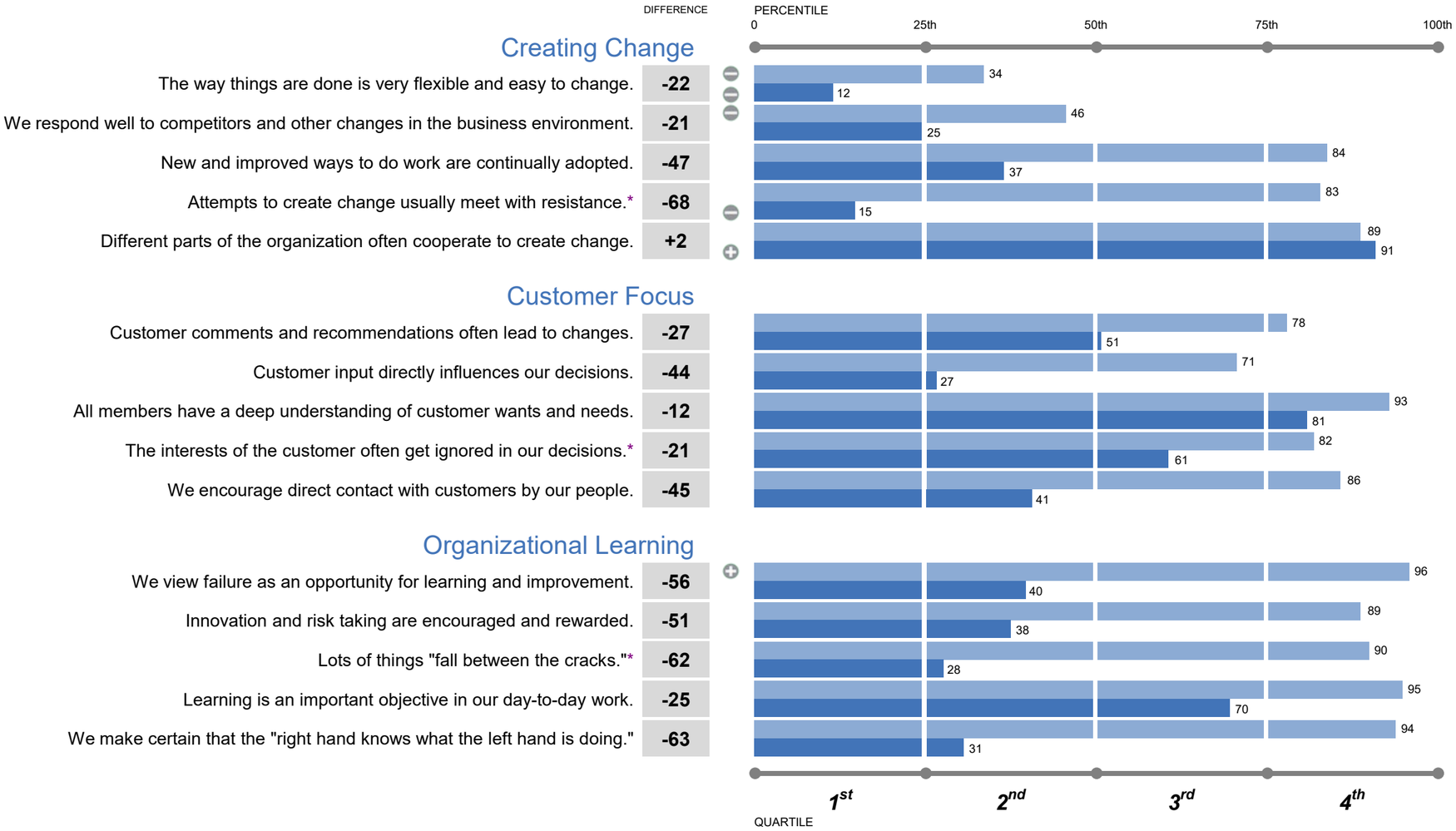

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IN ALL CASES, A HIGHER SCORE INDICATES A MORE FAVORABLE CONDITION.

Highest & Lowest Scores

2019: Health Department

HIGHEST SCORES

97	There is continuous investment in the skills of employees.
97	Problems often arise because we do not have the skills necessary to do the job.*
96	It is easy to coordinate projects across different parts of the organization.
96	We view failure as an opportunity for learning and improvement.
95	Short-term thinking often compromises our long-term vision.*

2021: Health Department

HIGHEST SCORES

92	Problems often arise because we do not have the skills necessary to do the job.*
91	Different parts of the organization often cooperate to create change.
89	It is easy to coordinate projects across different parts of the organization.
86	Cooperation across different parts of the organization is actively encouraged.
86	Teams are our primary building blocks.

2019: Health Department

LOWEST SCORES

10	Ignoring core values will get you in trouble.
16	The leaders and managers "practice what they preach."
34	The way things are done is very flexible and easy to change.
46	We respond well to competitors and other changes in the business environment.
49	Authority is delegated so that people can act on their own.

2021: Health Department

LOWEST SCORES

12	Ignoring core values will get you in trouble.
12	The way things are done is very flexible and easy to change.
13	There is a clear agreement about the right way and the wrong way to do things.
15	Attempts to create change usually meet with resistance.*
17	Authority is delegated so that people can act on their own.

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*For this negatively worded item, the raw score has been reversed.
IN ALL CASES, A HIGHER SCORE INDICATES A MORE FAVORABLE CONDITION.

Results-Based Accountability and CHIPP

The purpose of this document is to provide guidance when developing the 2021-2024 CHIPP within the Results-Based Accountability Framework.

Indicators

Indicators are how we measure the Result. Indicators need to include baselines (what the measures show about where we've been and where we're headed). "Turn the Curve" is what success looks like if we do better than the baseline.

It may help to think of selecting Indicators by asking yourself: "*What would these conditions (Results) look like if we could see or experience them*?" or "*How can we measure these conditions (Results)*?"

Examples of Indicators:

If the Result is …	**…then, the Indicator could be:**
Healthy	Age-adjusted percentage of adults reporting fair or poor health
Free from death and suffering due to…	Disease-specific mortality and morbidity rates
Live long lives	Age-adjusted years of potential life lost before age 75 per 100,000 population
Born healthy	Percentage of live births with low birthweight
Have access to affordable healthcare	Percentage of population under age 65 without health insurance

Consider the following when selecting Indicators:

- Communication Power: Does the indicator communicate to a broad range of audiences? Is it simple to understand and compelling to individuals?
- Proxy Power: Does the indicator say something of central importance about the population result? Does the indicator bring along the data herd (if this data moves, does it bring along other data?)?
- Data Power: Is quality data available on a timely basis? Is the data reliable and consistent? To what extent do we have the data at the desired levels (National, State, County, City, Community)?

Selecting the Indicators for Results

Indicators proposed by CHI team staff:

CHI Team staff have done a first review of the indicators available on Marathon County Pulse that related to each of the Results. You can view them here:

Using Criteria to Evaluate the Proposed Indicators:

Rank each indicator against the criteria of communication power, proxy power, and data power using the rankings of High, Medium, and Low. Think: "To what extent does Indicator 1 have Communication Power?" The indicators with rankings of High in all or most categories are the strongest indicators for the results.

RESULT 1: All Marathon County youth grow up substance-free.

Indicator	**Communication Power**	**Proxy Power**	**Data Power**
1. Teens who drank alcohol in the past 30-days (High School)			
2. Teens who used marijuana in the past 30-days (High School)			
3. Teens who used an electronic nicotine delivery system (ENDS) in the past 30-days (High School)			
4. Teens who smoked cigarettes in the past 30-days (High School)			
5. Teen prescription drug abuse in the past 30-days (High School)			

If an Indicator ranks Low in several of the categories, but is an Indicator that would strongly support the condition (Result), it becomes part of the Data Development Agenda. Place those ideas here:

1.

2.

3.

RESULT 2: Marathon County residents of all ages and abilities are free from the physical, emotional, and social impacts of substance misuse.

Indicator	Communication Power	Proxy Power	Data Power
1. Adults who binge drink			
2. Drug overdose deaths			
3. Drug arrests in Marathon County			
4. OWI arrests			
5. Adults who smoke			

If an Indicator ranks Low in several of the categories, but is an Indicator that would strongly support the condition (Result), it becomes part of the Data Development Agenda. Place those ideas here:

1.

2.

3.

If you have questions regarding this process,
please reach out to Aaron at Aaron.Ruff@co.marathon.wi.us or 715-261-1956.

Results-Based Accountability

Population Accountability

RESULTS

The end conditions of well-being for populations in a geographic area

The responsibility of partnerships

INDICATORS

How we measure these conditions

Baselines are what the measures show about where we've been and where we're headed

Turn the Curve is what success looks like if we do better than the baseline

From Talk to Action

For Communities, Cities, Counties, States and Nations

The step-by-step process starts with a group of partners who wish to improve the quality of life in the community.

Step 1: What are the quality of life conditions we want for the children, adults, and families who live in our community?
Step 2: What would these conditions look like if we could see or experience them?
Step 3: How can we measure these conditions?
Step 4: How are we doing on the most important measures?
Step 5: Who are the partners that have a role to play in doing better?
Step 6: What works to do better, including no-cost and low-cost ideas.
Step 7: What do we propose we do?

Repeat these steps each time you meet. The steps can be done in any order as long as you do them all.

Program Accountability

STRATEGIES

What works to improve these conditions

PERFORMANCE MEASURES

How we know if programs & agencies are working effectively

Begin with sorting the Strategy's performance measures into 3 common-sense, plain language categories:

* *How much did we do?*
* *How well did we do it?*
* *Is anyone better off?*

From Talk to Action

For Programs, Agencies, and Service Systems

The step-by-step process starts with a manager or a group of managers who care about the quality of their services.

Step 1: Who are our customers?
Step 2: How can we measure if our customers are better off?
Step 3: How can we measure if we're delivering services well?
Step 4: How are we doing on the most important measures?
Step 5: Who are the partners that have a role to play in doing better?
Step 6: What works to do better, including no-cost and low-cost ideas.
Step 7: What do we propose we do?

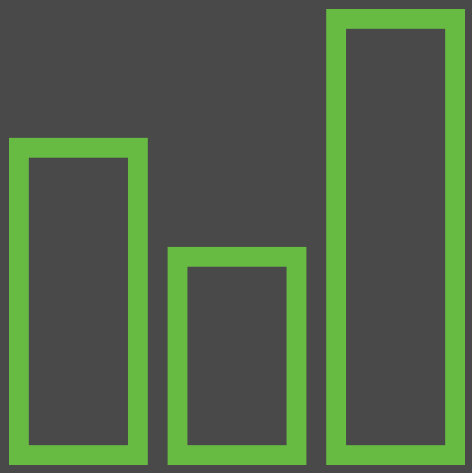
Repeat these steps each time you meet. The steps can be done in any order as long as you do them all.

Source: clear-impact.com

Results-Based Accountability

Basic Ideas

* RBA organizes the work of programs, agencies, communities, cities, counties and states around the end conditions we seek for those who live in our community and those receiving service
* Starts with ends, work backward to means:
    * *What do we want?*
    * *How will we recognize it?*
    * *What will it take to get there?*
* Use plain language, not jargon
* Use data to drive decision-making
* Use data to gauge success
* Involve a broad set of partners
* Get from talk to action as quickly as possible



"We cannot fool ourselves by taking a collection of actions that sound good and hoping for the best."

Results Based Accountability *means that we have set out to make a change, not by chance, but by choice. And the deliberate nature of this work is different. And it requires a different way of thinking about and organizing the work. We must make the best choices possible for indicators. We must strive to get better indicators over time. We must recognize that baselines are the only real business-like way to measure change for the better or worse. We must work to understand why the baselines look the way they do so that we can target our efforts most effectively. We must bring in partners, public and private, parents and youth, to contribute their wisdom and where possible, their resources.*

We must struggle to find the things that actually work to make change at the population. This means we must search for things that have worked in other places and search deep in ourselves and our community for things we think will work here. We must not accept the easy or politically correct answers, but test everything by whether it will make a difference here. And we must get started taking action. We must take those steps that can be taken easily and inexpensively first, and gather resources to take the harder and more expensive actions as soon as we can. We must track our progress and be honest with ourselves about whether we are in fact making a difference. We must make changes and improvements to our plan over time. And if we do all this well, we must celebrate and share credit. And then we get back to doing more...

Source: clear-impact.com