

Indiana Adolescent Vaccine Provider Toolkit



PURPOSE:

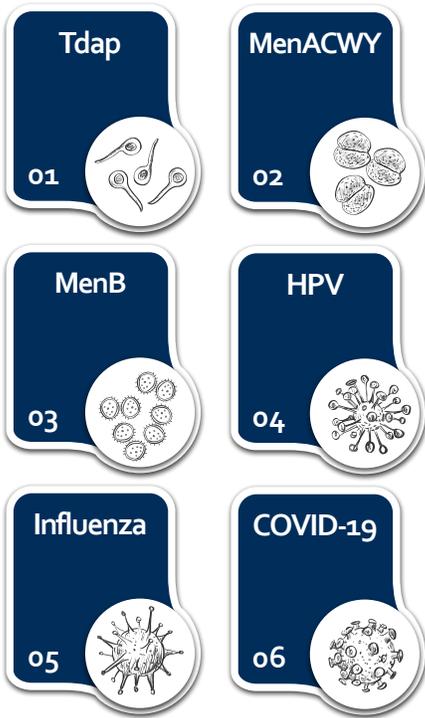
This resource is intended to be used by Indiana immunizers to better understand the barriers to adolescent vaccination and learn about potential solutions to overcome these barriers. The resource also includes information on the Vaccines for Children (VFC) program, including a summary of the program benefits and requirements, a review of common concerns and an enrollment process overview to illustrate the enrollment tasks and timeline.

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Improving Access to Immunizations for Indiana Adolescents

Table 1. Recommended vaccines



Background

Vaccines play a critical role in public health and reducing the burden of vaccine-preventable diseases.¹ For adolescents, the Centers for Disease Control and Prevention (CDC) recommends multiple vaccines (Table 1).² They also recommend that children and adolescents catch up on any missing vaccines.³

Indiana rates of up-to-date HPV vaccination are below national averages.⁴⁻⁶ Vaccination for HPV for this age group is improving, but it did not meet the Healthy People 2020 goal of 80% coverage for children aged 13-15,⁷ and it has been renewed as a goal for Healthy People 2030.⁸ The Indiana rate for adolescent HPV vaccination remains well below the 80% goal, at 44.5% (Fig. 1).⁶

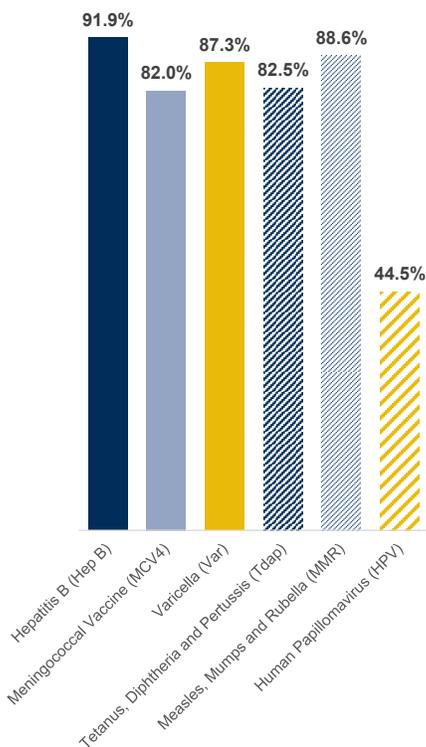
Barriers to Adolescent Vaccination

Studies present a range of barriers that affect parental/guardian decision-making on vaccination for their adolescent children. These include awareness and access barriers, belief in misinformation, disagreement with mandatory vaccinations, concerns about vaccine efficacy and safety, perceptions of adolescents contracting sexually transmitted infections (STIs), lower risk perception of disease and uncertainty of their children’s vaccination status.⁹⁻¹⁵

Interviews with parents/guardians of Indiana adolescents and Indiana pharmacists revealed similar barriers, including¹⁶:

- Lack of proper and comprehensive vaccine education from providers and medical staff
- Difficulty coordinating vaccine appointments with limited clinic or pharmacy hours and location
- General distrust of vaccines, the medical system or government recommendations (worsened after COVID-19)
- Concerns with serious side effects or complications
- Confusion with vaccine schedules and booster doses
- Misconceptions about vaccine recommendations (e.g., HPV vaccine is only for girls)
- Stigma surrounding the HPV vaccine and sexual activity
- Concerns surrounding the number of vaccines recommended or concerns about receiving multiple vaccines at a single visit

Figure 1. Indiana vaccination rates



Health Disparities

There are racial, ethnic and geographic disparities surrounding immunizations and disparities related to vulnerable populations. The National Vaccine Advisory Committee (NVAC) states that these and other disparities are the result of cost and access barriers, as well as political and environmental barriers.¹⁷ Improving adolescents' vaccine education and access are matters of health equity and public health.¹⁸

ACCESS

Predictors of delayed vaccination completion included caregiver demographics such as Black vs. White race, high school or less education vs. college or higher education. Delayed HPV vaccination occurred in most adolescents (67%). It was often related to the caregiver's inability to get a vaccination appointment for their children as soon as needed and the insurance type for the adolescent.¹⁹

Parents/guardians of Indiana adolescents and Indiana pharmacists expanded on access barriers, adding¹⁶:

- Limited appointment availability at pediatrician offices
- Long distance and travel time to pediatrician offices in rural counties
- Insurance limitations on the settings in which vaccines can be received (e.g., a mother with an adolescent with Medicaid was unable to receive the vaccine at the pharmacy and had to go to the local health department)
- Adolescent vaccines are not always stocked/on-hand at pharmacies
- Vaccines offered at school clinics and initiatives are often limited to influenza
- Pharmacy and clinic hours may be limited outside of typical work hours

EDUCATION

Belonging to a minority group, having lower health literacy and having a lower level of education were also associated with hesitancy about vaccinating children or uncertainty about their children's vaccination status.¹⁹⁻²¹ A lack of adequate vaccine-specific education can also result in decreased immunization rates.¹⁰

Parents/guardians of Indiana adolescents and Indiana pharmacists expanded on knowledge and education barriers, including¹⁶:

- Lack of resources for non-native English speakers
- Lack of parent/guardian education on vaccines and the diseases they prevent from pediatricians, pharmacists, school nurses and other healthcare team members
- Lack of parental/guardian knowledge on the recommended and required vaccines as well as the vaccine schedule
- Certain religious communities, like the Amish, may have more hesitancy surrounding vaccines and decreased vaccine acceptance rates

AFFORDABILITY

Parents/guardians of Indiana adolescents and Indiana pharmacists expanded on affordability barriers, including¹⁶:

- Parental/guardian lack of awareness of assistance programs like the VFC program
- Parental/guardian uncertainty on insurance coverage for adolescent vaccines
- Pharmacist concerns on vaccine wastage and lack of clarity on reimbursement

Potential Solutions

ACCESS

- Pharmacies should offer and stock adolescent vaccines as increasing pharmacy-based immunization options will increase vaccine access. There are typically more pharmacies within a community than medical clinics, and they often have extended and weekend hours.²²
- Back-to-school initiatives can be used to provide increased access to many students/adolescents in a very short period. These initiatives may involve going to the schools and setting up a pop-up vaccination clinic or collaborating with school nurses to ensure all students are receiving the required and recommended vaccines.¹⁶
- Extended hours and weekend appointment availability based on seasonal demands²³

EDUCATION

Improved parent/guardian and patient education can help to reduce vaccine hesitancy and improve vaccination rates.²⁴ Pharmacies, along with pediatrician offices, should collaborate closely with schools and school nurses to ensure that parents/guardians and patients are receiving effective and accurate educational materials.¹⁶ Education should include at a minimum¹⁶:

- Information on the disease/illness that the vaccine prevents
- Vaccine schedule information (age per dose)
- Details on booster doses, as applicable
- Where they can go to receive the vaccine
- Information on low- or no-cost options in the community, including a list of VFC providers
- Contact information for the school nurse, public health official or other designated healthcare team

member for parents/guardians or patients who have additional questions

- Educational materials in multiple formats and languages should be provided when possible.^{16,23}
- Other settings to consider—in addition to schools—for education and outreach include community events, events at spiritual/religious communities and at the pharmacy, itself.¹⁶

AFFORDABILITY

Pharmacies with adequate adolescent vaccination volume or potential volume should consider joining the VFC program. This program provides vaccines at no cost (there may be an administration fee) to adolescents under the age of 19 who are uninsured, underinsured, Native American or Alaskan Native. Additionally, the program provides the vaccines free of cost to the pharmacy and allows for a vaccine administration fee for each dose administered.²⁵

AWARENESS

Public health leaders, school administration and healthcare workers should collaborate to increase community awareness of low- and no-cost immunization options. This should include awareness of what providers and pharmacies within the community participate in the VFC program.¹⁶

Conclusion

The CDC estimates that as of June 2022, only 0.4% of VFC providers are pharmacies. Increasing the number of VFC participating pharmacies has the potential to improve vaccine access as well as adolescent vaccination rates in Indiana.²⁶ The next section of this document provides additional information and resources on the Indiana VFC program.

VFC Program Benefits and Requirements



Benefits:

Vaccines provided free of cost

Vaccine administration fee for each dose administered

Increased vaccine access for patient population

Educational opportunities



Requirements:

Follow specific storage and handling requirements.*

Participate in compliance visits.

Ensure staff are compliant with educational and training requirements.

Common Concerns and Misconceptions About the Indiana VFC Program



CONCERN. I must buy a separate storage unit for VFC vaccines.



CLARIFICATION. You may be able to use your existing storage units for the storage of VFC vaccines. Storage unit requirements can be found in the Indiana policy titled "Storage and Handling – Storage Unit Requirements" on the Indiana Department of Health Website. If your current storage units do not meet the requirements, speak to your Indiana Department of Health representative to learn about potential options to receive financial assistance for a compliant unit.



MISCONCEPTION. Ordering VFC vaccines is a difficult process.



CLARIFICATION. Ordering VFC vaccines is a quick and easy process. Vaccine orders can be made once a month through the Vaccine Ordering Management System, VOMS. This can be performed while submitting your monthly inventory. Typically, delivery can be expected within 7-10 business days from the time the vaccine order was submitted.



MISCONCEPTION. Although I don't have to buy the vaccine, I can't get reimbursed for the time and labor it takes to counsel the patients and administer the vaccine.



CLARIFICATION. It is true that you cannot bill for the cost of the vaccine; however, VFC providers can bill an administration fee up to \$20.32 per dose administered to reimburse your labor costs.

Note: The Medicaid reimbursement rate is \$15.00.

* Specific temperature monitoring and refrigerator/freezer requirements can be found at https://www.in.gov/health/immunization/vaccines-for-children/#Vaccine_Storage_Handling



CONCERN. The risk of vaccine waste is not worth participating in the program.



CLARIFICATION. The avoidance of unnecessary vaccine waste is an important consideration with any vaccination program. For VFC vaccines, pharmacies and clinics should evaluate their current adolescent vaccination volume and expected volumes (with increased marketing, seasonal fluctuations, etc.) to determine if they will have a high enough volume to be a good candidate for the VFC program.

Once enrolled in the program, pharmacies and clinics can avoid unnecessary waste by monitoring their inventory and expiration dates. Many of the vaccines have long shelf lives, and the minimum patient volume required to avoid waste is fairly low. If you have vaccines that are approaching their expiration date, you can contact your Indiana Department of Health representative who can try to help to transfer the stock to another VFC provider with a higher anticipated volume.



CONCERN. There isn't enough demand for adolescent vaccines.



CLARIFICATION. Discussion with Indiana parents/guardians of adolescents revealed a lack of awareness of the VFC program. Several Indiana pharmacists that participated in the VFC program reported that through marketing, collaboration with schools, spiritual communities and other community organizations they were able to increase awareness and significantly increase their VFC vaccine administration volume.



CONCERN. The enrollment process is too complicated.



CLARIFICATION. The Indiana Department of Health has multiple resources available at <https://www.in.gov/health/immunization/vaccines-for-children/> to assist in the enrollment process. Additionally, they will provide applicants with an enrollment checklist and provide answers to any questions you may have throughout the process.

PHASE I:

Confirm Eligibility

- Review the Indiana VFC program eligibility requirements and criteria – Health: Immunization: Vaccines For Children (VFC) <https://www.in.gov/health/immunization/vaccines-for-children/>

Complete Contact Request

- Complete the Immunization Provider Contact Request form (State form 54048 (R/2-15))
- Email completed forms to enrollments@health.in.gov or fax to 317-233-3719

PHASE II:

Complete Enrollment Packet

- IDOH staff will email the VFC Onboarding Enrollment Packet as well as an Enrollment Checklist
- Return the completed Enrollment Packet to IDOH staff

VFC Pin Assignment

- A VFC pin will be assigned for each unique facility in CHIRP once enrollment is complete.

PHASE III:

Initial Site Visit

- An assigned Regional Quality Assurance Specialist will schedule an Enrollment Site Visit.
- The primary vaccine coordinator, the backup coordinator and all providers that are enrolling in the VFC program must be present for the Enrollment Visit.
- Return the completed Enrollment Packet to IDOH staff.

Follow-up Site Visit

- A follow-up site visit with the assigned Regional Quality Assurance Specialist will be conducted 45-60 days after the initial site visit.
- This visit will consist of a minimum of a Storage and Handling Check.

Ongoing Site Visits

- A standard Compliance Visit will be conducted 4-6 months after the follow-up visit.

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