Leveraging Trusted Individuals/Organizations to Promote Flu Vaccination Participation

Center of Excellence for Faith and Health Methodist-Le Bonheur Healthcare

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Core Partners
- Congregational Health Network
- Individual churches within 38109 involved with the CHN
- Area libraries/community centers
- Cigna Health Plan (through Methodist Foundation)
- Walgreens pharmacy
ACCOMPLISHMENTS

Objective 3a: Conduct and coordinate evaluation activities to document increase in the capacity to reach vulnerable, at-risk and minority populations

• Evaluated the efficacy of using trusted individuals within the target population to improve vaccination rate, identified barriers to be overcome, and gained knowledge of the type of trusted individual likely to have an impact

• Evaluated the efficacy of using trusted organizations within the target population to improve vaccination rate, identified barriers to be overcome, and initiated planning for joint initiatives during the 2015 flu season

• Developed an understanding of networks/communication channels within the target population and identified the barriers to be overcome for a widely dispersed, poorly connected community

• One concrete outcome was the dissemination of tens of thousands flyer, personal contact at health fairs and the administration of 250-300 additional flu shots over what was expected
ACCOMPLISHMENTS (CONTINUED)

Objective 3b: Describe partnership practices that extend the capacity of public health

- Evaluated the potential of area churches as partners in flu vaccination promotion, developed a realistic understanding of their potential to assist and the need to involve them in planning

- Evaluated the potential of area libraries and community centers as partners in flu vaccination promotion, identified the best way in which to utilize them and the need to involve them in planning

- Evaluated the potential for using Congregational Health Network members within the target community as partners in flu vaccination promotion, gained a realistic understanding of their ability to contribute, and the need to screen members in terms of their potential to contribute
CHALLENGES

• Moving members of the target audience in this community from knowledge to action is very difficult (e.g., with tens of thousands of flyers disseminating knowledge but not moving to action)

• Overcoming barriers associated with reaching a large population over an expansive geographic area that has limited mobility and restricted social networks

• Cancellation of health fair due to inclement weather after significant promotion of flu shot opportunities (critical)

• Tracking trusted individuals over time due to high mobility, changing contact information, aging and frail health

• Harnessing word of mouth and personal influence to the cause
• The role of the CHN navigator is critical in recruiting community members to promote flu vaccinations and this project generated a better appreciation of the requirements for enlisting trusted individuals within the community in such an initiative (trusted leaders).

• The multi-pronged initiative of MLH within the targeted community provided a springboard for implementing the flu vaccination initiative although better coordination of activities is warranted (trusted leaders).

• Building on the foundation established by CHN, developed a realistic appreciation of the ability of churches and other community organizations to influence the behavior of their members relative to such an initiative (trusted leaders).

• Based on the planning of the health fair at which flu shots were offered, a coalition of several partners was established to provide the basis for joint initiatives going forward (collaboration).
• Enlist area organizations (churches, libraries, community centers) in the planning of the flu vaccination initiative, creating key information dissemination points in the event of a pandemic.

• Enlist trusted members of the community in the planning of the flu vaccination initiative, providing them the information they need on vaccine safety to overcome resistance (including example of navigator receiving shot).

• Anticipate access issues (e.g., transportation barriers) and advertise incentives (e.g., free gifts) more aggressively.

• Ability to leverage MLH activities in this high-risk community to contribute to overall health status improvement and facilitate the implementation of focused projects such as flu shot promotions.
QUESTIONS FOR DISCUSSION

1. What more would you like to know about this site’s work?

2. What lessons learned about evaluation methods can you share? What works? How is it helpful or not?

3. For an institution like MLB and its CHN, in order to increase vaccination uptake in priority neighborhoods, what should the institutional relationships look like – structures and policies?