Local Public Health Initiatives to Increase Vaccine Confidence

Vaccine Confidence Health Equity Action Lab

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- This training was based on the tools and resources developed by the Institute for Healthcare Improvement as a part of the [100 Million Healthier Lives Initiative's](#) [Equity Action Lab](#)[1]. The model was adapted by NACCHO to focus on increasing vaccine confidence with a health equity lens.

- The training was provided as a part of NACCHO's *Local Public Health Initiatives to Increase Vaccine Confidence* project funded through the support of the Cooperative Agreement from the Centers for Disease Control and Prevention, #5 NU38OT000306-04-00.

Reference:

[1]Douglas W, Fritsch S, Howard P, Muiga R, Munene E. Equity Action Lab Implementation Guide. Boston: 100 Million Healthier Lives, convened by the Institute for Healthcare Improvement; 2019. (Available at www.ihi.org/100MLives)

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Local Public Health Initiatives to Increase Vaccine Confidence: Project Overview

Selected LHDs will:

- **Goal 1** – Identify pockets of low vaccination within communities

- **Goal 2** – Promote pro-vaccination campaign and contain misinformation

- **Goal 3** – Provide on-going support to local health departments

Local Public Health Initiatives to Increase Vaccine Confidence: A 4-Pronged Approach

Strategic Action Planning – Equity Action Lab

- Capacity building focused on action planning, sustainable practices, data & evaluation, communication, forming partnerships, and strategies for vaccine completion
- Strategic action plan development

Project Advisory Group

- Provide insight regarding the impact of vaccine confidence at the local level
- Review vaccine confidence materials

Project Meeting

- NACCHO 360 - the premier public health conference where local health department staff, partners, and funders share the latest research, ideas, strategies and innovations across public health focus areas

On-Going Capacity Building Support

- Technical assistance
- Monthly calls
- Information exchange

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Participating LHD Demonstration Sites

📍 **Adams County Health Department, Quincy, IL**

📍 **Williamson County and Cities Health District, Round Rock, Texas**

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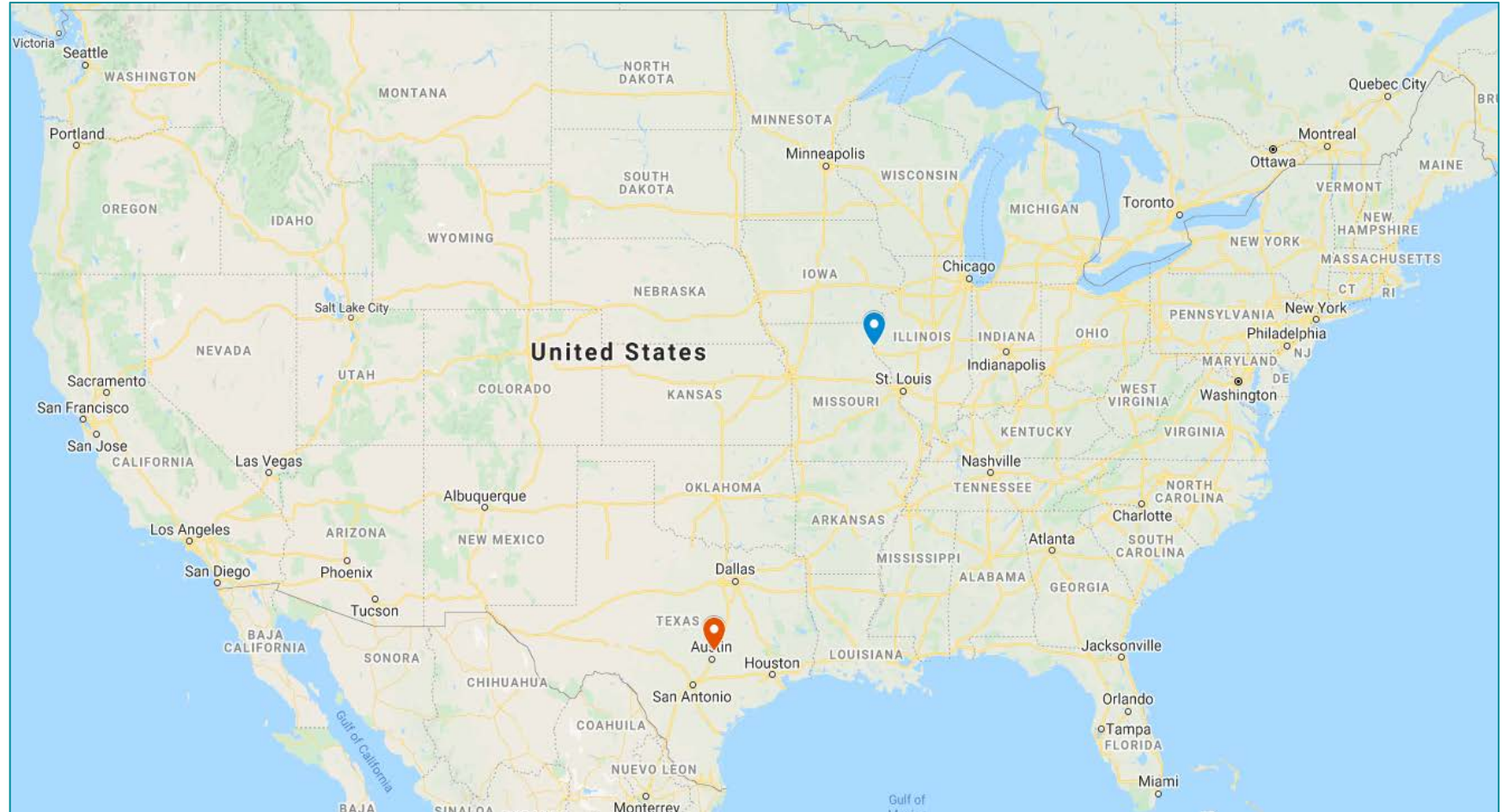
What is a Health Equity Action Lab?

An **Equity Action Lab** is a flexible, adaptable model that uses a set of activities to bring together a diverse group of community stakeholders to take action in pursuit of equity and community improvement.

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Health Equity Action Lab

Core Elements:

- A **concrete aim** that addresses health equity
- A **safe and inclusive** team environment
- A plan to **track progress**
- A way to include **rapid-cycle test of change**
- A way to report to **stakeholders**
- A **diverse and willing** team
- Gets into **action quickly**
- Ensures that **language and concepts** used are **explained and understandable** by all participants
- Considers **sustainability** and/or **scale-up of success**

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Strategic Planning: Steps to Completing the Vaccine Confidence Health Equity Action Lab

LHD Demo Site Team
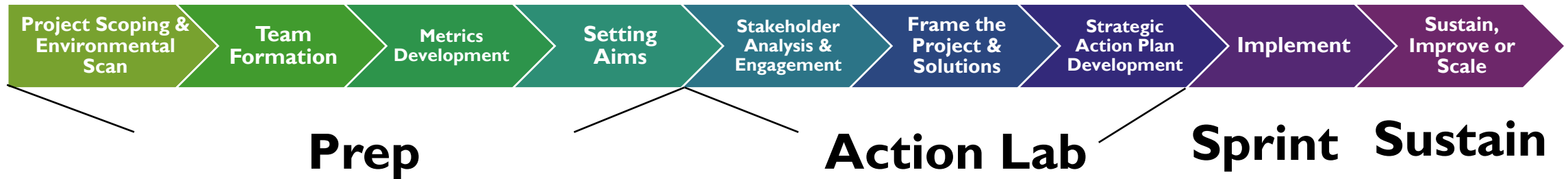
*This process was adapted and tailored by NACCHO using the tools and resources provided in the Equity Action Lab developed through the *100 Million Healthier Lives Initiative.*

Steps	Key Element	Notes
"Gear-Up": Environmental Scan and Forming Project Team	Define the problem, narrow your scope and brainstorming your team.	Homework: Begin to draft team charter (Part 1, # 1-5)
Developing Metrics & Creating Aim Statements	Obtain or collect baseline data, brainstorm outcome metrics, and refine aim statement template.	Homework: Continue drafting team charter (Part 2, # 6-10) by brainstorming outcome metrics and drafting Aim statement options
Deliverable Due: LHD Vaccine Confidence Project Charter		
Strategic Action Planning	Engage all members of your team, establish norms, expectations, common definitions	Homework: Continue drafting team charter (Part 2, # 6-10 and11-14) by evaluating root causes of the problem and possible change solutions
Implementation	Use results from your prep and action lab phases to develop a plan for the sprint and sustain phases	Homework: Action Plan Template
NACCHO 360	NACCHO annual conference for local public health	Presentation of health equity lab findings
Final Deliverable Due: LHD Action Plan to Address Vaccine Confidence		
Sustain	Develop a plan to continue project momentum	

The Team Charter

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Local Public Health Initiatives to Increase Vaccine Confidence Project- Team Charter

PROJECT NAME:

COUNTY, CITY, AND STATE:

DATE REVISED:

Part 1: Background and Context

What is the current situation?

1. Vaccination Project Focus: What specific aspect of vaccinations do you want to improve?

2. Problem Description: *Briefly describe why this focus area was selected and what specific community health indicators you have that informed this. Identify the magnitude of the problem, the populations experiencing inequities and how they are being impacted.*

3. Social and Structural Determinants: *Identify and describe the specific social or structural determinants of health that are leading to these problems and to the inequities described above (e.g., access to vaccines, transportation, cultural humility). What historical or structural context in the community sheds insights on the identified inequities (mistrust, public narrative)?*

4. Current Systems and Processes: *Describe how the community, including your health department, is currently addressing the problem. What efforts have been made to meet the needs of the populations experiencing inequities. What are the systems and processes involved? When have they been effective and where do they fall short?* **Provide any baseline data that may be available.**

5. Intervention Levels: *Describe how upstream your current efforts are. To what degree are current efforts to address these inequities changing the context within which those most impacted live? Are most*

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Suitable Projects to Build-out Your Team Charter

- ✓ • Does it address a social or structural determinant of health? **Yes**
- ✓ • Is it feasible to do within project period? **Yes**
- ✓ • Will your project (potentially) make an impact? **Yes**
- ✓ • Is your project scalable? **Yes**

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Project Scoping and Descriptions (Environmental Scan)

Problem vs. Project Descriptions

Problem Description	Project Description
• Explains why you selected your vaccine confidence priority	• Based upon your vaccine confidence priority and problem statement
• Describes the public health system	• Describes one aspect of the public health system, focusing on a specific aspect of the problem, will be the focus of your project
• Includes specific <u>community health indicators</u> that informed your description	• Focuses on <u>project performance metrics</u> (baseline data collection)
• Describes existing vaccine inequities experienced by specific populations	• Focuses on a sub-population(s) and their inequities

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Using a Health Equity Frame to Improve Vaccine Confidence

Conventional Approach	Health Equity Frame
Why are people under/unvaccinated within our community?	What social conditions and economic policies make some people more likely to be vaccine hesitant or less confident in vaccines?
What types of services and resources do we need to increase vaccine confidence?	What fundamental systems and policy changes do we need to vaccine confidence?
What public health officials will decide on appropriate courses of action?	How can we work within our communities to define and prioritize public health concerns?

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Project Description Considerations

- What are the social or structural determinant(s) of health that will be addressed? (How "upstream" is it?)
- How may your project impact existing inequities and at what level(s)? (individual/interpersonal, organizational, community)
- Which aspects of the existing systems or processes will be improved?
- What are the scope and boundaries (e.g., geographic)?
- What specific populations and subpopulations experiencing are impacted by vaccine misinformation or mistrust?

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Example Project Description

- Public Health Priority: Low COVID-19 vaccination rates among minority community members within the local jurisdiction

- Description:

  The focus of this project is to increase COVID-19 immunization rates and acceptance among the Latinx and African-American adult populations within the county by providing tailored and accurate vaccine messages delivered by trusted community leaders and health professionals. Medical mistrust and vaccine misinformation create a barrier to many minority community members accessing health care and public health services, including vaccines.

Put the Community First

- How will you learn from community?

- Do you have existing trust and relationships with community members?

  - What's your approach serve to build trust?

- Is there a sense that you're trying to 'take' something?

- Is there a perception that you're trying to 'tell' the community how to change?

- What will the community gain?

  - *'What's in it for me?'*
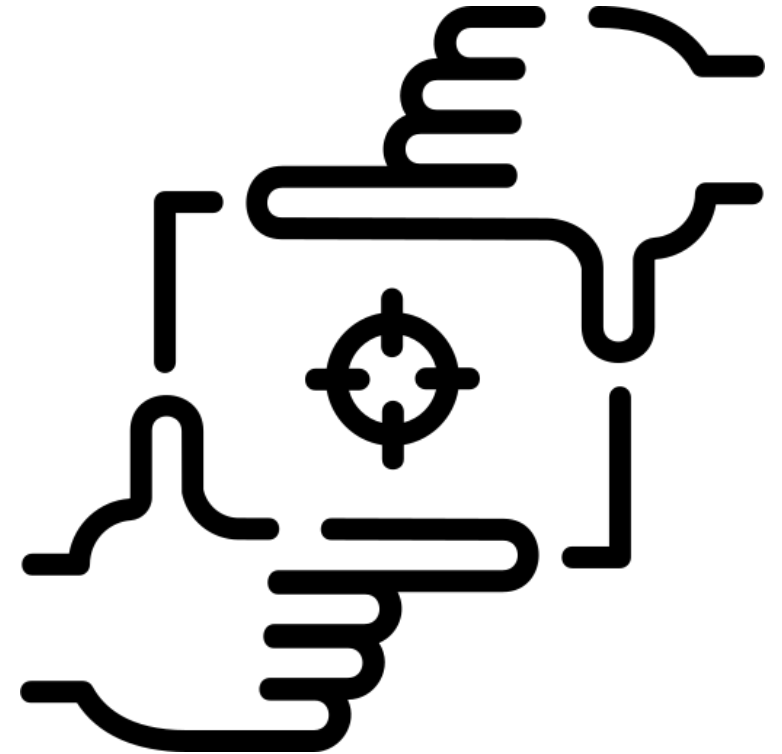
Engaging People with Lived Experience

✓ Getting Started

Connect

Recruit

Engage

Co-Design

Grow

Getting Started

The Importance of Lived Experience:

- Expertise that doesn't come from training or formal education.
- Knowledge from an experience with an issue or challenge.
- Direct experience with a system, process or issue, or trying to engage with a resource.
- Awareness of what works, what doesn't work, and what resources (formal or informal) are available in the community.

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Connect

- Identify the people with whom you need to connect. Ask: whose lives can be improved because of your work? Whose lives will most be impacted by your work?

- Meet community residents in a space of their choosing to build trust and respect their time and effort.

- Connect in a range of ways—one on one is the most effective; small groups can also work

- When you DO make these connections:
  - Introduce your organization.
  - Make it clear that you are not there to 'fix' community challenges. Instead, you are looking to collaborate and co-design solutions together.
  - Spend time getting to know each other. (See Questions to Ask at right.)

- Offer fair (as defined by the PWLE) compensation for their time and knowledge.

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Recruit

- Invite potential members as a team

- Orient them to the project and the role

- Design the role together based on what the team needs and the PWLE's priorities and values

Tip! Recruiting at least two people from a representative group means that you get more perspectives, and they can support each other.

Teams that have two PWLE find that they last longer in the role.

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Engage

Tip! People with lived experience of inequity often wait to be asked directly for their insights.

Some may need to be engaged after the meeting so they feel more comfortable.

- **Integrating the person with lived experience into the team**

- Check in periodically to see if the individual has what they need (resources, skills, information) to fully engage in the work. For example: would they prefer a verbal summary? Printed minutes and documents? Email?

- Observe the person with lived experience during team meetings. Are they contributing their thoughts? Asking questions? For example, ask the assigned point person to look out for them during meetings and check in after/between meetings.

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Co-Design

level 1
Integrate people with lived experience into the team

benefits
Work with team members with lived experience to define the problem, identify opportunities, craft, test and assess possible solutions.

challenges
Limited knowledge of people's experiences, preferences, and needs. People with lived experience who are asked to be a sole resource for their team often struggle with representing others' experience. Additionally, be aware the people who are able to join your team are often not those in the greatest need.

level 2
Integrate people with lived experience into the team
AND
Connect them to a group of peers for feedback

benefits
Team members with lived experience can speak to a wider range of experiences and needs, with which to guide the team's work. Use this wider pool of information to define the problem, identify opportunities, craft, test, and assess possible solutions, reducing the need to redesign.

challenges
Team members with lived experience may not have the time, resources, or skills with which to collect feedback.

level 3
Integrate people with lived experience into the team
AND
Co-design with members of the community affected by issue

benefits
Wide range of perspectives, reducing the change that you'll miss key insights. Engage the community in the process, creating a sense of ownership of the solution. This is likely to increase engagement with whatever solution you design.

challenges
Needing a group engagement process - we recommend the Action Lab for a time limited, data driven process.

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Grow

- Check-in to learn what's working or what needs work and adjust the role as needed

- Support growth: skills, perspective, leadership

- Celebrate the wins and learning

Create a Safe Space, Prepare for Discomfort

- Create an environment where people feel safe enough to openly communicate – and make mistakes

- Safe ≠ comfortable

- Discomfort often leads to growth

¡THIS IS A SAFE SPACE

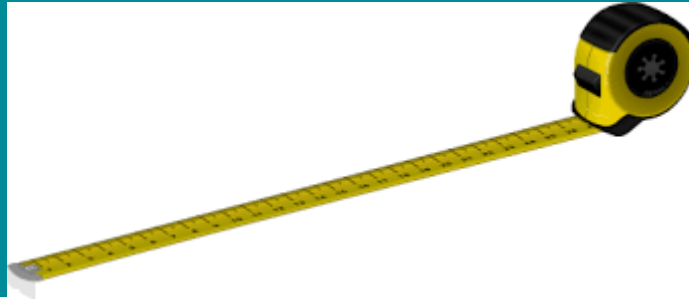# Manage Conflict, Encourage Accountability
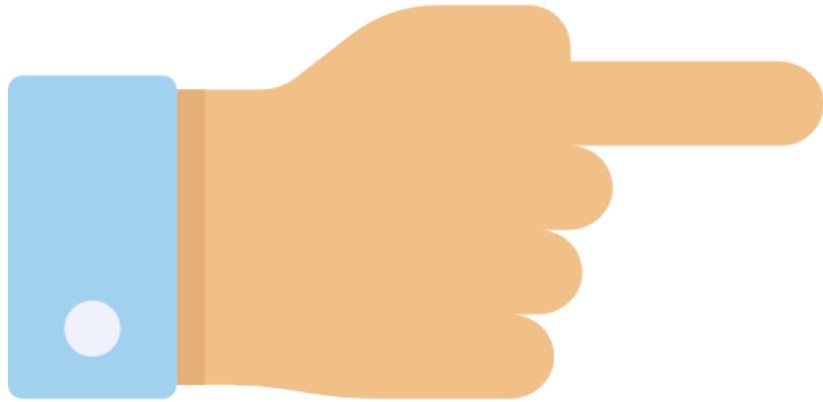
Calling Out

Calling In

Keys to Authentic Engagement

- Good intentions aren't enough.

- Avoid assumptions and judgments.

- Honor community wisdom.

- Beware the 'gatekeeper.'

- Engage in reciprocity.

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Measuring Performance

Measuring Health Inequities

Traditional approach:
- What is the overall diabetes rate in the jurisdiction?
- How has this rate been changing over time?
- What behaviors contribute to or reduce the risk of diabetes?
- What population groups in the jurisdiction have higher rates of diabetes than others?

Using Health Equity approach:
- What living and working conditions contribute to the risk of diabetes?
- How are the living and working conditions of the community with a higher diabetes rate different from those communities with lower diabetes rates?
- What structures, policies and systems contribute to the differences in living and working conditions?

Reference: Minnesota Department of Health, "HEDA: Conducting a Health Equity Data Analysis"
http://www.health.state.mn.us/divs/chs/genstats/heda/healthequitydataguideV2.0-final.pdf

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Converting Outcomes to Metrics

- ✔ • Do you have at least one metric for each objective?
- ✔ • Do the metrics clearly define your goals and objectives in quantifiable, specific terms?
  - ✗ Vague => We will improve customer service.
  - ✔ Precise => We will reduce response times.
- ✔ • Do the metrics drive change?
- ✔ • Do they influence the desired outcome?
  - – Do they address SDoH?

Types of Metrics

Process metrics: specific numerical measurements of the steps in a process that lead — either positively or negatively — to a particular outcome metric.

Tells us _how_ we do something

Outcome metrics: a specific numerical measurement that indicates progress toward an outcome

Tells us _why_ we do something

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Topic	Target Population	Process for improvement	Process/Output	Short-term outcome	Interm. /Long term outcome	Community Indicator
Reduce the number of drop-outs in Northwest High School	Students under-credit for graduating	Academic Support Labs – alternate schedule classes	-# alternate schedule classes -Participation rate -% of at-risk students referred	-average GPA -% of classes passed	-credit recovery rate	High school graduation rates
Increase healthy eating in food insecure areas	Low income, food insecure	Pop up food markets	-# pop up markets/week -# participating healthy food vendors	-# of food insecure visitors	-% of food insecure that purchase healthy foods	Food insecurity
Increase advocacy efforts to change policy maker attitudes and behaviors around living wage laws	Policy makers	Shaping policy agenda	-# meetings held w/policy makers -# times evidence based -- messaging was delivered to policy makers	-# meetings/ events where living wage is on agenda	- Policy makers change rhetoric	Living wage
Reduce incarceration of mothers charged with nonviolent drug offenses	Mothers	Travel vouchers to treatment/MCH programs	-# of transportation vouchers issued to mothers charged with nonviolent drug offenses, by race -# of transportation vouchers redeemed	-% attend/ complete drug treatment and/or MCH programs	-# of participants with no repeat drug offense -# mothers with substance abuse disorders -# children	Incarceration, substance abuse disorders, ACES

Quality Check for Process Metrics

- ✓ • Does an increase in the measure indicate improved program functioning?

- ✓ • Does the measure help staff/managers identify areas for improvement?

- ✓ • Is the measure focused on the activity/output vs. what is to be achieved?

- ✓ • Are activities and outputs clearly defined?

- ✓ • Are activities and outputs achievable?

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Quality Check for Outcome Metrics

✓ • Can the measure be linked to the mission or strategy?

✓ • Is the measure specific enough?

✓ • Is the meaning of the measure clear?

✓ • Do we have some level of control over the outcome?

✓ • Is data collection feasible?

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Aim Statements

Setting Aims

- Answers "What are we trying to accomplish?"

- Delineates clear, specific plans for the work ahead

- **Based upon outcome metrics** and similar to objectives, looking to increase/decrease something in a measurable way

- Key components
  - **What?** What's the problem or opportunity?
  - **How much?** By how much will you improve? (increase/decrease)
  - **By when?** What is the date by which you will achieve the level of improvement you've set out to accomplish?
  - **For whom?** Which population who will benefit from the improvement?
  - **Where?** What are the boundaries of the process or system you're trying to improve? Where does it begin and end?

Setting Aims

SMART Criteria

Specific	**Who** is the target audience? **What** will be accomplished?
Measurable	How can success be measured? **How much** change is expected?
Achievable	Can we **succeed** in the proposed time frame? Do we have **enough resources** and **buy-in** to achieve this?
Relevant	Will it **impact** long term goals? Is it within the **scope** of our work?
Timebound	By **when** should this objective be reasonable achieved?

Setting Aims

Considerations

- Is the problem or opportunity clearly stated?
- Do you know what you're going to do about the problem?
- Have you set a numerical goal to quantify the amount of improvement they'd like achieve? (increase/decrease)
- Do you know the calendar date when you plans to achieve the goal?
- Is it clear who will benefit from the improvement?
- Is the scope of the project clear?
- Do you know why this improvement effort is important?

Example Aim Statements

Poor:

- By providing accurate, tailored vaccine messages delivered by trusted messengers, COVID-19 vaccine rates and confidence among adult minorities within the community will increase.

Good:

- By July 2020, increase vaccine outreach and uptake of the COVID-19 vaccine among Latinx and African American adults within the county by 15%.

Theory of Change
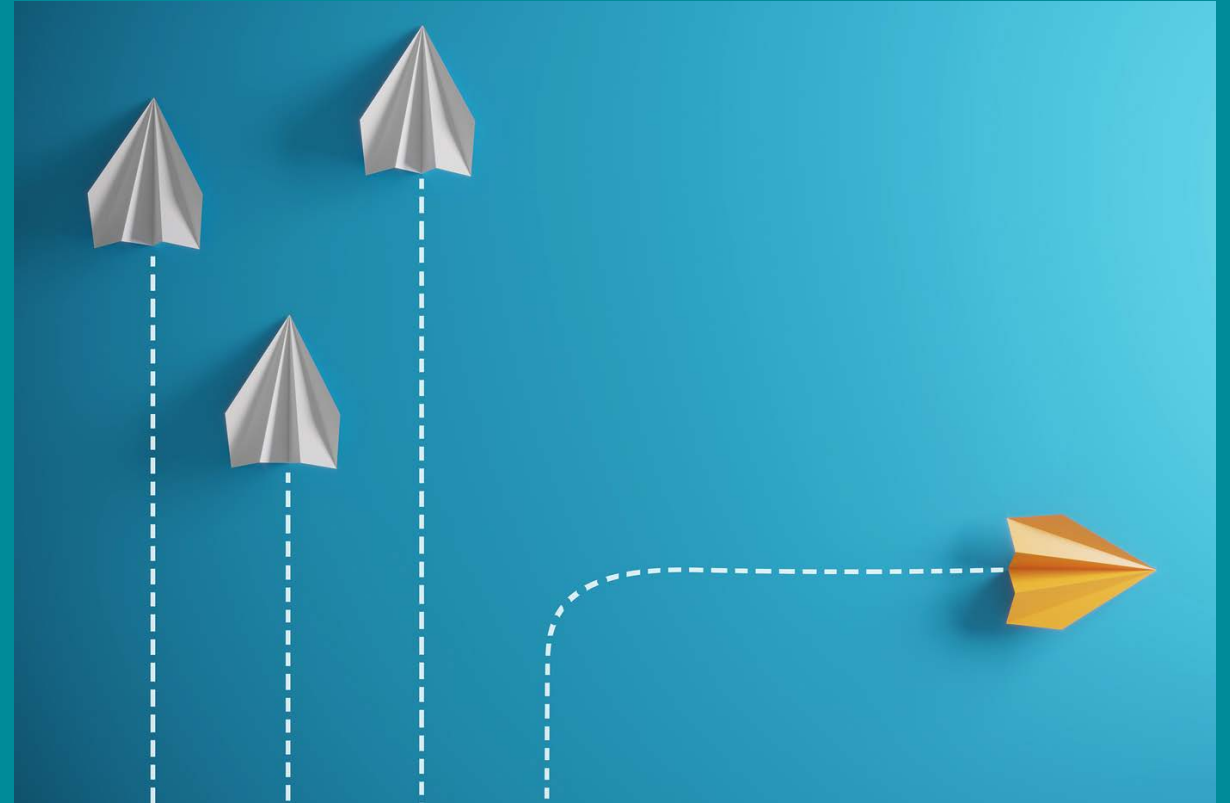
Model for Improvement

Setting Aims

Establishing Measures

Selecting Changes

Testing Changes

Rapid Continuous Improvement (RCI)

During a rapid continuous improvement effort, a small cross-functional team focuses their energy over a shorter period to identify and execute improvements to a particular issue or process. (AKA Kaizen Event or Blitz)

Theory of Change: What change can we make that will result in improvement?

- Answers the question: how will we reach our aim?
- Formulate change ideas that improve the processes that leads to outcomes
- Builds learning and evidence
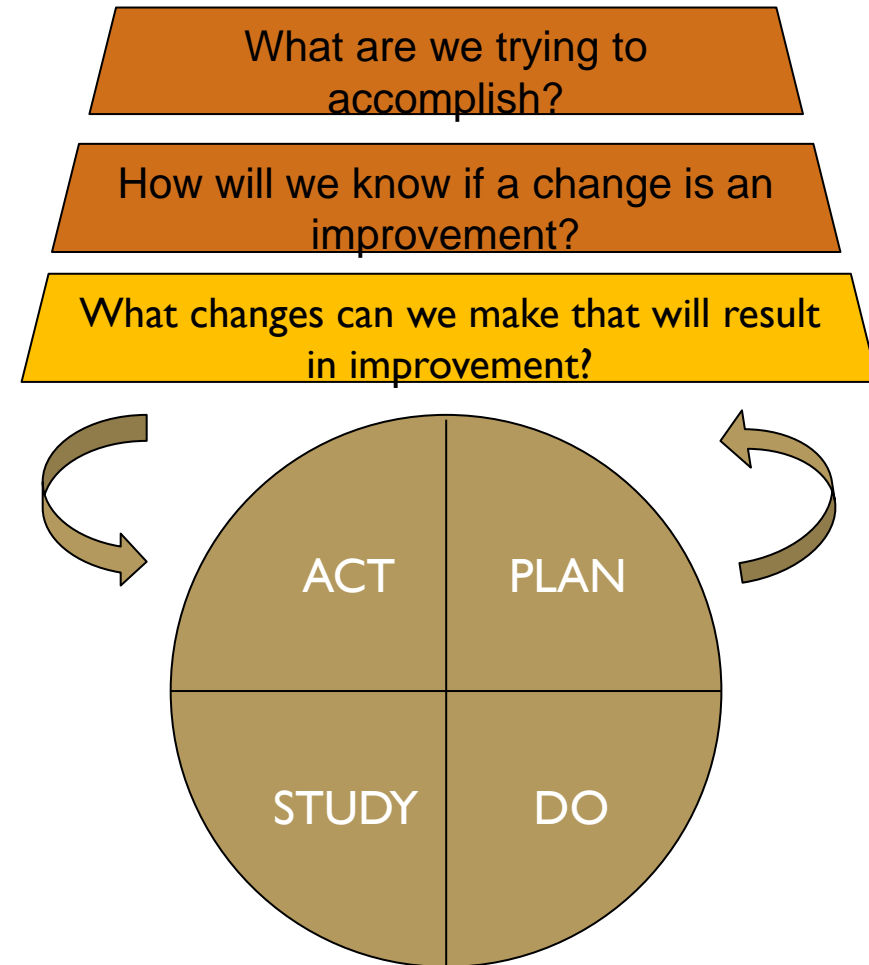
What is a Theory of Change?
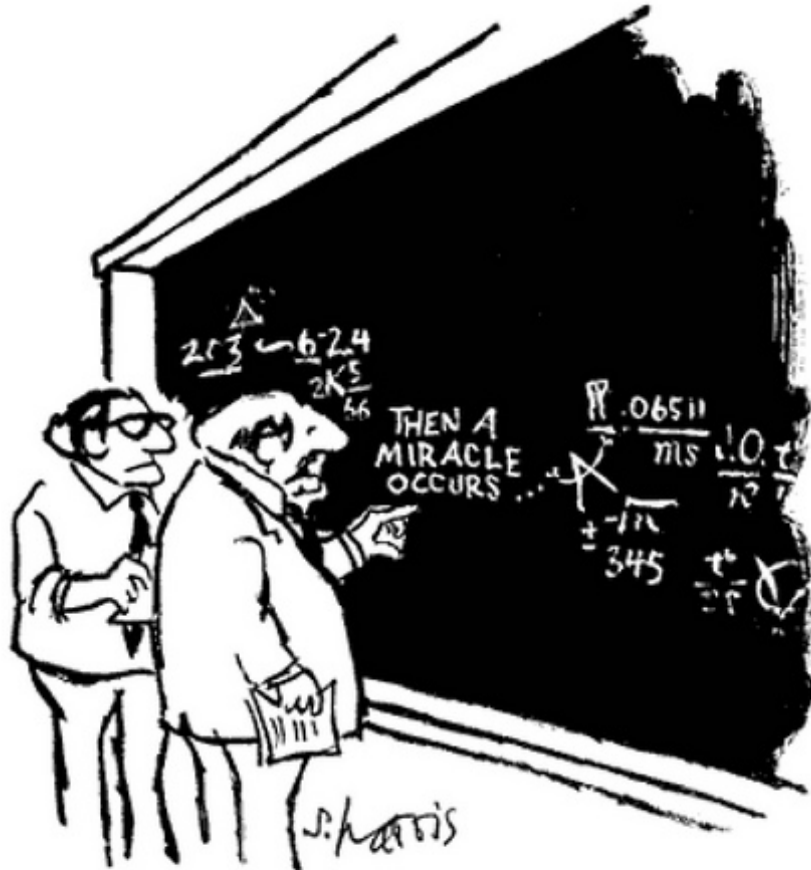
"I think you should be more explicit here in step two."

- A description of **how and why a desired change is expected** to happen in a particular context
- It fills in the **"missing middle"** between the Aim statement and change idea
- It establishes a **cause-and-effect relationship** between outcomes and actions

Theory of Change

Based on local context and needs of those with lived experience

Developed in partnership with those most impacted by the inequities and those

Engage those that are part of the system

Develops a strategy for impact

Results in possible change solutions that respond to key drivers of the desired outcomes

The Driver Diagram
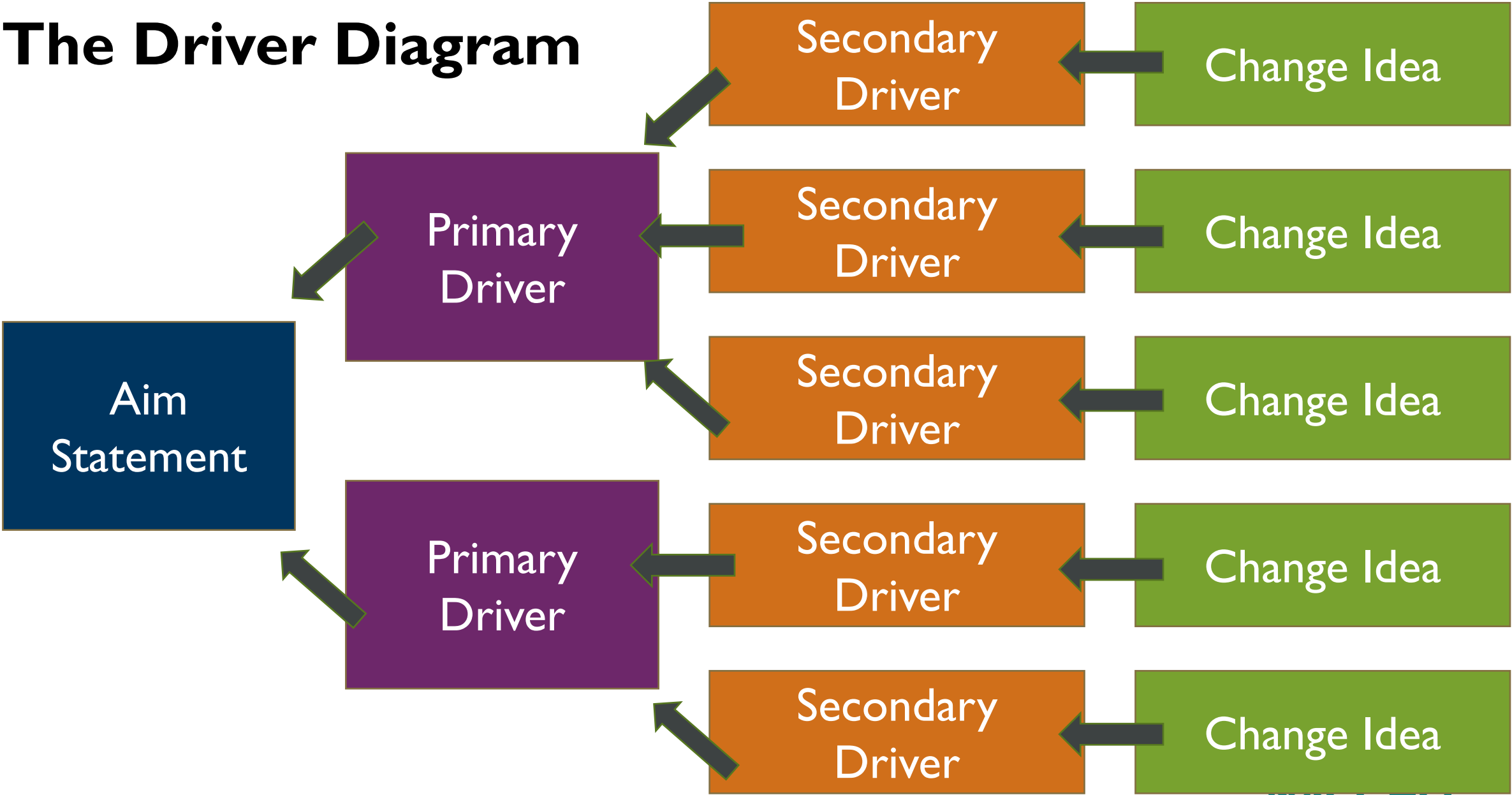
The Driver Diagram

- **Aim statement**: your desired outcome

- **Primary drivers**: 2-3 high level drivers that directly influence the Aim.
  - *"What are the biggest things that influence the Aim?"*
  - *Help identify process measures*

- **Secondary drivers**: Influence one or more primary drivers.
  - "What influences the primary drivers?"
  - Help identify change ideas

- **Change ideas:** the innovations to test to achieve the Aim
  - *"What can we do to impact the secondary drivers?"*
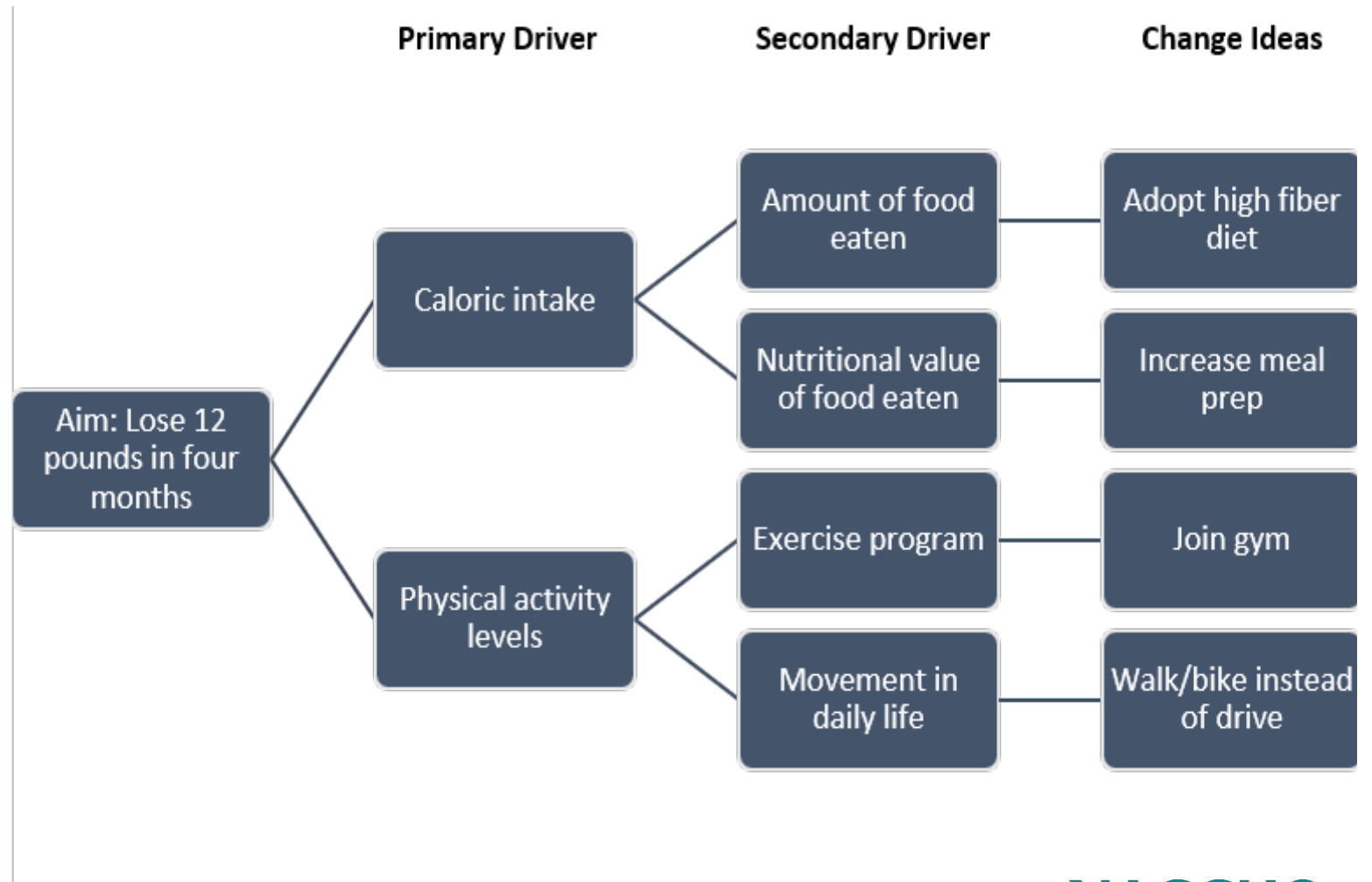
Driver Diagram Tips

Critical that the Driver Diagram is informed by those that experience the inequities and understand the systems contributing to them

Reassess whether primary driver are secondary, or vice versa

Make sure no solutions are proposed as drivers

Make sure each solution is ultimately linked to the Aim

There is no right or wrong answer and your diagram may evolve throughout as you gain more insights into the system

This will be your improvement strategy and will help identify process measures later in the Equity Action Lab

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Community Engagement

Toolbox

- Interviews and focus groups

- Guided tour

- Journey map and flow charts

- Empathy map

Interviews & Focus Groups

- Learn about values
- Reveal unanticipated insights
- Gather stories

Interview
- Explore more sensitive topics
- More detailed answers per question
- Depending on number, can be time and resource intensive

Focus Group
- Encourages active discussion
- Brainstorming
- Time and resource efficient way of identifying and clarifying key issues

Guided Tour

roystoncartoons.com

- Guided observation
- Learn from the people you're designing for
- Good for processes and experiences

Flow Charts
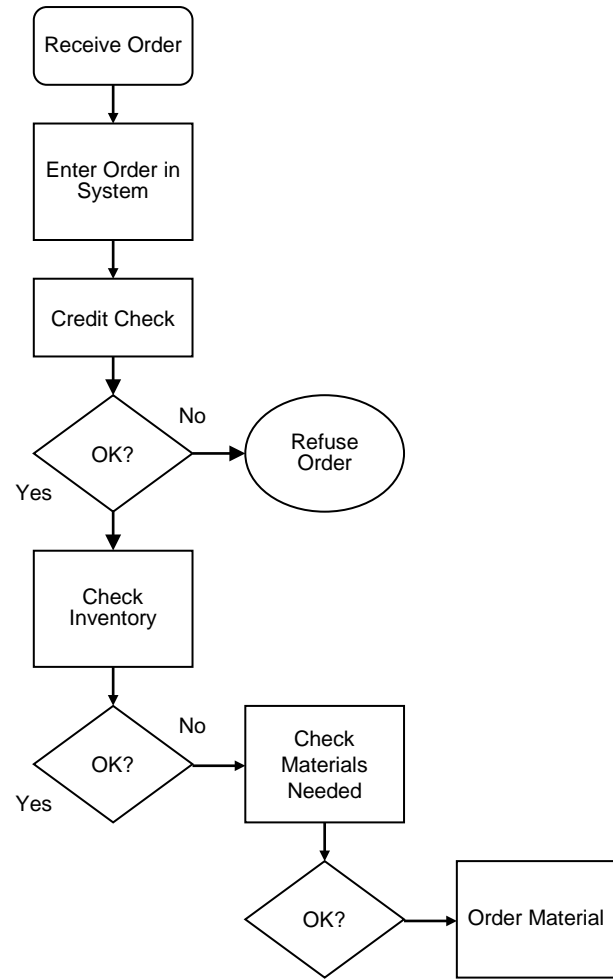
1. Define the process
2. Discuss boundaries and detail
3. Brainstorm activities
4. Arrange activities in proper sequence
5. Draw arrows flow
6. Review

Journey Map

1. Describe user
2. Add your activities
3. Describe:
   - Actions
   - Questions
   - Happy moments
   - Pain points
   - Opportunities
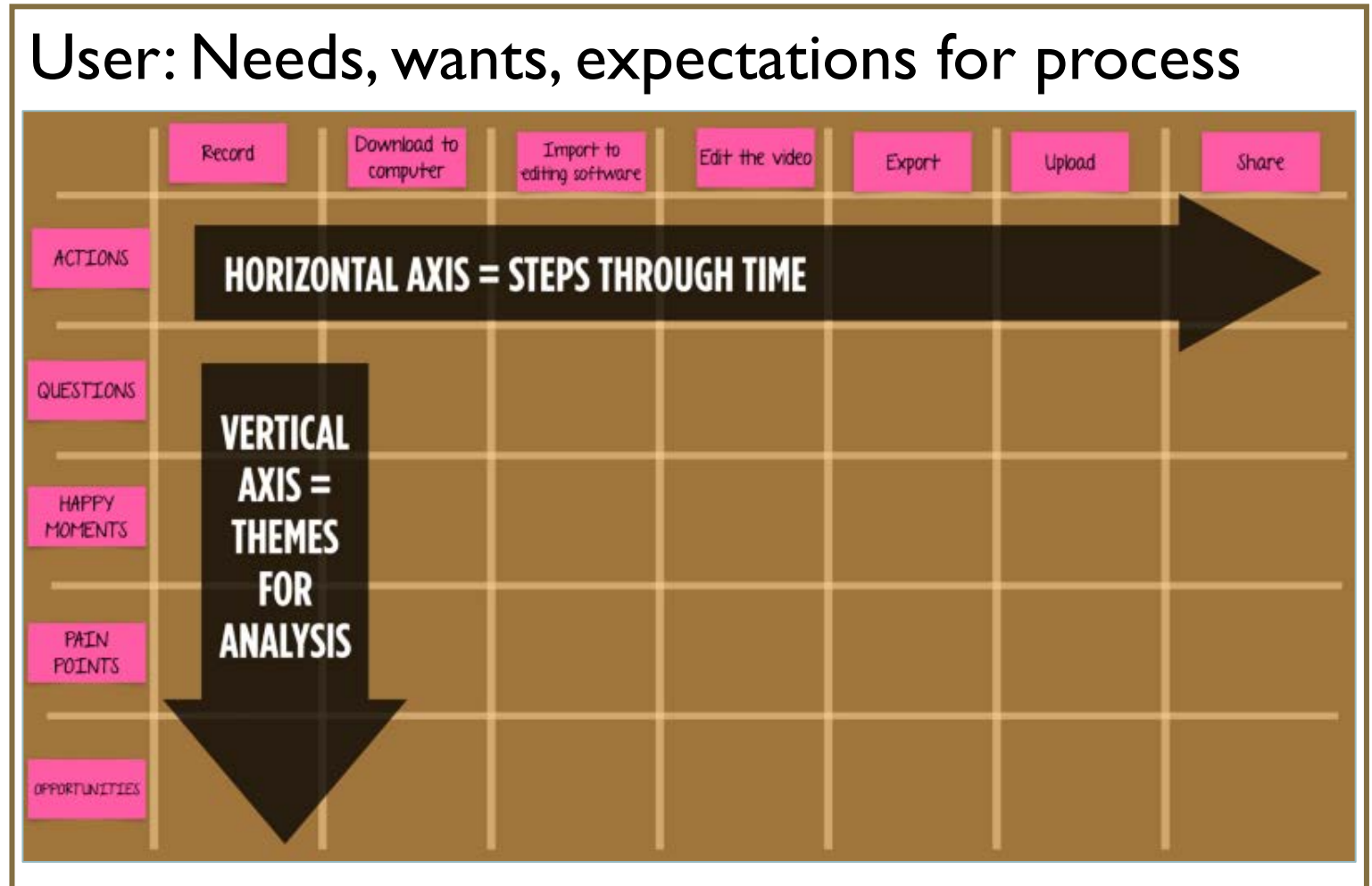
Empathy Map

EMPATHY MAP *Example* (Buying a TV)
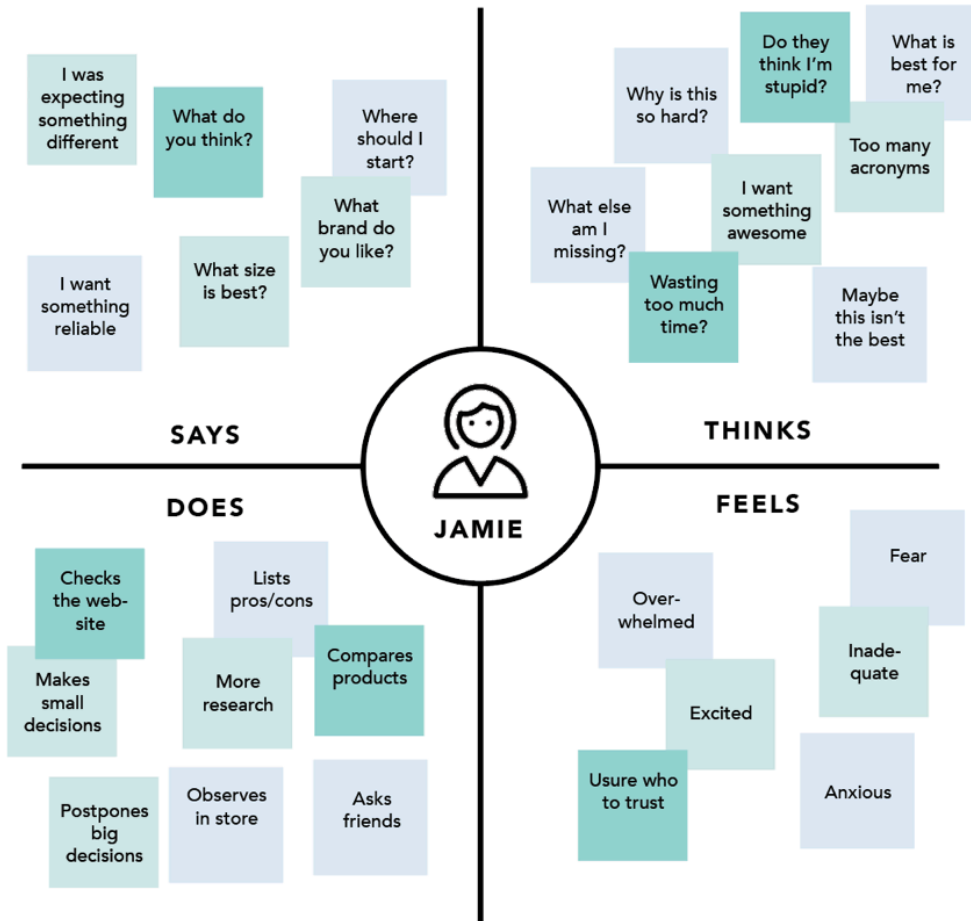
- **Say**: What are some quotes and defining words your user said?
- **Does**: What actions and behaviors did you notice?
- **Think**: What might your user be thinking? What does this tell you about his or her beliefs?
- **Feel**: What emotions might your subject be feeling?

Discussion

What experiences have you had engaging with community members?

- Interviews and focus groups
- Guided tour
- Journey map and flow charts
- Empathy map

Improvement Theory
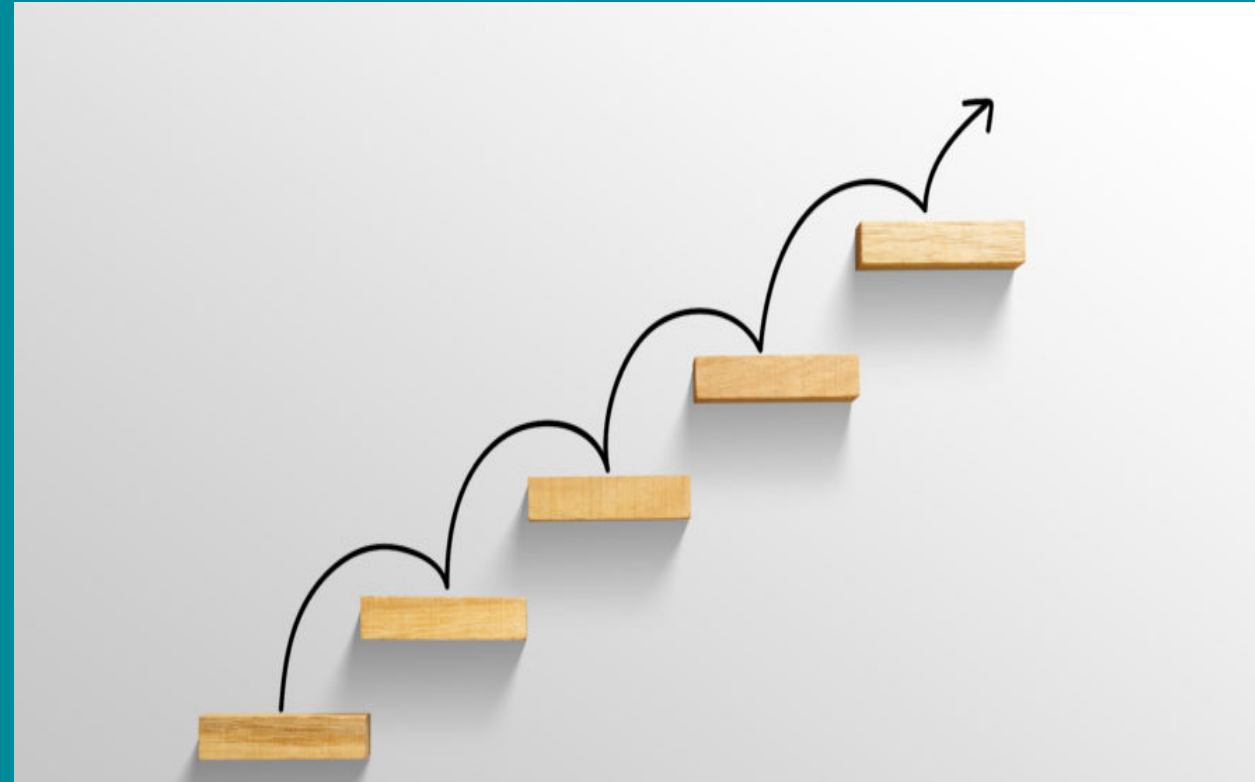
Improvement Theory

Aim: By July 15, 2020, increase the uptake of COVID-19 vaccines among Latinx and African-American adults within the county from 37% to 57%.

Change Idea: Utilize trusted messengers to provide tailored and accurate messaging regarding the benefits and safety of COVID-19 vaccines

Improvement Theory: If Latinx and African-American adults receive tailored and accurate information from trusted community leaders and healthcare partners, their confidence in COVID-19 vaccines will increase, resulting in increased coverage among the target population.
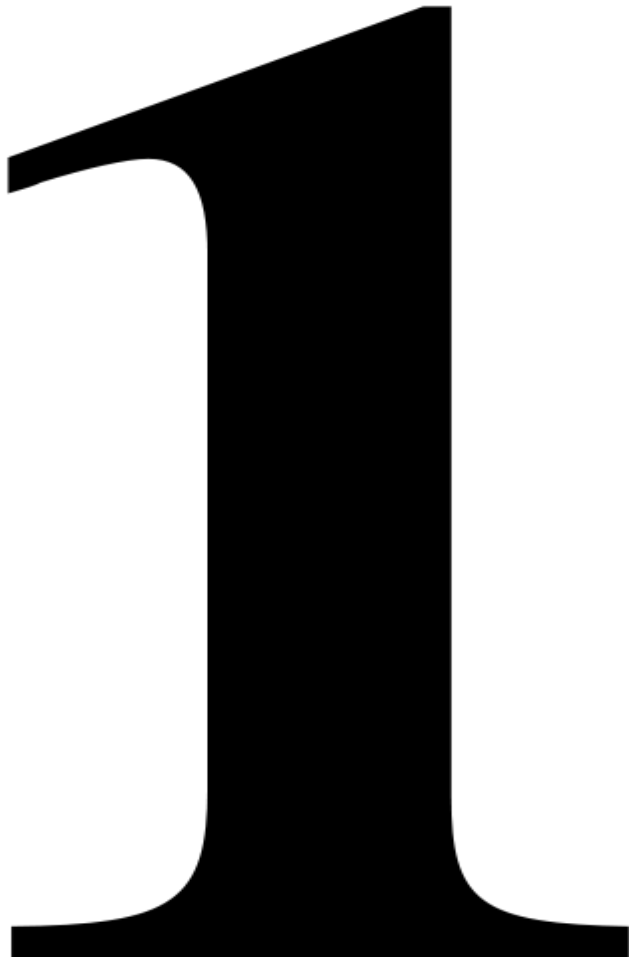
Rapid Cycle Improvement Tip: Scale Down

- Years
- Quarters
- Months
- Weeks
- Days
- Hours
- Minutes
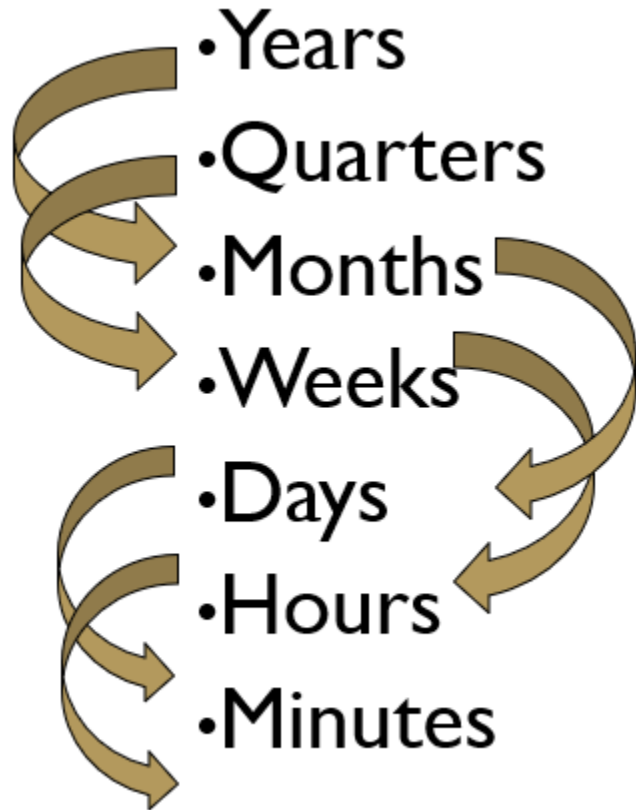
Because Activeville only has one quarter to complete this project, they decide to conduct their first PDSA cycle test of the facilitated dialogue change solution for one week.
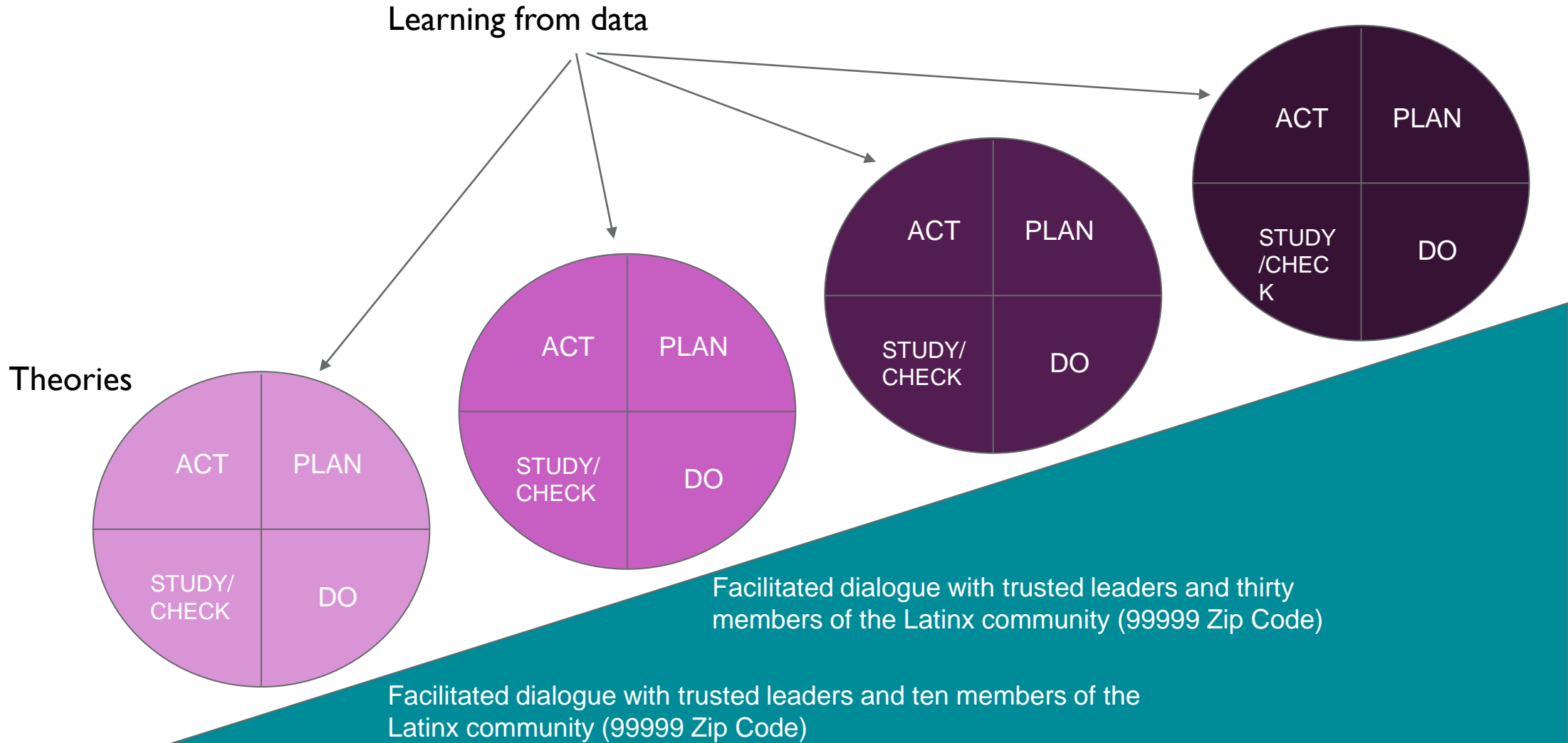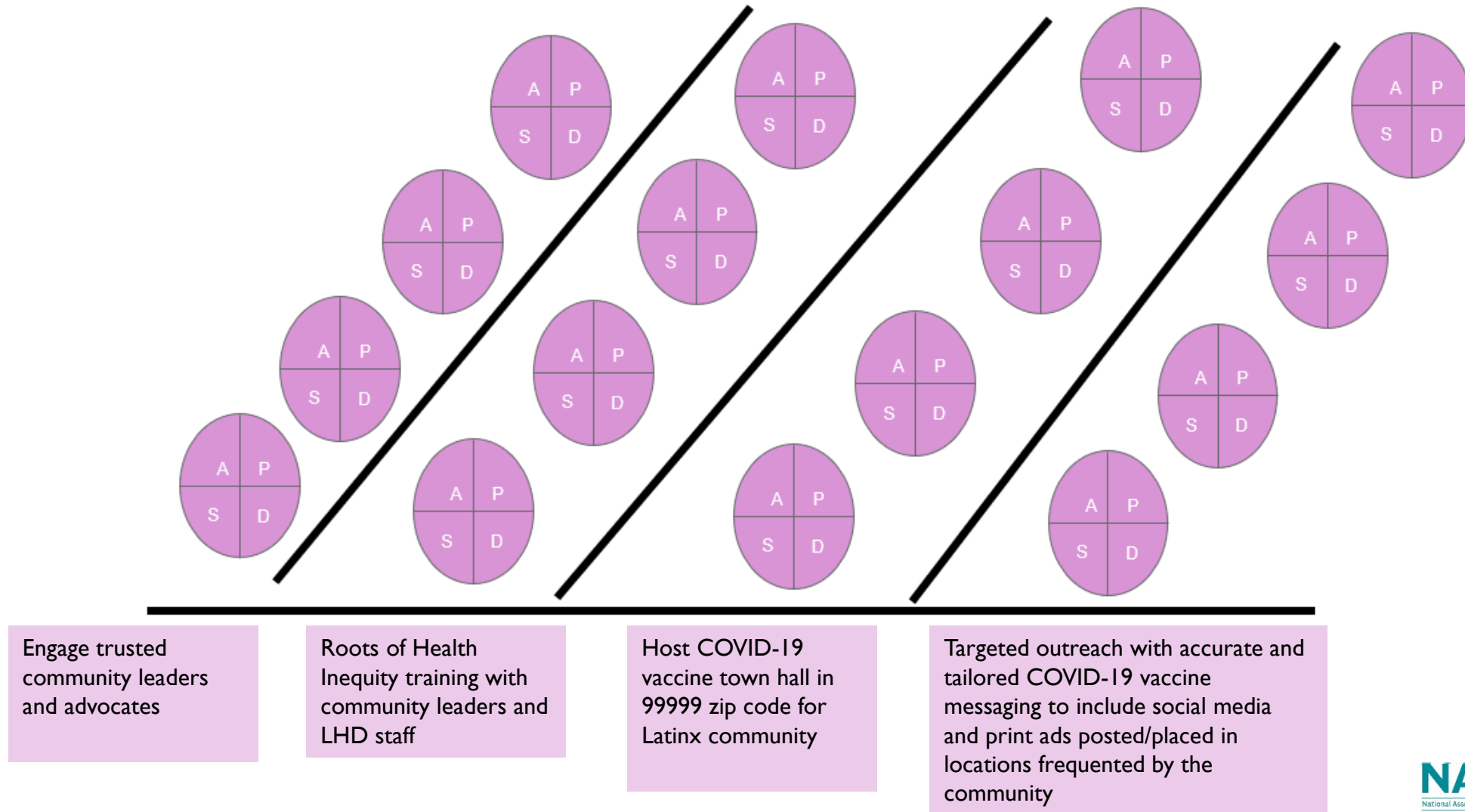
"Drop 2"

Rapid Cycle Improvement Tip: "The Rule of 1"

1

Activeville decided that they want to test the facilitated dialogue change idea within the Latinx community specifically in the 99999 Zip code of the county.

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Rapid Cycle Improvement

Rapid Cycle Improvement: Changes in Parallel

Engage trusted community leaders and advocates

Roots of Health Inequity training with community leaders and LHD staff

Host COVID-19 vaccine town hall in 99999 zip code for Latinx community

Targeted outreach with accurate and tailored COVID-19 vaccine messaging to include social media and print ads posted/placed in locations frequented by the community

Developing an Action Plan

Action Planning Facilitation Process

- Identify facilitators

- Organize action planning workshops

- Design facilitation processes

- The *action plan* outlines:
  - SMART Objectives
  - Activities
  - Roles/responsibilities
  - Timeline
  - Performance metrics

Photo Source: www.carbonfive.com

Components of an Action Plan

- **What** needs to be done?
  - What needs to be developed? (e.g. training, product)
  - What data will be collected?
  - Who will the data be documented?
  - How will the data be analyzed?

- **Who** is responsible?
  - Who will implement the test?
  - Who is collecting the data (and documenting)?
  - Who will keep the project on track? (e.g. project check-ins)

- **When** will it be implemented?
  - How frequently will the data be collected?
  - What is the test period?
  - How many tests will you run?

Action Plan Template

Priority:					
Activity	**Responsible**	**Timeline**	**Documentation**	**Process Metrics**	**Outcome Metrics**
Aim Statement:					

Williamson County and Cities Health District (TX)

https://www.youtube.com/watch?v=5XOud2BblQ0&list=PLT6y7Zmg-Kkhjt05C_LttxEEOhxUE0XLm&index=1

https://youtu.be/R70gJxz3aUM?list=PLT6y7Zmg-Kkhjt05C_LttxEEOhxUE0XLm

https://youtu.be/chDxxKnXong?list=PLT6y7Zmg-Kkhjt05C_LttxEEOhxUE0XLm

https://youtu.be/drZ1xJBJkGU?list=PLT6y7Zmg-Kkhjt05C_LttxEEOhxUE0XLm

https://youtu.be/oOmpCNci4jg?list=PLT6y7Zmg-Kkhjt05C_LttxEEOhxUE0XLm

WCCHD focused on geographic areas of low COVID-19 vaccination rates especially in the five Health Equity Zones within the County that were identified in the 2019 Community Health Assessment. This in addition to heat maps identifying vaccination gaps across the county, were used to determine geolocation of social media and print ads. Additionally, WCCHD leveraged health coalition's (Healthy Williamson County) partnerships, as well as local elected officials, to identify and train trusted community members/leaders to facilitate discussions surrounding the vaccine, help register individuals to receive the COVID-19 vaccine, and share vaccination resources and messaging. These trusted messengers were recorded describing why they chose to receive the vaccine. WCCHD Immunization staff also conducted and participated in educations session and trainings with workers in congregate settings, high-risk populations, and other hard to reach groups to increase vaccine confidence.
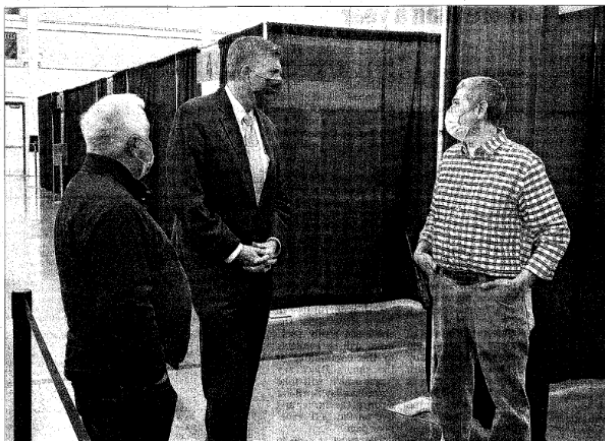
Vaccines arrive in Adams County

Dr. Mary Frances Barthel, chief quality and safety officer
vaccine from Adams County Health Department regist
partment. The first Adams County COVID-19 vaccinatio

By MATT HOPF
Herald-Whig Staff Writer
mhopf@whig.com

QUINCY — Dr. Jim Daniels joked as he
waited to receive the COVID-19 vaccine.
"You going to warm that up for me?"
Daniels asked, bringing a laugh Wednes-
day at the Adams County Health De-
partment.
The medical director for the depart-
ment and assistant dean of the SIU

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LaHood: Adams County COVID-19 vaccine clinic 'the model for the state'

H-W PHOTO/DREW ZIMMERMAN

U.S. Rep. Darin LaHood, center, speaks with Adams County Health Department Administrator Jerrod Welch, right, about vac-
cination efforts in the county on Monday

By DREW ZIMMERMAN
Herald-Whig Staff Writer
dzimmerman@whig.com

QUINCY — U.S. Rep. Darin LaHood,
R-Peoria, visited Adams County's
COVID-19 vaccination clinic at the Oak-
ley-Lindsay Plaza on Monday, which he
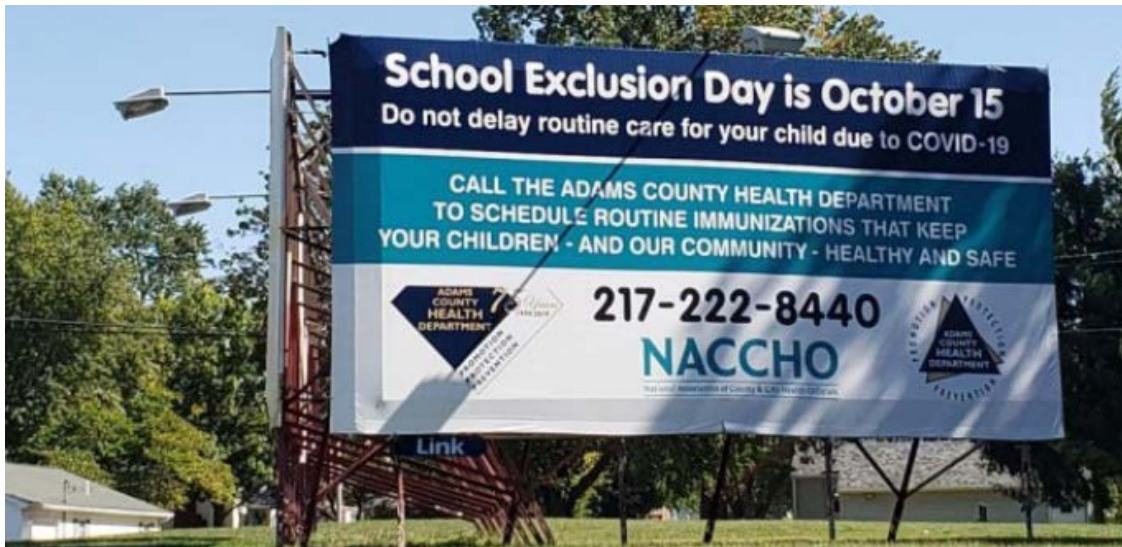said was "the model for the state and for
my Congressional district."
As he heads back to Washington this
week, LaHood said the two things on his

mind will be to get COVID-19 vaccines
produced and have them distributed
where they're needed as quickly as possi-
ble and to get as many people vaccinated
as possible so business reopen and stu-
dents can return to school.
"This is should not be a partisan issue,"
LaHood said. "This is about getting the
country back on track, and I look for-
ward to continue to be engaged and take
the messages I hear today in Quincy and
Adams County back to Washington D.C."

Before his visit to the Oakley-Lindsay
Center, LaHood also met with the Quin-
cy Area Chamber of Commerce at Dick
Brothers Brewery at noon. He later vis-
ited Blessing-Rieman College of Nursing
as a guest lecturer.
So far, LaHood said he has visited four
vaccination clinics in his district but
Adams County sets the gold standard in
terms of its operation and how quickly

SEE **LAHOOD, 6A**

ADAMS COUNTY HEALTH DEPARTMENT

ACKNOWLEDGEMENT OF MINOR STATUS

I reasonably believe that _____, is a minor, and is seeking limited services for
immunizations. I believe that he/she is at least 14 years of age but less than 18 years of age and is living
separate and apart from his/her parents or legal guardian, with or without the consent of a parent or
legal guardian and is managing his/her own personal affairs. I also acknowledge that he/she is not
under the protective custody, temporary custody, or guardianship of the Department of Children and
Family Services.

Signature: _____ Date:_____

Public School Homeless Liaison/ School Social Worker

ACHD worked with state, community partners and the School-Based Health Care coalition to develop standing orders to include the *Child and Student Health Examination and Immunization Code* 77IAC665 and the Consent by minor seeking Care for Limited Primary Care Services 420ILCS 210/1.5 to allow for vaccination of the homeless minor population. The standing orders allow for minors to self-consent when Community Health Workers transport them to vaccine appointments.

References

- Institute for Healthcare Improvement (2021). *100 Million Healthier Lives Advancing Equity Tools*. Accessed Nov. 2020 from http://www.ihi.org/resources/Pages/Tools/100-Million-Healthier-Lives-Advancing-Equity-Tools.aspx

- Douglas W, Fritsch S, Howard P, Muiga R, Munene E. Equity Action Lab Implementation Guide. Boston: 100 Million Healthier Lives, convened by the Institute for Healthcare Improvement; 2019. (Available at www.ihi.org/100MLives)

Resources

- Understanding Diverse Communities and Supporting Equitable and Informed COVID-19 Vaccination Decision Making: infographic, reports one, two, and three

- Local Public Health: An Integral Partner for Increasing Vaccine Confidence

- Increasing Vaccine Confidence: A Resource Guide for Local Health Departments

- Roots of Health Inequity

- CDC Rapid Community Assessment Guide: Designed to identify communities at-risk for low vaccine uptake, better understand the local community's vaccine needs and decisions, and identify areas of intervention and prioritize potential intervention strategies

NACCHO
National Association of County & City Health Officials

For additional information or questions:

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