

**Texas Immunization Stakeholder Working Group (TISWG)**  
**November 4, 2004**  
**Meeting Summary**

**1. Participants:**

Audra Johnson, Texas Pharmacy Association (TPA)  
Barry Lachman, M.D., Texas Association of Health Plans (TAFP)  
Beth Devery, Texas Association Community Health Centers (TACHC)  
Beth Null, Glaxo Smith Kline (GSK)  
Brenda Ortiz, Texas Medical Foundation (TMF)  
Brent Asner, Texas Medical Association (TMA)  
Bonnie Voss, DARS, Division of Early Childhood Intervention  
Carrie Kroll, Texas Pediatric Society, (TPS)  
Cecilia Berrios, Regional and Local Services, (DSHS)  
Craig Tounget, Texas Parent Teacher Association (TPTA)  
Elizabeth Sjoberg, R.N., J.D., Texas Hospital Association (THA)  
Erin Rather, Texas Medicine, TMA  
Gayle Harris, Texas Medical Association (TMA)  
Jason Terk, M.D., Texas Pediatric Society (TPS)  
Karen Batory, Texas Medical Association (TMA)  
Kathie Martinez, Office of Border Health, (DSHS)  
Kathy Moore, Texas Association of Local Health Officials (TALHO)  
Kim Robertson, Texas Pharmacy Association (TPA)  
Linda Cloninger, Regional and Local Services, DSHS  
Maria Gutierrez, Texas A&M County Extensions  
Oscar Valles, (GSK)  
Roger Alford, Texas Higher Education Coordinating Board (THECB)  
Shelley Bjorkman, Health and Human Services Commission (HHSC)

**Department of State Health Services (DSHS) Disease Intervention and Prevention Section**

Vivian Harris, David Scott, Robin Scott, Lupe M. Garcia, Claude Longoria, Cynthia Pryor, Georgia Allen

**2. Welcome:**

David Scott, Manager of the Services and Data Coordination Group of Disease Prevention and Intervention Section (DPIS) of DSHS welcomed everyone in attendance. He introduced the DSHS Immunization staff and facilitator, Robin Scott. He thanked Gayle Harris and Texas Medical Association (TMA) for the use of the meeting room and refreshments. Mr. Scott acknowledged that there were quite a few new people present today. He briefly reviewed the purpose of forming the TISWG and what had been accomplished at the previous meetings. He also described how the identified issues and classifications of the TISWG led to inviting Subject Matter Experts to participate in this and future meetings to aid in the understanding, and recommendations TISWG members could offer DSHS in achieving it's goals. Today's meeting will address input for the public education media campaign and revisit the state registry, ImmTrac. It is our hope that the TISWG could offer recommendations on the messages that we need to convey and evaluation of those messages.

**3. Introduction of All Participants**

All participants introduced themselves and the programs they represent.

#### **4. Review of Minutes and Agenda:**

David Scott presented contents of the meeting packets. He also identified that the TISWG Charge has been revised to clarify expectations of the working group and to accommodate what is hoped to be accomplished. It was felt that an update to the charge and its assumptions would bring clarity as to how the TISWG would also function. (See attached).

#### **5. Briefing- Statewide Immunization Media Campaigns (See attachment)**

**Past Issues & Successes:** Mrs. Lupe M. Garcia, DSHS Public Education Information and Training Branch Manager, provided an overview of the media and promotional campaigns launched by TDH during the last decade. Although public education and awareness is one of the many responsibilities of the state's immunization marketing plan, media and campaigns are a very small portion of the effort.

The presentation covered the onset, history and purpose of the "Shots Across Texas Campaign", Texas Vaccines for Children' Promotion, and "Vaccines Build Your Child's Health"/"Las Vacunas Un angel de la guarda". The overall expectation and purpose of these efforts are to raise vaccination coverage rates of Texas children two years of age and younger. Mechanisms to achieve this goal were quite successful in the early years, but have since become less meaningful in that public perception has changed, program efforts are no longer seen as associated with the DSHS, challenges in reaching the intended populations, and barriers remain. (See slide presentation attached.)

**New Issues-Desired Outcomes** The mandated environment of immunizations has changed. Parents and the public are more vaccine safety conscious. The amount of disease (except for whooping cough) has decreased since the 1980's when Texas measles cases accounted for over 50% of disease in the United States. Parents need to be reminded to get vaccinations and may not be looking at the need for vaccines seriously. Physicians are relying on sending parents to the "Shots Across Texas" clinics for vaccines, where in reality they no longer exist.

**Next Steps:** There are certainly many efforts in place to educate the public with diverse and culturally sensitive approaches. However there are still many barriers and mistrust of vaccines. That is what we hope to explore today; how do we reach these parents most effectively? Overall the desired outcomes are to build on the momentum, laying the foundation for long-term effect, positive branding of vaccines, which require regional buy-in of constituents, and targeted creative marketing to African American and Hispanic markets. It is our expectation to explore areas that we are not utilizing to improve our efforts.

**Group Discussion:** All attendees participated in this discussion that covered aspects of public perception, parental internet surfing finding aspects that support their fears, fear of vaccine harm, mistrust, vaccine safety, promoting a medical home, missed opportunities for vaccination, valuing the importance of vaccines, vaccine shortages, vaccine entitlement, and media misrepresentation of the benefits of vaccines. In addition other comments were addressed, such as too few medical providers that provide vaccination to their clients, and the fact that vaccines are always available at the public health clinic.

Participants were asked to look at their previous identified issues in Category H, Public and Parent Education. The facilitated discussion prompted the participants to explore what was needed to reach the intended target populations through media and marketing.

A lively discussion continued and identified that although media and marketing to targeted audiences is great, there are still some populations of families that will not be reached in this manner, for example families that live

in the colonias and rural communities. Persons need to feel comfortable receiving new messages and from whom and where they receive them. Promotoras are an excellent avenue to reach this community, and can be trained to carry the intended messages. Community workers are another resource, community based meetings works well also.

Suggestions for the venues to deliver the message and what messages are as follows:

**Venues include:** Promotoras Statewide; border and rural areas, child care providers, where parents are comfortable, settings with older women, at birth or discharge from the hospital, churches/ Interfaith Ministries, stores (retail), provider's offices, pharmacists, television soap opera's and novelas, (story lines would need to be developed), and televangelist.

**Messages include:** Value of vaccines, don't take vaccines for granted, don't take your child's health for granted, supply/demand, message to childcare providers, address risk concerns, convenience, misperception that children are not at risk, dramatic visuals of risk, complete the series of vaccination, idea of protection being a family value. In addition, participants asked that mixed messages to parents be addressed, the parent's role in completeness, misinformation, and to tell the story of what disease looks like, the reality of risk, and reality of benefits.

### **Generated Marketing Recommendations**

**Resources Needed & Next Steps:** The group discussion generated the following recommendations.

- Revisit evaluation planning to include methods and outcomes'
- Social marketing stages: review where are we at changing behavior; adapt messages to stages.
- Consider celebrity access, a spokesperson in minority communities.
- Focus groups targeting young mothers (ages 15-38 years); include cultural variations and be broad based.
- Prepare a media outline with timeline to incorporate suggestions by January meeting.

**Participants offered the following resources to aid the media and promotional campaigns.**  
(See attachment for complete list.)

Texas A&M County Extension Agents in all 254 counties can carry information to parents and the public. Local and Regional Services, Promotoras and Border Health can carry bi-lingual messages to parents and providers, Early Childhood Intervention (DARS) and Early Child Care Services (HHSC) offered to publish immunization articles in their parent and provider publications. DSHS and Texas Pediatric Society offered content support for publications.

Texas Pharmacy Association, Texas Hospital Association, Texas Medical Association and Alliance can offer program information, brochures and information through their web pages and publications to providers, pharmacists, other health professionals and students. Texas Association Community Health Centers and Texas Association Local Health Officials offered to promote public awareness and immunization messages through their network of physicians, partners and in settings such as conferences, community health events and others. Advertising, countertops displays may also be a resource. Texas Pediatric Society and Texas Pharmacy Association offered to add immunization materials and links onto their website for physicians and pharmacists. Sponsorship, published magazine articles, advertising space could be made available in journals and conferences possibly.

David Scott asked TISWG for clarity and specificity of short and long-term goals. He reiterated the purpose of the charge to be able to implement deliverable actions.

## **6. ImmTrac: Update on Health Plan Stakeholder Meeting**

Claude Longoria DSHS ImmTrac Branch Manager provided a summary report on the recent Health Plan Stakeholder meeting held on October 28, 2004. He reviewed expectations and outcomes of the recent legislation expected to be implemented January 2005. Questions and answers were discussed and handouts were provided to attendees not familiar with ImmTrac. Mr. Longoria gave an overview of recent ImmTrac marketing efforts and asked for TISWG input on the following: (a.) raise provider awareness and involvement and (b.) raise and promote parental client participation.

Recent ImmTrac marketing initiatives to raise awareness have been creative and exciting. We have targeted education through provider offices, and promoted new bi-lingual provider brochures and posters that describe 10 great reasons to use ImmTrac.

**Issues:** Providers/Payers will now have to report all immunizations to the registry. However there is no mechanism to ensure compliance with the law. Many ERISA plans are not obligated to comply. Other issues discussed were that of varying billing systems and out of state children transfers. Currently our goal is to make the registry valuable to providers as well as parents.

**Group Discussion:** Participants were asked to review the Outline Registry Marketing Ideas and Category E Registry (See attachment)

Group discussion and recommendations followed the presentation.

In addition participants discussed potential marketing messages for ImmTrac; they listed the following as for consideration:

Ease of use, No software required, Benefit to parent, and Benefit to provider.

Suggestions and recommendations were explored to implement ideas for provider and parent training:

- Make system user friendly (Add modes of entry)
- Provider incentives for usage (Survey incentives)
- Local Health Departments' encourage VFC providers
- Training visits
- Clients utilize Promotoras
- Conference sessions with demo ImmTrac
- Kiosks offering "hands on" opportunity
- Managed care incentives to Providers @ImmTrac Reporting
- Link client message to overall Immunization message
- Education materials to hospitals for use during birth registration application
- (could provide through birth registrar at hospital)
- Electronic signatures
- Parent videos at hospital prior to discharge
- Use of child care licensing avenue
- Training provider relations staff

Claude asked for other collaboration opportunities to promote the registry. Participants provided the following potential opportunities.

- TPS annual meeting DSHS to attend
- Texas Association Community Health Centers - Clinicians conference February 2005
- Texas A M County Extensions agents can deliver information to all Texas counties promoting the registry.
- Texas Association of Health Plans can deliver messages through their network of Family Physician?

- Use of Texas Caring for Children resource through Blue Cross Blue Shield Texas
- Clarify or add goal of consumer participation, which include parents, providers, other viewers (child care)
- EMS

### ***ImmTrac Next Steps***

Claude stated he received a wealth of knowledge and ideas from the TISWG, and was very pleased with insight shared. He will take these recommendations to the Health Plan Stakeholder Working Group as well. As initiation of HB 1921 is fast approaching, these tasks will take place to implement the new changes.

- Mail outs to providers/payors
- Launch health plan workgroup
- Educating birth registrars
- Participants may continue to e-mail ideas and resources to Mr. Longoria.

### **7. TISWG Next Steps - Set Next Meeting Goals & Agenda**

First half of meeting devoted to Action items for Reminder/Recall

Second half be devoted to "Category D" Recipient Access

Next meeting early December or early February (TBD)

### **8. Evaluation of Meeting**

Participants provided these positive comments about today's meeting. Presentations, interchange, venue, room temperature, windows, invited guests, comfort level and working lunch. What they wish to change for future meetings is to have an opportunity to hear the other viewpoints, especially of those invited but not in attendance.

### **9. Closing Comments**

David Scott provided closing comments. The Program Managers also felt they received valuable input and recommendations from the TISWG participants. Since ImmTrac mandates will be launched in January 2005, the insights and feedback were very generous.

### **10. Meeting adjourned at 3:40 pm.**

Attachments (4)

- TISWG Charge dated 11/04
- Media Presentation
- ImmTrac Presentation
- TISWG participants and Subject Matter Experts contribution to the Immunization Marketing and Media Plan.