## IACW November 2022 Quarterly Meeting Breakout Room Notes

## Pharmacies

- While the COVID-19 vaccine did increase overall vaccine hesitancy in some populations in the US, there were successes such as an increased interest in travel vaccines.
- Challenge your assumptions Refugees have high vaccination rates, which may be contrary to existing narratives.
- Challenges
  - Staffing. Difficult to hire more technicians.
  - Since the HRSA COVID-19 Uninsured Program (UIP) has stopped accepting claims, efforts to provide events like pop-up vaccination clinics have been hampered.
- Successful outreach efforts
  - Highlight trusted messengers Local doctors from the community, community health workers, etc. Provide services and information in people's preferred language.
- Partnerships and future goals
  - Provide continuing education on the catch-up vaccination schedule
  - Work with schools/school districts that don't have in-school clinics and partner them with a nearby pharmacy to administer vaccines.

## Schools

- Challenges in your work and ways to address them
  - Neither health staff nor families can access records from their home country. Not everyone may know their vaccination status.
    - Compile a reference sheet for families to assist them with care
  - There are commonalities between refugee groups, but each population (Ukrainian vs. Somali) has their own specific needs and challenges
    - Ex: Bivalent oral polio vaccine for Ukrainian refugees they must get vaccinated again because the oral vaccine is not approved in the US
  - Not every Ukrainian refugee comes here through Ukraine, so the vaccines they receive before arriving may vary
  - Challenges with staffing Exhaustion
- Vaccine hesitancy in Ukrainian population
  - Government distrust in vaccines because they have been mistreated by government entities in their home country
  - Big focus on natural pharmacies and natural medicines
  - Legitimate concerns with vaccines from past experiences Previously given the wrong vaccine, etc. How to communicate that our system is not the same?
  - Hesitance to go to medical providers at all Lack of culturally competent and/or accessible care
- Key messaging and successes
  - $\circ$   $\;$  School-based health centers World school and ICHS as a model
  - Accessible and effective interpretation services

- Motivational interviewing is helpful to transcend cultural barriers
- Establish rapport and trust with families This can be accomplished through something as simple as providing them with a flu shot.
- Organizations to work with
  - o DOH has a coordinator to work with counties with high FSU refugee populations
  - Health boards for individual communities Somali Health Board etc.
  - o Nashi support

## Providers

- Translation of Immunization Records:
  - Translation of immunization records can be challenging and time-consuming (mapping schedule, translating, different calendar systems, etc)
  - These challenges exist in provider settings as well as mobile vaccination clinics, schools and community spaces. Limited time and resources
  - Request from providers and local health jurisdictions to replicate the SRDH translation guide for Ukrainian and Russian vaccination records for other communities/languages
  - CDC's <u>NIPinfo@cdc.gov</u> is a potential resource for records translation. The DOH Immunization Program mentioned that you can email them a request for record translation (just mark out the personal identifiers)
  - There was also interest in immunization posters in different languages (or posters with a QR code that could link to them)
- Trust-building is key:
  - Ongoing conversations and trust-building with patients are important. Providers shared stories of counseling patients for many years who eventually decided to get vaccine.
  - Trust-building can be challenging if families move around and/or don't stay with a single provider
  - Community health workers are invaluable and bring a wealth of knowledge and experience – trained with messaging. There's a need to explore ways to make funding for community health workers sustainable and to have them support the broad and holistic health needs of communities including navigation of the complicated healthcare system