

The Lewin Group
Leveraging Partnerships to Promote Flu Vaccinations Among Dually Eligible
Beneficiaries During COVID-19
November 2, 2021

Laura Maynard: Thank you, and welcome everyone to the webinar, Leveraging Partnerships to Promote Flu Vaccinations Among Dually Eligible Beneficiaries During COVID-19. My name is Laura Maynard, and I'm with the Lewin Group.

Today's session will include presentations and live question-and-answer session with the speakers and participants. This session will be recorded, and we will be posting a video recording along with today's slides at the link that you'll see on the slide.

The audio for this presentation automatically streams through your computer. Make sure that your computer is connected to reliable internet, and that the speakers are turned up. Phone lines are also available. You can access that telephone number by clicking on the black phone icon that's at the bottom of your screen.

This webinar is supported through the Medicare-Medicaid Coordination Office, in the Centers for Medicare and Medicaid Services.

To help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality healthcare, that includes the full range of covered services in both programs, to support providers in their efforts to deliver more integrated and coordinated care to dually eligible beneficiaries, MMCO develops technical assistance and actionable tools that are based on successful innovations and care models, and this webinar is that sort of technical assistance.

To learn more about our current efforts and our resources, please visit our website, Resources for Integrated Care, follow us on Twitter, @Integrate_Care, or follow us on LinkedIn.

At this time, I'm pleased to introduce an overview of all of our speakers today.

Samra Ashenafi is the Public Health Advisor with the National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention.

Richard Quartarone is the Immunization Services Division and COVID-19 Task Force member. He's with the Centers for Disease Control and Prevention also.

We also have with us, representing some of the health plans, Bob Frantz, Senior Director for Medicare, MMP Member Engagement & Analytics with Aetna.

And Jamie Galbreath, Quality Improvement Associate Director with UCare, and Monica Gossett, Community Outreach Manager with UCare.

As a result of attending this webinar, you will be able to understand how CDC is working with partners and supporting states to reach and engage hard-to-reach and disproportionately affected communities.

Also, how to identify effective strategies for messaging and promoting flu vaccinations in the context of COVID-19, and to describe ways to build vaccine confidence among beneficiaries.

To begin, we're going to use a couple of quick polls to get an understanding of who's attending the webinar today.

So, first, we'd like to know which of the following best describes your professional area. Choose one of the options provided which describes your professional area. So, just click one of those quickly, and we'll give you just a moment to complete that.

Alright, just chose one most suited to you, the one that's closest to your professional area. And we'll go ahead and share those results and see what we've got so far.

So, predominantly health plan administration and management, with a good representation also of case managers, care coordinators, a few from customer service, and some that are other providers.

Alright, we also want to ask the next poll question. This one is 'In what setting do you work?' So please choose one of the options provided, which setting you work in. Give you just a moment to click on that one.

Alright, let's move on to the results for that one, we'll give it a moment to come up so that we can see what settings are represented today. Alright, so you are able to see which of the settings are most strongly represented in this group. Thanks for sharing in that poll, thank you for sharing your responses with us, we appreciate that.

Let's move on to the next slide where we have the outline for today's event. Following this introduction, we will hear a presentation on Building Relationships and Building Trust. This is going to be followed by another presentation on Building Vaccine Confidence and Demand: Flu, COVID-19, and other Routine Vaccines. Then we will be hearing from our representatives from Aetna and from UCare, to share the Health Plan Perspectives on this, and then we will open things up for a Q&A with our presenters.

So, if you have questions as you listen to the presentations, please go right ahead, and put them in the Q&A box. You can click the little Q&A in the bottom row, underneath the slides, and you can enter your questions there and we'll have a designated time for that later in the session.

And then, we'll close out with an overview of some relevant resources and our evaluation.

So, I'm pleased now to introduce to you, our next speaker. Samra Ashenafi is the Public Health Advisor with the National Center for Immunization and Respiratory Diseases with the CDC. Samra?

Samra Ashenafi: Hi, good afternoon, everyone, thank you. So, today, I'll talk about CDC's effort to promote flu vaccinations through partnerships with states, community-based organizations, and other organizations. So, most of my presentation will focus on CDC's work through Partnering for Vaccine Equity Program, which is a program that I'm a part of, and the goal of the program is trying to reduce disparities in adults on vaccination among racial and ethnic minority groups. However, I will also touch up on CDC's efforts to increase vaccination and access among disproportionately affected adult populations.

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So, adults immunization has experienced a long-standing disparity for a very long time, and through the COVID-19 pandemic, we've had a chance to sort of regain some funding and attention to build a system that hopefully will bridge that gap and, particularly, address vaccine access, including flu vaccines and also the COVID-19 vaccine, and hopefully, those partnerships that we're building in the communities that we hope to have a long lasting effect and will decrease other vaccine disparities as well.

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So, the guideline for COVID-19 vaccine as most of you are aware, or all of you are aware, is that it can be administered with COVID-19 and flu can be administered at the same time, that is the guidance from CDC and ACIP, so a lot of our partners are doing promotion for both COVID-19 and flu during this flu season.

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So, as I mentioned, there has been long-standing disparities among communities, especially communities of color and different ethnic minorities, compared to others that have not received the recommended adult vaccination, including flu vaccine. So, CDC established the Partnering for Vaccine Equity Program, with the vision of working to reduce racial and ethnic disparities that exist in vaccination through partnership, to drive community level action, to support racial and ethnic minorities communities.

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Again, this graph shows the long-standing disparities among racial and ethnic minority groups in different vaccine coverage. And we're hoping to make strides in partnering with community leaders, people that work in the community, and are able to reach the population that we're hoping to target.

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So, recognizing that people interact at different types of environments, we're hoping to influence their knowledge and access and reception of vaccine, working with different partners at the national level, at the state level, at the local level, and at the community level.

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So, some of the activities focus on addressing barriers to vaccine uptake, creating awareness, really educating the community, and making sure that the vaccine is actually accessible and available, and building confidence, and answering any concerns people may have regarding the vaccine's safety, etc.

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Again, here, the graph shows we have partners at the national, state, and local, and community level, really trying to target. We individually interact with different individuals, organizations, healthcare settings, throughout our day, and it's important that people receive the right information at the different levels that they would be interacting with, to build confidence in the vaccine.

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So, here, you'll see some of the partners that we have funded. Each of the members of the Partnering for Vaccine Equity program are part of a larger network, working towards a common goal, so they include and accept non-profit organizations, state and local health departments, local governments, academic and research institutes, here you'll see represented.

For example, we have national-level medical associations like the National Medical Association, we also have national-level organizations like UnidosUS, the Conference of National Black Churches, Asian American Pacific Islander Health Forum. We also have organizations like the National Urban League, etc. We're trying to partner with different organizations that have a strong connection at the community level and are able to use their network to develop materials regarding the vaccine, and also share information and really hold educational programs and sessions mostly, or almost entirely now because of COVID, on a virtual platform that have been really successful so far since the beginning.

So, CDC is funding 13 national organizations, four medical and professional associations, 64 jurisdictions, and more than 400 local and community-based organizations that serve racial and ethnic minority groups.

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So, through our partnership with the medical and professional associations, we engage, equip, and support a network of providers and clinicians to improve immunizations. We had some successes so far, like I mentioned, some of the members include the National Hispanic Medical Association, the Association of American Indian Physicians, and we

also have the Society of Post-Acute and Long-Term Care Medicine, and more represented, who have received funding from the CDC to do this type of work.

So, some of the strategies and resources include individual providers or clinicians promoting flu and COVID vaccinations, and also, we, for example, spotlight community events and vaccination clinics and distributing bilingual campaign resources and safety kits and backpacks. They have reached over 530+ adults with vaccine messaging. The National Council of Urban Indian Health have a campaign called Be a Good Relative, which engages vaccinations among indigenous people living in urban areas.

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So, CDC is working with three national organizations to support 250+ community-based organizations to build confidence and access to flu and COVID-19 vaccinations in communities of color, so including training influential messengers with culturally inclusive and appropriate information, providing materials, etc. So, these organizations hold vaccination events, and play a really crucial role in increasing vaccination in vulnerable populations.

One organization I would like to highlight is Immunize Colorado, their organization, and communication and training for key stakeholders, that included testimonials from community members to provide feedback on communication methods with the best results increasing people's likelihood of getting the vaccine. With support from Community Catalysts, a community-based organization called Hispanic Community Services released a bilingual radio commercial promoting flu and COVID-19 vaccinations in Spanish that ran across four different radio stations for a total of 176 radio spots.

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So, here, you'll see the REACH program which funds 38 partners in 23 states. They have developed communication materials, trained influential messengers, to rebuild confidence in influenza and COVID-19 vaccinations. These partners have collaborated with other local and state health agencies. They have held more than 575 mobile clinics to increase vaccination opportunities for thousands of members from minority communities that may not have access otherwise. They've also translated promotional materials to 20+ languages. They use ads in transit bases, where buses and trains, etc., are found. Great vehicle through the radio, Instagram, Facebook. For example, the San Diego Health and Human Health Services had created an outreach material for national flu vaccination week and incorporated in a map an analysis that CDC data informed technical assistance team provided. So, this is just an example of the work that CDC has used to promote flu and COVID-19 vaccination among racial and ethnic minority groups. And we look forward to continue this work to achieve, hopefully, vaccine equity.

Thank you.

Laura Maynard: Thank you so much, Samra, really appreciate that. We will have time later in the webinar for questions, so if any participant has a question for Samra, please type it in the Q&A box, and we will pose as many of those questions as we can a bit later.

It's now my pleasure to introduce Richard Quartarone from the Immunization Services Division and the COVID-19 Vaccine Taskforce. Richard?

Richard Quartarone: Thanks so much. Next slide, please. I'm just going to talk here for a second and talk a little bit about exactly what vaccine confidence is, and then how that will create demand and how that relates to the presentation that Samra just gave. One of the basics of vaccine confidence is built on trust, trusted relationships with the community. And every interaction that any aspect of the health or public health system have with individuals in the community, drives vaccine confidence, which eventually drives demand.

And so, all of the work that Samra and their team are doing to engage and activate community members, make sure that they have the information, the correct information, know where to go, is a method or way for us to build that confidence and demand and trust in the system and connect where people are. And it's a very comprehensive or very proven strategy and approach. And we want to make sure that you guys, who are working with individuals and actually doing the work of getting vaccinated, are part of that system.

And as we -- one of the things that we found in sort of digging deeper into some of the challenges and issues in communities where confidence was low, demand for vaccine is low, is the importance of having trusted healthcare providers in the communities where they are. Many individuals and many families, many communities didn't necessarily have that relationship, and so every interaction that you have with patients in the patient setting, and the interactions that you have with family members, with friends, within the community, you are a trusted messenger, you are an individual who is seen as a leader in health knowledge. And within your community and within your family.

So, we'll talk about that a little bit as some of the steps that we've been taking to have knowledge of things that we can do to build confidence, confidence in the vaccine, in the vaccines, is really about building confidence and trust in the system.

Next slide, please?

Laura Maynard: Richard, I'm going to interrupt you briefly, because so many people are having audio issues, we'd like to encourage the audience to dial in by the telephone lines. The telephone lines are being pushed out into Q&A so that you know what numbers. If you're having a heavy echo or a lot of problems with your audio, please call in over the phone numbers that'll be pushed out through the Q&A. Sorry, Richard, I apologize for interrupting.

Richard Quartarone: No, that's fine. Do I need to wait for 30 seconds or so while people dial in?

Laura Maynard: It might be good to pause just for a few seconds as folks make that transition. Thank you so much.

Richard Quartarone: So, I'll go ahead and get started again. I'm hoping we actually picked a good moment to start where people can maybe look at the slides on the screen and take a moment to read the some of the basic approaches of how to talk about COVID-19 vaccines, specifically, in terms of how to build confidence in the vaccine.

The approach overall is more empathetic, more listening, and less presumptive. Typically, with routinely recommended vaccines, including flu vaccines, we take more of a presumptive approach when we're talking about those vaccinations than we do with COVID vaccine, and as COVID vaccine is around longer, we'll probably shift more towards a presumptive approach, but understanding that people are coming from a space where they are learning that vaccines are new to them, they never really had a situation where people pay so much attention to vaccines.

And alright, is the echo still there?

Laura Maynard: I'm not hearing that, but we are having folks have a little bit of a challenge with dialing in, so they are still beginning to do that, we're going to try and open up some more phone lines. Yeah, someone just chatted in that there is still an echo. So, we encourage anyone who is on the phone to also mute your computer speakers and we'll troubleshoot this as quickly as we can.

Richard Quartarone: So, one of the things and one of the phrases that we use quite a bit is the importance of trusted messengers. We know that however good and clear our messages are, if the person or individual delivering those messages isn't someone that's trusted by the person we hope to receive them, then that information is going to fall on deaf ears. It'll be like yelling into the forest.

And so, in order to have trusted messengers work like what Samra is doing, work that we're doing, and making sure that you guys are empowered, that you have the latest messages, that you have the latest information, is an important part of building that trust, and supporting you as you reach out to individuals in the community that you're connected to.

And every opportunity that you have with a patient is an opportunity to talk about any vaccines -- flu vaccination, COVID vaccination, routine childhood vaccination, routine adult vaccination -- and in that process, we know that in those conversations, people do bring up mis- and dis-information and when they do, it often becomes a situation where they're sharing that information because it's something they've seen and they truly are confused or overwhelmed. This is something that we like to call an infodemic, sort of an epidemic of misinformation, where there's so much misinformation or so much inaccurate information that it's very difficult, in that big cacophony of noise, it's hard to get our messages out. And so, they're really looking to individuals who they trust, and who they know and who they have relationships with, to help guide them through that process of working through all of that noise and background.

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And knowing that building trust is a process, not an end state, in the same way that relationships are not an end state, you don't just have a relationship with somebody and then go away. It takes time, it takes interaction to build that trust, build relationships, and ultimately, that's what we're all trying to do. The stronger relationship that people have, with the point in which they touch the health system and public health system, really helps build that interaction and trust over time.

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And to that same point, building trust and changing minds is not something that will happen overnight. Unfortunately, if we think of an infodemic in the same way we think of diseases, oftentimes, diseases can create some immunity and immune response, whereas exposure to misinformation does not inoculate you from more misinformation, it actually makes you more vulnerable. And so, the more conversations that people can have with people who they trust, who do have correct information and can guide them through that process of being able to parse out inaccurate information and accurate information, the more we will eventually move people.

Next slide.

And in that process, being prepared to address things like equity and barriers to access is really important. When somebody comes in and says, "Oh wow, it was really hard for me to get an appointment," or "I had to drive a long way," or "I had..." whatever barrier it is to coming in and getting themselves vaccinated or getting their family vaccinated, listen to that. They're telling you things that are preventing people maybe like them, people who you don't know, from coming in and accessing services. And you guys know this, you work in this area all the time and creating access, but it's always important to kind of go back and recheck that and remind ourselves that we really do need to listen if we are improving access.

Next slide.

And just some basic tips, these are some basic risk communication, basic communication tips for talking about vaccine, talking about health issues, and it never hurts to -- it never hurts to kind of re-emphasize these, and come back and make sure that new staff that come on board really kind of understand some of these basic ideas.

Don't come across as cold or clinical. We tend to do that. I know we do that in public health sometimes, really want to let our humanity show because people don't have relationships with data, they have relationships with other human beings, and so, bringing out, especially when we're sharing scientific information, personal information, that human connection would be incredibly important.

Using active listening, answering/asking questions to get more information out of people, and guiding them through a conversation with a foundation in empathy become really are

incredibly important to building confidence, and just having any kind of patient or individual interaction.

And being sure to answer questions using facts and being honest when you don't know the answer. There have been several times where I've been in the community talking to people and answering questions and somebody shares with me a question or a concern that I've never heard before, and just being clear, "Hey, this is not something I've heard about before." And you can follow up, and oftentimes, we can redirect to something that you do know that you know may help reinforce a position or the science behind the vaccines and help them protect themselves and their family.

And then offering ways to provide feedback and answer questions is always important as well. A lot of times, people don't think of questions or concerns when you're talking with them immediately and having that feedback and having that opportunity where people can see something online or can hear something from a friend or family member and say like and it doesn't sound like what my health provider told me, let me check with them and find out because it just doesn't sound right. Again, it's that connection, that personal relationship that's really important.

Next slide.

And we'll just kind of get through the next slide on the tips to address questions from misinformation. Again, it goes back to listening, that active listening, one of the things that is also really helpful is asking permission to offer information.

Sometimes, we're in a situation where people who are sort of embracing or hearing a lot of misinformation are doing so because they don't trust certain authority figures or certain organizations that they feel are in positions of authority, and so, asking permission to share information from a source or trying to get that information to them so that it does empower the people who are questioning it, so that they do feel that they're empowered, that we are all sort of in a state of trauma over the last couple of years in some way, shape, or form. And one of the big trauma responses is the need to feel empowered. So, if you're having that active listening conversation, making them feel empowered is incredibly important.

And just as a reminder, we should be on slide 38.

And sharing that information from trusted sources, if you can find the source for somebody who may not necessarily trust government sources, that maybe they do trust, is an important part of this as well. What we do, as CDC and as state and as local health departments, is we provide the foundational information and we encourage you, we encourage our partners, funded and otherwise, to take the information that we have and hone it for the people they're trying to reach. So, while we may not -- while we pride ourselves on being an accurate source of information, we share the information we have to empower others to be able to share that information and spread it.

And addressing misinformation on social media is a little bit different. When you're having a conversation someone, you might want to repeat something to make sure that

you really understand the concern or the question, and that active listening, but in social media, you don't want to repeat the misinformation because of the way algorithms work, the more you repeat something, the more play it gets, and then the more it spreads. So, you don't want to inadvertently contribute to the infodemic, you really want to mitigate it by focusing on the factual information and sharing that out and creating the opportunity for that to get a stronger foothold and move the algorithm.

And holding town halls is really challenging, they can be very contentious. Oftentimes, town halls or similar types of events can bring out the most vocal deniers, or most vocal critics, and being patient, making sure that you have trusted experts and others available, and being very thoughtful about how you participate in those, and how you answer questions, and focusing on the information, is really important. There's a lot of -- we can go deeper into all of this, the strategies for these types of events, but they are really important, and they do show that we as individuals are connected and part of the community, as opposed to disconnected or separate from the community.

Next slide. And we should be on slide 39 now.

And so, we have a number of technical resources that we provide for building vaccine confidence, and we can provide these technical resources. We often work with state and local health departments, we work with a variety of different partners and so if you have questions, concerns, if you are working with your state or local health department and you need additional support, we're happy to provide that and we have a number of different ways that we can do so, and my information, you can reach out to me, reach out to the folks hosting this and they can get those requests to me as well.

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And so, if we're going to -- we should be on 41, talking about the three steps. One of the things that -- when we talk about flu, and we talk about vaccines, there's some very simple, very important things I just want to make sure that you guys know what we're doing in terms of sharing information so that you can amplify that, or again, take the information that we have, and incorporate that into something that works for reaching your community, and your clients, and customers.

So, when we talk about flu, we talk about layers of protection, this is where this idea comes from that's part of the COVID-19 response and messaging. So first, the vaccine, get the flu vaccine, that's your first line of defense against the flu and against many other diseases.

And then take every day preventive actions, so this could be -- it could vary by community and depending on what's happening with COVID, but this is where we start talking about wash your hands, cover your cough, stay home when you're sick, those kinds of issues. And then if you are sick, take the medication, get the medication to help your body fight the disease, to stay out of the hospital and mitigate the harm that the disease can cause. So, we call this Take 3, yeah, 1, 2, 3. There are three steps that you can take as individuals, and as communities, to fight flu.

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And so, our basic messaging is really kind of acknowledging how different last season was, it was unusually low in the United States, and globally, despite the fact that we did have high level of testing, so we are pretty confident that we did have lower flu circulating last year, but we don't know what's happening this season. We cannot predict the future, but we can prepare for it, and we can mitigate the potential issues that a danger, like flu, can cause.

And we're preparing together for, because these are both respiratory diseases, preparing for flu and the virus that causes COVID-19 circulating at the same time, can cause a lot of confusion from a point of view being able to treat patients and for patients to get the treatment that they need.

And so, we want to make sure that with the vaccine, that more people are vaccinated for flu and for COVID, the less burden on the healthcare system, and the more people who really need the most help can access that system. And with low exposure to flu virus last year, there is a possibility that the viruses that do circulate this year, there may be less immunity to it in the community, which could mean an even more challenging flu season. So, we want to be prepared for those eventualities.

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And so, what's new? The composition of the flu vaccine has been updated, those change every year, again, that's a conversation probably a lot of you are used to having with your patients when talking about flu vaccine. And this year, all the flu vaccines are quadrivalent, that means that there are four strains of flu that the vaccine will protect you from. They are not the same vaccine, but they can be given at the same time. It's not that you're treating the symptoms or preventing the symptoms necessarily, you're preventing the virus from causing the symptoms in your body. And so, making that distinction that you're preventing the actual virus that causes each of these illnesses in you, and that's the point of getting both vaccines. And it can be given at the same time. I think that's probably something that we cannot repeat enough.

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So, we'll talk a little bit about now once we have our trusted messengers and have our trusted routes of sharing information, we do have resources through our annual flu vaccination campaign, sort of this idea of digital -- and we have a couple of themes, so one is, 'I Get It,' and this is focusing on individuals with chronic diseases and who are over age 40. And this idea, this is a group that is 40- to 64-year-olds, a group that traditionally among adults does not get vaccinated at the same rates as people 65 and older, but they, particularly for individuals with chronic health conditions, even if they're under control, and I think that's a really important thing, so someone who has asthma and asthma is under control, someone who has heart disease and their heart disease is under control, the flu can knock all of that off whack.

And making sure that, understanding that flu vaccination, getting flu vaccine, 'I Get It,' is something that can protect them and help them control their chronic conditions and be more active.

And we've also used this idea of 'No Time For Flu,' which goes to Flu FOMO in the creative, which means fear of missing out, right, this idea that, driven particularly by things like social media, when you see people, your friends, are being active and out there and doing things, you don't want to miss out, you want to be part of the fun, and you want to be able to engage and be part of your community and know that you're as protected as you can be in that process.

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And so, 'I Get It,' this is out, this is moving, we've got frames, we have other resources available, and you can go to this site, the 'I Get It' website, you can Google 'I Get It CDC flu' in order to find it if you don't remember that URL.

Next slide.

And here's what it looks like. All of these assets are sharable, all these assets are downloadable, and so if you, for some reason you have trouble getting in online, please feel free to reach out to us so that we can give you the templates and the other things that you can use in your community and among your staff as well.

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And as we work through this FOMO and No Time for Flu, the Ad Council was our partner last year, a great partner, and helped us not only with flu but also with COVID-19 vaccine, and they partnered with us again this year for this No Time for Flu campaign and have created a number of digital assets that are circulating right now that you guys can amplify as well.

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And the FOMO campaign, there's a sub-campaign within that, and so there's a lot of things circulating on social media because this is very social media sort of driven idea. And it is something that you can use to help reach individuals who are sort of in that 20, 30-year-old group, probably not cool enough for teenagers at this point, but it is something that definitely you can use to relate to and connect to, in a language that's used by individuals who typically don't get flu vaccination at the same rate as older adults.

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And that's it. The last slide, slide 49, has links to and I think when they share the recording, they'll also be able to share the slides as well with the links to the websites to be able to download all the Ad Council-developed assets, as well as the website on the other page where you can download the CDC assets, as well. So, thank you. I really appreciate the opportunity to speak to you guys.

Laura Maynard: Thank you so much, Richard. We really appreciate it. The links to the resources that Richard shared and many more resources that he has shared with us, but that we did not mention today, are all included on the Resources slide at the end of this slide deck. And that deck will be available for you along with the recording later. So, there's a big list of links that you can click on.

If you have questions for Richard, please continue typing them into the Q&A box. And now we're going to move on to hearing the perspectives of some health plans. So first and foremost, we're going to speak with Bob Frantz, who's the Senior Director of the Medicaid/MMP Member Engagement and Analytics at Aetna as a part of Aetna's Analytics and Behavior Change team. Welcome, Bob.

Bob Frantz: Thanks, Laura.

Laura Maynard: Yeah, I wanted to begin by asking you about how Aetna has adapted your messaging this year. How's your approach to promoting flu vaccinations for dually eligible people shifted due to COVID-19?

Bob Frantz: Sounds good. I want to start with a quick overview of our member outreach strategy in general, which is to promote flu vaccinations involving a combination of tactics, combining direct member outreach, encouragement from care managers and community-driven tactics. We found that all of these tactics together contribute to our overall campaign success.

Within our member outreach approach, we engage members at several moments across their flu season ranging -- through a range of channels from direct mail to SMS to outbound phone calls to bag tags at the retail pharmacy. And starting this year, we'll be adding email to our member outreach approach. And across these member outreaches, we employ behavioral economics principles designed to incorporate different ways to motivate members.

In one outreach we highlight the opportunity to join with other members and care managers to fight flu together, also known Flu Fighters. And in another, we highlight convenience and opportunity of getting a flu shot as part of an upcoming PCP visit. And one other piece of our model is that we've recently launched a predictive model which identifies members who are less likely to get a flu shot on their own. We use this model which incorporates prior flu claims, member age and ethnicity, geographic area, past interactions with healthcare, etc., to generate a likelihood score of getting the flu shot on their own. And then we use this to flag, prioritize members for our care managers to include flu in upcoming conversation.

Now, in terms of adaptations for this year, especially with respect to COVID-19, we've made a few adaptations to the channels. Like I mentioned earlier, we've added email to our first suite of channels we're using to reach out to members. We've also noted that a key takeaway to expand the timeframe for flu season, starting our outreach in early September, running all the way through March. And then as several others on the phone have mentioned, we recognize an opportunity to encourage members to get both their flu

and COVID vaccinations at the same time. And we've been encouraging members to do so as part of our materials.

But it's still too early. We don't have evidence on how this is working yet, but we do have anecdotal evidence from our member advisory committee that members have been very engaged about the idea of co-administration of flu and COVID vaccines.

Laura Maynard: Thank you. Thanks so much. And just to follow up on that, how do you work with your community partners and other organizations to promote the flu vaccination?

Bob Frantz: Okay, yeah. On the community partnership side, we work in two different ways. One way is we provide direct sponsorship of flu vaccination clinics or educational campaigns that other organizations are hosting. We also participate in a variety of local educational events. It might be at local clinics, community centers, Agencies on Aging, etc. And at these events, we provide additional onsite education materials highlighting the importance of flu vaccinations. We also communicate details of other flu vaccine events through flyers and other outreach methods to ensure members are aware of all relevant information.

To give you a little bit of a taster of some of the examples of local flu events that Aetna has participated in, using Illinois as an example, one event we've participated in is the Boo to the Flu fest, which was a combination of multiple pop-up flu vaccine clinics occurring simultaneously around the Metro Chicago area, really focused on a fun and festive Halloween and fall theme to engage people on getting their flu shot.

And another that we participated in was working with the organization, 100 Black Men of Chicago, to host a local health screening event on the west side of the state. And that included free flu shots, seminars, sports physicals, activities and games for youths and seniors, so trying to engage people, while also combining that with flu shot opportunities.

Laura Maynard: Thanks. And one more quick question. What's been the most effective this year in increasing access to the flu vaccinations and increasing uptake of those vaccinations?

Bob Frantz: Yeah, it's a challenging question because when we've gone to evaluate the impacts of our various flu strategies, we've found that there really isn't one tactic that's especially effective. Looking at least flu season from 2020 to 2021, we saw that in aggregate, all of the various direct-to-member tactics I mentioned earlier drove a statistically significant or 8% increase in flu shot compliance. So, it's measured compared to a control group who didn't receive any of this direct-to-member outreach. And when we looked at each of our different ways of outreach across the season, that could be ranging from our pre-commitment call at the start of flu season to direct mail reminders through the flu season.

Each of those individual tactics actually shared incremental lift on its own. So, our key takeaway around what's most effective is basically taking advantage of a variety of

outreaches and a variety of messaging, spreading those messages across the entire flu season rather than relying on just one tactic on its own to encourage flu vaccinations.

And just to kind of elaborate on that a little bit further, we've tried especially, our takeaway has been leveraging different channels, diversify how we reach out to members and diversifying those motivating factors and using different behavior types like convenience and teamwork to try to drive members to improve their compliance.

Okay. Thanks, Laura.

Laura Maynard: Thank you so much, Bob. Appreciate that. And I'm going to throw in one additional question that has come in from participants during the webinar and also with the registration. Folks have been asking about the impact of using incentives with members. And I noticed that as you were listing out all the different components, you didn't mention member incentives. Have you all incorporated that at all? And if so, was it effective?

Bob Frantz: Yeah, we have not implemented incentives in our program, so I can't speak to whether it's been effective. Our hope has been to use other tools, kind of more motivational and messaging related than dollars themselves to try to encourage compliance. So, I don't have any good response for whether incentives are useful or not to driving behavior change.

Laura Maynard: That's actually a very good response in that it indicates your approaches have been successful for you all in increasing flu vaccinations without the use of incentives.

Richard Quartarone: Hey. And after -- separately from the webinar, I'm -- so that you can share with this with other members. There's a study that came out recently that shows exactly what the strategy that they were using is actually the most effective strategy in that incentives don't necessarily provide really always results in the intended outcome and there's some other studies that show that too much of them or using them in the wrong way can actually cause some harm. So, it's something that we advise to be very thoughtful about how to use incentives in a clinical setting. And I'll share that article, that recent article, with you so that you can share it with the rest of the participants as well.

Laura Maynard: Wonderful. Thank you so much. Yeah, that was a direct question that had come in from two or three participants. So, I appreciate the response to that. Now, I'm going to quickly turn on the next slide to introduce Jamie Galbreath, the Quality Improvement Associate Director with UCare, and Monica Gossett, Community Outreach Manager with UCare.

And Jamie, how has UCare adapted your flu vaccination messaging this year?

Jamie Galbreath: Yes. Thank you, Laura. This year, UCare has focused on messaging and outreach, interactive voice response calls or IVR calls. And these prompt members to receive their flu vaccine. In these calls, members can also press 1 to speak to a live person which has proven helpful. If a member would like a live call back, an engagement

specialist will reach out. An engagement specialist can provide more information and help the member with scheduling an appointment, as well as transportation if needed. We also use email and postcards for member outreach.

We also have member engagement specialists that work on calling members to prompt on preventative screens that they're due for. So, some examples would be like their mammograms, colonoscopies, annual wellness visits, dental, etc. And at the close of the call, the engagement specialist will ask the member if they received their annual flu vaccine. Education is provided to the member on the importance of getting their flu vaccine. And additional assistance is provided on scheduling or where they can go to get their vaccine and then, as well, scheduling transportation.

UCare also uses social media, and we partner with pharmacies to include bag tag reminders about the flu vaccine. And then one unique partnership that UCare has done is we partner with WellShare which is a local organization that supports community health workers. And we've done a Hmong and Somali live TV show with known medical providers from those particular communities. And then the live TV shows are also posted to YouTube and Facebook for members to watch and receive the education on flu shots in their native languages.

Laura Maynard: Thanks. And Monica, how has the UCare approach to promoting flu vaccinations for dually eligible people shifted during COVID-19?

Monica Gossett: Well, we realized that people need to get their flu shot in a way that felt safe to them. As a result, in 2020, we held our first drive-through flu shot clinic at the state fairgrounds, a well-known place to Minnesotans. We partnered with local TV stations for media coverage and marketing of the event. We also held a similar event this year that was on a smaller scale but still a big success.

At UCare, the Quality and Community Outreach Department -- we partner together to stand up a program in which we deployed a 37-foot mobile RV that we call the UCare Healthmobile. And we use that as a mobile vaccine clinic. We partner with community organizations to bring the Healthmobile to their location or event. We brought it to churches, food distributions, community-based organizations that serve specific populations such as American Indians, Hmong, Somali, Latino, and we bring it to health fairs. Sometimes it is a part of an event and other times it is the event.

They hold a flu shot clinic or COVID clinics or both and the vaccines are given aboard the Healthmobile.

Laura Maynard: Great. That sounds really good. How do you work with community partners and other organizations to promote the flu vaccinations?

Monica Gossett: We like to partner with community organizations in diverse populations to assist them in holding flu vaccine clinics. Often, they have small staff and aren't able to handle something of this magnitude on their own. We coordinate the logistics of the event. We bring the vaccine and nurses to administer the vaccine. And we try to hold these clinics in a place where people are comfortable and is familiar. We often add an

incentive, such as we distribute culturally appropriate food boxes. We bring a trinket that people would like and sometimes other giveaways.

An example of this is we have held several flu shot clinics in a Somali mosque and we partner with Somali leaders to publicize and promote the event. We also had a popular Somali Olympic athlete appear at the vaccine event that helped attract people to attend. Trusted voices help them feel comfortable to get the flu vaccine.

Laura Maynard: Thank you so much. And Jamie, what's been the most effective this year in increasing flu vaccinations?

Jamie Galbreath: Yeah, I would say our partnerships with the community to increase flu vaccine rates for both members in the community have been crucial. Existing partnerships have been very helpful. While it's difficult to measure a one specific approach, our most unique programs are the partnerships with the community and community organizations to host vaccination clinics in our mobile health van. It is important to remember that there's no one-size-fits-all approach, and it's helpful to target our populations in the community.

It's good to know what is going on within your area. For example, if there are cultural events in the community, consider reaching out and offering flu shots to attendees.

Laura Maynard: Thank you both. Really appreciate it. And we had a question come in from the participants earlier asking for more information about those pharmacy bag tags. Could you expand just a little bit on what's included on that, how that worked?

Jamie Galbreath: Yeah, no problem. So, we partner with one of our local pharmacies. So, when our members are coming in to fill their prescription, they receive like just a reminder about their flu shot. It just gets stapled to their prescription bag so there's kind of a bag tag on get your flu shots.

Laura Maynard: Wonderful. Thank you. Definitely appreciate that. Thank you both. And we're going to move on along now, past to slide 54, where we want to thank everyone for participating today. We appreciate everyone's patience with our technical difficulties. Thank you so much for hanging in there. The video replay and slide presentation will be available on resourcesforintegratedcare.com. Ordinarily, our video replay does not have the same audio issues that we've experienced live today. So do check out the recording of this event. If you have any questions, please email RIC@lewin.com or you can follow us on Twitter to learn more about upcoming webinars and new products.

On the next slide, please take a moment to complete the brief evaluation on the quality of the webinar. The survey will automatically appear shortly after the conclusion of this presentation. And we also invite you to provide some feedback on other Resources for Integrated Care products and suggestions at the link on the screen.

We extend our very real gratitude today to our presenters, Samra Ashenafi, Richard Quartarone, Bob Frantz, Jamie Galbreath, Monica Gossett. Thank you all so very much for your informative presentations. And the slides, recording, and transcript will all be

available on Resources for Integrated Care shortly. Please be sure to check out slides 48 through 51 at the end of the deck for all of the resources and references that were mentioned today.

Thank you all for attending and participating. Thank you so much to your patience with us. And this concludes today's webinar.