



Thank you for joining

**The presentation will
begin shortly**



Rise to Immunize® Monthly Webinar

Leveraging Community Health Workers to Improve Adult Immunization Rates

Sarah Arthur, MCW, LCSW (Novant Health), Grisel Cisneros, MPH, and Marlen Ramirez, CHWI, CHW, CCPST (Vaccinate Your Family)

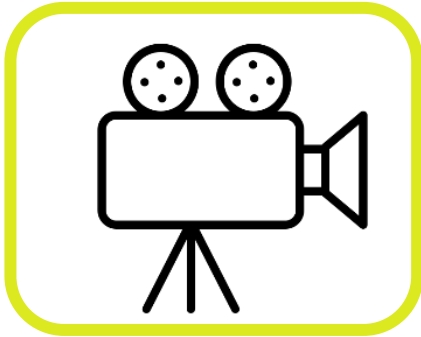
May 15, 2025

Today's Webinar

- **Campaign Updates**
 - Annual Survey
 - Campaign Spotlight
 - Resource of the Month
 - Blinded Comparative Report
- **Leveraging Community Health Workers to Improve Adult Immunization Rates**
 - Sarah Arthur, MCW, LCSW, Novant Health
 - Grisel Cisneros, MPH and Marlen Ramirez, CHWI, CHW, CCPST, Vaccinate Your Family
- **Q&A Session**



Webinar Reminders



Today's webinar recording will be available the **week of 5/19**

- Will be sent via email
- Will be available on website



Ask questions during the webinar using the **Q&A feature**

- Questions will be answered at the end of the presentation

(RiseToImmunize.org → "Resources" → "Webinars")



Please complete the RIZE
Annual Survey by

Friday, May 16



NAIIS 2025 Immunization Excellence Awards

“Immunization Neighborhood” Champion Award Honorable
Mention: UC San Diego Health

UC San Diego Health

May is Hepatitis Awareness Month!

Why Prioritize the Hepatitis B Vaccine?

Myth vs. Fact

In 2022, the ACIP moved from a risk-based to routine age-based recommendation for hepatitis B.

- X** The clinical burden of hepatitis B is low.
- ✓** Hepatitis B can lead to liver diseases such as liver cancer, which is one of the top five deadliest cancers in the United States.
- X** Most adults are up to date on their hepatitis B vaccination.
- ✓** Approximately 70% of adults aged 19+ have not received a hepatitis B vaccination series.
- X** The Advisory Committee on Immunization Practices (ACIP) recommendation for hepatitis B vaccination in adults is entirely risk based.
- ✓** As of 2022, the ACIP recommends the hepatitis B vaccination for all adults aged 19–59 years and those 60 years and older with risk factors. Hepatitis B vaccination may also be considered for those 60+ without known risk factors.
- X** Healthcare professionals can easily identify the patients who are most at risk for hepatitis B.
- ✓** It can be difficult to predict who may contract hepatitis B. In 2022, 73% of acute hepatitis B cases occurred in people with no risk factors identified.
- X** There is little financial incentive to improve hepatitis B vaccination rates.
- ✓** As of 2025, hepatitis B vaccine series completion for patients 19+ is a quality measure component of the Adult Immunization Status (AIS-E) measure. The AIS-E measure is one of many HEDIS measures used to evaluate performance-based reimbursement.

Did You Know?



- The hepatitis B vaccine is one of only two currently approved vaccines that can **help prevent cancer**. (The other protects against HPV-related cancers.)
- For adult patients, the hepatitis B vaccine is **available in two formulations**: a two-dose series completed in one month or a three-dose series completed in six months.
- Hepatitis B vaccine **series completion is critical** to help ensure protective immunity. Once the series is complete, most patients do not need to get vaccinated for hepatitis B again.

Take Action!



- **Educate your eligible patients** about the hepatitis B vaccine and make a strong recommendation to vaccinate.
- **Establish a hepatitis B vaccine implementation plan** and share across care teams and other relevant colleagues (e.g., EHR review committees, IT professionals).
- **Report your organization's performance on the hepatitis B vaccine** as part of your participation in AMGA's Rise to Immunize® campaign. For more information, contact RiseToImmunize@amga.org.



Blinded Comparative Report



Available **May 28** on our
RIZE Data Dashboard!

*Adds Q1 2025 to previous
report*



Today's Speakers



Sarah Arthur, MCW, LCSW, Director of
Community Health, *Novant Health*



Grisel Cisneros, MPH, Education Lead,
Vaccinate Your Family



Marlen Ramirez, CHWI, CHW, CCPST,
Program Coordinator, *Vaccinate Your Family*

Leveraging Community Health Workers to Improve Immunization Rates

Grisel Cisneros

Vaccinate Your Family
Education Lead

Marlen Ramirez

Vaccinate Your Family
Program Coordinator



Our Work in the Immunization Ecosystem

- **Vaccinate Your Family (VYF)** is a nonpartisan organization that seeks to protect people of all ages from vaccine-preventable diseases.
- We are here today to talk about the importance of empowering **Community Health Workers** to improve immunization rates.



The Role of Community Health Workers

Who are *promotores*/community health workers and what is their role within the healthcare ecosystem?

Community Health Workers (CHWs)

are frontline public health workers who are seen as trusted messengers in the communities they serve.

CHWs connect community members to health and social resources to help address the social determinants of health



The Role of Community Health Workers

According to the CDC, a **Community Health Worker** is defined as a frontline public health worker who is a trusted member or has a particularly good understanding of the community served.



Community Health Workers are already an integral part of our healthcare ecosystem – you may know them as Patient Navigators, Community Health Representatives, Outreach Workers, Peer Educators, Health Educators, and Care Coordinators.

CHWs Help Address Vaccination Barriers

What are some barriers to vaccination in under-resourced areas?

- Trust, confidence
- Language
- Complacency
- Fatigue
- Misinformation
- Lack of information on how to navigate the system
- Access (e.g., cost, availability, transportation)

Training of Community Health Workers

- Training of CHWs is vital to leverage their power to increase immunization rates.
- In 2022, Vaccinate Your Family launched a national training program for CHWs in partnership with Día de la Mujer Latina.
- The **Vaccination Community Navigator (VCN)** program is available in both English and Spanish to help CHWs and other vaccine navigators learn how best to share information about vaccines with their communities and navigate people to vaccination services.
- The VCN was piloted with 200+ CHWs and CHW instructors in Texas in March/April 2022 and launched nationally February 2023.

VCN Program Results*



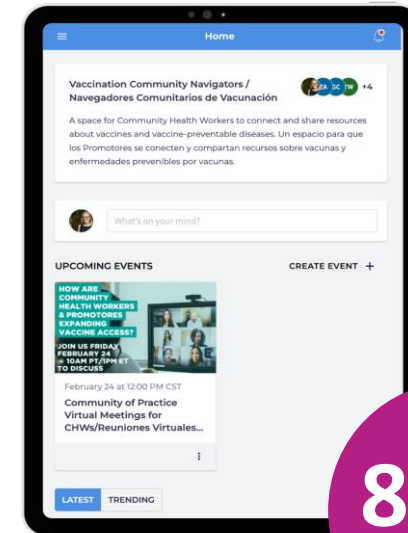
1300+
students enrolled

(1) Vaccination Community Navigator (VCN) Training courses for Promotores and Community Health Workers (P/CHWs).



~80
attendees per meeting

(2) Live Virtual Meetings for P/CHWs interested in connecting and learning more about vaccine-related issues.



800+
members

(3) The VCN Online Community is a space where P/CHWs can share resources, ask questions, and connect about vaccine-related issues.

VCN Follow-Up Survey*

80% of participants reported using information they gained from the VCN trainings to increase vaccine confidence in their communities

81% said the trainings helped them *engage more people* in vaccine conversations

83% said the trainings helped them *have stronger, more productive conversations* about vaccines

66% of participants reported using information they gained from the VCN trainings to navigate people to vaccine services

64% said the trainings helped them connect more people to vaccine services

78% of participants reported using information they found in the VCN Online Community to increase vaccine confidence

61% said they used info/resources they found on the VCN Online Community to connect people to vaccine services



Next Steps

- Continue **partnering with community-based organizations** nationwide to expand the reach of CHWs
- New training opportunities for CHWs will soon be available at **Vaccinate Your Family University**
- Continued management of **online community**
- Ongoing **quarterly Community of Practice Meetings**
- Continued **data collection** for program validation and quality improvement

Thank you!

[About Us](#)[Vaccines](#)[FAQs](#)[Stories](#)[Insights & Resources](#)[Get Involved](#)

FREE ONLINE COURSES FOR ADVOCATES, COMMUNITY HEALTH WORKERS, AND PROFESSIONALS

About VYF University

Vaccinate Your Family University (VYF University) offers free, self-paced online courses for anyone interested in learning more about vaccines, vaccine-preventable diseases, and how to encourage vaccination in their communities.

Through VYF University and our online educational platform, we offer courses on a variety of vaccine-related topics, such as vaccine basics, how to counter misinformation, vaccination barriers, and how to talk with people about vaccines. Because these courses are self-paced, it's easy to fit them into your busy schedule! Explore available courses [here](#).



Training for Promotores/Community Health Workers

VYF University houses an online, bilingual (English-Spanish) training series for our **Vaccination Community Navigator (VCN) program** for Promotores/Community Health Workers (P/CHWs), designed to build their capacity to engage their communities in vaccine conversations and navigate people of all ages to vaccination services. Continuing education units (CEUs) for P/CHWs are offered for this training series. Our educational platform for P/CHWs also provides a bilingual, online community space where participants can ask questions about vaccines and vaccine-preventable diseases, share helpful resources, and be notified about additional events and training. Explore the available courses

vaccinateyourfamily.org



Novant Health Community Health Worker Program Overview

Our Cause

We create a healthier future and bring remarkable experiences to life.

Discover.

We consistently seek to innovate, courageously transform ourselves and find new ways to add value for our patients, communities and one another.

Empower.

We provide one another, our patients, families and communities with the resources and environment to create shared accountability and action.

Thrive.

We demonstrate equity, empathy, safety and quality to help each other, and our communities, grow and succeed.

Together.

We work as a trusted team with our unique perspectives, life experiences and expertise to bring remarkable to life in every interaction. We all belong.

This is how we advance consistent high-quality care across clinical venues

within our walls...

We drive Gap Closure

- Partner on long-term and annual Safety and Quality goals
- Partner on institute and acute health equity goals and action plans
- Lead health equity research

We embed **Culturally and Linguistically Appropriate Services (CLAS)**: All patients have culture and many have language. CLAS creates belonging for all.

- Execute intentional health equity strategies for all
- Facilitate Community Voice Councils
- Build and grow the Transcultural Health Nursing Network
- Provide health equity education and consulting
- Partner with UNC School of Medicine to educate future care providers in health equity

This is how we address prioritized health and social needs

within our communities...

We deliver Community Health Services

- Improve the health of communities through health screenings and mobile health services
- Provide community health education on chronic disease, nutrition, and mental health
- Advance health through collaboration with community organizations
- Address social drivers of health (SDoH) for our patients

We address social needs of patients via **Community Health Worker Program** and the **Social Work Student Program**

- Support navigation of resources, advocacy, and healthcare access
- Supports high utilizer and rising risk patients
- Supports care continuum in primary care practices (social work students) and in community (community health workers – in homes, shelters, and location of choice)



This is our impact (not limited to)



Gap closure achieved for identified disparities

- Maternal and Infant Equity of Care
- ABCCD's

Fewer health equity grievances

Improved Patient Experience Scores for all populations

Reduced ED/IP utilization & readmissions for patients served by Community Health Workers and Social Work Students

Patient social needs are assessed and met, like food and transportation

Facility Community Benefit Implementation Plan priorities (CBIP) are achieved, more community members have access to care

Improved health and well-being for all

Community health to create access and community benefit

The vision and strategic framework of community engagement has always been rooted in the foundation of **achieving health equity for all communities** and supporting upward mobility, especially for those that need it most.



Community Benefit (CBe)

- Programs or activities that provide treatment and/or promote health and healing as a response to identified community needs
- Non-profit hospitals are required by federal law to engage in and report community benefit activities in order to maintain their tax-exempt status
- CHNAs systematically identify significant health needs and social risks that are not adequately met due to financial, geographic or cultural barriers



Social Determinants of Health (SDoH)

Develops, coordinates and enhances performance of SDoH initiatives across the system through:

- NH SDoH Council: Governs organizational SDoH strategy and priorities through a health equity lens & annually approves SDoH goals and work plans
 - [SDoH Program Foundational Strategies 02.2023.pdf](#)
- Workstreams: food insecurity, transportation, data, payor and community impact



Community Health Services

Community-based care and service delivery:

- Health screenings (Remarkable You), health education, vaccinations, and childhood immunizations
- Mobile outreach and CE event support to community-based programming aligned with CHNA priorities
- Emergent community response
- Align education and care delivery with institute best practices



Community Health Worker (CHW)

Conduit to vulnerable populations to provide:

- Health system access and navigation
- Connection to community and social services to address SDoH needs
- Partner with social work and care coordination work teams, plus community-based programming aligned with CHNA priorities

CHW Program Overview: Highlights

CHWs are efficient and effective, reducing unnecessary costs and utilization by connecting vulnerable, complex patients to health and social services. This promotes effective utilization of resources across the continuum and improve the patients' health, upward mobility, and quality of care.

- Members of the Office of Health Equity & Community Health: informs approach and team culture
- Closely connected to Community Engagement: referring partners and community placement
- In same department as social work intern program: connectivity
- Closely partnered with institute leadership (Heart & Vascular, Women's & Childrens, Behavioral Health) and referring teams (Case Management and Acute Navigators)



CHW program overview: models & roles

Acute-embedded:

ED & Institute Support to reduce readmissions and utilization in alignment with quality goals

Community-based:

Community based organization support to provide access to care and social services

Ambulatory-embedded:

Support to reduce readmission/ED use and address root causes at access/equity clinics and with virtual care

2018:

2019:

2020:

Strategic Focus Areas in 2025



Maternal & Infant Health

Address the needs of our patients through access, high quality care, and care navigation to positively impact maternal and infant health outcomes and reduce disparities in our communities.

- **Early prenatal visits** (first trimester) and **Adequate prenatal visits** (throughout pregnancy)
- **Social drivers of health screenings and interventions-** prenatal and infant
- **Postpartum visits** (NEW 2025)



ABCCDs

Continue shared goal with Safety & Quality Institute to focus on equity for all populations, and address inequities demonstrated in one or more specific populations.

OHECH will work closely with Novant Health's Community Equity and Access Clinics to launch colorectal cancer screening and diabetes A1c initiatives that are and socially, culturally, and linguistically appropriate and tailored to patient and community needs. Our team seeks out opportunities to address social drivers of health, which can create significant barriers to care and impact patients' health outcomes.



Acute Facilities

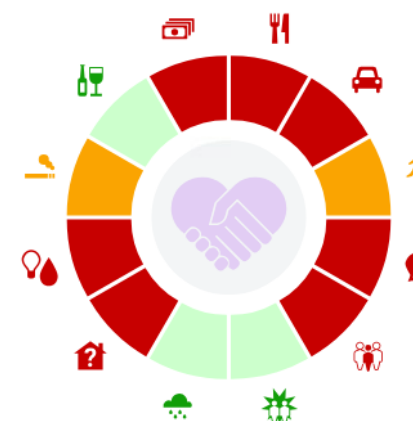
Leverage existing touchpoints and processes with Novant Health facilities to create comprehensive, customizable action plans that can be used systemwide.

Patient Example: Mr. Rojas

CARE GAPS

- Colorectal Cancer Screening (...)
- Diabetes Hemoglobin A1C
- Diabetes Foot Exam
- Diabetes Lipid Profile
- Adult Wellness Exam
- COVID-19 Vaccine (5 - 2024-...
- Pneumococcal Vaccine: 50+ Y...
- Diabetes Eye Exam
- Zoster Vaccine (1 of 2)

♥ Social Drivers of Health



CHW & Community Paramedic: A strong pair

- Support with health education
- Lab draws
- Medication reconciliation
- Administration of vaccines
- Wound care
- Health assessments



Taking care to our patients



Thank you



Program Director: Sarah.Arthur@novanthealth.org

Upcoming Webinar



Topic: Scaling Communication and Technology Enhancements to Drive Influenza Immunizations



Date/ Time: Thursday, June 19 at 2pm ET



Presenters: Steven Fried, MD, and Gina Aquino, DNP, RN, CHSP, *Henry Ford Medical Group*

Questions?



Submit your
questions using the
Q&A feature at the
bottom of the screen

