Alaska Immunization Coalition

Strategic Planning Session

Meeting Notes

January 27, 2025

Prepared by Denali Daniels + Associates

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The Alaska Immunization Coalition met on Monday, January 27, 2025. All coalition members were invited to attend this in-person session, which was designed as a follow up strategic planning session to develop the Coalition's 5-Year Strategic Plan. Coalition members were encouraged to attend in-person, however from 9:30 a.m. to 12 p.m., members were able to participate virtually during a presentation and discussion that allowed for hybrid participation.

In-Person

- Aho, Sarah
- Blair, Georgia
- Bunch, Julie
- Dang, Juliet
- Eastman, Jennifer
- Harris, Kathy
- Hewitt, Rose
- Kaempen, Jaime
- Kouad, Theresa
- Liska, Sharon
- Lohse, Shanda
- McCoy, Kara
- McIntyre, Melanie
- Murphy, Louis
- Quinn, Jessica
- Ryan, Chelsea
- Seignemartin, Brandy
- Sipin, Carlo
- Thomas, Laura
- Thompson, Jason
- Walsh, Faith
- Wilson, Kerry Anne

Online

- Aeder, Darci
- Davison, Kayla
- Foint-Anderson, Shelly
- Newland, Kyla

Facilitation Team (DDA)

- Denali Daniels
- Isabella Vaz
- Melanie McGinnis
- Jack Darling

Part 1. Context Setting: Strategic Plan Review

Isabella Vaz (DDA) reviewed the process leading up to the January 27, 2025, meeting and the latest updates to the Draft Strategic Plan Document (Draft Plan). The Draft Plan was circulated for review to all coalition members during the month of December 2024. DDA then reviewed the feedback and incorporated edits and coordinated a meeting with the Plan Document Review Work Group that provided further direction for edits to the Draft Plan. Edits were primarily to the five *Priority Areas* and their associated *Strategies*.

Denali Daniels (DDA) facilitated a discussion about group decision-making and on the draft Vision and Mission Statement. An ad hoc work group provided input on a draft interim executive committee, however there were other ideas about decision making raised in the full group discussion. The group agreed to use "thumbs up, sideways or thumbs down" method for decision making during the day.

Summary of Vision Statement discussion:

- *An Alaska where [individuals/communities] have the knowledge and access to be immunization ~~and protected from vaccine preventable [diseases/illnesses].~~*
    - *"An Alaska without vaccine preventable [diseases/illnesses]"*
    - *"Knowledge and access to immunize for all people and communities."*
- Other Vision Statement suggestions:
    - "An Alaska where all are immunized and protected from vaccine-preventable diseases" (pushed back as too scaled back).
    - "An Alaska without vaccine-preventable [blank]" (misinterpreted as opposing vaccines).
    - "An Alaska where individuals have knowledge and access to be immunized."
    - "Building a healthy Alaska where communities have access to be immunized from vaccine-preventable illnesses" (suggested for mission, not vision).
    - "Knowledge and access to immunizations for all" (suggested for conciseness).
    - Use of the term "disease" vs. "illness"
    - Alignment with CDC terminology
    - Avoiding "All Alaskans" to account for transitional populations (e.g. military, industry)

The full group agreed to revisit the vision and mission statements. Other discussion included the following the consideration of funding, whether a future nonprofit should be formed and methods for making decisions as a full group or smaller committees. Some shared these questions might be clearer after more substantive discussions on the plan content and work plans.

Part 2. Five-Year Targets

Participants transitioned into a workshop activity focused on refining the action plans for each Priority Area's strategies. Members divided into five smaller groups, one for each the priority areas, and were asked to consider the question: "*Where do we want to be five years from now?*"

Using printed materials from the October 29, 2024, meeting as a reference, groups projected short, mid, and long-term action items. Once refined, each group presented their action plan to the larger group. This exercise helps with alignment and mapping for achieving shared goals.

PRIORITY AREA 1: EQUITABLE ACCESS

Priority Area Wall Activity transcription

Strategy #	Short-term	Mid-term	Long-term	Who
1. Increase awareness about free vaccination clinics, particularly in underserved and rural areas.	Website list Partnerships – AK Virtual health fairs	Cross post – social media	Support appoint-making or ability to plan ahead	Kyla

2. Map current vaccine accessibility gaps using community and provider data.	Request data from VakTrAKs about "where"	Identify GIS/mapping partner	Fully functional map with all access points	Epi
3. Advocate for Medicaid, Medicare and other insurers to create policies for equitable vaccine access regardless of insurance status.	Identify/understand gaps in coverage	Develop model policies (whole coalition)	Lobbying	Coalition
4. Develop and distribute public education materials tailored for communities and recognizing the importance of incentivizing parents and guardians.	QR Code education	Connect links to Docket	Influencer	Truck House Timmy
5. Advocate for universal vaccine access for all age groups, addressing barriers such as language, transportation, cost, or others.	Identify alternate source payment	Sourcing payer	Lobbying HS structure sign for vaccine	Sarah

Priority Area: Equitable Access – Discussion

The group discussed bringing things into the 21st century and moving away from paper handouts to digital education, influencers showcasing vaccinations, and links that connect sources to Docket. They discussed getting handouts that reach a more age-appropriate audience and are available on mobile.

PRIORITY AREA 2: DATA MODERNIZATION

Priority Area Wall Activity transcription

Strategy #	Short-term	Mid-term	Long-term	Who
1. Promote the use of data systems for improved vaccine record management.	Convene VacTrAK end user group Have users meet with state and programmers' analysis Gap analysis End User groups who would like data	Develop training for HCP and incentivize completion (model after cancer registry) Quarterly progress reports	Advocate for HPV + Hep B policy change for minors Build end user consultation and groups to vendor contract Health Information Exchange?	Vax coalition gets end users SOA gets programmers and vendors Big meetings with lunch and t-shirts
2. Train healthcare providers on data-driven decision-making tools for outreach planning.	Develop Interactive training Incentives like stickers or lanyards	VacTrAK admin at each site gets an annual report Report is 0/0 for site how long from vax to input VacTrAK How does this compare to rest of AK region	Build end user consultation and groups to vendor contract	Vax coalition gets end users SOA gets programmers and vendors Big meetings with lunch and t-shirts
3. Advocate for development of a	Identify additional data that needs to	"Flat" webpage	Build end user consultation and	Vax coalition gets end users

state-level interactive dashboard to display real-time vaccination rates and gaps.	be collected to help explain gaps and identify solutions (examples) Evaluate barriers and facilitators of old COVID dashboard to inform next edition (e.g., low tech)	No Arc GIS no real time Quarterly "wild fire gauge" To build trust to help students' citations at bottom of page	groups to vendor contract	SOA gets programmers and vendors Big meetings with lunch and t-shirts
4. Integrate reminder-recall systems to enhance timely immunizations.	Get programmers and end users together	Just do it		Vax coalition gets end users SOA gets programmers and vendors Big meetings with lunch and t-shirts

Priority Area: Data Modernization – Discussion

The group reported on overly connected websites that don't load in rural Alaska on slow bandwidth. Also discussed was how the Health Information Exchange needs to be considered and the roll of the coalition in that movement, as well as using percentages within VakTrAK to make comparisons. They discussed implementing incentive training for professionals, a state level interactive dashboard for vaccine data (a real time and non-real time version), and integrated reminder and recall systems.

PRIORITY AREA 3: INCREASE IMMUNIZATION RATES

Priority Area Wall Activity transcription

Strategy #	Short-term	Mid-term	Long-term	Who
1. Establish baseline vaccination coverage rates by region and demographic.	Baseline data	Continuous	Continuous	Immunization Program / VakTrAK
2. Implement social media awareness campaigns targeting misinformation.	Market Research (Strategy 2 + 4), Social Media, I. D. Influencers, Contact Vision			Local Influencers / Community Leaders
3. Organize community workshop and clinician training programs focused on vaccine communication.	Locally Completed, Training Topics, Budget?	Development + Didactic / Scheduling of Series		
4. Initiate statewide awareness campaigns to increase immunization rates for children, teens, and adults.	Create Marketing 2 + 4 / Evaluate Current Education Materials			
5. Strengthen outreach, education, and access programs to a achieve national	Assess Progress / Baseline Data	Re-Eval Process		

top third vaccine coverage rates.				

Priority Area: Increase Immunization Rates – Discussion
This group reported on how efforts should focus on leveraging social media influencers, engaging community leaders, and organizing workshops on effective communication. They outlined actions for a strategy of a statewide campaign that should tailor marketing to different regions and age groups, using platforms to share information in rural areas. They discussed using existing efforts through stakeholders that will maximize impact and how outreach should be continuously assessed and refined for effectiveness.

PRIORITY AREA: POSITIVE ENVIRONMENT FOR CLINICAL STAFF

Priority Area Wall Activity transcription

Strategy #	Short-term	Mid-term	Long-term	Who
1. Identify and compile resources and data that address vaccine hesitancy and misinformation for clinical staff.	Identify Resources and Develop Handout	Utilize listserv, External Materials + Resources / Webinar / Evaluate	Revise	
2. Combine Strategies 1 + 2 Pilot training programs in trauma-informed care and effective vaccine communication techniques.	Define Trauma informed Care	Echo		ECHO Hub Team
3. Launch a statewide "Vaccine Awareness Month" Campaign to recognize and support vaccine advocates among clinical staff.	Coordinate statewide plan, Events all over state + one set we can all promote	Award Recognition	Annual Awareness Month + Conference	State Immunization Program + Expand Partners (School RNS / THO's / Pharms /Ect.)
4. Develop a peer mentoring program among healthcare providers to share successful strategies and best practices.	Work with universities + training program to examine education – CNA, RN, Providers, Pharm, Dental, CHA's / Define + expand Imm. SME/ Champion Who? Where?	SOA help ID best practices to share out what they are doing / Mentoring Consortium		
5. Establish an annual professional development conference for clinical staff focused on vaccination advocacy and education.	1 ECHO Session	Infuse immunization into more conferences	Create Standalone Conference	

Priority Area: Positive Environment for Clinical Staff – Discussion

This group discussed a strategy to implement a Vaccine Awareness Month which should be launched with a statewide planning committee to highlight efforts, recognize successful programs, and lay the groundwork for a future conference involving schools and state agencies. Additionally, they discussed a peer mentor program that should be developed in collaboration with UAA leveraging existing curricula, speaking engagements, and best practices. Another action discussed was an ECHO session on this topic that should be incorporated into an existing conference or serve as the foundation for a standalone event.

PRIORITY AREA: BUILDING TRUST

Priority Area Wall Activity transcription

Strategy #	Short-term	Mid-term	Long-term	Who
1. Conduct community listening sessions to understand vaccine concerns and barriers.	Decide how to select communities / Lit review of existing info		4 Year / Have held sessions in all regions	Coalition + Communities / AK Pharmacy Association / Contractor
2. Goal 2 and 4 are interchangeable / Partner with local leaders and trusted community voices to develop culturally sensitive messaging.	Identify			Identify
3. Develop and launch a public relations campaign using consistent messaging about vaccine safety and benefits.	Lessons learned from #1, 2, + 4 / Identify Funding	Hire Comms Contractor / Message Testing with 4 / Launch	Incorporate feedback from #1, 2, + 4	Contractor + Coalition Subcommittee
4. Establish a network of community liaisons to collect ongoing feedback and foster partnerships.	Identify	Define Engagement	Sustain	Identify
5. Create a coalition-wide program for continuous community engagement, including an annual trust-building summit.	Define Summit		Re-Assess / Sustain	All Interested Parties

Priority Area: Building Trust - Discussion

This group discussed developing four annual listening sessions and a literature review with input from coalitions for Strategy 1, as well as focusing on ensuring culturally sensitive messaging. They suggested that a coalition subcommittee should secure funding, hire a contractor, conduct message testing, and oversee the launch. They suggested the same plan for an annual summit to strengthen relationships.

Part 3. Communications + Branding Discussion

Following the report out of the priority areas, the group discussed the coalition's name, color palette and possible logo. The group unanimously agreed upon the coalition's name. Of the color palettes presented on the feedback form, the group provided input and asked for a combination of two options. Additionally, the group provided feedback on the coalition logo design.

Name Selection

- Final choice: **Alaska Immunization Coalition**
- Reflect the coalition's role as a collaborative, non-state-affiliated group.
- "Immunization" preferred over terms "shot" or "vaccine."

Color Palette Feedback

- Feedback encouraged brighter colors, specifically berry/salmon tones.
- Final color palette suggestion: Green from palette one and light blue from palette two.

Logo Design Feedback

- Inspiration: Generations, community
- Avoid imagery of shots, needles, or band-aids.
- No animals, though salmon was briefly considered
- Geometric shapes, name only.

Part 4. Closing Discussion

The closing discussion of the group centered on inclusivity and accessibility of the coalition. The following concerns were raised:

Meeting access and coalition participation

- Fiberoptic cable disruption in the Northwest Arctic has limited Zoom access for some participants, requiring phone-based participation and will require pre-sent PDF documents.
- Scheduling meetings exclusively during 8–5 work hours, potentially limits provider involvement in the coalition

Membership guidelines

- Need to clarify coalition expectations and roles to facilitate better participation, including balancing volunteer vs. paid time.
- Membership screening process by DDA ensures inclusion of professionals beyond the vaccine-specific field to diversify perspectives and extend coalition impact.

Coalition authority

- Discussion around the coalition's ability to direct partner to amplify current efforts.

Before ending the day, members of the group each expressed a takeaway from the day. Summaries of their responses are below:

- Honing in on our vision and mission statement. I appreciate everyone's effort. It takes a lot and how many of us there are. I feel comfortable in this group and sharing.
- I wasn't sure what to expect, and I am just looking for ways to improve. I am taking home a lot of good ideas I can start already. This has been very useful for me.

- I think we picked up a little bit of momentum. If we can keep that momentum up, I want to keep this a priority. We can find more wins for the team.
- I don't want you to feel discouraged. It takes a team. I wish I knew people in California that had this much passion. We are really in it for the long haul to partner with you and use our connections. We are going to make an impact, it's going to take time but we are on the right path.
- The work we are doing around immunization rates I am looking forward to addressing it here.
- I like the work we did on the walls. A lot of good comments. Let's not die on a hill on one word on the vision statement. We agree on what we need to do so let's get to work.
- I feel in limbo without the vision and mission statement. We can buckle down and do it.
- I feel excited and hopeful. We are here for the same reason and it's exciting and powerful.
- I am excited to get going with one small piece.
- This was a great birthday party! We are really close. We agree on the fundamentals, and we are in a good place and I have hope as we work together.
- I am such a sucker for a team sport and this is what this is. I work remote and it is lovely to be here. I am not as drained as I thought I would be and that is a testament.