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**RAWLE DUMMETT
PURCHASING OFFICER**

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**NOTICE TO PROPOSERS
ADDENDUM #001**

TO THE PROPOSAL FOR: RFP024-71 Media Marketing Contractor

FOR: City of Meriden

PROPOSAL DUE DATE: June 26, 2024 at 11:30 AM

Please acknowledge receipt of all addenda on the Proposal Pages.

The purpose of this addendum is to provide additional information to bidders:

- Question:** Is there a preference for vendors based in CT?
Answer: *Yes*
- Question:** Should the cost proposal also include the suggested media ad spend, or just agency costs?
Answer: *Both, with suggested avenues to reach the target population in Meriden*
- Question:** What is the budget for this initiative? - Is there a budget range for services?
Answer: *The initiative is funded up to \$50,000.00.*
- Question:** What is the expected start date of the campaign? –
Answer: *As soon as a contract is in place and graphics/materials/messaging are approved by the Director of Health, anticipated Sept. 1 start.*
- Question:** While we understand the overall objective of promoting vaccine confidence, what specific KPIs will be used to evaluate the success of the campaign? –
Answer: *This will depend upon the methods implemented by the contractor for the direct marketing. For example, if they do banner ads - what platforms will they be placed on and how many "clicks/views" will the banner ad get.*
- Question:** Were there any significant revelations from either the rapid community assessment survey or the informant interviews that might affect our approach to this campaign? –
Answer: *See Report attached.*

Rawle Dummett
Purchasing Officer
Dated: June 12, 2024



City of Meriden

Department of Health and Human Services

Rapid Community Assessment (RCA) Report on Childhood Vaccines

April – May 2024

Report prepared on June 10, 2024

**Funding for this RCA was provided by a CDC Immunization and Vaccines for Children
COVID-19 grant through the Connecticut Department of Public Health**

Background

The Meriden Department of Health and Human Services contracted with the [Yale-Griffin Prevention Research Center \(Y-G PRC\)](#) to complete a [Rapid Community Assessment \(RCA\)](#) regarding routine vaccinations among Meriden children ages 0 through 5 years old. Y-G PRC provided technical support throughout the project.

An RCA is a process for quickly collecting community insights about a public health issue to inform program design. The assessment involves reviewing existing data on vaccination rates and conducting community-based interviews, listening sessions, and surveys. This entire process was done in 4 weeks:

- Week 1 (April 29 – May 3) - Data collection and planning
- Week 2 (May 4 – 10) – Data collection and daily team debriefs
- Weeks 3 and 4 (May 13 – May 27) – Data analysis and report writing

Vaccines of focus included those that align with the [Centers for Disease Control and Prevention \(CDC\) 2024 Recommended Immunization for Birth through 6 Years Old](#):

Hepatitis B	Rotavirus
DTaP (diphtheria, tetanus, and whooping cough)	Hib (<i>Haemophilus influenzae</i> type b)
Pneumococcal	Polio
Influenza/Flu	MMR (measles, mumps, and rubella)
Chickenpox (Varicella)	Hepatitis A

The overall goal of this RCA was to gather information to increase vaccine confidence and uptake efforts among Meriden children ages 0 through 5 years old. Objectives were:

- **Objective 1:** Identify barriers that prevent children from receiving recommended immunizations and staying up-to-date with vaccines.
- **Objective 2:** Assess parental knowledge, attitudes, and beliefs towards childhood vaccines.

Data Collection and Analysis

Data was collected through a self-administered parent/guardian survey, key informant interviews, listening sessions, and intercept interviews. . Written guides were used during these sessions to drive the discussion.

Using a combination of quantitative and qualitative data allowed the team to collect rich data that would capture the bigger picture of what prevents children from receiving recommended immunizations and assess overall parents’ knowledge, attitudes, and beliefs towards childhood vaccines.

Method	Description of Method	Number Completed
Intercept Interviews	Conversational-style, 1:1 in-person with people who live or spend time in Meriden.	18
Key Informant Interviews	Small group and individual interview-style sessions to gather information from individuals with unique insights in the Meriden community and healthcare and vaccination services.	6 small group interviews; 18 participants
Listening Session	One listening session/group-style interview was conducted with health center providers and/or staff.	1 listening session; 2 participants
Survey	A 5 to 10 minute, 14 item survey, plus two screener and seven demographic questions, for people ages 18 years or older who live in Meriden. The survey was offered in English and Spanish and was shared via an anonymous link or handouts containing a QR code in community-based locations. Responses were analyzed by the Y-G PRC.	33



Results/Findings – Qualitative Data

The qualitative findings are based on intercept interviews, key informant interviews, and a listening session. These findings are not representative of all parents', guardians, and providers' knowledge, attitudes, and beliefs towards childhood vaccines in Meriden.

Barriers

OVERALL:

Barriers to vaccination include lack of education and awareness, access and logistics, health concerns and fears, personal and cultural beliefs, and medical mistrust.

Education & Awareness

- ❖ Participants indicated **vaccine hesitancy** stemming from a **gap in understanding**.
 - How vaccines work and are administered.
 - Why are there so many vaccines.
 - Hesitant about vaccines due to questions, specifically about the chickenpox, TDAP, and MMR vaccines.
- ❖ Several persons noted that **doctors and schools do not provide enough education or information** about vaccines – including routine childhood and flu vaccines.
- ❖ A few key informants reported that the **lack of awareness of the vaccine requirements** in Connecticut – particularly for recent immigrants - lead to gaps in coverage, indicating a need for concerted efforts to reach these populations and provide educational materials and resources to facilitate compliance.
- ❖ **Misinformation impacts** understanding and knowledge of vaccines. Important, valid information often gets overshadowed by misinformation.

Access & Logistics

- ❖ Several key informants discussed the challenges that immigrant families face that lead to gaps or under vaccination among their children.
 - Language barriers
 - Economic cost
 - Lack of/access to transportation

- Missing or incomplete immunization records
- ❖ It was noted it could be **difficult to get an appointment**, and some providers do not schedule follow-up appointments for multi-series or multi-dose vaccines during the primary appointment.
- ❖ **Lack of time** with providers during appointments to ask questions, **lack of insurance** coverage, and the **inability to take time off** from work was also noted as barriers.
- ❖ It is **not always clear** to parents how they can access vaccines at their doctor's office or clinics, and majority of parents are **not aware of CT WiZ** (the state online portal) as a tool to access their child's immunization record.

Health Concerns & Fears

- ❖ Several persons shared that they, or others, are **hesitant** to get vaccinated due to **potential health concerns**:
 - Vaccination will cause the person to fall ill.
 - Fear of a child on the autism spectrum's developmental condition will worsen.
 - Safety concerns about vaccines, and preference for natural immunity.
 - The COVID-19 vaccine has made more hesitant to vaccinate.
 - Not enough trials to demonstrate vaccine safety.
- ❖ **Misinformation and mistrust** has led to a fear of vaccines
 - The belief that vaccines cause autism.
 - Social media content regarding injuries and adverse effects experienced by children who were vaccinated.
- ❖ Getting vaccinated can be a **traumatic experience** for parents with children who are on the autism spectrum, as children often do not want to stay still, making it a more difficult experience.
 - Many children are afraid of shots.

Personal & Cultural Beliefs

- ❖ Several key informants share that religion or religion exemptions serve as reasons for under- or not vaccinating their children.
 - "God will protect".
 - Exemptions differ from one state to another, which leads to gaps in vaccine compliance.
- ❖ A few key informants shared that they, or others, prefer **exposure to the disease** to vaccination.
 - Strong belief in gaining natural immunity.
 - That they had the flu while growing up, and felt their children would be fine getting sick with the flu as well, indicating low perceived severity.

- Vaccination is a personal choice, vaccines are viewed as “unnatural”, and flu vaccines are not effective.
- ❖ **Cultural and racial backgrounds** are not taken into account when relaying child vaccination campaigns and messaging, leading families to feel like they are not represented.

Medical Mistrust

- ❖ Many noted difficulty at the doctor’s office, including **mistrust** in pediatricians, **feeling ashamed** to ask questions regarding vaccinations, and **unwillingness** of doctors to take the time to answer general questions about vaccines (e.g. symptoms post-vaccination).
 - Fear of being labeled as an anti-vaxxer when they are instead looking to improve their confidence in vaccines.
 - Lack of transparency and honesty from healthcare providers and the CDC.
 - Conversations end abruptly, leading parents to feel like their concerns are dismissed by doctors and unheard.

Facilitators

OVERALL:

Facilitators to vaccination include mandates, access to care and vaccination records, personal views, and healthcare providers/community organization/local health department and schools.

Mandates

- ❖ Many reported that many parents get vaccinated because it is required to attend daycare, prekindergarten, or school.
- ❖ A few key informants shared that some parents got their child vaccinated because the state of CT no longer accepts religious exemptions.
- ❖ Recent immigrant and undocumented families adhere to the vaccine catch-up schedule to complete vaccine series and meet compliance requirements as they do not want to be “in the spotlight”.

Access to Care & Vaccination Records

- ❖ A few people, including a key informant, reported that the **Meriden Health Department** helps facilitate the vaccination process for families
 - The Department schedules all vaccine appointments at the first appointment, reviews the vaccine schedule with families, and calls the day before to remind them of their appointment. The process has been found to be quick and easy.

- ❖ In the listening session, participants reported that their **vaccination record translation staff** works to find and track down the patient's record before having to restart their vaccine series
 - The Community Health Center has vaccines readily available on-demand.
 - There are options for different places to get vaccines, providing choice and access. Preference may be given to the pediatrician since they have the child's medical history.
 - Using a language line or interpreter to communicate vaccine information to immigrant families is key.

Personal Views

- ❖ Many parents shared that they have **positive views** of and **no concerns** about childhood vaccines.

- ❖ Some parents stated that vaccines are important to **protect one's health** and are necessary for providing herd immunity within the community.

Healthcare Providers/Community Organization/Local Health Department/Schools

- ❖ A key informant described how vaccine confidence has been built by community organizations and school nurses:
 - Community Organizations: talking with parents, helping them understand the purpose of vaccines, their side effects, and by fostering relationships with school-based health centers.
 - Nurses: Provide education, build rapport with families, and feel comfortable and integrated, unlike outside medical providers. Language barriers are also addressed and school health offices have several bilingual staff members who can obtain vaccine information sheets or fact sheets in other languages if needed.

- ❖ One parent noted they do not have to think about what is next for their child's vaccine schedule – **their doctor will tell them.**
 - Schools will inform parents of the vaccines their child needs to enroll in school.

- ❖ Since the pandemic **local health departments are more visible** in the community and provide vaccines and services for children, which support from **school-based health centers as well**.

Trusted Messengers and Communication Channels

OVERALL:

Trusted messenger and communication channels include online and social media, healthcare providers and local health department, community outreach, and news and media.

Online & Social Media

- ❖ A few people said that **social media** is used as a way to share information about vaccines.
 - However, some said social media has too much misinformation, and it is difficult to discern which information is reliable and accurate.
 - The effects of vaccines are “overdramatized” on Facebook.
- ❖ Parent Square is often used to share information to parents, and messages include flyers from the local health department on vaccine requirements for school entry.

Healthcare Providers & Local Health Department

- ❖ A few parents shared that they follow and trust guidance as recommended by their **pediatrician**.
 - Organizations like Community Health Center and Meriden Health Department have built trust in the community.

Community Outreach

- ❖ Information is shared from local health departments on flyers, and a key informant stated they talk to parents during **community engagement** events or other settings to address comments or questions **in-person**.

News & Media

- ❖ One person reported that they do not look at the news for vaccine information as the information shared has a “dramatic effect” which can scare parents.

Community-Driven Recommendations

OVERALL:

Community-driven recommendations identified through the RCA include improving access and awareness and increasing in-person engagement.

Improve Access & Awareness

- ❖ A few people, including a key informant, shared that communication and **meeting parents where they are** is essential to facilitate access and information sharing.
 - Vaccine outreach and messaging needs to be improved.
 - Parents need more education about why vaccines are important, misinformation needs to be corrected, and consistent messaging to the public is needed to build vaccine confidence.
- ❖ **Improving reach** can be done by sharing information in other **languages**.
 - Bilingual messaging (English/Spanish) is very important.
 - Vaccine information sheets should be available in multiple languages.
- ❖ One key informant suggested providing **more education to physicians**.
 - Vaccine education should start early on, during prenatal visits and before the child needs to be vaccinated.
 - Stress the importance of scheduling all appointments for second/next dose appointment during the original appointment.
 - The importance of having support and backing from providers in the community to facilitate vaccine confidence is essential.

Increase In-Person Engagement

- ❖ **In-person interaction** was emphasized by several people, including key informants, to build confidence and trust in vaccines.
 - Tabling at community events, having one-on-one conversations.
 - Sharing information on social media gets “too complicated”.
 - Conduct presentations at the library and other locations to reach parents.

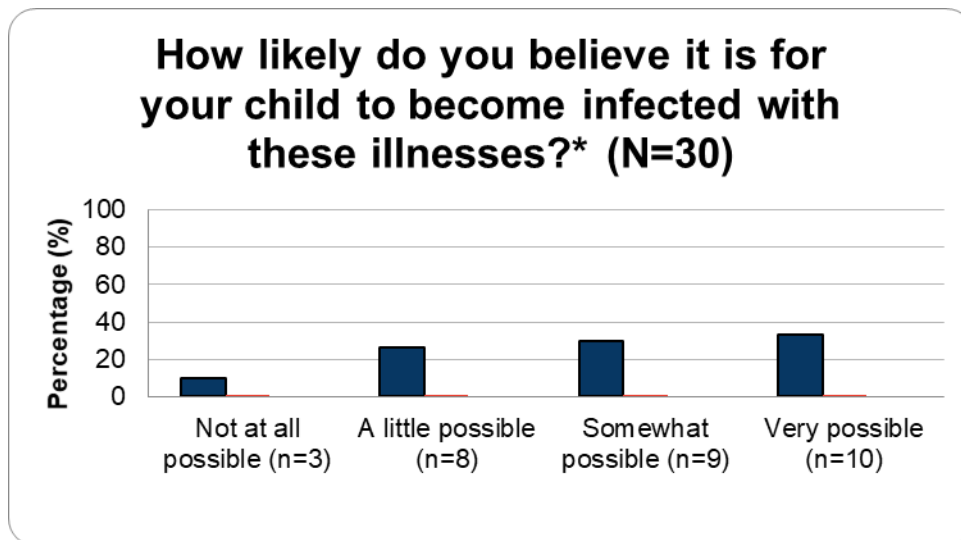
Results/Findings – Quantitative Data

The self-administered parent/guardian survey was available in-person and online. There were 2 screening questions to ensure that the data reflected in this portion of the report were parents/guardians who lived in Meriden and have a child less than 6 years old. Of the 38 respondents who met the inclusion criteria, 33 (86.8%) answered at least one vaccine question or trusted messenger question.

The Yale-Griffin PRC developed the parent/guardian survey. Several items were adapted from vaccine confidence surveys from the CDC and are aligned with constructs from the Health Belief Model.

How likely do you believe it is for your child to become infected with these illnesses*?

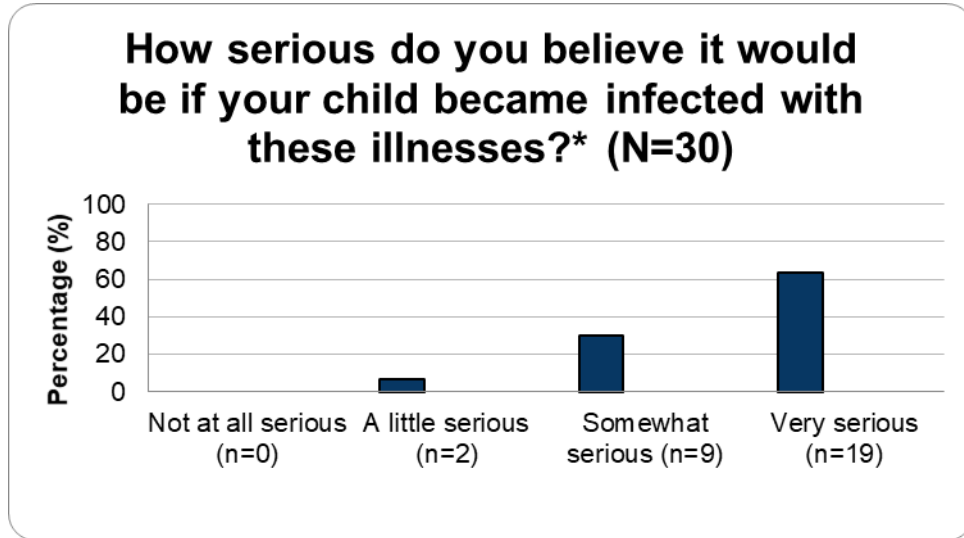
Participants perceived the likelihood of their child contracting routine vaccine-preventable diseases as mixed, with over a third of responses being ‘not at all possible’ (10.0%, n=3) and ‘a little possible’ (26.7%, n=8).



* Includes routine vaccine-preventable diseases: Diphtheria, tetanus, whooping cough, polio, measles, mumps, rubella, hepatitis A, hepatitis B, chickenpox,, pneumococcal disease, rotavirus, Haemophilus influenzae type b (Hib) disease.

How serious do you believe it would be if your child became infected with these illnesses?

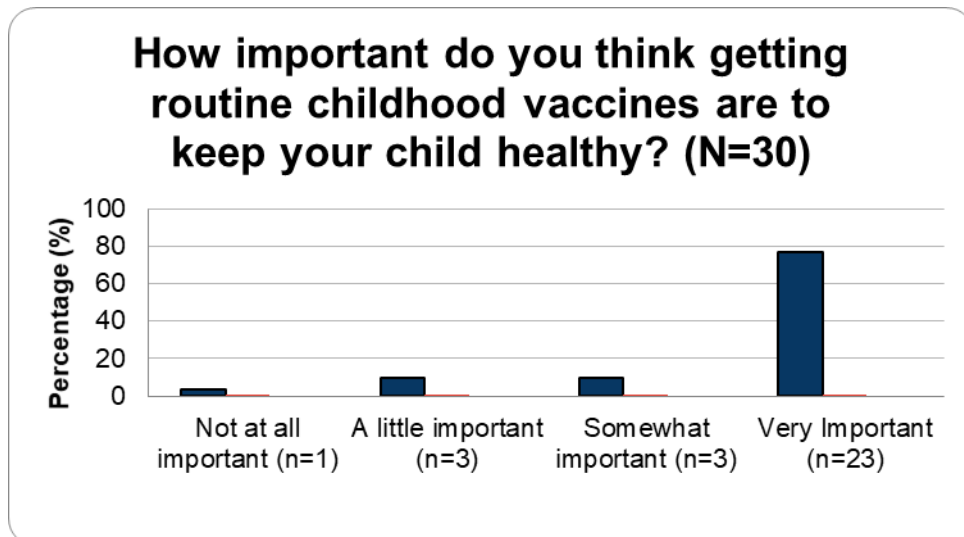
Many respondents deemed it ‘very serious’ if their child contracted routine vaccine-preventable diseases (63.3%, n=19), showing a strong concern for these illnesses.



** Includes routine vaccine-preventable diseases: Diphtheria, tetanus, whooping cough, polio, measles, mumps, rubella, hepatitis A, hepatitis B, chickenpox, pneumococcal disease, rotavirus, Haemophilus influenzae type b (Hib) disease..*

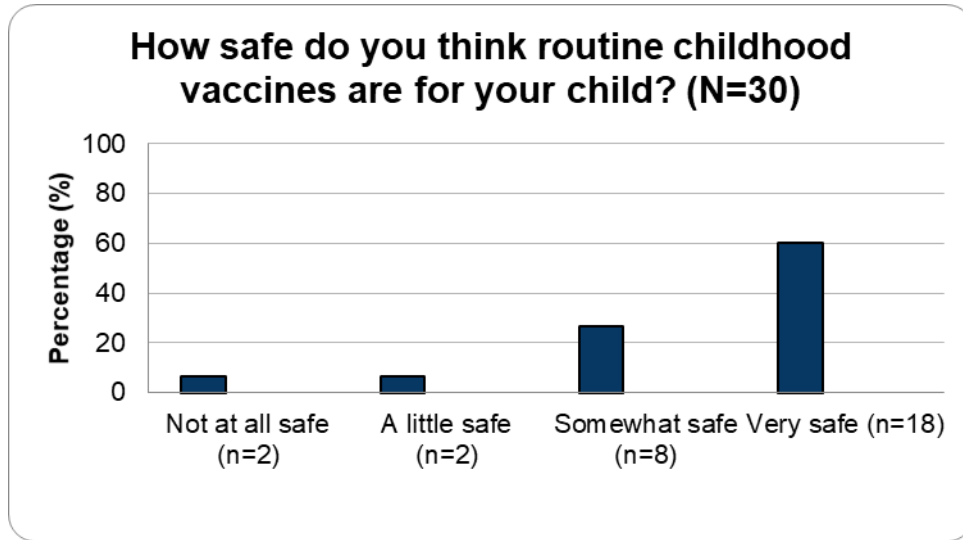
How important do you think getting routine childhood vaccines are to keep your child healthy?

A majority found getting routine childhood vaccines ‘very important’ for their child’s health (76.7%, n=23), reflecting a strong pro-vaccination sentiment. Of note, 13.3% reported that it was only “a little important” or “not at all important”, indicating an area for improvement.



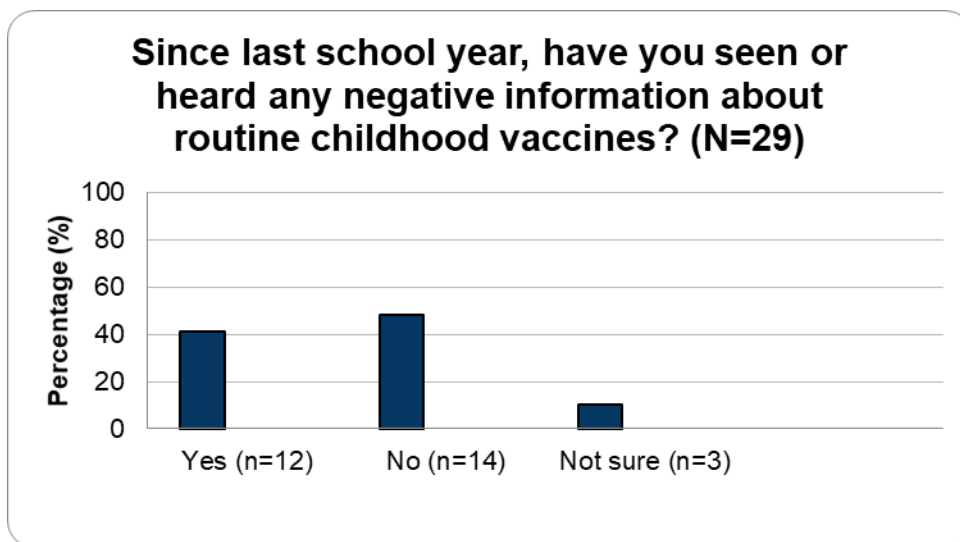
How safe do you think routine childhood vaccines are for your child?

Safety perceptions of vaccines were generally positive, with ‘very safe’ being the most common response (60.0%, n=18). For respondents who did not think routine childhood vaccines were ‘very safe’ for their children (n=12), they described concerns about vaccine ingredients and side effects.



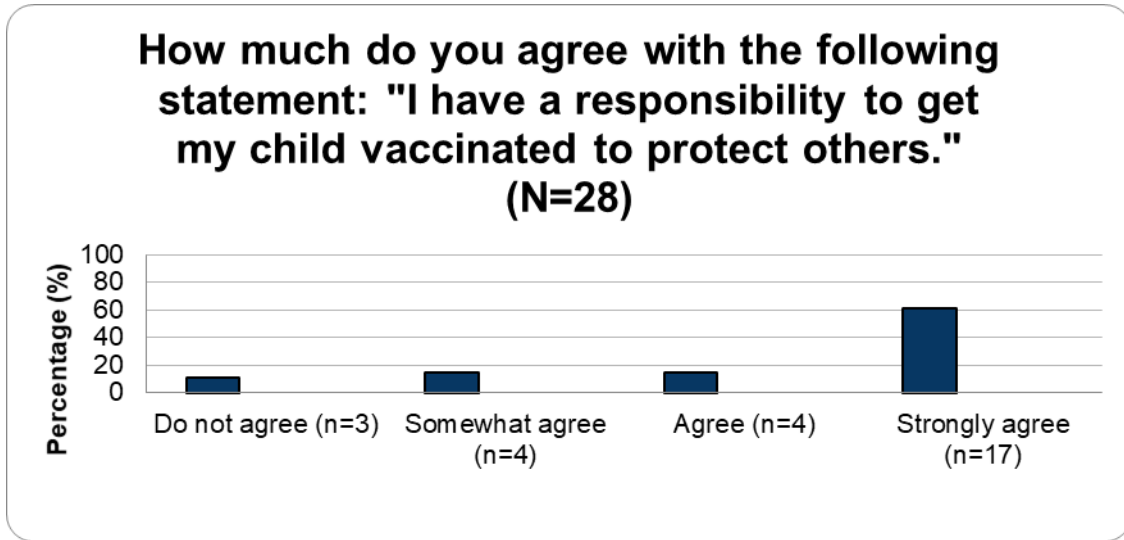
Since last school year, have you seen or heard any negative information about routine childhood vaccines?

Exposure to negative vaccine information was somewhat evenly split, with 41.4% (n=12) hearing negative information, while 48.3% (n=14) had not. For respondents who have seen or heard any negative information about routine childhood vaccines last year (n=12), they note negative information on vaccine effectiveness, side effects, and ingredients.



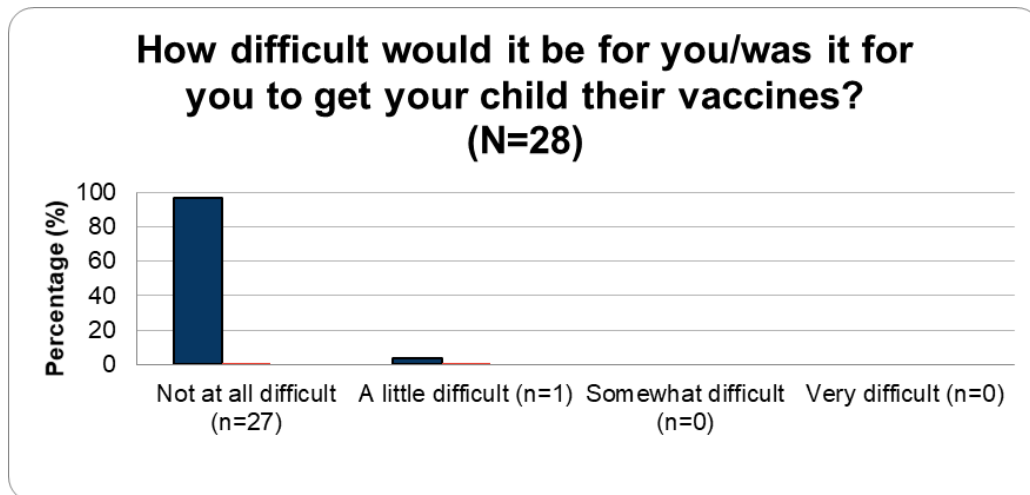
How much do you agree with the following statement: "I have a responsibility to get my child vaccinated to protect others."

A majority of those responding "strongly agreed" that they have a responsibility to vaccinate their child to protect others (60.7%, n=17). Of note, about 25% (n=7) reported that they "do not agree" or "somewhat agree" that they have a responsibility to get their child vaccinated to protect others.



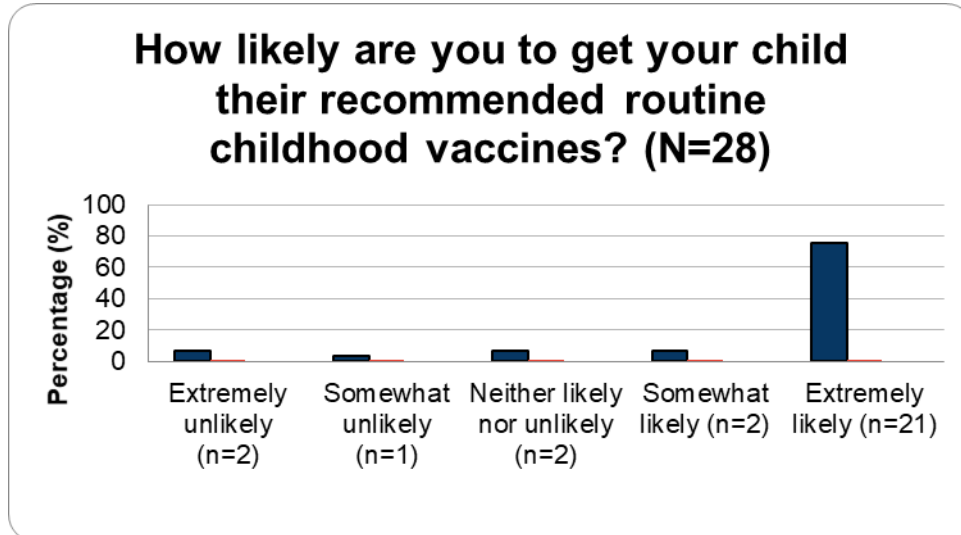
How difficult would it be for you/was it for you to get your child their vaccines?

Of those responding, getting vaccines was overwhelmingly 'not at all difficult' for most respondents (96.4%, n=27). No significant barriers to vaccine access were reported, one participant reporting the barrier they encountered was not an option in the survey (3.6%, n=1).



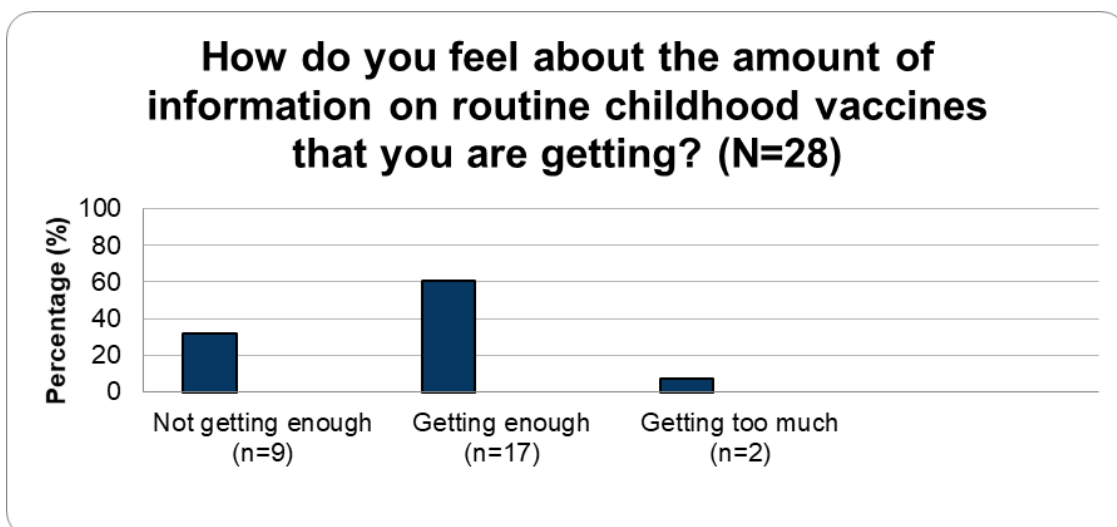
How likely are you to get your child their recommended routine childhood vaccines?

A clear majority expressed that they are 'extremely likely' to ensure their child receives recommended vaccines (75.0%, n=21). However, 24.9% participants maintained some level of hesitancy (n=7).



How do you feel about the amount of information on routine childhood vaccines that you are getting?

The majority felt they were 'getting enough' information about routine childhood vaccines (60.7%, n=17), with nearly one third reporting 'not getting enough' information (n=9, 32.1%).



Results/Findings – Demographics

With which race/ethnicity do you identify?

A majority of survey participants identify as White (66.2%, n=22), followed by Hispanic/Latino (27.3%, n=9), and a smaller percentage as Black/African American/Caribbean American (9.1%, n=3). Among Hispanic/Latino participants, the majority identify as Puerto Rican (55.6%, n=5), followed by Mexican, Mexican American, or Chicano (22.2%, n=2), and other Hispanic, Latino, or Spanish origins (11.1%, n=1).

Where were you born?

The vast majority of respondents were born in the continental U.S. (75.8%, n=25), with a small number from Puerto Rico (9.1%, n=3).

In general, what language do you primarily speak at home?

English is the primary language spoken at home for most participants (84.8%, n=28).

How old is your youngest child?

The youngest children of respondents are mostly under three years old, with the largest group being two years old (33.3%, n=11) and a significant portion aged three years or younger (66.7%, total of those aged 3, 2, and ≤1).

Please choose one or more of the following categories to describe your child's race/ethnicity.

The racial/ethnic identity of the children largely mirrors that of their parents, with most identifying as White (63.6%, n=21) and Hispanic/Latino (21.2%, n=7). A small number identify as Black/African American/Caribbean American (9.1%, n=3).

Recommendations

The following are recommendations from the Meriden Department of Health and Human Services to address or support the items noted in both the qualitative and quantitative data presented in this report. For all, it is recommended to use [evidence –based solutions](#) to increase vaccine confidence and uptake. Health equity should always be a consideration when planning, implementing, and evaluating any education or outreach campaign.

Recommendations: Barriers

To Address or Support:	Recommendation
Education & Awareness	<ul style="list-style-type: none"> • Evaluate current vaccine education and outreach processes and protocols. • Ensure there is a health equity component to any education and outreach campaign. • Use plain language in education campaigns and outreach work. • Consider in-person engagement, tabling at community events, coordinating presentations at the library and other public venues.
Access & Logistics	<ul style="list-style-type: none"> • Have bilingual (English/Spanish) staff available to answer questions, and bilingual (English/Spanish) educational materials on hand. • Have translation services available for appointments. • Have Vaccine Information Sheets (VIS) available in multiple languages. • Book follow-up appointment(s) for second/next vaccine at the first appointment. Send out reminder calls or text messages for appointments.

	<ul style="list-style-type: none"> • Consider alternate office hours to accommodate the population. • Consider mobile vaccination efforts to reach persons “where they are at”. • Promote CT WiZ as a means of accessing vaccination records.
Health Concerns & Fears	<ul style="list-style-type: none"> • Evaluate current training in administering vaccines to those with autism and other conditions characterized by challenges with social skills, repetitive behaviors, speech and nonverbal communication. • Promote messages that vaccines are safe and effective. • Provide personalized education about vaccines. • Have “vaccine ambassadors” in the community. • Healthcare Providers can use reminders about vaccination as an intervention, as well as motivational interviewing to address hesitancies.
Personal & Cultural Beliefs	<ul style="list-style-type: none"> • Consider cultural and racial backgrounds when developing vaccine education campaigns and messaging, and when conducting in-person outreach. Ensure health equity components are present.
Medical Mistrust	<ul style="list-style-type: none"> • Hang vaccine information in waiting rooms and exam rooms in multiple languages. • Use motivational interviewing to address concerns about vaccines. • Consider giving out Frequently Asked Questions (FAQ) handouts in multiple languages to answer parent questions on vaccination.

Recommendations: Facilitators

To Address or Support:	Recommendation
Mandates	<ul style="list-style-type: none"> • Promote vaccination requirements for daycare, pre-K, and school early.
Access to Care & Vaccination Records	<ul style="list-style-type: none"> • Consider alternate office hours or mobile vaccination services. • Promote CT WiZ as a means of accessing vaccination records.
Personal Views	<ul style="list-style-type: none"> • Promote vaccination as a social norm, taking into account cultural and racial backgrounds.

Healthcare Providers/Community Organizations/Local Health Dept/Schools	<ul style="list-style-type: none"> • Cross promote the importance of vaccination and where persons can get vaccinated if they are experiencing barriers such as cost or transportation.
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Recommendations: Trusted Messengers and Communication Channels

To Address or Support:	Recommendation
Online & Social Media	<ul style="list-style-type: none"> • Keep social media messages short. • Use reputable sources for vaccine information, and use “plain language”. • Utilize Parent Square to promote vaccine requirements for school.
Healthcare Providers & Local Health Department	<ul style="list-style-type: none"> • Cross promote the importance of vaccination and where persons can get vaccinated if they are experiencing barriers such as cost or transportation.
Community Outreach	<ul style="list-style-type: none"> • In-person engagement is recommended. Attend community events. • Keep messaging consistent. • Set up presentations at the library and other public venues to promote vaccination.
News & Media	<ul style="list-style-type: none"> • Drive persons to reputable websites, such as the Centers for Disease Control and Prevention (CDC).

Questions about this RCA can be directed to:



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