

LIVEWELL NURSING

Immunization Awareness

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**COUNTY OF
SAN DIEGO**



**LIVE WELL
SAN DIEGO**

Equity in Child Immunization: A Chief Nursing Officer's Note to HHSA Nurses

by: Angela Mitchell, CNO



Angela Mitchell

As your Chief Nursing Officer, I would like to highlight an issue that directly impacts the health of the children and families we serve: equality in immunization rates. Robust immunization programs protect all children; yet persistent inequities mean that some groups experience lower vaccination rates and a greater risk from preventable diseases. The evidence suggests that differences in immunization coverage are not solely a matter of access to vaccines; they also reflect the intersection of social determinants of health, including socioeconomic status, race/ethnicity, language barriers, transportation, housing stability, and parental health literacy. These factors shape whether a child is up to date and engaged with preventive care (DiRago et al., 2022).

Access and provider factors contribute significantly to these disparities. Insurance status missed well-child visits, and the limited availability of culturally concordant care or language services are associated with lower vaccination coverage (Hartley, 2023). Beyond logistics, trust and historical context are also important. Communities that have experienced historical mistreatment by institutions may exhibit heightened vaccine hesitancy or skepticism toward public health messaging, which necessitates respectful engagement and robust community partnerships to rebuild confidence (Lord, 2023). The consequences of inequity are measurable and dire: persistently lower immunization rates increase the risk of vaccine-preventable disease outbreaks, lead to higher school absences, and drive avoidable healthcare costs, thereby widening existing health disparities (Bhatt et al., 2022).

Our roles as nurses within HHSA place us at the core of efforts to reduce these inequities. First, we must ensure equitable access within the system. This could involve expanding hours and locations for vaccination services, such as evenings, weekends, mobile clinics, and school-based vaccination events, to reach families who face transportation or work-related barriers. Multilingual and culturally tailored information is essential; providing plain-language materials and access to interpreters or bilingual staff supports families' understanding and comfort with

vaccines. We should also streamline reminder and recall systems and reduce no-show losses by utilizing electronic health records to identify under-vaccinated children and sending timely reminders in families' preferred languages.

Fostering trust through relationships and patient-centered care is the second pillar. Building partnerships with trusted community organizations, schools, faith groups, and community health workers enables co-design and promotion of vaccination efforts that resonate locally. Staff training in culturally responsive



communication and bias awareness supports nonjudgmental conversations about vaccines, allowing us to address concerns with empathy and credible information. Involve families in decision-making by clearly explaining the benefits and risks of vaccines, acknowledging their concerns, and tailoring recommendations to each family's unique context.

Data-driven improvement is the third pillar. We must disaggregate immunization data by race/ethnicity, language, payer type, and geography to identify pockets of under-immunization. Setting local equity targets, monitoring progress regularly, and publicly reporting outcomes to leadership and community partners promotes accountability and continuous improvement. Where appropriate, data sharing with schools, WIC, and community clinics can help coordinate outreach and reduce duplicative efforts, ensuring our actions are aligned and efficient.

Targeted interventions that have demonstrated benefit should be implemented. Patient navigation and care coordination can address barriers such as missed appointments and transportation issues, while school-based and community-based vaccination events increase accessibility for underserved populations. We should employ evidence-based reminders and, when appropriate, use motivational interviewing with families who express hesitancy, always maintaining trust and respecting their autonomy.



Finally, we must advocate for supportive policies and resources. This includes policies that expand access to vaccines at no cost, ensure access to interpreter services, and support community-based immunization programs. Securing funding for mobile clinics, community health workers, and data analytics will enable us to identify inequities and measure their impact. Within the HHSA, equity-focused quality improvement projects can test, and scale interventions proven to reduce gaps in vaccination coverage.

We must also acknowledge the potential negative implications that may arise if inequities persist. Higher incidence of vaccine-preventable diseases, with disproportionate impact on marginalized communities, increases morbidity and, in some cases, mortality. Outbreaks impose greater strain on healthcare systems, elevate hospitalization costs, and contribute to workforce burnout. Erosion of trust between communities and public health authorities can render future vaccination efforts more challenging, and missed opportunities to support families through integrated preventive care—encompassing vaccination, well-child visits, and social supports—persist.

In closing, equity in immunization is a core nursing commitment to caring for every child and family with dignity and respect. By using data to illuminate gaps, expanding access, partnering with communities, and advocating for supportive policies, we can reduce disparities and protect the children who rely on us. Let us commit to actionable, equity-centered practice in every clinic, school-based program, and home visit.

References:

- Bhatt, J., Davis, A., Batra, N., & Rush, B. (2022). US health care can't afford health inequities. Deloitte Insights. Centers for Disease Control and Prevention. (2022). Immunization equity and disparities in vaccination coverage.
- DiRago, N. V., Li, M., Tom, T., Schupmann, W., Carrillo, Y., Carey, C. M., & Gaddis, S. M. (2022). COVID-19 vaccine rollouts and the reproduction of urban spatial inequality: disparities within large US cities in March and April 2021 by racial/ethnic and socioeconomic composition. *Journal of Urban Health*, 99(2), 191-207.
- Hartley, T. D. (2023). Texas Medicaid Factors Associated With Childhood Vaccination Nonadherence: A Regression-Based Statistical Analysis With Moderation (Doctoral dissertation, Walden University).
- Lord, M. M. (2023). A community-led implementation framework to foster a reciprocal continuum of trust with marginalized communities. The Medical College of Wisconsin.

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Immunizations Through the Life Course

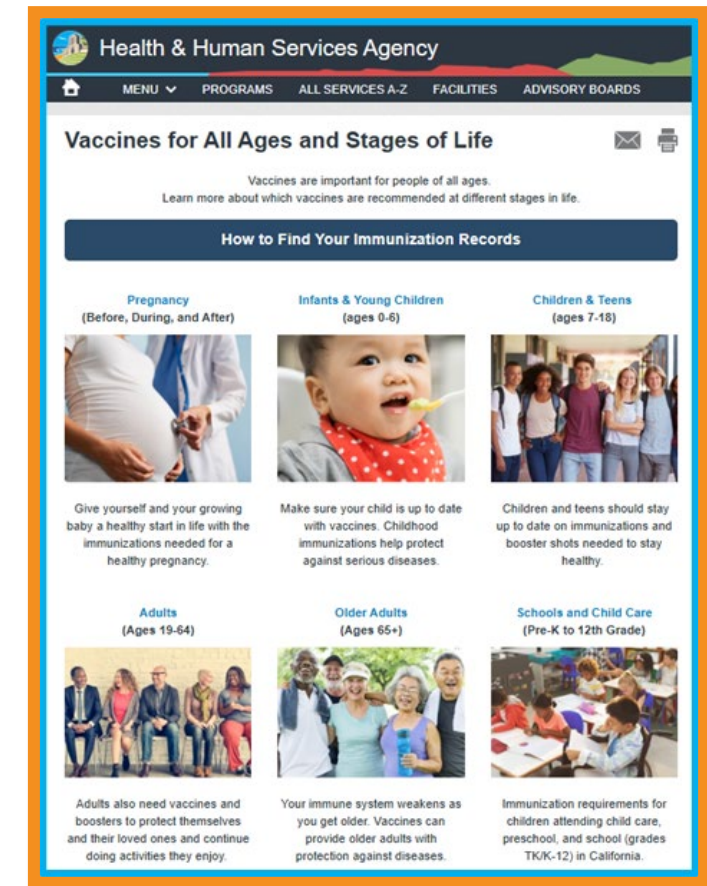
By: Sheila Rinker, MSN, RN, PHN | Public Health Nurse Supervisor | EISB - VECO

Vaccines should be a fundamental component of health care at every stage in life. Immunization programs are shifting focus from certain ages and expanding awareness on the importance of vaccines across the lifespan. Attention to implementing a comprehensive lifelong immunization strategy is needed to, “be a critical tool to reduce the strain in healthcare systems, protect vulnerable populations, and create more resilient societies” (Bigger, 2025). Childhood vaccines are needed to create strong immune systems as children grow. Vaccines in childhood can protect against diseases such as measles, polio, chickenpox, hepatitis B, and whooping cough. There is a lot of focus on vaccines in childhood but as adults age, they become vulnerable to diseases such as influenza, shingles, and pneumonia. Adolescents and adults are often overlooked when it comes to the full benefits of protection that vaccines offer, and these missed opportunities are impactful.

Educating about vaccines at all ages, including COVID-19 and influenza, can foster knowledge-sharing, build trust, dispel misinformation, and endorse health equity. A life course approach (LCA) to immunization programs can benefit individuals, generations, and communities as LCAs are designed to take advantage of critical periods in a person’s life by planning other age-appropriate healthcare interactions with vaccine services to generating vaccine demand and develop systems that identify a person’s medical history to find appropriate times for vaccine intervention (Balsells et al., 2024). Getting vaccinated at any age is essential to help maintain health and protect against harmful and potentially fatal diseases. The EISB Immunization Unit has several programs utilizing the life course approach to promote vaccinations in the community, including the School Immunization Program, Perinatal Hepatitis B Prevention Program, Homebound Vaccine Program, and CDC Racial and Ethnic Approaches to Community Health (REACH) grant.

References:

- Balsells, E., Ghiselli, M., Hommes, C., Nascimento Lins de Oliveira, B., Rosado-Valenzuela, A.L., & Vega, E. (2024). Rethinking immunization programs through the life course approach. *Front. Public Health* 12:1355384. doi: 10.3389/fpubh.2024.1355384
- Bigger, L. (2025, January 7). How lifelong vaccination can tackle the challenges of an ageing World. IFPMA. <https://www.ifpma.org>



Immunization Awareness

by Drew Berlin, QAS, MCS - Office of Nursing Excellence

Welcome to Immunization Awareness month and the month that unofficially marks the closing of the summer season. I wanted to highlight a few important facts to remember about vaccination efforts. Working in public health, a lot of what we do involves early prevention and vaccination efforts in the communities we serve.

It is estimated that over the past 50 years, vaccination has saved over 154 million lives, most of these lives were children 5 years of age or younger. Vaccines have also reduced the infant mortality rate and improved survival rates across generations (Santoro, 2025). Vaccines are subject to rigorous and extensive development programs to ensure they are safe for human use. These programs, maintained by the Federal Drug Administration (FDA) include animal and human clinical trials as well as comprehensive lab testing to ensure the vaccines are safe for use.

While vaccines are a great tool to improve health outcomes in individuals, they also protect on a larger scale. The varicella vaccine alone has generated almost 16 billion dollars in savings by reducing hospitalizations and outpatient visits. Also, over the past 50 years vaccines have slashed healthcare spending by as much as 60%. Additionally, vaccines are considered low risk with far reaching benefit and are especially vital for the immunocompromised (Santoro, 2025.) I know vaccination has become a hot topic especially in recent years, but if you hold tight to the facts, to help influence our community members to make educated decisions, we will continue to build and maintain thriving communities.

Fun Fact: Early vaccination dates to the 15th century but was not widely recognized until the late 1700s when vaccination for smallpox was widely known and distributed.

References:

- Santoro, C. (2025, August). 5 Things Everyone Should Know for National Immunization Awareness Month. AJMC. <https://www.ajmc.com/view/5-things>



Stay Strong, Stay Protected: Staying One Shot Ahead

by Carlos Ayala, Sr PHN and Tim McWilliams, PHN Supervisor

Vaccination is one of the most effective public health tools, saving millions of lives worldwide. Yet, global coverage has dropped between 2010 and 2023 due to online misinformation, parental hesitancy, provider uncertainty, and the impact of COVID-19. In the U.S., this has fueled the return of diseases once nearly eliminated—like measles (Washington Post, 2025).

World Immunization Week (April 24–30) highlighted the WHO’s “Immunization for All is Humanly Possible” campaign, underscoring that timely vaccine access can prevent outbreaks and protect infant survival. Vaccination has driven over 40% of the global improvement in infant mortality over the past 50 years. Still, in 2023, 14.5 million children received no vaccines, and 22 million missed their first measles dose (WHO, 2025).

County nurses are working to change the tide on misinformation; vaccine hesitancy and the various barriers clients may experience in receiving vaccines. We offer free vaccines to uninsured and underinsured residents through clinics across the county—and through our dedicated “foot teams,” who bring education and immunizations directly to underserved communities.

The HIV, STD, and Hepatitis Branch (HSHB) also supports these efforts, providing adult vaccinations for more common diseases among our clients with engaging community events including the Pride Festival 2025, a Mpox POD in El Cajon in collaboration with CDPH and Project Homeless Connect, and hosting a monthly Mpox vaccination POD at our North Coastal site.

The message is simple: vaccines save lives. Let’s keep San Diego healthy, protected, and ready to face the future— one conversation and one shot at a time.

References:

- Washington Post. (2025, June 25). Millions of children at risk from stalling global vaccinations, study says. The Washington Post. Retrieved from <https://www.washingtonpost.com>
- World Health Organization. (2025, April). About the campaign. In World Immunization Week 2025: Immunization for All is Humanly Possible. World Health Organization. Retrieved from <https://www.who.int>



L to R, Glen Fabian, PHN and Carlos Ayala, Sr PHN at Pride Festival



Glen Fabian
PHN

Immunization Awareness

by Kaila Domingo, BSN, RN, PHN, East Public Health Center

I wanted to share a recent, brief interaction that demonstrated the importance of immunization awareness. A few weeks ago, I was working in the immunization clinic and overheard a conversation between a parent and clinic nurse. The clinic nurse mentioned the Meningococcal ACWY vaccine, and the parent laughed and said, “is that still a thing?” The clinic nurse educated the parent on disease prevalence, symptoms and complications. Then, the parent acknowledged her lack of knowledge and thanked the clinic nurse for educating her. In summary, immunization education happens outside classrooms, presentations, and large-scale events. A quick one-to-one, three-minute interaction is also key to increasing immunization awareness.



Speaking of brief interactions, I also wanted to share some resources from the National Foundation of Infectious Diseases. They produced short videos (15-30 seconds) highlighting infectious diseases and vaccine promotion for adults and children. In addition, they also have a resource library that you can filter by topic, disease, population addressed and resource type.

References:

- <https://www.nfid.org/resources/resource-library/>

Residency Cohort 13, New PHN's

By: Carla Macias, PHN Supervisor and Araceli Casas, SOA, Office of Nursing Excellence



Public health nursing plays a vital role in uniting our community through health promotion, education, and equity. Leading Cohort 13 of the Public Health Nurse Residency Program has given me the privilege of witnessing the dedication and passion of these 6 public health nurse residents. They represent the future of nursing, and I look forward to seeing their resilience and compassion make a meaningful impact across the various departments in the County of San Diego.

Pictured Left to Right:
Lourdes “Lulu” Terry, Mia Bain, Liza Tolentino,
Sandra “Sandy” Brackman, Jan Sebastian and
Francesco “Frank” Cortez

Sandy Brackman | AIS

Why did you choose public health nursing?

PHN speaks to my heart with its connection and interaction with the community we serve in a meaningful and measurable way...makes my heart happy

What is one thing that instantly makes your day better?

Helping out a colleague with an issue

What is the most important decision you have ever made so far?

To do what makes my heart happy, and not to wait for that opportunity but to make that opportunity for myself

Where is coolest place you traveled?

All of them!!!!...but Vietnam and Ireland were incredible

What are you most looking forward to?

Continuing to meet and work with people in the county and build relationships and help clients to connect to resources and information and feel part of the community



Liza Tolentino | North Central PHC

Why did you choose public health nursing?

Public health nursing allows me to advocate & educate those within our community.

What is one thing that instantly makes your day better?

Dessert always makes me smile.

What is the most important decision you have ever made so far?

Going back to school for a second degree, Nursing.

Where is coolest place you traveled?

Polihale beach and I don't have to travel very far. It's on my home island of Kauai, HI.

What are you most looking forward to?

Bearing witness to all our families learning & growing each and every day.

Mia Bain | North Coastal PHC

Why did you choose public health nursing?

I chose public health nursing because I wanted to make a broader impact beyond individual patient care. I'm passionate about prevention, health education, and addressing the social determinants of health. It's incredibly meaningful to work with communities to improve overall well-being and reduce health disparities.

What is one thing that instantly makes your day better?

A genuine, unexpected laugh with someone, whether it's a quick joke, a funny moment, or a shared smile always makes my day better. It's a small reminder of connection and joy, even during busy or stressful times.

What is the most important decision you have ever made so far?

The most important decision I've made was pursuing a career in healthcare. It shaped my sense of purpose and gave me the opportunity to serve others in a meaningful way.

Where is coolest place you traveled?

Iceland! The landscapes were surreal, volcanoes, glaciers, waterfalls, and geothermal lagoons all in one place. It felt like exploring another planet.

What are you most looking forward to?

I'm looking forward to growing in my role and making a lasting impact through public health initiatives. I'm also excited to keep learning and evolving both personally and professionally.



Lulu Terry | Central PHC

Why did you choose public health nursing?

I chose to serve at-risk communities. Public health is a preventative medicine, cost effective and improves overall community safety.

What is one thing that instantly makes your day better?

My dogs make my day instantly better. They remind me to play and have fun every day.

What is the most important decision you have ever made so far?

I chose a meaningful career, that has simultaneously afforded me the opportunity to fulfill my personal goals.

Where is coolest place you traveled?

The coolest place I ever travelled to was Rio de Janeiro during carnival. It was pure festivities.

What are you most looking forward to?

I am looking forward to providing equitable care in my community and improving positive childhood experiences for improved long term mental and physical health.

Frank Cortez | AIS MSSP

Why did you choose public health nursing?

To advance my experience and training to serve the public in a systematic approach.

What is one thing that instantly makes your day better?

Food

What is the most important decision you have ever made so far?

Having to relocate to further my career and educational opportunities.

Where is coolest place you traveled?

Sitka, Alaska

What are you most looking forward to?

Having positive impacts on the community through service, implementing system wide changes, and promoting public health through daily actions and interventions.



Jan Sebastian | East PHC

Why did you choose public health nursing?

I chose public health nursing after working in the hospital and seeing firsthand how many people fall through the gaps in the healthcare systems. While I valued the clinical experience, I often felt limited in my ability to help beyond the bedside. Public health nursing gave me the opportunity to step into a role where I could focus on prevention, health education, and improving access to care- especially in communities who don't have the resources or insurance to navigate private healthcare.

What is one thing that instantly makes your day better?

Taking my cat out for his walks.

What is the most important decision you have ever made so far?

Choosing my mental health and prioritizing a better work-life balance has been the most important- and life-changing decision I've ever made. It meant finally listening to myself, setting boundaries, and realizing that burnout isn't a badge of honor.

Where is coolest place you traveled?

Lake Tahoe was stunning. 10/10 would freeze my toes off again.

What are you most looking forward to?

I'm so excited to get married... and even more excited to never plan a wedding again.



LIVEWELL NURSING



September: Preparedness Month
(Shelters/wildfires, etc.)



Please e-mail submission (ideas, photos, articles, trainings, dates, accolades, local or national news, etc.) to
Araceli.Casas@sdcounty.ca.gov



For consideration in next issue, please submit entries by close of business on **September 19, 2025**. Submission limits: 125-275 words



2025 Topics

January: New Beginnings/Resolutions

February: Sustainability

March: Workplace Engagement

April: Community Engagement

May: Nurses Week posters

June: Equity

July: Service Delivery Coordination

August: Immunization Awareness

September: Preparedness Month (shelters/wildfires, etc.)

October: Domestic Violence Awareness Month

November: Gratitude & Kindness

December: Systems & Technology