

## New Toolkit:

# “Catching Up on Youth Immunizations and Well Child Visits: Best Practices of School-based Health”

May 12, 2022



# Agenda

## Welcome

## Toolkit Overview

**Molly Ticknor**, MA, LPC, Consultant, Toolkit Developer

## Experts from the Field

**Maureen Murphy**, DNP, APRN, FNP-BC, Nurse Practitioner, River Rouge High School SBHC, Assistant Professor, University of Michigan, Flint

**Dana Shoemaker**, RN, Clinical Lead, Nationwide Children's Hospital Care Connection

## Fireside Chats

**Robin Wallin**, DNP, RN, CPNP-PC, NCSN, Director, School Health Division, Fairfax County Health Dept.

**Heidi Sipe**, BA, Ed, Superintendent, Umatilla School District, Oregon

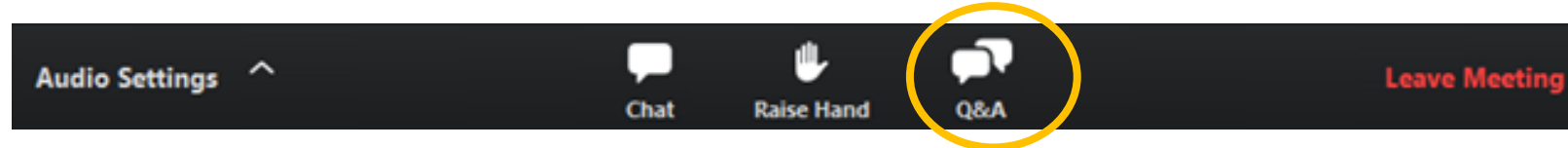
**Closing information and thank you!**



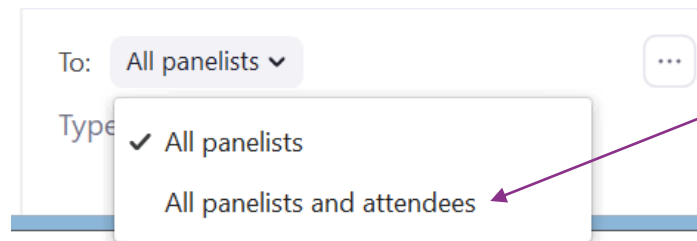
# REMINDERS

 All attendees are in listen-only mode.

 To ask a question during the session, use the “Q&A” icon that appears on the bottom your Zoom control panel.



 When using the chat, please select “all panelists and attendees” before typing a message.



 Please complete evaluation poll questions at the end of the presentation.







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**We Believe...**

**In the transformational power  
of the health and education  
intersection**

**HEALTHY STUDENTS**  
*make better learners*



# Our Partners



## The School Superintendents Association

AASA is the premier association for school system leaders and serves as the national voice for public education and district leadership on Capitol Hill. Learn more: [www.aasa.org](http://www.aasa.org)



*National  
Association of  
School Nurses*

## National Association of School Nurses

To optimize student health, safety and learning, it is the position of the National Association of School Nurses that a professional registered school nurse be present in every school all day, every day. Learn more: [www.nasn.org](http://www.nasn.org)



**MERCK**





# Meet Our Team!



**Laura Brey, MS**  
Chief Operating Officer and Chief  
Strategy Officer, SBHA



**Ilene Sparber, LCSW-C**  
Consultant, Project Manager



**Harper Byers**  
Administrative Assistant,  
SBHA



**Molly Ticknor, MA, ATR, LPC**  
Consultant, Toolkit Developer



**Carol Walsh, PMP**  
Managing Director of  
Operations, NASN



**Jon Lemich**  
Grants and External Partners  
Director, NASN



**Kayla Jackson**  
Project Director, AASA



# OBJECTIVES

## Participants will be able to...

- Become familiar with the decline in immunizations and well-child visits for all youth due to COVID-19.
- Gain knowledge on ways to address the issue and improve immunizations and well-child visits by using resources from the Toolkit.
- Describe how other health care providers have addressed obstacles to immunizations and well-child visits.





# Take a Tour of the Toolkit!

**Molly Ticknor**

Toolkit Developer



## Toolkit To Increase Well-Child Visits And Vaccinations In School-Aged Youth



- ▶ Introduction
- ▶ The Impact of COVID-19 on Routine Well Child Visits and Immunizations
- ▶ Description/Definitions



# Toolkit Q&A

# Introducing our Experts from the Field



**Maureen Murphy, DNP, APRN, FNP-BC**

Nurse Practitioner, River Rouge High School SBHC  
Assistant Professor, University of Michigan Flint



**Dana Shoemaker, MHA, RN, CPEN**  
Clinical Lead, Nationwide Children's  
Hospital Care Connection





# Helping a Community Heal: Successful Immunization Uptake & Social Determinant Assistance Amid the COVID-19 Pandemic!

Maureen Murphy, RN, DNP, APRN, FNP-BC



# Description: COVID-19 Pandemic Footprint as a Four Wave Process

- First, immediate mortality and morbidity
- Second, impact of resource restrictions on urgent non-pandemic conditions
- Third, interruption of care for chronic conditions and prevention care such as **immunizations**
- The fourth wave considers the Post traumatic stress, psychosocial burnout and economic impact



(Steward, 2020)

# Helping a Community Heal: Successful immunization uptake & social determinant assistance amid the COVID-19 Pandemic!

Maureen Murphy, RN, DNP, APRN, FNP-BC

## The problem....



## Setting: School-based Curbside immunizations – A perfect fit!

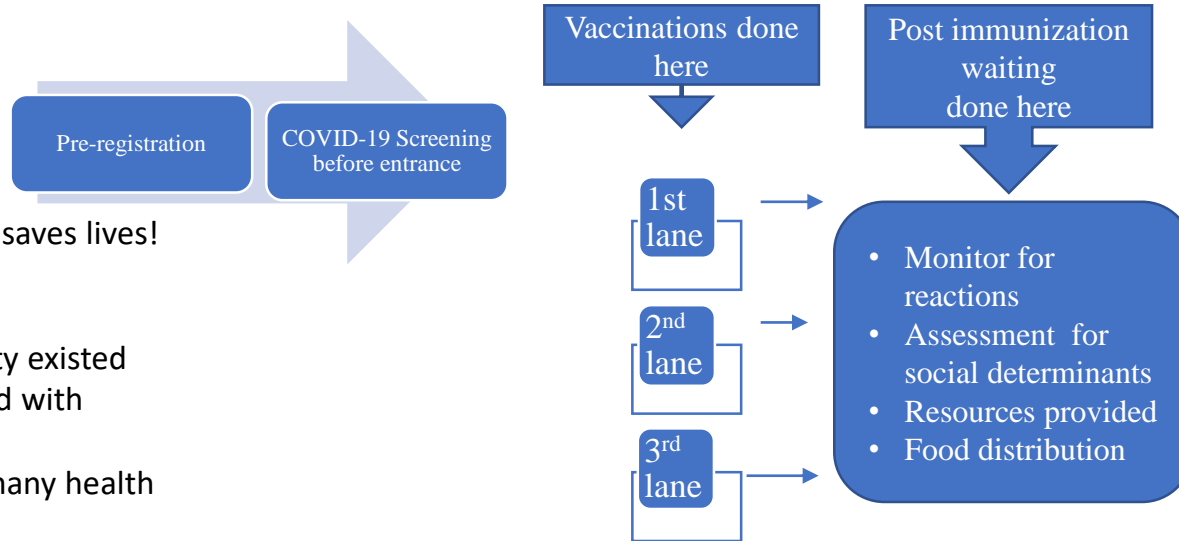


- COVID-19 – An *interruption of care* – especially immunizations
- Michigan & Nationally rates are down particularly in adolescents
- Parents afraid to visit inside providers office
- *Social determinant issues on the rise/food insecurity!*

- Medically underserved areas in vulnerable populations
- Health Equity & health disparity
- Culturally Competent & trusted in communities

## Activity: Process flow

Each car follows arrows to complete immunizations and assistance with social determinants



## Background/significance

- Immunizations prevents illness & saves lives!
- Reduces direct health care costs
- Improves life expectancy
- Before COVID-19 – health disparity existed with immunizations that correlated with
  - Race / poverty
- Detroit & Wayne Counties have many health disparities/inequities

- **Cost neutral!**
- **UPTAKE of Immunization very successful!**
- **97% UTD** status post immunization event!
- More immunizations given than a regular clinic day
- **100%** of patients and families felt the precautions helped them feel more comfortable **and process was easy & safe!**
- A little over half felt they were concerned in this pandemic time about going to the providers office and **would have delayed service if this event was not possible.**
- **48.2%** of this population discussed that they have concerns about **social determinants of health and 34.5% have food insecurity concerns!**



# Modified Social-ecological Model

Helps understand your population and their needs



(National Quality Forum, 2017)

# LOGIC Model

Helped us organize  
Evaluate



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## *Strengths*

- *Urgent community need*
- *Administrative support*
- *Reduces health risk disparity*
- *Reduces chance for illness*
- *Trusted community clinic*
- *High staff interest/commitment*

## *Weakness*

- *feasibility of curbside service*
- *NP's are only credentialed at their work site, and affiliated hospital*
- *Need volunteers*

# *SWOT Analysis*

## *Opportunities*

- *Promote wellness and prevent illness*
- *Provide easy and safe access*
- *Bridge the gap of health equity*
- *Assist with social determinants of health*

## *Threats*

- *Staffing -most MA's had been furloughed*
- *Potential health department issues*
- *IT support & unpredictable weather*
- *Insufficient time/resources for marketing to public*





# Post-immunization A great opportunity

- Social Workers
  - Medical care close – available
- Survey on process/social determinants of health
- Social determinant Resources
- Medicaid resource
- Food



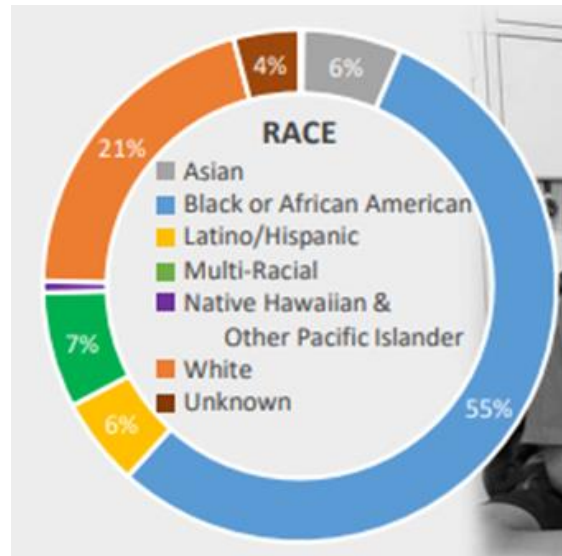
# DISCUSSION: Opportunity in a time of Crisis

- Curbside Immunizations – rethink and redesign
- A bridge back to clinic services
- Social determinants could/should be assessed
- Potential future platform (Flu, Covid-19 immunizations)
  - This platform was shared with other school-based centers across the country
  - Toolkit developed to assist with replication
  - Great opportunity for nurses working on service hours (Magnet status)
  - Inter-disciplinary coordination!



# Nationwide Children's Hospital School Health Services

- 14 School Based Health Centers
- 2 Mobile Units
- See children aged 3-20 years
- Over 85% Medicaid or uninsured
- Serve over 3,000 unique patients



# School Health Roving Vaccine Clinics

## Roving Vaccine Clinics

- Simple logistics (coolers & totes)
- High demand (growth potential w/ COVID vaccine)
- Flexible locations:
  - School Vestibule/Parking Lots
  - Apartment Complexes
  - Churches
  - Events





# Roving Vaccine Clinics

- Began in April 2020
- Initial focus on childhood immunizations
- Turned into COVID vaccine clinics
- Other health department partnerships (multi-county reach)



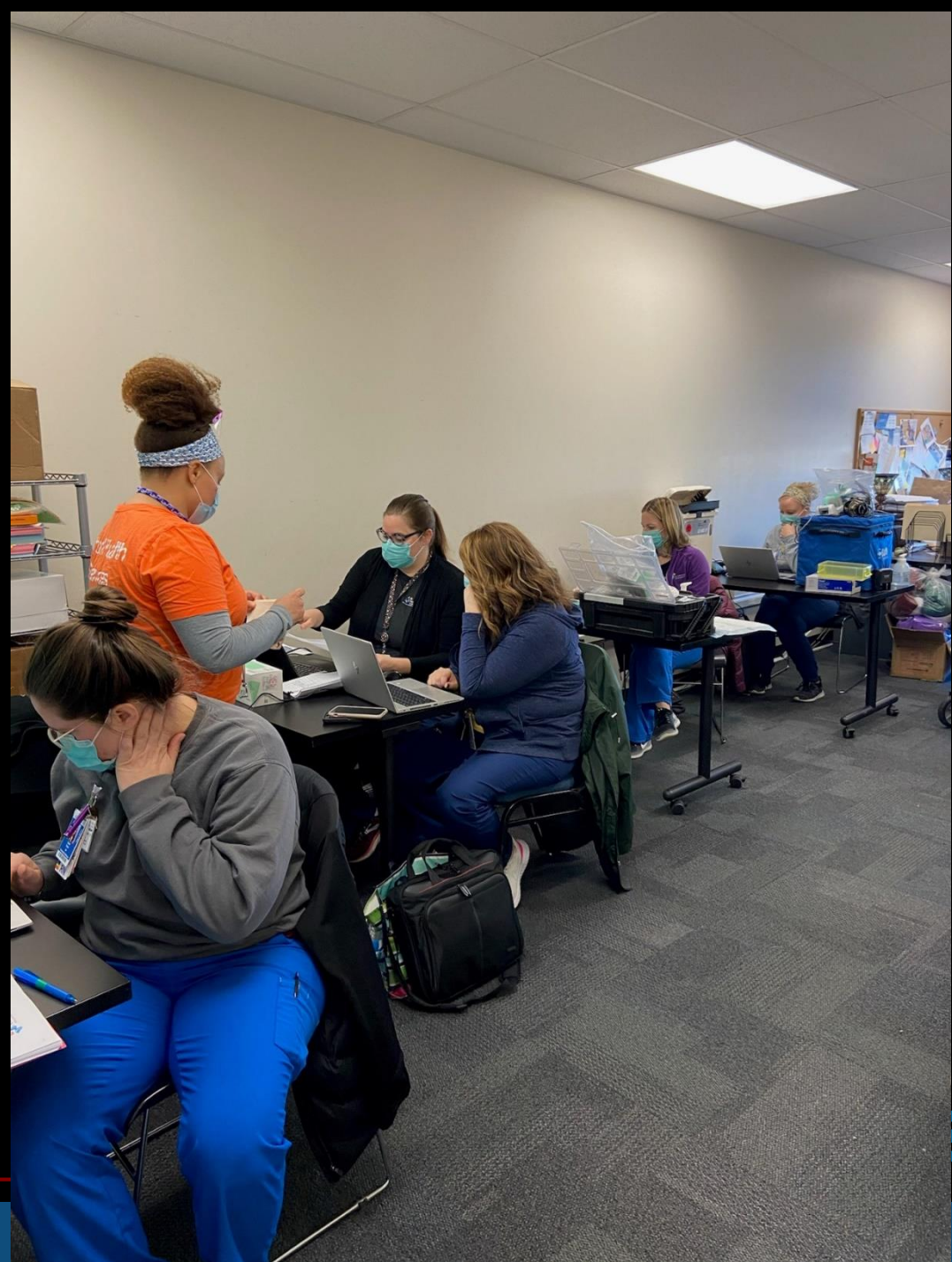
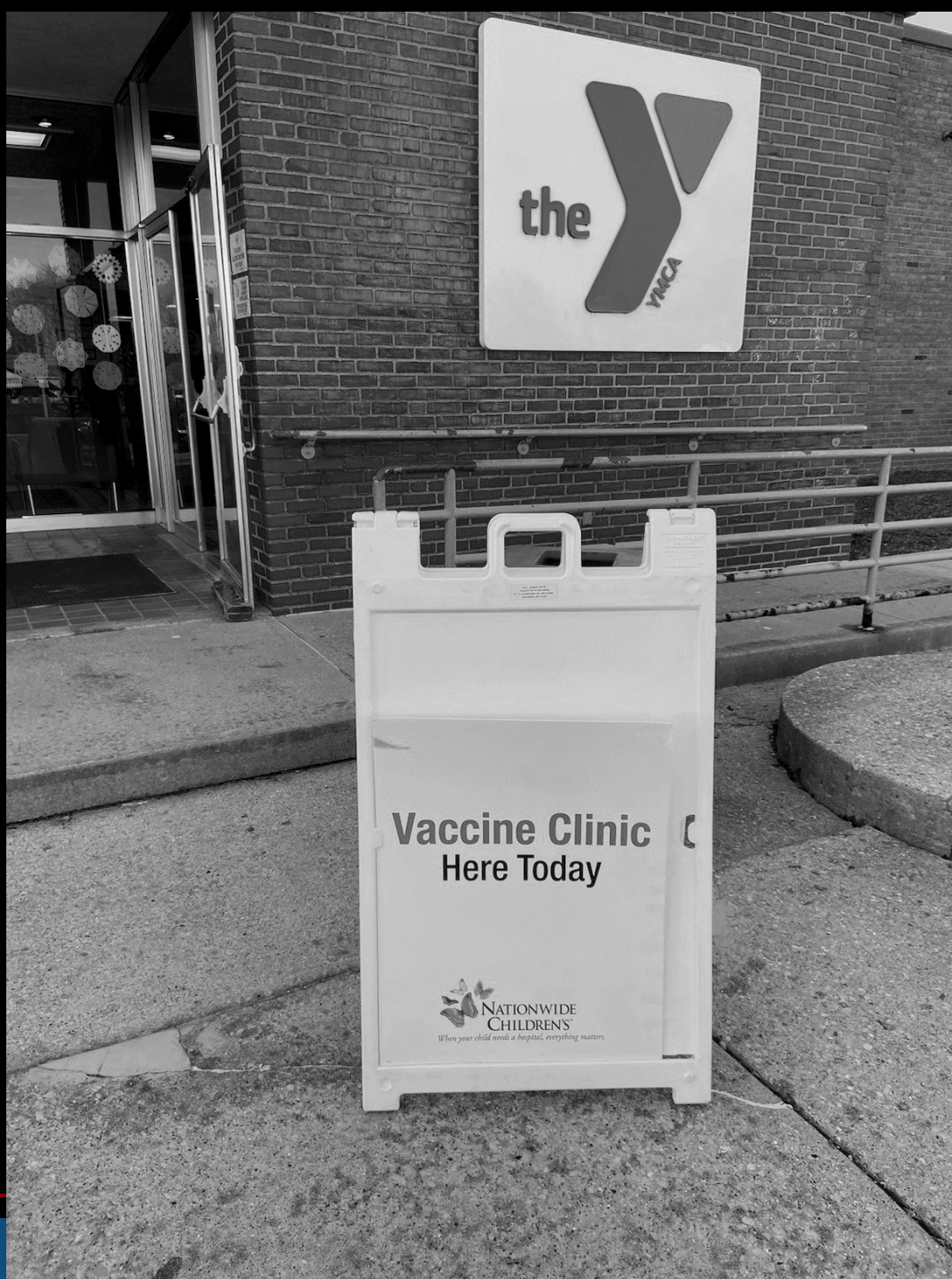
# 2021 Roving Vaccine Clinics

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- Completed 25 Roving Vaccine Clinics
- 1,645 patients served for routine immunizations (excluding Covid-19 vaccine)
- 10% increase in overall patients served for vaccines compared to 2019-2020









# Roving Vaccine Clinics





# Roving Covid Vaccine Clinic



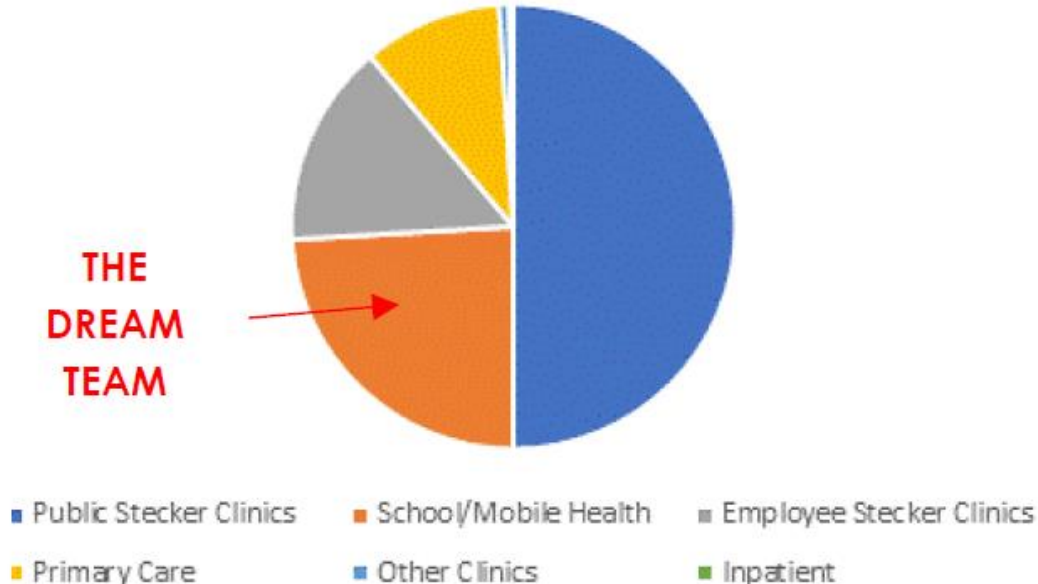
# School Health COVID Vaccine Clinics

- **School-Based COVID-19 Vaccine clinics**
  - From May-June completed our first 'sprint' over 6 weeks of both doses of vaccine
    - ✓ Reached 10 school districts
    - ✓ Transportation provided
    - ✓ Provided **5,147 doses** of COVID vaccine
    - ✓ Referred all to primary care who were behind on routine immunizations
- COVID-19 Vaccine clinics continued into summer
  - June-July completed roving clinics for coverage of 12-15 yr population
    - ✓ Reached 10 school districts
    - ✓ Worked with school leadership to provide community outreach
    - ✓ Education sessions to address vaccine hesitancy
    - ✓ **1,692 doses**
- 5-11 year approval of vaccine in November!
  - Scheduled again in all 10 Districts with ongoing clinics
- **Total of 7,039 vaccines completed May-October with 35 School-Based COVID Vaccine Clinics**

ALL Locations COVID Vaccine	1st Doses	2nd Doses	Total Doses	School Locations
Mass Vaccination Clinics	11,995	10,518	22,513	140
SBHC/Mobile total doses	-	-	773	21
Columbus City Schools Only COVID Vaccine	1st Doses	2nd Doses	Total Doses	School Locations
Mass Vaccination Clinics	2,031	1,600	3,631	86
SBHC/Mobile total doses	-	-	170	12
<b>Total # COVID Vaccines</b>	22,513			
<b>Total # Clinics</b>	226			
<b>First COVID Vaccine Clinic Date</b>	4/7/2021			
<b>Total Routine Immunizations (incl. flu)</b>	30,306			
<b>Total COVID Vaccines (since 4/7/2021)</b>	22,513			
<b>Total Program Immunizations</b>	52,819			

# SCHOOL HEALTH'S IMPACT ON COVID VACCINATIONS BY NCH

Vaccines by Location





# Increasing Well Child Checks



# Partners for Kids (PFK)

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- Accountable Care Organization
- Responsible for 300K + children throughout Ohio
- Provide Care Coordination and Navigation for patients enrolled in a Medicaid Plan
- School Health Services (SHS) partners with PFK yearly to identify patients who are students at our SBHC to determine status of their last well child visit.
- We match school rosters against insurance claims to come up with list.
- We focus on children already connected to NCH and children who have not had a well visit in the last 2 years.

# Fireside Chat Panelists:



**Robin Wallin, DNP, RN, CPNP-PC, NCSN**  
Director, School Health Division, Fairfax  
County Health Dept.



**Heidi Sipe, BA, EdS**  
Superintendent, Umatilla School  
District, Oregon



# Panelist Q&A





**SCHOOL-BASED  
HEALTH ALLIANCE**

The National Voice for School-Based Health Care

# Toolkit To Increase Well-Child Visits And Vaccinations In School-Aged Youth



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School/District  
Administrators



Community  
Healthcare  
Providers



School Nurses

<https://tools.sbh4all.org/merck-toolkit/merck-toolkit-home/>

# 2022 CENSUS

**of School-Based Health Centers has begun!**

We invite every school-based or school-linked health center, mobile health, and telemedicine program in the nation to participate!

All individuals who complete the survey (one per SBHC) will be eligible to win a gift card (valued at \$10-\$100).

**To complete the survey today, go to:**  
<http://tiny.ucsf.edu/2022censusofsbhcs>



*The 2022 Census is being conducted in partnership with the School Health Services Research Team from the University of California, San Francisco (UCSF).*

# Register Now to Reserve Your Spot!

Spaces are Limited

National School-Based Health Care Conference

2022



ACHIEVING  
HEALTH EQUITY

THROUGH SCHOOL-BASED HEALTH CARE

▶ VIRTUAL CONFERENCE June 27-30, 2022



## Conference will include:

- Opening session begins June 27 at noon ET
- “School-Based Health Alliance Resources, Tools, and Technical Assistance Hour” each morning
- Keynote speakers and workshops will feature experts on a wide range of topics
- Poster session
- Earn a maximum of 6 CE hours for workshop sessions
- And more....

Visit our website for more information:

[www.sbh4all.org](http://www.sbh4all.org)

# THANK YOU!

## Additional Questions?

Contact us at:  
[info@sbh4all.org](mailto:info@sbh4all.org)



A recording of this webinar will be available in the next few days. Please look out for an email with additional information.

