THE GROUP HEALTH FOUNDATION

MODEL COMMUNITIES PROGRAM

YEAR 1 SUMMARY EVALUATION FINDINGS

CENTER FOR COMMUNITY HEALTH AND EVALUATION

JULY 2015

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01 Background and key takeaways from the evaluation

Background

This report highlights findings from the 2014-2015 evaluation of the Model Communities program in Spokane and Thurston counties conducted by the Center for Community Health and Evaluation (CCHE).

The Model Communities initiative builds on efforts Group Health Foundation (GHF) has supported over the last several years to decrease vaccine hesitancy and increase immunization rates. The end goal is to ensure that vaccination rates are at levels that are adequate to support strong community immunity and prevent vaccine preventable illnesses and deaths.

The Model Communities initiative funded county health departments with a strong track record working with GHF around vaccine issues and challenges with their school age vaccine compliance rates to implement a three pronged intervention in their communities.

Initiative components

Immunity Community: A program that trains Parent Advocates to initiate conversations and activities that support positive messages regarding immunization

Clinic-in-a-box: A “pop-up” 2-3 hour immunization clinic that provides vaccines across the lifespan

Immunization Toolkit: A workflow with document templates that promotes best practices around immunization data collection and record-keeping

Key takeaways from the evaluation

Immunity Community

Regional health departments need additional support in site recruitment and outreach, especially in the first year of implementation.

Ten Parent Advocates were successfully recruited and trained in Spokane, indicating interest in the program. However, the lack of connection to sites made it hard for advocates to remain engaged.

Only three of the 10 trained Parent Advocates were active throughout the year.

Clinic-in-a-box

The Clinic-in-a-box model was successful in building and supporting partnerships between the Spokane Regional Health Department (SHRD) and local public elementary schools, professional nursing schools, and the Medical Reserve Corps to support access to immunizations in five school districts: Spokane, East Valley, West Valley, Mead, and Deer Park.

Clinic events in Spokane grew from three planned clinics in the fall to 11 total clinics in the 2014-2015 school year. Parents and community partners provided positive feedback regarding clinic organization and implementation during our observation and in interviews.

Immunization Toolkit

According to interviews with school nurses, who helped design the toolkit and who use the workflow in immunization record keeping, the workflow in the toolkit helps make collection of student immunization data more efficient and helps train new school nurses or other school staff on immunization data collection and recordkeeping best practices.

This year the SRHD efforts focused on website testing, updating website based on a feedback survey, developing a training plan for school and child care center staff, and developing a communication plan to promote the website launch.

Evaluation

This evaluation is designed to provide rigorous and high quality data to document the implementation process, provide formative feedback and assess the impact of the initiative using both qualitative and quantitative methods.

CCHE collected information from a broad variety of sources that include:

- Surveys
- Site visits and observations
- Key informant interviews with local health jurisdiction staff, participating school representatives, Parent Advocates, and implementation staff
- Monthly check ins with local health jurisdiction staff
- Parent Advocate activity log
- Document and secondary data review

02 Immunity Community

Immunity Community: Description

The Immunity Community (IC) program is designed to reduce parental vaccine hesitancy by mobilizing parents to have positive conversations and implement activities that promote awareness about immunizations with other parents in their communities in person, and via social media.

Immunity Community: Implementation

Model Communities piloted a lower resources model of the Immunity Community program. The plan was for the health departments to recruit sites and Parent Advocates, and WithinReach to provide technical assistance to PAs in the form of an initial training, monthly newsletter, support through the IC Facebook page, one mid-term meeting with the PAs and one-on-one support as needed

Although the Immunity Community TA provider met with staff and provided detailed information about recruitment, personnel changes at the SHRD resulted in communication gaps and misunderstanding regarding best practices for site and PA recruitment in Spokane County. Parent Advocates were recruited without sites.

10 PAs were initially trained in October and November 2014, but only 3 remained active though the school year. PAs were asked to secure their own sites by the SRHD after the initial training. Only one PA was able to secure a site, an informal homeschool co-op not requiring any formal channels of approval.

Spokane County is actively working to engage with local school districts and early learning centers to recruit sites for 2015-2016.

Thurston County chose to use the first year of Model Communities as a planning year, and did not implement the Immunity Community program during the 2014/15 school year. They have begun recruitment for the 2015/16 school year and have 5 schools in three school districts (Olympia – 2, Tumwater – 2, Rainer – 1) lined up to participate.

I honestly don't know what would have been most helpful. If I could have secured a site, that could have been better.

– Parent Advocate

Immunity Community: Impact

Advocacy activities

The three active PAs engaged in advocacy activities similar to those we saw in initial pilots of the Immunity Community program, including social media, in person conversations, and material distribution.

However none of the PAs engaged in all types of activities and instead focused on 2-3 types of activities. This reflects differences in PA skills and interests and well as what was feasible given the lack of site engagement.

Activities carried out this year included social media, conversations, emails, meetings, personal planning time and other activities.

Because PAs did not have a site they were affiliated with, they did not engage in helping a site improve immunization record keeping and compliance rates and planning/working at events.

Outreach activities

PAs conducted the following outreach activities: attended an Immunization Action Coalition, published an article about the Immunity Community in the Idaho Immunization Coalition newsletter, distributed Immunity Community materials in a library and to neighbors, and posted links to pro-vax news articles on Facebook.

In previous Immunity Community models PAs also worked on immunization rates and coordinated events, which were facilitated by being connected with a site.

Engagement

One PA was involved in an informal homeschool co-op, which had a large number of anti-vax parents. The PA was asked to stop talking about vaccines in group settings. She also taught an art class from which several students withdrew due to her pro-vax views.

This PA was able to positively discuss the flu vaccine with the co-op's leader, which led to the vaccination of the leader's daughter against the flu.

PA activity log	PA 1	PA 2	PA 3	**Total**
Social media	10		3	**13**
Conversations			2	**2**
Emails	1			**1**
Meetings	2	1		**3**
Personal planning time		4		**5**
Materials		3		**3**
Other	4			**4**
Total activities	**17**	**8**	**5**	
Total hours spent on IC activities	**16**	**19**	**4**	**39**

Immunity Community: Challenges

Insufficient communication from funder to sites regarding program implementation and recruitment timeline

The low-resource model of the program transferred the responsibility and resources for recruitment from WithinReach to the Regional Health Districts. However the RHD's did not fully understand what resources were available and/or needed to support them, especially when it came to site recruitment.

While WithinReach communicated the process and time required, it was difficult for RHD staff to fully understand what was entailed without prior experience with the program. This challenge was exacerbated by personnel changes at the SRHD, as the information and expectations around the program did not always get transferred accurately to new personnel.

Funding timeline did not allow adequate time for site recruitment

The grant was approved in September 2014, and the first PA training was scheduled for October. As a result, when the grant was awarded there was not sufficient time allocated to build relationships with and recruit sites.

Spokane tried to accommodate the challenge by recruiting PAs without sites, which had it's own challenges.

Staff turnover

The Immunization Outreach Coordinator for Spokane Regional Health District was hired in the fall of 2014, and was not a part of previous conversations about recruitment and implementation of the Immunity Community program.

Lack of sites for PAs

Parent advocates were recruited without sites, and were unsuccessful in securing sites.

Lack of local connection

According to the low-resource model, PAs were to be recruited by the RHDs, and then connected to WithinReach. WithinReach was the main contact for PAs after recruitment, and provided all technical assistance to the PAs.

It was difficult for the regional health district to feel engaged in the program without on on-going contact with PA's.

Furthermore, in this low-resource model PAs lacked a local contact to help them build and maintain site relationships and navigate local politics.

Immunity Community: Lessons learned

Support, communication and engagement are key for program success

- Provide clear communication from the funder to the sites about program expectations and processes.
- Provide more support for program implementers regarding best practices in establishing and maintaining relationships with sites, especially in Year 1.
- Make efforts to connect Parent Advocates to sites.
- Try to find pairs of PAs for sites, partners allow PAs to bounce ideas off one another, offer support for more challenging activities such as participating in or hosting events, and allow for greater variety of activities since often each individual brings different skills and interests.
- Engage PAs with more frequent communication and share ideas for advocacy work.

I wish I could be doing more, it's hard because I'm a full time working parent. I tried with my daughter's pre-school and elementary school and I hit a dead end.

– Parent Advocate

I wish that I knew another parent advocate who was a homeschooler that I could team up with. We could have a table for this at events. I don't like doing them by myself, so I could have someone to lean on.

– Parent Advocate

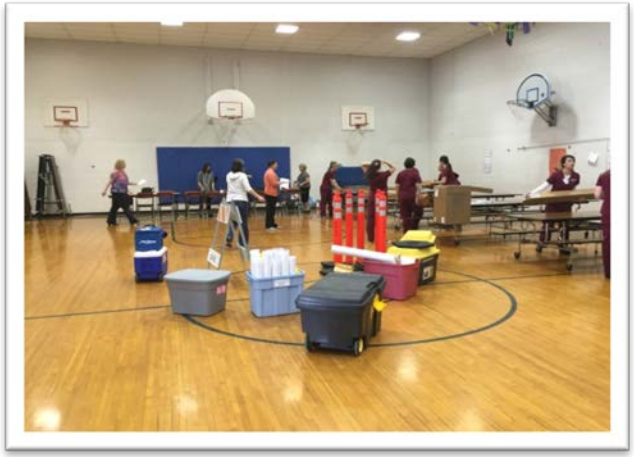
03 Clinic in a Box

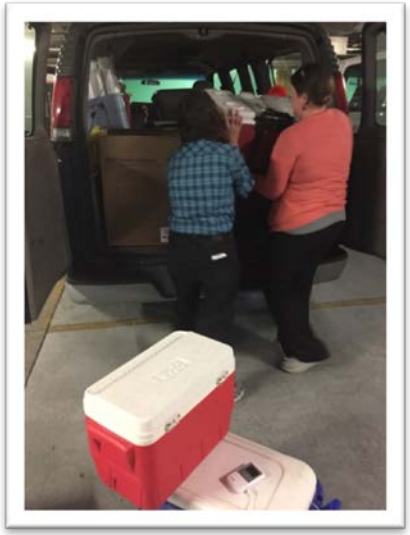
Clinic-in-a-box: Description

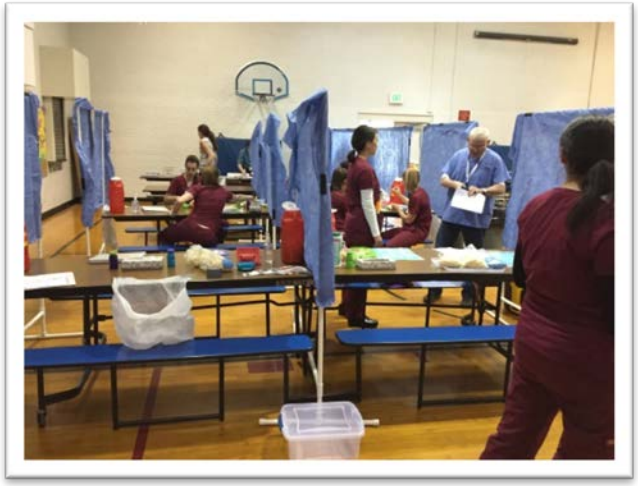
The “clinic-in-a-box” is a three-hour temporary immunization clinic modeled on the incident command system employed by emergency response programs.

The clinics offer free administration of all required childhood immunizations for children ages 2-18, including the MMR (measles, mumps and rubella) vaccine, as well as a limited availability of no-cost vaccines for underinsured or uninsured adults.

The clinics serve a varied demographic, including Slavic, Hispanic, and Marshallese populations.







Not every child or every family has found a medical home, and so there really is a need for these clinics. There is a gap, and the SRHD is filling that gap.

- Preceptor

Clinic-in-a-box: Implementation

In partnership with five regional school districts—East Valley, West Valley, Spokane, Mead and Deer Park—Spokane Regional Health District coordinated immunization clinics throughout the months of September, October, February, March, April & May in both rural and urban areas in Spokane county.

Other key partners in clinic implementation include Washington State University Colleges of Nursing and Pharmacy and the Eastern Washington Medical Reserve Corps.

The goal of the clinics was to increase access to immunizations across the lifespan, with a focus on childhood immunizations.

To implement the clinics, Spokane Regional Health Department:

- developed a clinic flow plan that they refined after each clinic
- led a "just in time" training for clinic volunteers
- provided and set-up essential clinic elements such as
  - signage and ropes for clinic flow
  - vaccination station partitions
  - vaccines
  - vaccination supplies including syringes and bandages, and distraction kits for waiting children.
- Provided two health department staff to assist with clinic implementation

Thurston County used the 2014-2015 school year as a planning year, and did not hold clinics during this year. There are three clinics in three school districts scheduled for the fall of the 2015-2016 school year.

Given that improving immunization compliance has been a focus of mine … I felt this would be an excellent service. As nurses we heard a lot of different reasons why a parent was unable to update their child's vaccines. So for me it made the most sense to bring the clinic to the school, where access was easy.

– School Nurse

Clinic-in-a-box: Clinic flow

Registration ⇨ Screening ⇨ Vaccination ⇨ Exit

Registration

Parents/adults pick up a vaccine form from 2 greeters and check the vaccines they think they or their children need.

Signage promotes the HPV vaccine.

Signage is in English, Marshallese, Slavic languages, and Spanish, and there is the ability to call a live interpreter over the phone.

Screening

4 school nurses review forms, toggling between the public registry (ChildProfile) and the school database to see what vaccinations are necessary.

Screeners also promote the HPV vaccine.

Vaccination

A Staff person from SRHD pulls doses for vaccines.

Student nurses give vaccinations. 1 Preceptor monitors 10 nursing students. Other experienced staff supervise/administer if necessary.

Vaccine administrator initials which doses were given.

Exit

Families turn in forms to exit screeners/clinic records staff.

Exit screeners copy the information onto a separate half-page form for the student to submit to their school nurse.

The original copies are given to the SRHD, which enters them into the state database.

Clinic-in-a-box: Impact

SRHD successfully partnered with school nurses and other community stakeholders to provide valuable immunization resources to the community.

In Spokane County, three clinics were planned during the 2014-2015 school year, and due to demand 11 total were held. This included a one-week immunization blitz to provide access to required vaccinations for students who were out-of-compliance to allow them to continue attending school. A total of 1,123 individuals received 2,147 immunizations.

In the Spokane School District, the number of out-of-compliance students dropped from approximately 5,000 at the beginning of the year to only 34 kids at the end of the year.

Because the clinics were so successful, 10 clinics are scheduled for fall of the 2015-2016 school year in each of five already participating districts as well as two new school districts with demonstrated interest and need. In 2015-2016, school nurses will lead the implementation of the clinics with support from the SRHD.

	Clinic	Number served	Immunizations given
Planned	Church 1	53	101
	Elementary School 1	94	194
	Elementary School 2	101	207
Additional	Middle School 1	80	125
	Elementary School 3	91	180
	Elementary School 4	85	188
	Elementary School 5	173	348
	SPS Immunization Blitz	256	429
	Elementary School 6	74	167
	Elementary School 7	36	86
	Adult-only Clinic	80	122
Total	**11**	**1,123**	**2,147**

I look at the situation at the Spokane School District – virtually all of the students that were out of compliance are now in compliance. The fact that there is a measles outbreak now in the county, that's going to make a big difference that we were able to administer those vaccines. That's exactly our goal – the prevention of vaccine-preventable diseases.

– School Nurse

Clinic-in-a-box: Successes

Execution and implementation

All participants enthusiastically reported that the clinics were successful: the trainings were useful, the clinics ran smoothly, and families experienced minimal wait times.

Working with SRHD was excellent. The partnership and growth as a professional has been a motivating factor for me to improve the vaccine compliancy within our community.

– School Nurse

Administering missed opportunity vaccines

The schools agreed to have all recommended vaccines at the immunization clinics (instead of only school-required vaccines), thereby reducing the incidence of missed opportunities by 100% for Hepatitis A, HPV, and influenza.

We've been able to reduce missed opportunities the HPV and meningococcal vaccines – not a vaccine many providers are standard about. So we've reduced that in the community. They've been really important.

– Regional Health District staff

Parent appreciation

Several stakeholders mentioned receiving positive parent feedback about the accessibility of the clinic times and locations and the availability of free vaccines.

They tell us, I want to get my children vaccinated, but I can't take off work. Or they can't afford it. Or they don't have a place to go. These parents are trying hard. They want to get their children vaccinated.

– School Nurse

Clinic-in-a-box: Challenges

Student nurse preceptors, school nurses, and SRHD staff described challenges

Time

School nurses are already spread thin and it is difficult for them to find time for their routine daily work, adding clinic coordination is often not feasible without additional support.

Supplies/resources

School nurses worry about access to the supplies needed to successfully implement a clinic, including needles, partition screens, child-friendly Band-Aids, and suckers.

Keeping the vaccine cold chain

Initially there were challenges in this area, but SRHD addressed the challenges by sending a staff person to monitor the cold chain.

However, there is a concern about how the cold chain will be maintained in the future when clinics no longer have staffing and support from the SRHD. SRHD is working with school nurses to address this.

Training

Student nurses need more training to confidently perform injections on the day of the clinics.

Preceptor ratio

Preceptor ratio at clinics was one preceptor with 10 students. Participants interviewed stated there should be two preceptors with 10 students

We're spread pretty thin. We have a nurse for every 1500+ students. It's hard to really keep track of all of this on top of all of the other things you have to do.

– School Nurse

We don't have access to syringes. Without grant funding we don't have a way to get them. The SRHD will supply them as long as their supplies last, but after that ... we are trying to figure out how to get them.

– School Nurse

Student nurses seem like a good way to go, because they need/want the experience, but sometimes they just don't have enough experience, especially to work with kids.

– Preceptor

Clinic-in-a-box: Lessons learned

Key stakeholders spoke about features that are important in implementing clinics.

Communication with host schools
Schools may have differing ideas of what a clinic-in-a-box entails. It is important to have clear communication about the roles of community partners in each step of the clinic.

Experienced nurse volunteers
School nurses who are planning to lead a clinic should volunteer at a clinic. This experience will increase their ability to effectively plan and manage the clinics.

Assistance with procuring supplies
Community partners do not have easy access to all needed clinic supplies, or may not have the budget to purchase them. Consider ways to assist with clinic supply procurement.

Experienced RN vaccinators
Clinics should not rely solely on student nurses. Student nurses need experienced vaccinators working alongside them.

Child-friendly supplies
Provide child-friendly Band-Aids and suckers to receive after vaccinations.

Clinic schedules for families
Being able to provide a family with a schedule of upcoming clinics will help them get follow up immunizations and remain in compliance.

Volunteering at clinics ahead of time will decrease the anxiety of pulling the clinic together. My volunteer work ahead of time had given me an opportunity to see things from various perspectives.

– School Nurse

I think it is very important to have student nurses because they would not otherwise get this type of experience. However, I think that the clinics may run smoother if RN's were giving shots alongside the students.

– School Nurse

At the very least you need to promise a child a neon or glitter or super hero Band-Aid.

– Preceptor

04 Immunization Toolkit

Immunization Toolkit: Description

The Washington State Immunization Toolkit is a website that contains detailed information for both medical and non-medical staff at schools and childcare centers to establish immunization recordkeeping and documentation workflow processes, or modify existing processes.

Toolkit purpose

- Provide best-practices for school and childcare immunization recordkeeping and documentation
- Improve compliance with state-mandated immunization entry requirements
- Decrease student immunization out-of-compliance rates

Key toolkit resources

- Workflow that outlines best practices in how to identify children with incomplete vaccination records, contact parents for information, and update records
- Appendices with templates for parent contact letters and record keeping forms

The process of designing the workflow in the toolkit began with a school record clean-up in the Spokane area in 2010.

Milestones include:

2012	School nurse needs assessment distributed to 295 school districts
2013	Toolkit developed, pilot testing
2013-2014	Toolkit revisions
2014	Website completed
Spring 2015	Soft launch
Fall 2015	Formal launch

Immunization Toolkit: Description

The workflow of the toolkit is being used by the nurses involved in its design. The 2 school nurses we interviewed who were currently using the toolkit reported that it is useful in the following ways:

- Training new school nurses or other school staff
- Having computerized records
- Making data collection more efficient
- Decreasing the out-of-compliance numbers in school vaccination records.

The workflow developed in the toolkit is useful, but there two major barriers that the school nurses we interviewed stated would prevent its full implementation: lack of time, and lack of support staff.

It takes time to determine which parents need to be contacted, making calls and sending letters.

It would be useful if support staff could take on some of the parent contact tasks.

Really what it helped me most with was when I hired a new nurse, it helped me train her. It was all right there and she could look at it herself.

– School Nurse

It takes 8 contacts with the family before their child gets immunized. It would be helpful would be for someone to be available to help with the letters and the calls.

– School Nurse

Immunization Toolkit: Implementation

Spokane County

The formal launch of the toolkit is scheduled for fall 2015, so toolkit implementation was not assessed in this evaluation.

In 2014-2015 school year, SRHD worked to improve the toolkit website, with an eye to providing training around record keeping best practices. To this end, they have incorporated an existing training curriculum from the Snohomish Health District.

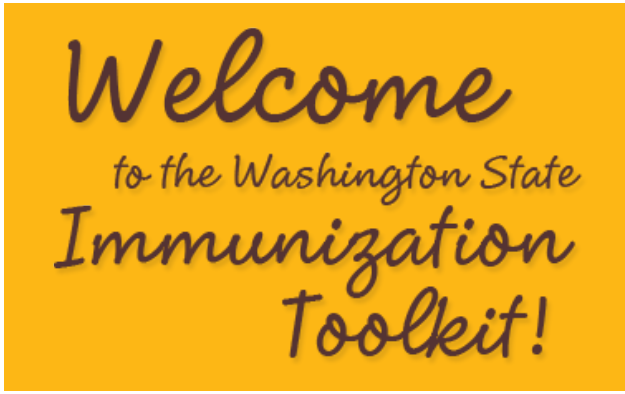
CCHE will assess the use of the website and the implementation of the workflow by school nurses during the 2015-2016 school year.

Thurston County

The formal launch of the toolkit is scheduled for fall 2015, so toolkit implementation was not assessed in this evaluation.

Thurston Regional Health Department does not have plans to implement toolkit in the 2015-2016 school year.

TRHD plans to observe the process vaccine record management of local school nurses in 2015-2016 to understand how the toolkit can be useful.



05 Synergy & Recommendations

Model Communities: Opportunities for synergy

An aspect of the Model Communities initiative that the evaluation was interested in was whether any connections and/or shared benefits accrued from these three separate efforts taking place in a shared geographic region. While no concrete synergies emerged in 2014/15, several areas were identified for the separate components to potentially work together. The primary potential synergy focused on findings ways for Immunity Community PA's to assist with the other two components of the program.

Ideas included:

Parent Advocates assisting in the promotion and implementation of clinics. Parent advocates could post flyers in school and information on social media about immunization clinics in the district

Parent Advocates to helping with immunization data collection. Parent advocates could volunteer in schools to provide administrative help in data collection, such as sending letters or making phone calls to parents. Some school nurses suggested that parent advocates could help input immunization data into a child's record, while others were concerned about access to confidential information.

Would a trained parent volunteer be useful? There are things that are potentially confidential, but there are still things that could be done. Sending letters, making calls. That would be helpful.

– School Nurse

I think it would be great to have parents who have been trained involved in this. You have to think outside the box a lot of times with schools.

– School Nurse

More administrative help in doing [immunization data collection]. Doesn't necessarily need to be a school nurse. With that toolkit I think anybody could use it.

– School Nurse

Key recommendations: Immunity Community

1. The lower resource model will not be viable if clear expectations about the program are not communicated from the funding agency, and support and guidance are not provided to the coordinating agency, in this case the Regional Health Departments, around site recruitment and outreach.

   Site recruitment is especially important in the first year of program implementation. This may involve ensuring new geographic areas have 6-12 months to observe another IC site and begin relationship building with sites.

2. Recruitment and program implementation might be more effective if they lie with one agency, and that agency should have knowledge of the Immunity Community program.

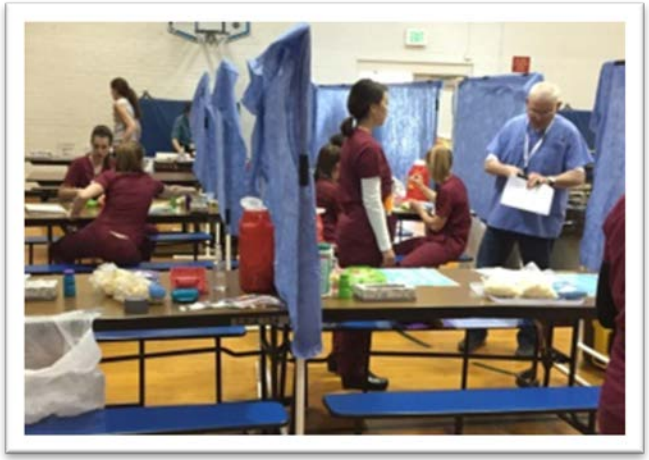
3. Secure site support and a site representative before recruiting Parent Advocates.

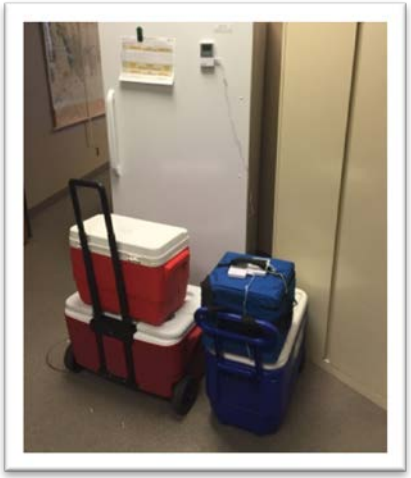
4. Link Parent Advocates to sites.

5. Recruit two parent advocates per site to promote peer support.

Key recommendations: Clinic-in-a-box

1. Continue to provide clear communication to hosting schools regarding the steps of implementing the clinic-in-a-box.
2. When possible, increase the number of experienced vaccinators supervising student nurse vaccinators. Ideally the ratio would be 1 to 5.
3. Be able to provide a schedule of upcoming clinics to help families receive follow up immunizations and remain in compliance.
4. Make clear plans to ensure that all vaccine and clinic flow supplies are provided to school nurses when responsibility for the clinic-in-a-box implementation is transferred from health department to the school nurses.
5. Use Parent Advocates to promote and volunteer at the clinics.

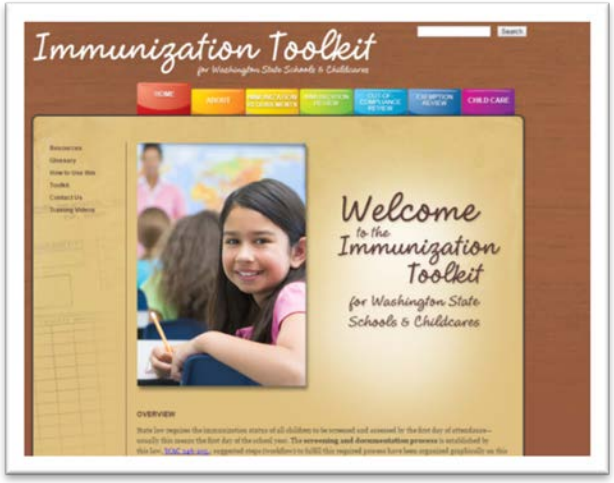




Key recommendations: Toolkit

1. Provide suggestions regarding how to deal with the challenge of staff time

2. Continue to explore the feasibility of having PAs support updating immunization records. Although there may be some FERPA/HIPAA concerns, there may be ways PAs can still help, such as undergoing a HIPPA training, signing a confidentiality form and /or doing tasks that do not require access to confidential health information, such as helping contacting parents to remind them to turn in their information.



GROUPHEALTH FOUNDATION

MODEL COMMUNITIES PROGRAM

YEAR 1 SUMMARY EVALUATION FINDINGS

FOR MORE INFORMATION, PLEASE CONTACT:

Clarissa Hsu, PhD
Assistant Investigator
Center for Community Health and Evaluation
206-287-4276
hsu.c@ghc.org

Marlaine Gray, MA, PhD(c)
Program Manager/Research Associate
Center for Community Health and Evaluation
206-287-2620
gray.m@ghc.org

This report is based on research funded in part by the Group Health Foundation

The findings and conclusions contained within are those of the authors and do not necessarily reflect positions or policies of the Foundation.

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