Building Effective Partnerships at the Jurisdiction Level

Katelyn Wells, Ph.D.
Chief Research, Evaluation and Development Officer
Sarah Leeds earned her bachelor's degree in writing/media from Loyola University in Maryland and her master's degree in public health from Idaho State University. Out of grad school, she worked in both immunizations and Public Health Preparedness. She then switched gears to be Executive Director of a local domestic violence/sexual assault victim service and emergency shelter organization, spending 15 years working in family violence prevention. Since June 2019, she has served as manager of the Idaho Immunization Program.
Karen Sharpnack has over 40 years’ experience working in the non-profit world, including 30 years with the YMCA which she retired from in 2012. Karen is currently the Executive Director of the Idaho Immunization Coalition, a statewide pro-vaccine nonprofit organization, which she has worked for over since 2012.

As a nonprofit leader, coalition builder and community champion, Karen Sharpnack is passionate about addressing urgent community needs, creating innovative solutions, and impacting positive outcomes. Karen’s extensive experience in nonprofit management, building collaborative partnerships and pandemic response has enabled Karen to work with elected officials, community partners, volunteers, board members, and staff to affect change and achieve results.
Building Strong Government and Nonprofit Collaborations to Improve Immunizations

Karen Sharpnack
Idaho Immunization Coalition
Executive Director

Sarah Leeds, MPH
Idaho Department of Health and Welfare
Immunization Program Manager
Idaho Immunization Program & Idaho Immunization Coalition

- Background of Coalition
  - Community Outreach
  - Advocacy and Education

- History of IIP and IIC Relationship
  - 11 years strong
  - Board of Directors (PM is a non-voting member)
  - PM & ED relationship
  - Contracts/Subgrants
A Decade of Collaborative Programmatic Projects

- Immunization Summits
  - General & Targeted
- Pilot Projects
  - Subgrants and Contracts
- Promotional Campaigns
  - Baby Crawl
  - Media efforts
- Community Events
  - Kids Expo
to sharing the science backed facts about vaccines.
Policy and Engagement

- Get Immunized, Idaho
  - Drives Immunization Advocacy Efforts in Idaho
  - Member and Stakeholder Engagement
Peeling Back the Curtain

- Some of our barriers & how we overcome them
  - 317 Funding
  - COVID-19 & Bridge Access Program
Steps to Enhance the Partnership

- Trust
- Consistency
- Breaking Bread
- Ask a Favor/Do a Favor
- Openness to Problem-solving
  - No Judgement
- Identifying Gaps
  - Continually tackling problems together
Resources - Idaho Immunization Coalition

Website:  www.idahoimmunizationcoalition.org
For more information, contact:
Karen Sharpnack  kjs@idahoimmune.org
Sarah Leeds - sarah.leeds@dhw.idaho.gov
Deborah D’Souza-Vazirani is the Director of Program Evaluation at the National Association of School Nurses (NASN). She led NASN’s Champions for School Health program – a Kaiser Permanente-funded 15-month initiative that focused on increasing vaccine access, confidence and equity in school required vaccinations and the pediatric COVID-19 vaccine in Kaiser’s nine markets. Dr. Vazirani brings program evaluation and program management expertise to NASN in her current role having over 25 years of public health management and evaluation experience with a focus on health disparities research in maternal and child health and increasing health equity both in the private and government healthcare sectors.
Building Innovative and Sustainable Partnerships with School Nurses
Deborah D’Souza-Vazirani, DrPH, MHSA
National Association of School Nurses
December 6-7, 2023
You will learn:

• About NASN – who we represent, the work that we do and the organization’s role in supporting the immunization infrastructure.

• Strategies and tips – partnering with your local and state NASN representatives, including how to identify school nurses.
National Association of School Nurses (NASN)

**Mission:** To optimize student health and learning by advancing the practice of school nursing.

www.nasn.org

**School Nurses (SN)**
- Working in 1400 school districts
- Serving over 50 million children

School Nurses are public health experts in schools
Are trusted by families and caregivers
Have been at the front line of the pandemic
How School Nurses Are Helping Get Vaccine Shots into the Arms of Students

By Emily Tate Sullivan    May 19, 2021


Why school nurses are critical to getting more kids vaccinated

Ken Budd
August 31, 2021

https://www.vaccinevoices.org/resources/article/why-school-nurses-are-critical-getting-more-kids-vaccinated
NASN has 50 Affiliates representing:
48 states (except HI & ND), the District of Columbia, and OSHNA, the Overseas School Health Nurses Association.

What is an **Affiliate**: Affiliates are state or U.S. Territory school nurse organizations

**Webpage**: Affiliates - National Association of School Nurses
Who are State School Nurse Consultants (SSNC)

- Employed by State DOH or State DOE- some have dual appts
- Conduit between agencies:
  - Ensure public health mandates, policies, and guidance in schools is accessible, appropriate, and feasible
  - Support the interpretation, and implementation of public health measures across K-12 settings.
- 45 states have one or more SSNC
- 5 states do not have a SSNC position: ID, KS, LA, SD & TX
- Currently 3 states have open SSNC positions: AZ, NH, NJ

Link: Home - National Association of State School Nurse Consultants
Spotlight States: New Jersey

• In 2021, conducted School Located Vaccine clinic (SLV) environmental scan & 5 virtual roundtables about SLVs

• Desired impact: *Increase vaccination rates; improve population health outcomes; influence public perception of vaccines; increase access to and equity around vaccines*

Link: NASN_AIM_School_Located_Vaccination_School_Nurse_Planning_Checklist.pdf

Virginia: Virginia Department of Health (VDH)

Within VDH, SSNC & Immunization Program Manager collaboration key to successfully using data for guidance

During the pandemic, state data dashboard developed: provided real-time data to public; tracked vaccine uptake

Provided data to local DOHs & SDs – where to focus of vaccination efforts; provided guidance on hosting SLVs

Targeted resources to SDs with low vaccine uptake & interest in receiving/learning about vaccines

Robust weekly communication between VDH, district SN leaders and local DOHs providing updated data, vaccine guidance; UTD IIS; enabled collaborations between VDH and local school districts
Georgia: DeKalb County Schools – A Long Standing Partnership
Champions for School Health Initiative

January 1, 2022- July 31, 2023

Focus: vaccine equity, building vaccine confidence, increasing vaccine uptake in pediatric COVID-19 vaccine & school-required immunizations

54 projects in 8 states & DC

Vaccines Administered:
- 17,630 COVID-19 vaccines
- 34,025 routine vaccines

Created a Vaccine Confidence Toolkit for SNs

Link: Champions for School Health webpage
Tips for Building SN Partnerships

State level – get to know/invite/share/work together your State School Nurse Consultant/s

Local level - engage the SN/School Health Services Director

Understand SNs are trusted messengers in schools/have the ability to educate families

SNs want to partner with you for SLVs or large vaccination events
Questions?

Email: dvazirani@nasn.org
Examples: School Nurse Partnerships

- Virginia: State Department of Health
- Georgia: DeKalb County School District
- Anchorage School District – Alaska
- Yakima School District – Washington
- Alamogordo School District – New Mexico
- Jefferson County Public Schools – Kentucky
Anchorage school nurses deployed at what unexpectedly became the city’s first large-scale vaccination effort for seniors

By Emily Goodykoontz, Annie Berman

Updated: January 7, 2021
Published: January 7, 2021

• Has 2nd largest migrant student population in state
• Local DOH (community partner) provides vaccines; staffed by SNs
• Open to students/staff/families/community
Meet Flo, an old Winnebago delivering COVID-19 tests, flu shots and food to students in need
Students, staff turn out for community-wide JCPS vaccination clinic
Vacheria Keys

Vacheria Keys is the Associate Vice President of Policy & Regulatory Affairs at the National Association of Community Health Centers in Washington, DC. In her current role, she oversees federal policy, state policy, and regulatory affairs. Vacheria advocates and develops health policies that improve access for underserved patients and reimbursement for health centers across the nation. For nearly three years, Vacheria leads NACHC’s 340B policy work, Medicaid and Medicare policy, COVID-19 related policies, and more. Previously, Vacheria worked as a Regulatory Affairs Specialist at the American Society of Anesthesiologists and a Reproductive Rights and Health Legal Fellow at the National Women's Law Center. As a double HBCU grad, Vacheria takes great pride as a Spelman Alumna and graduate of Howard University’s School of Law.
The Value of Partnering with Community Health Centers

Vacheria Keys, JD
Associate Vice President, Policy & Regulatory Affairs

December 2023
Community Health Centers are:
✓ nonprofit;
✓ patient-governed organizations;
✓ provide high-quality, comprehensive primary health care to America’s medically underserved communities;
✓ serve all patients regardless of income or insurance status.
Federally-Funded Health Center Organizations, 2021

1,373 federally-funded health Center organizations
By expanding equity and access to comprehensive primary care, unnecessary emergency room visits are reduced.
# Health Center Requirements

Requirements under the 330 Statute and the Health Center Program

<table>
<thead>
<tr>
<th>Location</th>
<th>Health centers are located in medically underserved areas. They are required to serve all residents in that “service area”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>Health Centers are required to serve all patients, regardless of their ability to pay.</td>
</tr>
<tr>
<td>Services</td>
<td>Health Centers are required to provide comprehensive primary care services and to contract/refer for required services.</td>
</tr>
<tr>
<td>Governance</td>
<td>Health Centers are required to have a consumer majority board.</td>
</tr>
</tbody>
</table>
Health Centers Provide Affordable Care to All Patients Regardless of Income

90% of health center patients live at or below 200% of the Federal Poverty Level (FPL)

- 100% FPL and Below, 67%
- 101 - 150% FPL, 15%
- 151 - 200% FPL, 8%
- Over 200% FPL, 10%

Pl - Federal poverty level is based on $12,880 per year for an individual in 2021. Percentage of health center patients in each category applies to patients with known income.

www.nachc.org
Health Centers Serve all Patients Regardless of Insurance Status

80% of health center patients are uninsured or publicly insured.

- Medicaid, 48%
- Private Insurance, 20%
- Uninsured, 20%
- Other Public Insurance, 1%
- Medicare, 11%

Percentage for "Other Public Insurance" includes non-Medicaid CHIP, or coverage where states contract CHIP through private third-party arrows and not Medicaid.
Payments from Third Party Payers are Less than Cost

<table>
<thead>
<tr>
<th></th>
<th>% Collected of Total Charges</th>
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<tbody>
<tr>
<td>Medicaid</td>
<td>82%</td>
</tr>
<tr>
<td>Medicare</td>
<td>59%</td>
</tr>
<tr>
<td>Other Public Insurance</td>
<td>59%</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>57%</td>
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</table>
Health Center Funding Per Uninsured Patient Is Below Per Patient Cost of Care

Health centers cared for 6 million uninsured individuals in 2021, leaving a cost of care gap of approx. $2.5 billion.*
Lack Medicaid Reimbursement

Investments for Uninsured Patients

Adequate Investment in State Programs

Health Center Challenges

Sound familiar?
Health Center Vaccine Ambassadors

**Goals**

- Increase vaccination in specific communities
- Engage communities in care
- Lead vaccine education efforts
Health Centers Have Played a Pivotal Role in Fighting the COVID-19 Pandemic

**Health Centers Have Worked to Ensure Equal Access to COVID-19 Prevention and Treatment for All Patients**

To date, health centers have administered...

- **22.2 million vaccines**
  - 72% of which have gone to patients of racial/ethnic minority backgrounds

- **20 million tests**
  - 61% of which have gone to patients of racial/ethnic minority backgrounds

...and distributed:

- **7.2 million N95 masks**
- **7.9 million at-home test kits**
What’s the path forward?
Solutions to Increase Access

**Strengthen investment in 317 immunization programs**
- Increase investment in vaccine for Children
- Create Federal Vaccine for Adults program
- Provide infrastructure funding to state immunization programs

**Federal Resources for Safety-net Providers and Pharmacies**
- Reimbursement policies that cover the vaccine and its administration
- Administration fees included in federal programs like Section 317
- Provide infrastructure funding to state immunization programs
Vacheria Keys, JD
vkeys@nachc.org
AIM Resources

Partnering with Diaper Banks to Increase Childhood Vaccination Rates and Improve Access

Find this resource on the AIM website at www.immunizationmanagers.org

Partnering with Diaper Banks to Increase Childhood Vaccination Rates and Improve Access

Improving Vaccine Confidence from the Bottom Up

The Association of Immunization Managers (AIM) partnered with the National Diaper Bank Network (NDBN) to identify and promote promising practices to foster non-traditional partnerships between immunization programs and diaper banks.

This resource provides answers to commonly asked questions regarding immunization stakeholders and partnership strategies to improve immunization rates.

What are diaper banks and who is the National Diaper Bank Network?

- Diaper banks collect, store, and distribute donated diapers, period supplies, and other basic necessities to individuals, children, and families in need.
- The NDBN is composed of more than 300 basic need banks that serve urban, suburban, and rural communities across all 50 states, Puerto Rico, and the District of Columbia.
- The NDBN acts as a membership organization that connects and supports the network of diaper banks across the US.
- Community-based diaper banks directly serve populations struggling against economic marginalization, including Asian Americans, Native Hawaiians, Pacific Islanders, Black and African American, American Indian, Alaska Native, Latinx, and rural communities.

The NDBN’s member directory can be used to find nearby diaper banks.

How can diaper banks improve access to vaccinations and increase immunization rates?

Immunization programs can partner with diaper banks to provide diapers and vaccines through community events, pop-ups, mobile clinics, or community clinics.

- Nashville Diaper Connection, an NDBN member in Tennessee, has developed and tested a model program called Connections that can be implemented in any community with a diaper bank, pediatric health care provider/community clinic/federally qualified health center (FQHC), managed care organization (MCO), and a supportive department of health.

Learn more from the Association of Maternal & Child Health Programs (AMCHP) Innovation Hub, a repository of practices and policies in the maternal and child health field.

How can diaper banks increase confidence in vaccines?

- Diaper bank staff and volunteers are trusted messengers that interact directly with the communities in which they serve.
- Diaper banks can promote research-based information about routine and respiratory virus (Influenza, COVID-19, and IPV) vaccines for children and adolescents. They can distribute both printed and social media messages to clients to help raise public awareness and acceptance of vaccines.

Find this resource on the AIM website at www.immunizationmanagers.org
AIM Resources

AIM and NASN School-Located Vaccination Clinics Promotional Toolkit

Find this resource on the AIM website at www.immunizationmanagers.org