

FY 2022 PERFORMANCE PLAN

Immunization Clinic		PHD/CHSB & SH	CHSB: Yvette Wright x1275 SHB: Hannah Pilgrim x1655
Program Purpose	<ul style="list-style-type: none"> Immunize children and adults against vaccine-preventable disease in Immunization Clinic 		
Program Information	<ul style="list-style-type: none"> Immunization Clinic occurs four times a week on an appointment basis. Immunizations are also provided in several Public Health programs; this plan focuses only on the Immunization Clinic. Vaccines required by the Code of Virginia for children to enter school are provided free. Fees for recommended adult and childhood vaccines are based on insurance status, following VDH guidelines. Vaccines offered include: hepatitis A and B, tetanus, diphtheria, pertussis, <i>Haemophilus influenzae</i> type B, measles, mumps, rubella, varicella (chickenpox), polio, pneumococcus, rotavirus, human papilloma virus, meningitis, and zoster (shingles). Required and recommended vaccines by age group: <ul style="list-style-type: none"> More than 17 doses of vaccine required by Virginia Department of Health (VDH) to enter kindergarten Additional 6 doses of vaccine recommended by CDC for children ages 7 to under 19 Recommendations for adults are based on age, health conditions, job requirements, and other risk factors. Immunization Clinic provides influenza vaccine on a seasonal basis. IGRA blood tests, which are used to identify the presence of the bacterium that causes Tuberculosis (TB) are offered in the Immunization Clinic lab. The clinic continues to serve Arlington children and provide job-related IGRA tests, utilizing appointments, social distancing, and increased usage of PPE for staff. Co-managed by Community Health Services Bureau and School Health Bureau. Partners: Virginia Department of Health. 		
Service Delivery Model	<ul style="list-style-type: none"> Services are offered in-person, on an appointment basis. The Immunization Clinic is currently offering the full-range of services for children and adults. There are no plans to change the Immunization Clinic service delivery model for FY 2023. 		
PM1: How much did we do?			
Staff	2.75 FTEs including <ul style="list-style-type: none"> 1.4 Public Health Nurses FTE 0.6 Clinic Aide/Administrative Team FTE 0.6 Coordinator FTE 0.15 Supervisor FTE 		

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Customers and Service Data		Clients under 7 years of age		Clients ages 7 to less than 19 years		Clients 19 years of age or older		
		Number of Clients	Number of Visits	Number of Clients	Number of Visits	Number of Clients	Number of Visits	
	FY 2022	241	364	1,081	1,605	196	284	
	FY 2021	188	253	550	730	333	346	
	FY 2020	507	718	1,094	1,661	1,172	1,264	
	FY 2019	674	1,136	1,145	2,136	1,571	2,392	
			Clients under 7 years of age		Clients ages 7 to less than 19 years		Clients 19 years of age or older	
	Average number of vaccines per visit, excluding flu, FY 2022	2.1		2.6		0.7		
	Average number of services per visit, including vaccines and TB Screening, FY 2022	3.1		3.5		1.6		
	PM2: How well did we do it?							
2.1	Children under seven years of age who were offered and received all age-appropriate vaccines at the time of the visit							
2.2	Children age seven to under 19 who were offered and received all age-appropriate vaccines at the time of the visit							
2.3	Customer feedback							
PM3: Is anyone better off?								
3.1	Cases of reportable vaccine-preventable diseases among Arlington children and adults immunized at Immunization Clinic							

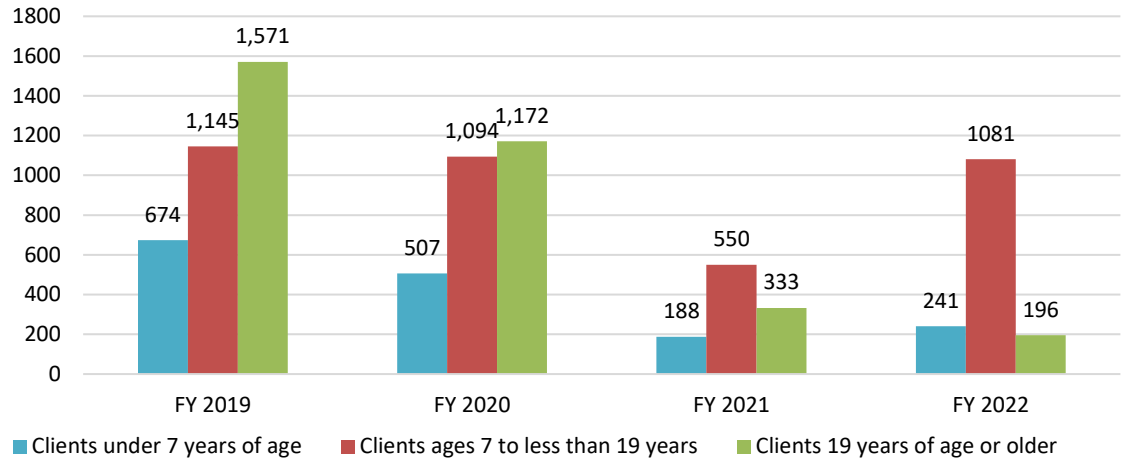
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Immunization Clinic

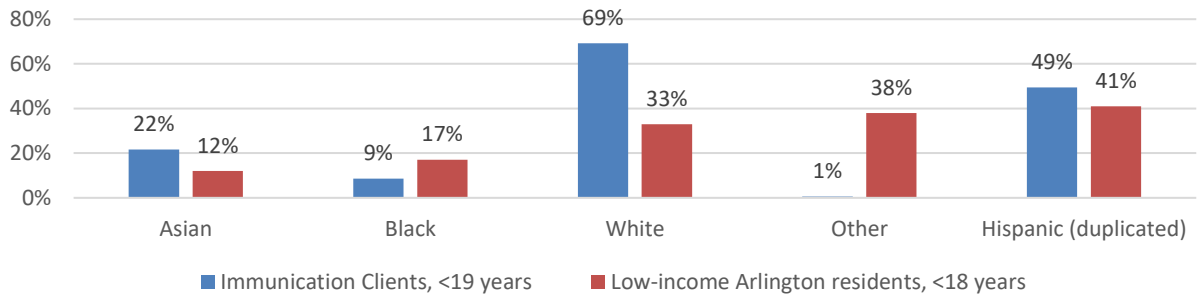
Measure 1 Clients and Visits

Data

Clients by Age Group



Immunization Clinic Client Racial Equity Analysis



Data Summary

- The number of clients and visits decreased during the COVID pandemic.
- The number of visits is tracked in WebVision.
- 72% of Immunization Clinic clients <19 years who are White are also Hispanic.
- 18% of Immunization Clinic clients < 19 years were missing race and <1% were missing ethnicity.

What is the story behind the data?

- The clinic closed in March 2020 and reopened in June 2020 utilizing appointments, social distancing, one-way clinic flow and increased usage of PPE for staff.
- In FY 2020 and FY 2021, the decrease in the number of clients and visits is due to the COVID-related clinic closures. Despite the changes in clinic structure, there was not an increase in the number of Arlington Public Schools middle school students who had not received mandatory Tdap vaccination at the beginning of the school year.
- In FY 2022, the number of school age clients increased again as clinics re-opened. The clinic did not reopen for adults until June 2022.

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- In comparison to the population of low-income children in Arlington, the racial and ethnic breakdown of Immunization Clinic clients showed we served a lower proportion of Black clients and more White, Asian, and Hispanic clients. The immunization clinic often serves children who do not have Medicaid or other health insurance.
- To meet the needs of Hispanic clients, Immunization Clinic has bilingual and bicultural staff. Outreach to community about services is increasing as the community opens back up.

Recommendations

Target Dates

- Explore how race and ethnicity is captured for Immunization Clinic clients.
- Continually assess demand for clinic appointments.
- Coordinate with school health to support immunization opportunities in schools.
- Continue community outreach about immunization opportunities.

- Q2 FY 2023
- On-going

Forecast

- For FY 2023, we expect the numbers to stay about the same.

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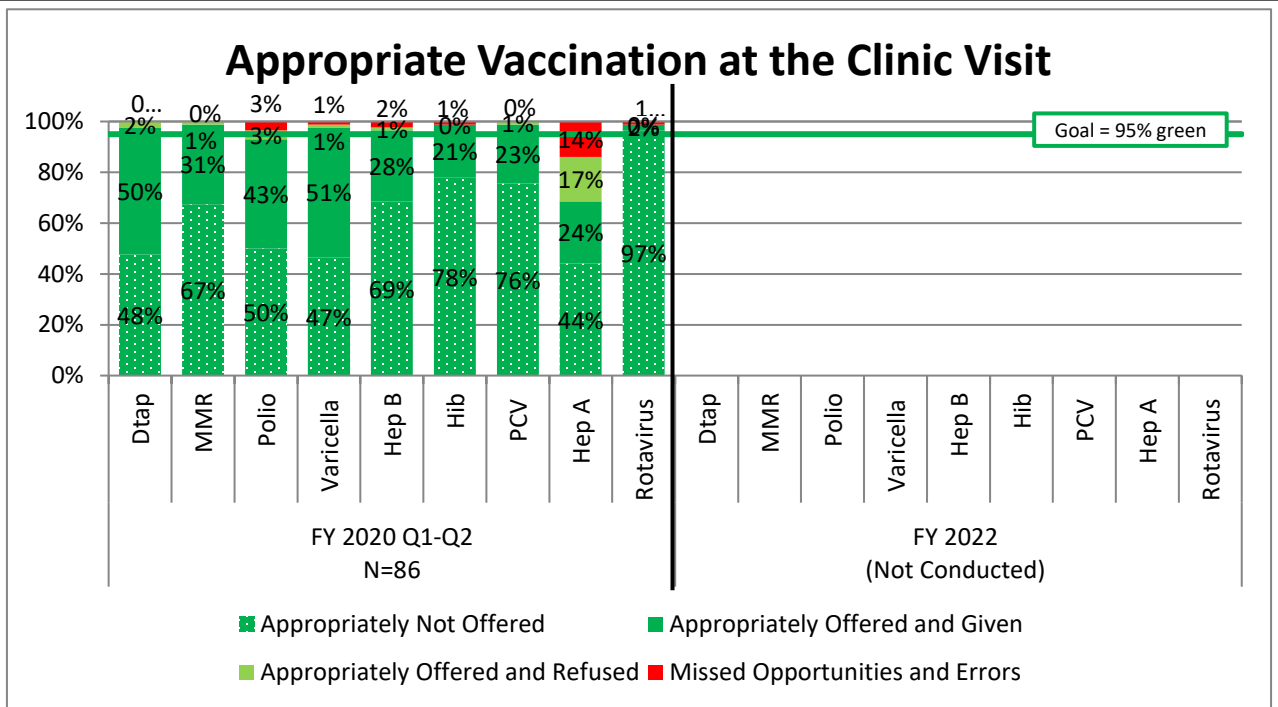
Immunization Clinic

Measure

2.1

Children under seven years of age who were offered and received all age-appropriate vaccines at the time of the visit

Data



Data Summary

- In FY 2020, of all possible recommended and required vaccines, 86% – 100% were appropriately offered to clients.
- All 8 of the 9 vaccines met the goal of being appropriately offered to clients 95% of the time.
- Data gathered through internal audit of randomly selected charts each quarter. The sample size is based on the number of visits in the quarter and is determined using standard statistical methods.
- The audit was only conducted the first two quarters of FY 2020. The audit was not conducted in FY 2021 or FY 2022.

What is the story behind the data?

- Because of staffing constraints due to Covid-19 response, the audit was not conducted in FY 2021 or FY 2022.
- In FY 2020, the Immunization Clinic met goals for appropriately offering vaccines to children under 7 years old for all 8 out of 9 vaccines.
- Hepatitis A vaccine was out of stock, so was unable to be offered for a period of time in FY 2020. This led to an increase in missed opportunities to offer Hepatitis A vaccine.
- The 17% refusal rate for Hepatitis A vaccine may be because of the following: it is not required for school entry but recommended; many clients are receiving a large number of other shots at that visit; and there may be a fee associated with the vaccine.
- Uninsured children are eligible for free Hepatitis A vaccine but are still asked for a fee to cover vaccine administration per Virginia Department of Health (VDH) policy. This fee may be a deterrent for some clients. If the client states they cannot pay it, the fee is waived.

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<ul style="list-style-type: none">Children with insurance are either referred to their primary care provider or charged the full price of the vaccine plus the administration fee and given a receipt that can be submitted to their insurance.	
Recommendations	Target Dates
<ul style="list-style-type: none">Restart audits as staffing allows.Continue to offer, recommend, and educate parents on the changed guidelines for Hepatitis A vaccine. Hepatitis A is required for kindergarteners beginning July 1, 2021.	<ul style="list-style-type: none">On-going
Forecast	
<ul style="list-style-type: none">In FY 2023, the rate will stay the same as FY 2020.	

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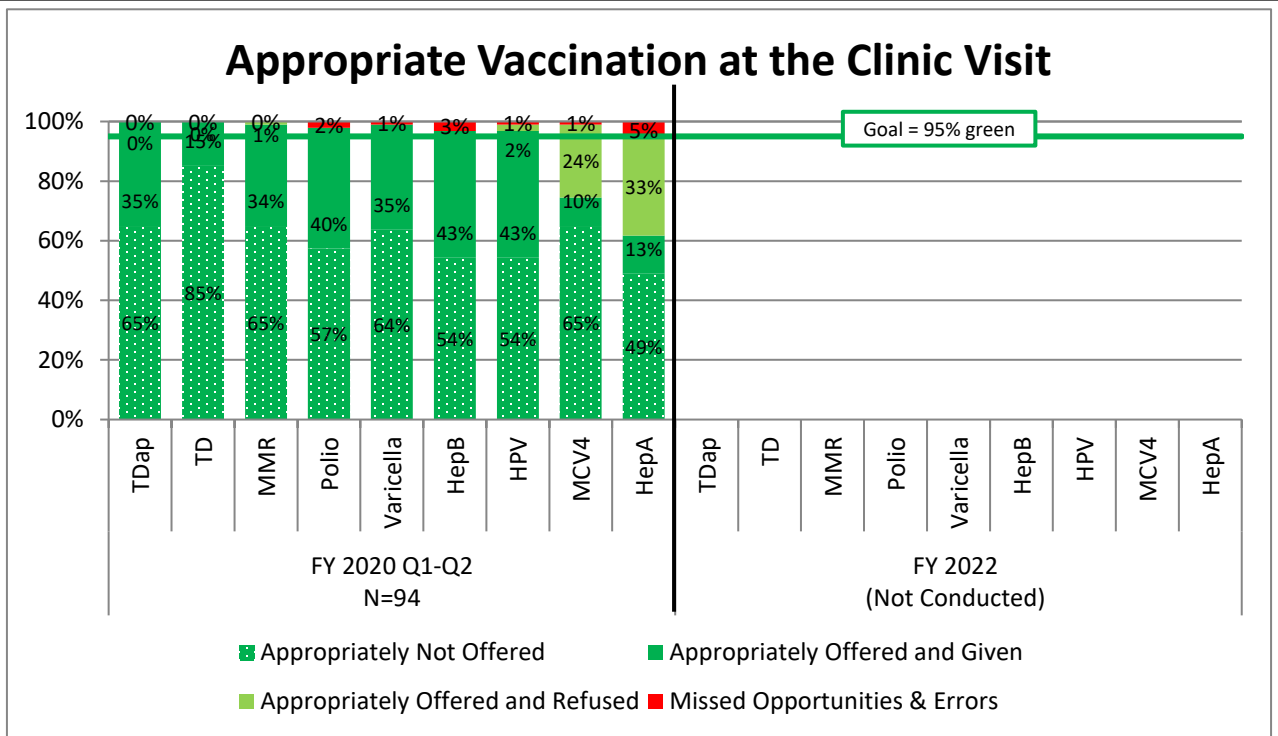
Immunization Clinic

Measure

2.2

Children age seven to under 19 who were offered and received all age-appropriate vaccines at the time of the visit

Data



Data Summary

- In FY 2020, of all possible recommended and required vaccines, 95% – 100% were appropriately offered to clients
- All 9 vaccines met the goal of being appropriately offered to clients 95% of the time
- Data gathered through internal audit of randomly selected charts each quarter. The sample size is based on the number of visits in the quarter and is determined using standard statistical methods. The audit was only conducted the first two quarters of FY 2020.
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What is the story behind the data?

- Because of staffing constraints due to Covid-19 response, the audit was not conducted in FY 2022.
- In FY 2020, the Immunization Clinic met goals for appropriately offering vaccines to children age 7 to under 19 for all 9 vaccines.
- Hepatitis A vaccine was out of stock, so was unable to be offered for a period of time in FY 2020. This led to an increase in missed opportunities to offer Hepatitis A vaccine.
- The refusal rates for MCV4 and Hepatitis A vaccines may be because of the following: they are not required for school entry but recommended; many clients are receiving a large number of other shots at that visit; and there may be a fee associated with the vaccine.

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- Uninsured children are eligible for free recommended vaccines but are still asked for a fee to cover vaccine administration per Virginia Department of Health (VDH) policy. This fee may be a deterrent for some clients. If the client states they cannot pay it, the fee is waived.
- Children with insurance are either referred to their primary care provider or charged the full price of the vaccine plus the administration fee and given a receipt that can be submitted to their insurance.
- HPV vaccine is only required for school entry among girls in Virginia. In late FY 2018, VDH decided to reduce barriers for boys receiving the HPV vaccine by absorbing the cost of the vaccine and administration fees for boys eligible under the Vaccine for Children program. The refusal rate for HPV has decreased from 13% in FY 2018 to 7% in FY 2019 and was 2% in FY 2020.

Recommendations

- Restart audits as staffing allows.
- Continue to offer, recommend, and educate parents on the new guidelines which require HPV, MCV4, and Hepatitis A vaccines as of July 1, 2021.

Target Dates

- On-going

Forecast

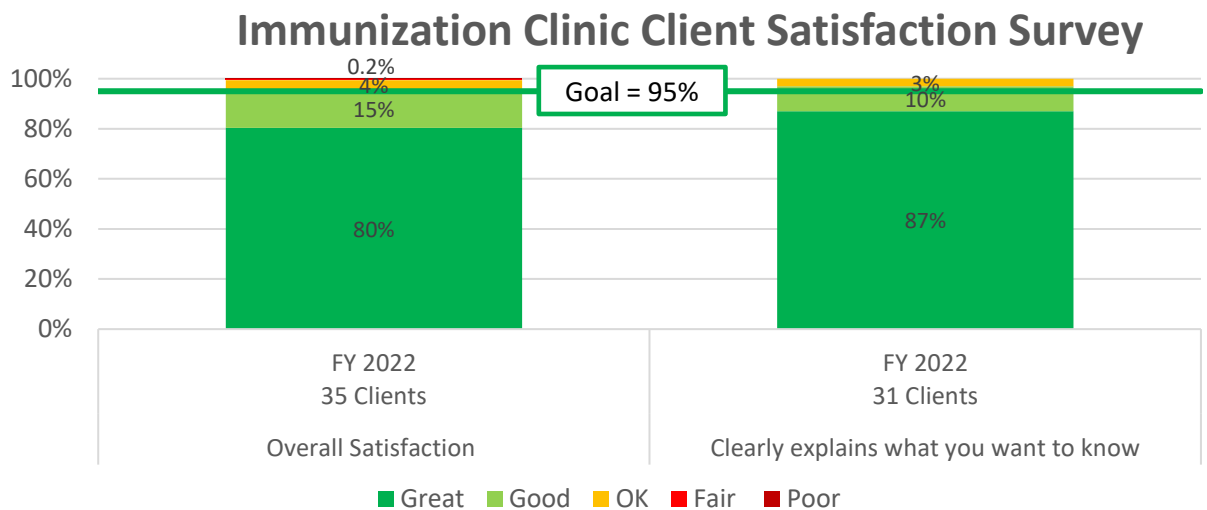
- In FY 2023, the rate will stay the same as FY 2020.

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Immunization Clinic

Measure 2.3 Customer Satisfaction

Data



Data Summary

- Survey captured all clients served over a two-week period, using a paper survey in English and Spanish.
- Survey was conducted twice in FY 2019, once in FY 2020, and not at all in FY 2021.
- Overall satisfaction was calculated by averaging the results from all the questions on the survey.
- FY 2022 response rate was 39%.

What is the story behind the data?

- In FY 2022, the customer satisfaction survey was changed to a survey that VDH requires some PHD clinic programs.
- Because of staffing and clinic constraints due to Covid-19, the survey was not conducted in FY 2021.
- Clinic staff and the facilities received the highest scores on the survey. Wait time, especially in the exam room, received the lowest scores.
- Comments on the survey are overwhelmingly positive. There were no patterns detected.

Recommendations

- Re-examine survey timing to identify opportunities to increase response rate.
- Continue to optimize the appointment system to minimize wait time.
- Add a question explicitly about overall satisfaction to the survey.

Target Dates

- On-going
- On-going
- Q3 FY 2023

Forecast

- In FY 2023, customer satisfaction will remain about the same.

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Immunization Clinic					
Measure	3.1	Cases of reportable vaccine-preventable diseases among Arlington children and adults immunized at Immunization Clinic			
Data		FY 2019	FY 2020	FY 2021	FY 2022
	Cases of Vaccine Preventable Diseases Reported in Arlington Residents Immunized at Immunization Clinic	0	0	0	0
Data Summary	<ul style="list-style-type: none"> • There were no cases of a vaccine-preventable disease in FY 2021. • A list of cases of vaccine-preventable disease among Arlington residents is obtained from the Disease Surveillance and Investigation program to see if they were immunization clinic clients. • Probable and confirmed cases of vaccine-preventable disease are included. 				
What is the story behind the data?					
<ul style="list-style-type: none"> • Immunizations are effective against vaccine-preventable diseases. 					
Recommendations				Target Dates	
<ul style="list-style-type: none"> • Stay the course. 				<ul style="list-style-type: none"> • On-going 	
Forecast					
<ul style="list-style-type: none"> • In FY 2023, the number of cases of vaccine-preventable diseases will stay the same. 					