

VeVaGo

Venipuncture, **Va**ccines, & Refugee Health
Assessments on the **Go**

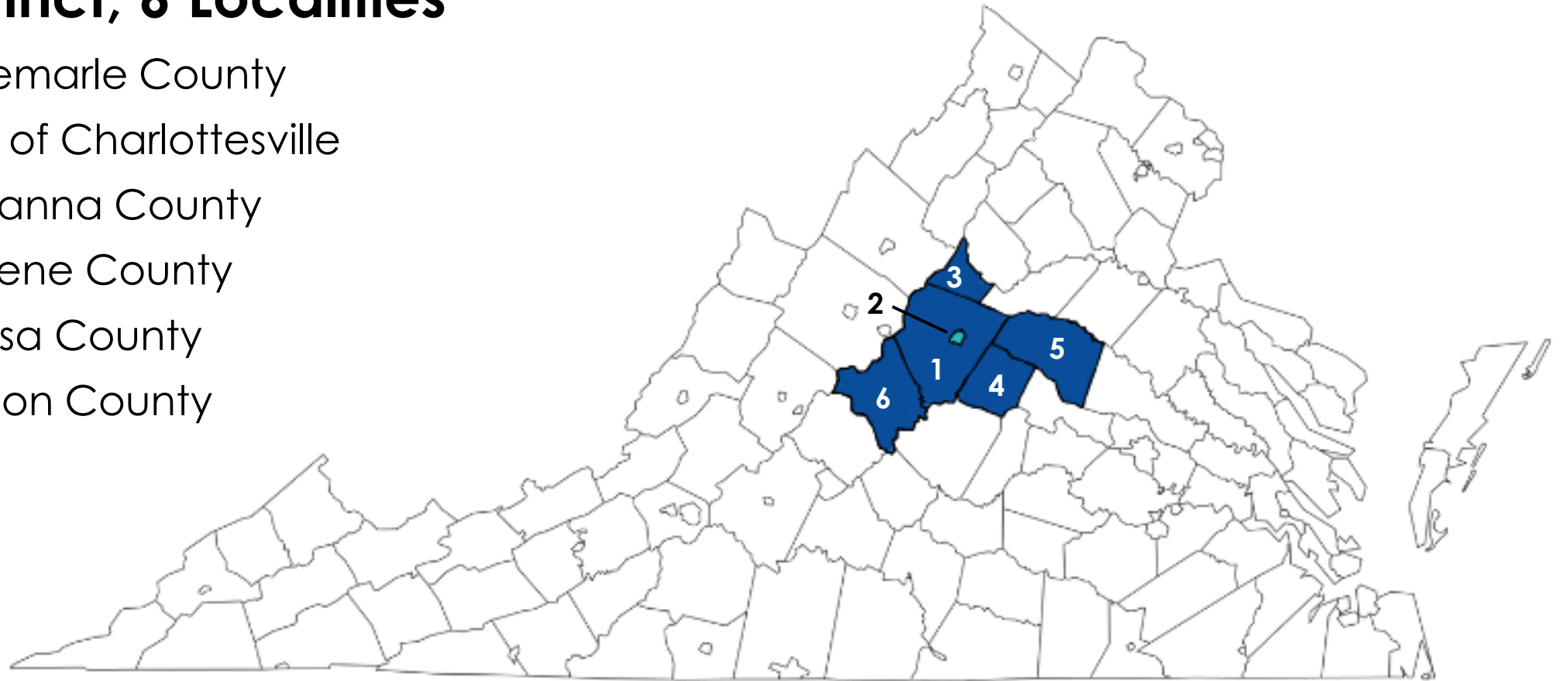
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VDH Blue Ridge Health District

1 District, 6 Localities

1. Albemarle County
2. City of Charlottesville
3. Fluvanna County
4. Greene County
5. Louisa County
6. Nelson County



Refugee Population Statistics

1,541 refugees resettled in BRHD between Fiscal Years (FY) 2019 – 2024.

Average of **256** refugees resettling in BRHD per year.

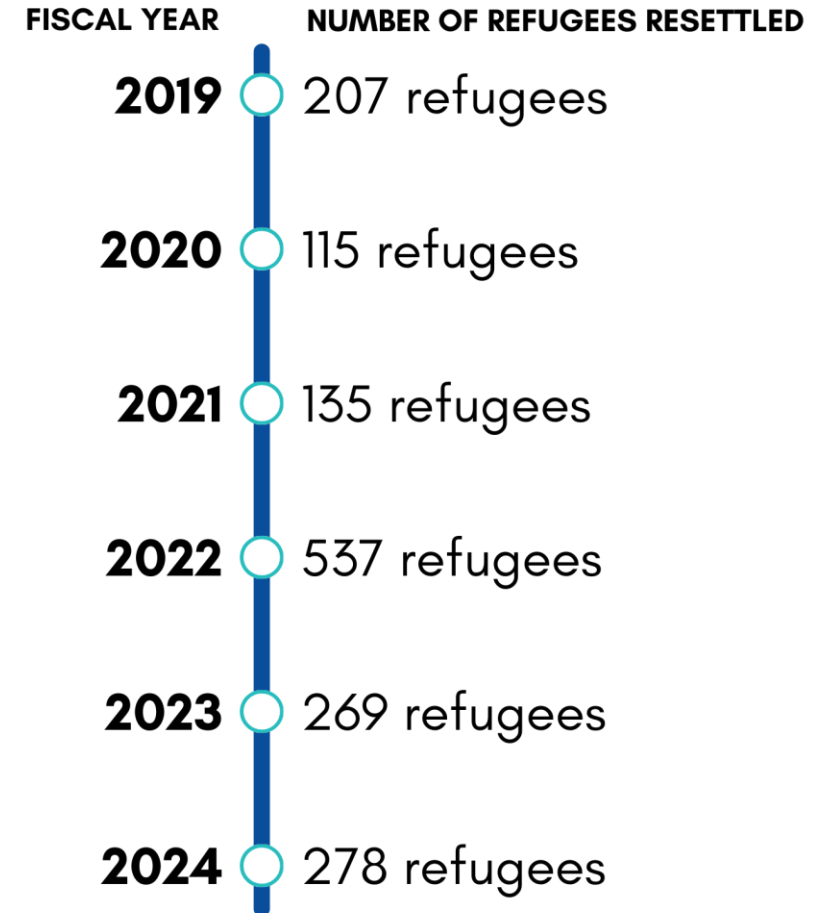


Figure displays the number of refugees resettled by the International Rescue Committee (IRC) in BRHD between Fiscal Years (FY) 2019 and 2024

Background: Newcomer Health Screenings

- **Completion Timeline**

- Ideally within 45 days of arrival – must be completed within 90 days of arrival
- Majority of families processed through Charlottesville/Albemarle Health Dept.

- **Screenings Include:**

- Thorough review of health history
- Tuberculosis (TB) assessment
- Height / weight / vital signs check
- Vision & hearing screening
- Blood work panels
- Green card mandatory vaccines

Screening Scheduling Process

1. HD receives notification from Electronic Disease Notification (EDN)
 - *CDC notification system for tracking newcomer arrivals*
 - **Note:** handful of individuals walk-in, not tracked through EDN
2. Coordinate with resettlement agency to schedule appointment after arrival in BRHD
 - Majority of refugees processed through International Rescue Committee (IRC)
 - Some through Uniting 4 Ukraine (U4U), Virtual Resettlement & Placement (VRP)

Order of triage scheduling determined by TB status & date of arrival

Original Refugee Health Clinic Model



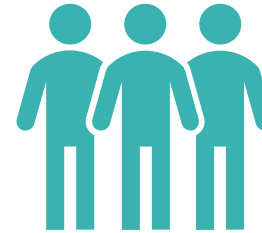
In-Person at HD

*Charlottesville /
Albemarle location*



Set Times

*Monday afternoons
& Friday mornings*



4-5 Nurses

*Depending on
availability*



Closed Clinic

*Refugee health
screenings only*

Barriers to Care in Traditional Model

- **#1 Challenge** - Clients lack reliable transportation = high clinic no-show rate
 - Inefficient staffing, delays in care, & gaps in scheduling
- **Other barriers during to in-clinic appointments:**
 - Lack of space
 - Large extended families can't all fit in small clinic area
 - Separation into different rooms created chaos, increased # of interpreters needed, heightened anxiety for family members
 - Lack of paperwork
 - Clients forget to bring the necessary overseas paperwork

Traditional refugee clinic at HD model insufficient

Solution: VeVaGo

- **Aim:** eliminate barriers and improve screening completion timeliness
- **Method:** perform refugee health screenings in the clients' home via mobile/portable structure
- **Specific goals:**
 - Perform more screenings within 45 days of arrival
 - Reduce appointment no-show rate
 - Decrease client anxiety
 - Improve client-provider relationship
 - Minimize the number of staff needed

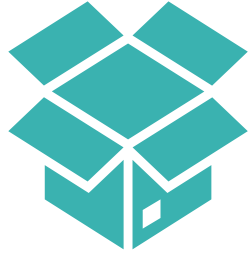
Stage 1: Assessments & Exams

- **Takes place in 1 day**
 - Initially started with 2 days --> shortage of nurses led to reduction in time spent, ended up working better for clients
- **Stage 1 itinerary includes:**
 - Overview of process + consent forms
 - Physical assessment + health history
 - TB screening (place TST if needed)
 - Sample collection: bloodwork + urine
 - Vaccines

Stage 2: Results & Follow-Up

- **Communicate client needs to IRC**
 - Connect with external orgs: Stepping Stone, Region Ten
 - Connect with internal BRHD programs: Maternal Child Health, LTBI
 - Coordinate with case worker for future appts
 - Share vaccine record with school team & caseworker for future appt scheduling
- **Update families with results**
 - Review any abnormal lab findings & offer treatment
- **Connect with UVA International Family Medicine Clinic (IFMC)**
 - IFMC becomes medical homebase for newcomers
 - Provides follow up visits & referrals, prescribes medications, etc...

Clinic Transition Challenges



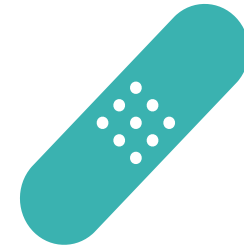
**Supplies
& Packing**



**Cold Chain
Management**



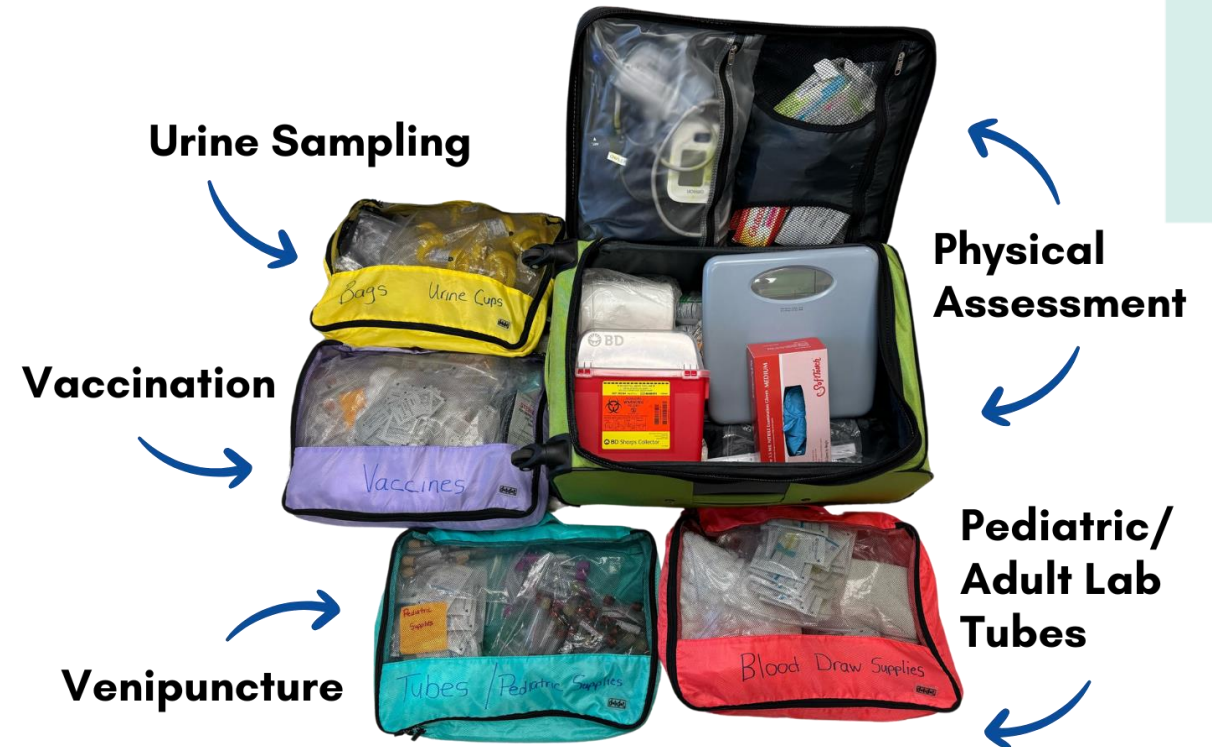
Registration



**Pediatric
Venipuncture**

Challenge: Supplies & Packing

- **Problem:** overwhelming variety & number of supplies needed to conduct newcomer health screenings
- **Solution:** strategic packing via packing cubes
 - Packing cubes = neat, easy to inventory & combine in one suitcase



Challenge: Cold Chain Management

- **Problem:** no on-site refrigerators to maintain proper temperature of vaccine
- **Solution:** portable coolers with temperature logger devices
 - Requires power source- can be powered via vehicle
 - Recently acquired a freezer cooler



Challenges: Registration

- **Problem:** mobile clinics lack the usual Office Support staff to assist with registration
- **Solution:** collaboration w/ OSS to learn different billing requirements & how to properly complete paperwork
 - **Types of forms here...**
 - CHS-1A
 - Consent to Exchange Information
 - Informed Consent for Special Health Services and Procedures
 - Authorization for Disclosure of Protected Health Information

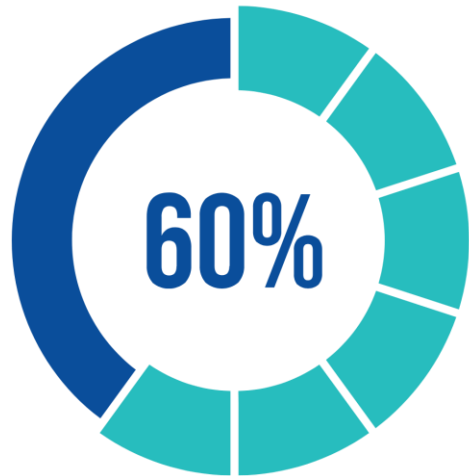
Challenges: Pediatric Venipuncture

- **Problem:** inexperienced with performing pediatric venipuncture & concerned for kids' experience
- **Solution:** contract nurse with NICU nursing experience joins visit to perform pediatric venipuncture
 - If unable to draw blood, coordinate w/ UVA Health
 - **Note:** TB skin test placements require a follow-up trip for reading 48-72 hours later

Results

Reduced Staffing Model

Went from 5 to 2 nurses



Increased

- ↑ Client comfortability
- ↑ Number of families seen per day
- ↑ Collaboration with community partners
- ↑ Cultural competence in participating staff
- ↑ Cross-program engagement at BRHD

Decreased

- ↓ No show rates
- ↓ Client anxiety
- ↓ Nurses staffed per day
- ↓ Time spent per visit
- ↓ Clinic space in use

Results



- **Developed relationships with:**
 - International Rescue Committee (IRC)
 - University of Virginia (UVA) Health System
 - UVA Med School students shadowed VeVaGo visits to strengthen their understanding of the refugee experience
- **Increased comfort bridged connections to other BRHD programs**
 - Including (but not limited to): Immunizations, Family Planning, Sexual Health, TB/LTBI, Lead, Maternal Child Health, WIC

Some Notes

- **Language accessibility integral**
 - Interpreter phone service used during all refugee appointments (via speaker on a VDH cell phone)
 - Bring VIS & MHS forms in clients' language
- **Limited staffing affects the frequency & variety of services we offer**
 - No NP or MD staff working at BRHD; screenings are PHN-led
 - **Goal:** hire an NP to accompany PHN (could then perform physicals)

Expanding VeVaGo in the Future

- **Integrating Community Health Workers (CHWs)**
- **Increase language accessibility**
- **Feedback from MAPP2Health Focus Groups**

Questions?

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