
CALENDAR YEAR 2022 EQUITY IMPACT PLAN

ANNUAL REPORT

BACKGROUND INFORMATION

Department Name: Health Department

Equity Lead(s): Dallice Joyner; Anna Ricklin

Date: December 21, 2022

EQUITY IMPACT PLAN REPORT

Review your department's Equity Impact Plan for CY 2022 at [Equity Impact Plans | Topics \(fairfaxcounty.gov\)](#). Using that plan, add each goal below and describe: 1) what was done to make progress toward the goal, 2) with whom (partners), and 3) how work toward this goal was measured/evaluated and the results. If you have data for the performance measures in your CY 2022 Equity Impact Plan, report them. Add more goals as needed.

Goal 1: Build Internal Capacity - Build Health Department staff capacity to identify, explain, and act upon racial bias on an individual, interpersonal, institutional and community level.

Goal 1 Progress:

Health Equity Leadership Experience (HELE): Working with a contractor (IPHI), the Health Equity team sponsored a 17-session Equity Leadership learning experience pilot for approximately 50 diverse staff members from across multiple divisions and leadership levels, trying to capture the range of work situations, cultural, racial, and ethnic life experiences that make up the FCHD workforce. Sessions were 1.5-2 hours long, met weekly via Zoom and included enrichment activities beyond the sessions. Fifty (50) staff members began the program, grouped into three cohorts, and 34 completed it.

Participant satisfaction surveys were conducted at multiple stages of the pilot with an approximately 53% response rate. At the beginning of the experience, 55% of participants reported they were 'not familiar' with the tools and strategies FCHD uses to operationalize/promote equity. In the post-experience survey, 0% reported they were 'not familiar.' Those that were 'somewhat familiar' jumped from 40% pre to 75% post, and those who were 'very familiar' jumped from 5% pre to 25% post. An additional data point: the Net Promoter Score drawn from all three cohorts (the likelihood to recommend the experience to a colleague), on a scale of 100, increased from 13 in the early stages, to 21 at the midpoint, to 40 at the end of the Experience.

There were many lessons learned through the pilot, most notably, the need to tailor the experience even more carefully to FCHD staff actual work experience, and to make the learning more practical, applied, and interactive. Awareness of the need for the experience to be expanded, with current Experience Champions trained as future facilitators, was emphasized and a group of future facilitators expressed interest in this training. Nearly all HELE Champions expressed personal growth and learning

CALENDAR YEAR 2022 EQUITY IMPACT PLAN

ANNUAL REPORT

from the program, with powerful statements, as well as acknowledging the "heavy" nature of the conversations and the work to be done.

HELE Mini-sessions for Executive Management Team (EMT): In addition to the staff-focused HELE cohorts, health department leadership asked the equity contractor (IPHI) to hold sessions with the Department's Executive Management Team. Two interactive, 3.5-hour sessions were held on September 8 and 24, 2022. Topics included "Racism and Power" and "Personal and Institutional Strategies." A participant satisfaction survey received an approximately 60% response rate:

- 86% Strongly/Agree that "As a result of this training I feel that I can support staff to act upon HELE training."
- 87% Strongly/Agree that "As a result of this training, I have a stronger understanding of next steps in my role as EMT as it relates to equity, diversity, inclusion and justice at FCHD."
- 80% Strongly/Agree that "As a result of this training, I see myself as an Equity Champion."

EMT members were engaged and receptive to the content of the trainings. Following the sessions, EMT cited several additional topics they want to dive into, indicating both a desire and willingness to continue to explore anti-racism/equity and what EMT can do to promote equity in the Health Department.

Two New Equity Ambassadors Trained: Two additional staff members from FCHD are in the process of being trained as countywide Equity Ambassadors by One Fairfax and Cultures Connecting. This will increase the number of Equity Ambassadors in the Department to four, as one of the three from the previous year has left the agency.

High Risk Communities Task Force (HRCTF) continued to build capacity through 2022 through ongoing meetings, data review, communications strategies to promote community engagement, and health equity in high-risk communities (those at greatest risk for COVID and later, monkeypox). Staff reassigned from Community Health Worker responsibilities to Vaccine Navigation received training from Health Department Outreach Team staff on cultural considerations for working with diverse communities in Fairfax.

HRCTF works with internal department partners (Epidemiology/Population Health, Community Health Development), external depts (Department of Neighborhood and Community Services), IPHI, and a multitude of community organizations. Success of capacity building for staff to reach high risk communities was measured in vaccination outcomes for different populations. There was also a REDCap survey of partners on the effectiveness of the Vaccine Navigation program. See vaccine equity reports (go to [One Fairfax | Topics \(fairfaxcounty.gov\)](https://www.fairfaxcounty.gov/one-fairfax/topics) and scroll down to 'Vaccine Equity Reports') and elementary school vaccination maps.

The Vaccine Navigation Program was successful working with formal and informal community partners to connect Fairfax Health District residents to vaccines. Because of this success, the program was sustained throughout 2022, well beyond the projected end date. It has been the only program that continues to receive resources for the pandemic due to its effectiveness.

CALENDAR YEAR 2022 EQUITY IMPACT PLAN

ANNUAL REPORT

Goal 2: Data Assessment and Evaluation - Leverage information from community engagement, existing data, and other sources, to identify gaps and inform policy directions, develop interventions and programs, and eliminate elements with the organization structure that support the biases that promote racism.

Goal 2 Progress:

COVID-related activities: Testing, vaccine, monthly equity vaccine clinics, monthly reports to BOS and One Fairfax: To make progress toward equity in COVID-19 testing and vaccination, the High Risk Communities Task Force coordinated analysis, outreach, and ad hoc equity clinics in high risk and underserved areas. Over 900 vaccine equity clinics were implemented, vaccinating about 74,000 county residents. To address vaccine hesitancy, answer questions, and support residents through the vaccine registration process, the Health Department also hired a cadre of Community Health Workers who served as vaccine navigators, reaching over 50,000 county residents.

Partners for testing and vaccine equity clinics included safety net medical providers, FQHCs, pharmacy chains that provided vaccinators, community organizations housing complex managers, Medical Reserve Corps volunteers, businesses, and county agencies (e.g., the Department of Neighborhood and Community Services). Vaccine navigators were supported by community organizations and local businesses. One Fairfax collaborated on planning, assessment, and reporting.

COVID-19 vaccination data for Fairfax County residents was obtained from the Virginia Immunization Information System (VIIS) and vaccination rates were calculated using population denominators by race and ethnicity. Vaccine coverage was monitored by racial/ethnic group and geographically by zip code. Disease rates also were assessed by population and geographically. Data on vaccination rates by age, race/ethnicity, and geography with trends over time, were displayed in Vaccine Equity Reports which were written monthly during 2021 and then quarterly for the first half of 2022. The reports are posted on the One Fairfax website and shared with Board of Supervisor Offices. Reports also describe strategic priorities in vaccine equity, key activities, and an analysis of gaps and strategies to address those gaps.

As of May 2022, a total of 904 vaccine equity clinics were held and 74,194 vaccine doses were delivered, representing 3.8% of doses administered in the Health District. Overall vaccination rates were highest among Hispanic residents (95% of individuals aged 12+ years with 1 or more doses) with similar rates among White (71%) and Black/African American (69%) residents. Every Fairfax County ZIP code had a vaccination rate among persons aged 12+ of greater than 85% (range 85.7% to 100%).

The success of vaccine equity efforts was based partially on vaccinations delivered at equity clinics but also by Health Department outreach to vaccine hesitant communities, conversations with community leaders, business owners, and residents, and other engagement designed to build trust and meet people's information needs for vaccination.

CALENDAR YEAR 2022 EQUITY IMPACT PLAN

ANNUAL REPORT

Defined set of population health indicators to be used by HD for internal use & to meet reaccreditation requirements; all data will disaggregate by at least race and ethnicity: The Health Department has developed a set of population health indicators to serve as a baseline for identifying and monitoring health needs in the population and to promote outcome-oriented approaches to program and policy development. Indicators include health outcomes (e.g., chronic disease rates); social, economic and environmental measures that affect health outcomes; measures of access and healthcare utilization; behavioral measures; and mortality measures. All indicators will be disaggregated by race/ethnicity to maintain a focus on the needs of different communities as well as health inequities.

Indicators were defined by Health Department staff informed by indicators used by other local health departments, information from Healthy People 2030 and the County Health Rankings. Results for the indicators will be shared with the public and with public health stakeholders.

Population health indicators were defined in 2022 and adopted by Health Department leadership. Disaggregated data are still being populated for these measures. These measures will provide a baseline for health and health inequities in the county that the Health Department and other partners will work to address. Data and results on indicators are pending.

Engaged with targeted partnerships to increase equity in vaccination for monkeypox (mpox); monitored demographics of cases and of people who have received the vaccine: In 2022, a global mpox outbreak occurred, primarily affecting men who had sex with other men (MSM) and resulting in over 82,000 cases worldwide, over 29,000 cases in the US, and 90 cases in Fairfax County residents. Fairfax County cases disproportionately occurred among persons who were African American/Black. Data from the Virginia Immunization Information System (VIIS) were used to track mpox vaccinations by race/ethnicity and targeted efforts were made, working with partners, to reduce disparities in vaccination coverage.

The Health Department worked with a range of community partners to reach out to the LGBTQ+ community and particularly to African American/Black and Hispanic MSM. This included healthcare organizations such as Inova Juniper and Inova Pride. The HD tracked data on race and ethnicity of mpox cases and vaccination of Fairfax County residents and assessed outreach with partners, sending them a survey to get feedback on their work with the HD.

Mpox vaccination data in VIIS for Fairfax County residents shows that among those who received at least one dose of vaccine, 49% were White, 17% Hispanic, 13% African American/Black, and 13% Asian/Pacific Islander (with 5% unknown). Survey information on partner relationships with the Health Department is still pending.

African American/Black residents of Fairfax County made up a higher proportion of cases than of vaccinees. To increase vaccination rates in minority populations, we distributed vaccines to partners such as Inova Juniper and Inova Pride which serve high proportions of African American/Black and Hispanic residents. We also will be standing up four vaccination clinics at NovaSalud in collaboration

CALENDAR YEAR 2022 EQUITY IMPACT PLAN

ANNUAL REPORT

with the Alexandria Health Department. In addition, we have provided information about disease and vaccination through organizations that serve MSM in minority communities such as the Gay Men's Health Collaborative.

Survey given at point of vaccination to collect community feedback on mpox vaccine: The Monkeypox Response Team developed a survey for vaccine recipients at the point of vaccination to solicit feedback on our process. Specific questions asked about the hours/accessibility of points of dispensing; utility of information on website; presence of barriers; satisfaction with process; and other topics. This survey was internal to the Health Department. Over 400 responses have been received. Results have been used to improve the vaccination process and understand community perceptions, concerns, and barriers.

Soliciting feedback from targeted partnerships from Monkey Pox: Implementing what the FCHD Communications Team has dubbed “a culture first perspective”, the Monkeypox Liaison Team held discussions with LGBTQ social or advocacy groups, healthcare providers, and leaders to elicit understanding of community perceptions, concerns, barriers, and other insights regarding the virus, vaccine, and the Health Department's response.

The Health Department Liaison team worked alongside social/advocacy groups, healthcare providers, and other leaders and met with 10 partners at least once for discussion. The insights provided on community perceptions on the virus, vaccine, and the Health Department; process pain points; communication strategies; and others was used to improve the HD's response, particularly with regard to race and ethnicity.

FCHD awarded a 2021 National Association of County and Cite Health Official's *Promising Practice* award for Achieving Vaccine Equity through Data and Collaboration: The multi-discipline cross agency/cross county High Risk Communities Task Force met weekly to explore COVID-19 disease, community feedback, communications, and vaccine uptake for African American, Black, Hispanic, and other residents with social, language, digital, trust and transportation barriers. Using epidemiological data and engaging with community partners, over 717 vaccine equity clinics were delivered in 2021 to deliver 66,374 doses, or 3.6% of all doses in Fairfax. The work continued into 2022 with 268 additional vaccine equity clinics delivered.

Multiple partners from across the public health system, such as community-based organizations, non-profits, immigrant advocacy groups, businesses, residential management companies, academia, community centers, sister local government agencies and federally qualified health centers were acknowledged in the award.

Epidemiologists obtained Virginia Immunization Information System (VIIS) vaccination data and layered ArcGIS data points to calculate the percent of persons vaccinated at the land parcel level. Monthly reports were prepared on land parcel, elementary school census and by race/ethnicity to identify population groups for outreach and to engage partners to bring vaccination resources to the

CALENDAR YEAR 2022 EQUITY IMPACT PLAN

ANNUAL REPORT

community. The COVID-19 vaccine dashboard (pages 2 and 4) shows the outcomes related to the intentional equity efforts: <https://www.fairfaxcounty.gov/health/novel-coronavirus/vaccine/data>.

Established new qualitative information from FQHC and Safety Net partners: Contracts with safety-net providers were re-negotiated and data reporting requirements were revised to include a qualitative narrative that relates to efforts each FQHC employs to address, promote, and/or improve equity, access, utilization (visits/encounters), and quality of care. Providers include ADAMS Compassionate Healthcare Network (ACHN), Neighborhood Health, and HealthWorks.

Reporting template developed to capture qualitative and/or anecdotal data on the services provided by the FQHCs and ACHN. Equity, Access (system/partner processes), Utilization (encounters - i.e., medical, behavioral health, dental, etc.), and Quality of Care (success/challenge with Diabetes and Hypertension). The qualitative and/or anecdotal data on the services provided by the FQHCs focuses on successes, challenges, system partner processes related to workflows and encounters. This small systems change allows provider clinics to give more information to tell a more complete "story" of services provided.

Goal 3: Communicate the Importance of (Health) Equity - Develop an internal and external communications and outreach strategy

Goal 3 Progress:

Health Equity Champions from HELE easily recognized by FCHD Staff and other email correspondents: At the close of the Health Equity Leadership Experience pilot, the HD Communications (Comms) team designed a "Health Equity Champion" badge that can be added to staff members email signature with the tag line, "Ask me about the Health Equity Leadership Experience" to promote questions and conversations around equity. Thirty-four staff members completed the HELE pilot and received the email signature badge, along with eight other members of the Health Equity Team.

Communications and Public Relations: In response to lessons learned from both the pandemic emergency and the monkeypox outbreak, the Health Department Communication Team (HD Comms) has implemented a "culture first perspective" for all community-facing campaigns and interventions. This approach mirrors the process followed and discussed in the monkeypox response section above. HD Liaison Teams (made up of program, outreach and communication staff) meet with relevant social or advocacy groups, healthcare providers, and community leaders/members to elicit understanding of communication perceptions, concerns, and barriers regarding the health issue or intervention at the center of the Health Department's response. The insights provided by these liaisons are used to shape the campaign, with careful attention paid to race and ethnicity when the data warrants it.

HD Comms established a formal liaison with the HD Outreach Team to embed the "culture first approach: Examples of deliverables developed from this approach include: 1) clinic service printables (printed materials), 2) Community Stories, and 3) live social media broadcasts. Baseline numbers have

CALENDAR YEAR 2022 EQUITY IMPACT PLAN

ANNUAL REPORT

not yet been established, but the approach presents opportunities to connect with other projects (both HD and County) to amplify health messages and Outreach work.

Two additional Communication Campaigns that were produced using insights from this approach include: 1) Stay Well NOVA – a regional wellness campaign; and 2) a community awareness campaign with front line staff - i.e., "Ask A Nurse" videos. The tactics used to produce these campaigns were wide-ranging, including: 1) use of paid media to target messaging to a specific geography or culture, 2) Spotify ads, and 3) social media conversations. The Health Department has published close to 50 stories and collected data on the number of videos viewed. A sampling of the data reveals that for African Americans there were 625,022 Spotify impressions; for the six Facebook Live conversations with diverse fathers, there were 2,663 views. For the five Health Literacy videos posted from the Stronger Squared grant project, there were 75 views. These videos are on the HD YouTube channel, which the Department is actively promoting. Results show that we increased the influence and perceived relevance of county-level health communications. Partners for these activities include leaders and members of various culturally specific communities in Fairfax County, the HD Outreach team, staff from the HD Health Services Division, and Spotify.

Goal 4: Build an Internal Infrastructure to Operationalize Health Equity Practices – Advance institutional change through the evaluation and analysis of policies, budget, practice, and procedures.

Goal 4 Progress:

MCH Equity Policy Review Pilot: Health Equity team members worked with staff in Maternal and Child Health (MCH; a branch of Health Services Division) to develop a policy review tool. The tool was applied to one of MCH's Procedural Memoranda for home visiting and care practice. Staff from Health Services, Epidemiology, Office of Innovation contributed to developing the tool and piloting the policy review. The HD now has a template for doing policy evaluation; it had no template or process prior. Early results show a number of elements of the PM could have negative impacts on equity. The team is still reviewing results and considering options for updating the policy (whether to edit within the same structure, break apart the PM, etc.).

HELE Grads and Equity Champions deployed throughout organization: Individual conversations as well as a survey were held with HELE participants to determine their interests as Equity Champions. HELE Grads completed an interest survey for Equity Champions that included the following options: serving on the Equity Team, Train the Trainer, Courageous Conversation facilitator, Training Advisor, and Other (a fill-in option). With the group of Equity Champions growing, the Health Department can achieve greater integration of equity across the agency, which is the ultimate goal of the agency's Equity Impact Plan.

Equity is one of three key domains for the dept Strategic Plan: "Health Equity in Action" was identified as one of four priority areas for the FY 2023-2027 Strategic Plan, published in October 2022. The Strategic Plan was developed with the input of FCHD staff, county leadership, and a wide range of community

CALENDAR YEAR 2022 EQUITY IMPACT PLAN

ANNUAL REPORT

partners. Community partners included the Multicultural Advisory Council, Partnership for a Healthier Fairfax, and the Virginia Department of Health, as well as others. The Health Equity in Action priority area focuses on the outcome to “embed equity in all we do and foster better health in all communities.” Our goal is to transform our organization by applying a racial and social equity lens to all aspects of our work. The strategies identified to work towards this goal are:

- Build equity into the culture, policies, and practices of the department.
- Improve data collection, analysis, and communication to drive action and advance equity.

As we develop the action plans that will operationalize our Strategic Plan, we will actively ensure alignment with FCHD’s Equity Impact Plan. In addition, measures will be established for all health equity key actions to be implemented for the duration of the plan period. Completion and publication of the plan, along with additional measures, will be identified with the development of action plans (anticipated in May 2023).

Comms embedded in Outreach: A member of the Communications Team serves as a Comms Liaison with the HD Outreach Team, allowing direct and ongoing input for communications activities focusing on the health needs of ethnic and minority populations. Communications outputs successfully implemented with Outreach Team collaboration and measured through social media impact, new product development (videos, interviews, etc.), materials (flyers, handouts, etc.) development, along with a broader communications impact in the HD and the community.

CALENDAR YEAR 2022 EQUITY IMPACT PLAN

ANNUAL REPORT

Goal 5: Health Equity in the Community – Engage with customers, clients, and stakeholders to co-create strategies to address health inequities

Goal 5 Progress:

Stronger Squared Community of Practice Meetings: The Stronger Partnership, Stronger Community: Using Health Literacy to Increase Resilience (Stronger²) conducts monthly Community of Practice (CoP) sessions with all implementation partners to facilitate learning, capacity building and collaboration. CoPs provide opportunities for implementation partners to assemble virtually to collect and share information related to questions and issues that have arisen during core activities. They encourage collaboration and assist implementation partners to start and sustain their learning via this collective discussion. The CoP also seeks to promote the implementation partners' work through discussions, best practices and shared experiences. This learning opportunities also encourages quality improvement efforts. CoP topics are developed collaboratively among participants, and quality improvements for implementation are a major source of conversation and input. Partners include Ivy Foundation of Northern Virginia, Alpha Kappa Alpha Sorority, Inc, Church of the Living God of Northern Virginia, Edu Futuro, Emerson Diversity Health Foundation, Emmanuel Worship Center, Fundación Los Niños De Maria, Inc., Alexandria-Fairfax Alumni Chapter, ICNA Relief USA, Kappa Alpha Psi Scholarship Endowment, Psi Alpha Alpha Chapter, Omega Psi Phi Fraternity, Inc., and Second Story.

Participant experience surveys are disseminated after each monthly session. Through the end of the third quarter of 2022, 9 monthly sessions have been offered averaging 46 participants a session. Implementation partner input from Q3 that has shaped future planning and implementation includes addressing the following: 1. monthly COVID-19 statistics in Fairfax County, 2. mental health and minorities, 3. ways to increase engagement in live virtual events, and 4. grant applications for future funding.

Stronger Squared Implementation Partner Core Community Activities: Eight core implementation partners for the grant-funded project continue to plan, implement, evaluate and improve their outreach into their communities, health literacy presentations, navigation to resources for at risk communities, organize vaccination clinics, and engage in experiential learning circles and one-one conversations about health promotion, access to health care, and self-advocacy with members of the community. The partners are the same as above.

Through the end of the third quarter of 2022 (Jan-Oct 2022), the Stronger² grant-funded initiative has met with 2,360 adults in health literacy presentations or classes and 702 youth (ages 11-14) in health literacy presentations or classes; vaccinated 751 people in clinics organized by implementation partners; and shared health promotion and health literacy information about COVID-19 with 545 people via Experiential Learning Circles and with 2,860 people via one-on-one conversations.

High School-based Public Health Youth Ambassador Program launched: With the aim of creating a pipeline of health science practitioners, the Youth Ambassador Program works with Morehouse School of Medicine to provide a six week in-class training on the fundamental principles of becoming a community health worker. The program has also partnered with INOVA, Neighborhood Health and Health Works for a two-week (70-hour) practicum. During the practicum, students participate in

CALENDAR YEAR 2022 EQUITY IMPACT PLAN

ANNUAL REPORT

community outreach projects targeted to their community and practice creating health awareness programs. Three cohorts launched in CY 2022: one at John Lewis High School, one at Justice High School - both to provide training during school hours - and afterschool training at the Franconia Government Center, where students from all high schools that fulfill the eligibility criteria can attend. Partners include Edu Futuro, FCPS, Morehouse School of Medicine, INOVA, Neighborhood Health (FQHC), Health Works (FQHC), John Lewis High School, and Justice High School.

Impact will be measured via participant experience surveys (pre and post). 17 Students have completed the program and graduated at a ceremony on December 17, 2022.

CHWs acting as Vaccine Navigators focus on higher risk populations and communities: See content in Goals 1 and 4 for details on this activity as it relates to building capacity and building infrastructure. Community Health Workers addressed vaccine hesitancy and access barriers by meeting the community where they were at to facilitate access to COVID vaccines. Many community partners were involved, including Cornerstones, Second Story, and others.

Expansion of participation in Community events: Maintaining and expanding an active presence in community by attending and participating in community events such as food distribution events, community conversations and others. Partners are varied community-based organizations, community champions and faith-based organizations. The Outreach and Engagement team organized and attended 1,919 events and reached 86,877 residents in Q1 FY22 July 2021 through Q4 June 2022. The team will continue to maintain an active presence in communities in collaboration with MRC volunteers and CHWs.

Goal 6: Increase Access to Healthcare for Underserved Populations

Goal 6 Progress:

Dental Services transition to FQHCs from FCHD Dental Services (Beginning in January 2023): Contracts were negotiated with two FQHCs: Neighborhood Health and HealthWorks. Data collection begins after January 2023 on visits, procedures, specialty referrals, and completed treatment plans. Dental patients receiving care at the FQHCs enhances access, as transitioned patients will also have a primary care medical home.

Established agreement with Free Clinic for primary care: A contract with ADAMS Compassionate Healthcare Network (ACHN) was signed in October 2022. Data collection is in progress to collect data on unduplicated patients, visits by provider, hypertension (BP <140/90), Diabetes (A1c<8.5%), referrals by specialty type, and social determinants of health.

Incorporated additional populations for Medication Assistance Program with Genoa: Re-evaluated and revised the Medication Assistance Procedural Memorandum to include support for additional populations: MCCP children, individuals living in Permanent Supportive Housing and Community Services Board (CSB) clients transitioning from the care of the CSB to the FQHCs. Partners included Medical Care for Children Partnership, Homeless Healthcare Program, CSB, and Genoa Healthcare.

CALENDAR YEAR 2022 EQUITY IMPACT PLAN

ANNUAL REPORT

Established and incorporated new workflow processes and billing codes for each population group; data collected via monthly invoices listed by billing code. As a payor of last resort, this is a program to ensure the integrity of the safety net for individuals receiving care at the FQHCs to maximize coverage of medications for primary care and behavioral health.

School Immunization: On-site school immunization events were conducted in the afternoon and evenings to accommodate working parents. FCPS chose the top six middle schools with the highest non-compliance rates of vaccinations. Some of the schools were Title 1 schools. FCPS was the main partner. Success was measured by the total number of school aged kids vaccinated and total number of immunization records updated; 382 kids received their vaccines.