Texas School Nurse Webinar

February 16, 2022
DISCLAIMER

The information presented today is based on DSHS and CDC’s recent guidance and MAY change.

February 16, 2022
# Agenda: DSHS Texas School Nurse Webinar

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<th>Presented by</th>
</tr>
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<td>Antonio Aragon</td>
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<td>Texas Vaccine Trends</td>
<td>Carolyn Smith, MSN, RN</td>
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<td>Let’s Get Kids Caught Up</td>
<td>Merissa Daugherty, BSN, RN</td>
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<td>Plan a School Vaccination Clinic</td>
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<td>Coffee Table Talk</td>
<td>DSHS Subject Matter Experts</td>
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<td>DSHS Subject Matter Experts</td>
</tr>
<tr>
<td>Final Notes</td>
<td></td>
</tr>
</tbody>
</table>
Opening Remarks

Tony Aragon, MS
Director, Immunization Section
Drop in Vaccines

TVFC Provider Impact of COVID-19

CDC’s public sector vaccine ordering data show a 14% drop in 2020-2021 compared to 2019, and measles vaccine is down by more than 20%.
Texas Vaccines For Children (TFVC)

Vision, Mission & Goals

**Vision**
A Texas free of vaccine-preventable diseases.

**Mission**
To remove barriers to complete and timely vaccination, increase vaccine coverage levels, and reduce the burden of vaccine-preventable diseases for all Texas infants, children, adolescents, and adults.

**Goals**
Eliminate vaccine cost as a barrier to immunizations; reduce the need for referrals by private providers to public clinics through keeping children in their “medical home” for comprehensive health care; and provide a vaccine delivery system that is both efficient and effective for public and private providers.
Audience Poll

Does your school provide vaccines on-site or through a partnership?

Yes
No
Texas Vaccine Trends

Carolyn Smith, MSN, RN
# Texas Population Estimate – 2019
(Children 0-18 years)

<table>
<thead>
<tr>
<th>Description</th>
<th>Population</th>
<th>Percent of Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The number of children enrolled in Medicaid</td>
<td>3,019,202</td>
<td>36.56%</td>
</tr>
<tr>
<td>2. The number of American Indian/Alaska Native children</td>
<td>147,719</td>
<td>1.79%</td>
</tr>
<tr>
<td>3. The number of children without health insurance (uninsured)</td>
<td>795,723</td>
<td>9.64%</td>
</tr>
<tr>
<td><strong>Underinsured and VFC Eligible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Federally Qualified Health Centers/Rural Health Centers</td>
<td>149,538</td>
<td>1.81%</td>
</tr>
<tr>
<td>5. Delegated Authority (DSHS Public Health Regions and Local Health Departments)</td>
<td>3,074</td>
<td>0.04%</td>
</tr>
<tr>
<td><strong>Sub-total FEDERAL VFC Eligible Children</strong></td>
<td>4,115,256</td>
<td>49.83%</td>
</tr>
<tr>
<td>6. The number of children Underinsured in the private sector*</td>
<td>57,120</td>
<td>0.69%</td>
</tr>
<tr>
<td>7. The number of children with the Children’s Health Insurance Program (CHIP)*</td>
<td>405,372</td>
<td>4.91%</td>
</tr>
<tr>
<td>8. The number of children privately insured</td>
<td>3,680,370</td>
<td>44.57%</td>
</tr>
<tr>
<td><strong>Sub-total NON-FEDERAL VFC Eligible</strong></td>
<td>4,142,862</td>
<td>50.17%</td>
</tr>
<tr>
<td><strong>Total Texas Population (0-18 years)</strong></td>
<td>8,258,118</td>
<td>100%</td>
</tr>
</tbody>
</table>
Vaccination coverage in Texas significantly increased from 2019 to 2020 for five vaccines:

- HPV UTD
- ≥1 HPV
- ≥2 Hep. A
- ≥2 Varicella
- ≥1 Meningitis
## National Immunization Survey (NIS) – Teen 2020
### 13-17 years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>U.S. 2020</th>
<th>Texas 2019</th>
<th>Texas 2020</th>
<th>Texas Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥1 dose of Tdap</td>
<td>90.1%</td>
<td>84.8%</td>
<td>84%</td>
<td>-0.8%</td>
</tr>
<tr>
<td>≥1 dose of MenACWY</td>
<td>89.3%</td>
<td>85.9%</td>
<td>91.2%</td>
<td>5.3%</td>
</tr>
<tr>
<td>≥1 dose of HPV</td>
<td>75.1%</td>
<td>65.1%</td>
<td>72.8%</td>
<td>7.7%</td>
</tr>
<tr>
<td>HPV Up-To-Date (HPV UTD)</td>
<td>58.6%</td>
<td>48.4%</td>
<td>54.9%</td>
<td>6.5%</td>
</tr>
<tr>
<td>≥1 dose of HPV, females</td>
<td>77.1%</td>
<td>64.2%</td>
<td>76.1%</td>
<td>11.9%</td>
</tr>
<tr>
<td>HPV UTD, females</td>
<td>61.4%</td>
<td>50.6%</td>
<td>57.0%</td>
<td>6.4%</td>
</tr>
<tr>
<td>≥1 of HPV, males</td>
<td>73.1%</td>
<td>65.8%</td>
<td>69.6%</td>
<td>3.8%</td>
</tr>
<tr>
<td>HPV UTD, males</td>
<td>56.0%</td>
<td>46.3%</td>
<td>52.9%</td>
<td>6.6%</td>
</tr>
<tr>
<td>≥2 doses of MMR</td>
<td>92.4%</td>
<td>84.2%</td>
<td>85.9%</td>
<td>1.7%</td>
</tr>
<tr>
<td>≥2 doses of VAR</td>
<td>91.9%</td>
<td>81.6%</td>
<td>86.7%</td>
<td>5.1%</td>
</tr>
<tr>
<td>≥2 HepA</td>
<td>82.1%</td>
<td>81.4%</td>
<td>87.1%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

*a Significant difference (p<0.05) from U.S. estimate  
*b Significant difference (p<0.05) between years

Texas vaccine coverage was significantly more than U.S. estimates for ≥2 HepA.

Texas vaccine coverage was significantly less than U.S. estimates for ≥1 Tdap, ≥1 MMR, and ≥2 VAR.
## 2020-2021 Annual Report

### Immunization Status - Texas

<table>
<thead>
<tr>
<th>Kindergarten</th>
<th>Completely Vaccinated</th>
<th>Conscientious Exemption</th>
<th>Medical Exempt.</th>
<th>Provisional Enrollment</th>
<th>Delinquent</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP/DTaP/DT/Td</td>
<td>95.06%</td>
<td>1.90%</td>
<td>0.09%</td>
<td>0.36%</td>
<td>2.59%</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>95.73%</td>
<td>1.80%</td>
<td>0.08%</td>
<td>0.55%</td>
<td>1.85%</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>96.68%</td>
<td>1.72%</td>
<td>0.06%</td>
<td>0.13%</td>
<td>1.41%</td>
</tr>
<tr>
<td>MMR (2 doses)</td>
<td>95.29%</td>
<td>1.92%</td>
<td>0.12%</td>
<td>0.14%</td>
<td>2.54%</td>
</tr>
<tr>
<td>Polio</td>
<td>95.20%</td>
<td>1.90%</td>
<td>0.08%</td>
<td>0.23%</td>
<td>2.59%</td>
</tr>
<tr>
<td>Varicella (2 doses)</td>
<td>94.98%</td>
<td>1.93%</td>
<td>0.13%</td>
<td>0.29%</td>
<td>2.67%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7th Grade</th>
<th>Completely Vaccinated</th>
<th>Conscientious Exemption</th>
<th>Medical Exempt.</th>
<th>Provisional Enrollment</th>
<th>Delinquent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap</td>
<td>91.34%</td>
<td>1.45%</td>
<td>0.07%</td>
<td>0.15%</td>
<td>7.00%</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>98.03%</td>
<td>1.03%</td>
<td>0.04%</td>
<td>0.17%</td>
<td>0.73%</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>98.29%</td>
<td>0.97%</td>
<td>0.03%</td>
<td>0.05%</td>
<td>0.65%</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>91.15%</td>
<td>1.46%</td>
<td>0.07%</td>
<td>0.13%</td>
<td>7.18%</td>
</tr>
<tr>
<td>MMR (2 doses)</td>
<td>98.41%</td>
<td>0.95%</td>
<td>0.06%</td>
<td>0.04%</td>
<td>0.55%</td>
</tr>
<tr>
<td>Polio</td>
<td>98.19%</td>
<td>1.02%</td>
<td>0.04%</td>
<td>0.07%</td>
<td>0.68%</td>
</tr>
<tr>
<td>Varicella (2 doses)</td>
<td>98.10%</td>
<td>1.06%</td>
<td>0.10%</td>
<td>0.07%</td>
<td>0.68%</td>
</tr>
</tbody>
</table>
Of 5,367,490 K-12 students, 85,726 (1.6%) had a conscientious exemption for one or more vaccines.
Impacts to Health
Exemptions vs. Vaccine-Preventable Disease
Outbreaks Looming
Barriers to Vaccination
Texas

- High uninsured percentage of 0-18 population
- Lack of provider participation in TVFC Program
- Complicated schedules
- Missed opportunities
- Vaccine cost (inventory) and reimbursement
- Other Barriers (identified by NVAC)
  - Delays in scheduling appointments (recall system)
  - Lack of using benefits of registry (ImmTrac2)
  - Requiring a well-care visit
  - Long waiting periods in the office
  - Lack of culturally and age-appropriate educational materials
You are the Change!

School nurses are:

• Enforcers of the law
• Sources of information
• Guiders of knowledge
• Builders of bridges
• Protectors of health in the community
Enforcing Legal Codes

Guiding Texas Administrative Code (TAC):
Title 25, Part 1, Ch. 97, Subchapter B:
IMMUNIZATION REQUIREMENTS IN TEXAS ELEMENTARY AND SECONDARY SCHOOLS AND INSTITUTIONS OF HIGHER EDUCATION

Enforcing Legal Codes
Know your provisional enrollment rules

https://www.dshs.Texas.gov/immunize/docs/school/E11-13255.doc
Enforcing Legal Codes
Know your provisional enrollment rules

https://www.dshs.Texas.gov/immunize/docs/school/E11-13255.doc
Contact Us

Help with policy interpretation, compliance, and implementation:

• DSHS Immunization
  • School Compliance Team
  Email: Immunization General Inquiries
  Phone: (800) 252-9152
  Fax: (512) 776-7288

• School District’s Legal Department
School Vaccine Requirements

Merissa Daugherty, BSN, RN
When are Vaccines Required?

Children may need specific immunizations to participate in certain activities and events. Educate your patients and their families on which vaccines are required for each of the following:

- Enrolling in childcare / pre-K
- Attending school (K-12)
- Attending College/University or Technical Program
Child-Care Facilities

2021-2022 Immunization Requirements

<table>
<thead>
<tr>
<th>Age at which child must have vaccines to be in compliance:</th>
<th>Diphtheria / Tetanus / Pertussis (DTaP)</th>
<th>Polio</th>
<th>Hepatitis B (HepB)</th>
<th>Haemophilus influenzae type b (Hib)</th>
<th>Pneumococcal conjugate vaccine (PCV)</th>
<th>Measles, Mumps, &amp; Rubella (MMR)</th>
<th>Varicella</th>
<th>Hepatitis A (HepA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 through 2 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By 3 months</td>
<td>1 Dose</td>
<td>1 Dose</td>
<td>1 Dose</td>
<td>1 Dose</td>
<td>1 Dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By 5 months</td>
<td>2 Doses</td>
<td>2 Doses</td>
<td>2 Doses</td>
<td>2 Doses</td>
<td>2 Doses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By 7 months</td>
<td>3 Doses</td>
<td>2 Doses</td>
<td>2 Doses</td>
<td>2 Doses</td>
<td>3 Doses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By 16 months</td>
<td>3 Doses</td>
<td>2 Doses</td>
<td>2 Doses</td>
<td>3 Doses</td>
<td>4 Doses</td>
<td>1 Dose</td>
<td>1 Dose</td>
<td></td>
</tr>
<tr>
<td>By 19 months</td>
<td>4 Doses</td>
<td>3 Doses</td>
<td>3 Doses</td>
<td>3 Doses</td>
<td>4 Doses</td>
<td>1 Dose</td>
<td>1 Dose</td>
<td></td>
</tr>
<tr>
<td>By 25 months</td>
<td>4 Doses</td>
<td>3 Doses</td>
<td>3 Doses</td>
<td>3 Doses</td>
<td>4 Doses</td>
<td>1 Dose</td>
<td>1 Dose</td>
<td>1 Dose</td>
</tr>
<tr>
<td>By 43 months</td>
<td>4 Doses</td>
<td>3 Doses</td>
<td>3 Doses</td>
<td>3 Doses</td>
<td>4 Doses</td>
<td>1 Dose</td>
<td>1 Dose</td>
<td>2 Doses</td>
</tr>
</tbody>
</table>

This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services is granted authority to set immunization requirements by the Human Resources Code, Chapter 42.

Remember: Administering multiple vaccines at the same time has been proven to be safe. For more information review the CDC’s guidance for Multiple Vaccines at Once and COVID-19 Vaccine coadministration.

Download Chart here
## Schools K-12

### 2021-2022 Immunization Requirements

<table>
<thead>
<tr>
<th>Vaccine Required (Attention to notes and footnotes)</th>
<th>Minimum Number of Doses Required by Grade Level</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grades K – 6th</td>
<td>Grade 7th</td>
</tr>
<tr>
<td>Diphtheria/Tetanus/Pertussis (DTP/DTP/DT/DTd/Td)</td>
<td>K</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>5 doses or 4 doses</td>
<td>3 dose primary series and 1 booster dose of Td/Td within the last 5 years</td>
</tr>
<tr>
<td></td>
<td>For K – 6th grade: 5 doses of diphtheria-tetanus-pertussis vaccine; 1 dose must have been received on or after the 4th birthday. However, 4 doses meet the requirement if the 4th dose was received on or after the 4th birthday.¹ For students aged 7 years and older, 3 doses meet the requirement if 1 dose was received on or after the 4th birthday.² For 7th grade: 1 dose of Td is required if at least 5 years have passed since the last dose of tetanus-containing vaccine.³ For 8th – 12th grade: 1 dose of Td is required if 10 years have passed since the last dose of tetanus-containing vaccine.⁴</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Td is acceptable in place of Tdap if a medical contraindication to pertussis exists.</td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td>4 doses or 3 doses</td>
<td>For K – 12th grade: 4 doses of polo, 1 dose must be received on or after the 4th birthday.¹ However, 3 doses meet the requirement if the 3rd dose was received on or after the 4th birthday.¹</td>
</tr>
<tr>
<td>Measles, Mumps, and Rubella (MMR)</td>
<td>2 doses</td>
<td>For K – 12th grade: 2 doses are required, with the 1st dose received on or after the 1st birthday.¹ Students vaccinated prior to 2009 with 2 doses of measles and one dose each of rubella and mumps satisfy this requirement.</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3 doses</td>
<td>For students aged 11 – 15 years, 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax®) was received. Dosage (10 mcg /1.0 mL) and type of vaccine (Recombivax®) must be clearly documented. If Recombivax® was not the vaccine received, a 3-dose series is required.</td>
</tr>
<tr>
<td>Varicella</td>
<td>2 doses</td>
<td>For K – 12th grade: 2 doses are required, with the 1st dose received on or after the 1st birthday.¹</td>
</tr>
<tr>
<td>Meningococcal (MCV4)</td>
<td>1 dose</td>
<td>For 7th – 12th grade, 1 dose of quadrivalent meningococcal conjugate vaccine is required on or after the student’s 11th birthday. &quot;NOTE: If a student received the vaccine at 10 years of age, this will satisfy the requirement.</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>2 doses</td>
<td>For K – 12th grade: 2 doses are required, with the 1st dose received on or after the 1st birthday.¹</td>
</tr>
</tbody>
</table>

**Remember:** Administering multiple vaccines at the same time has been proven to be safe. For more information review the CDC’s guidance for [Multiple Vaccines at Once](https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html) and [COVID-19 Vaccine coadministration](https://www.cdc.gov/vaccines/shots/adults/coadministration.html).

This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services is granted authority to set immunization requirements by the [Human Resources Code, Chapter 38](https://www.wa.gov/hhs/human-resources-code-chapter-38).

[Download Chart](https://www.statewa.gov/wa.gov/dshs/vax)
College Entry

2021-2022 Immunization Requirements

Entering students must show proof of initial Meningococcal vaccination or a booster dose.

Healthcare and Veterinary students have special immunization requirements because of the higher risk of potential exposure in their coursework. See here for guidance.

Three ways to show proof of vaccination:

- Form with signature of physician with date of vaccination
- Official immunization record from state or local health authority with date of vaccination
- An official record received from school officials
Texas law allows (a) physicians to write medical exemption statements which clearly state a medical reason exists and the person cannot receive specific vaccines, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief.

**Exemption requests are processed in the order they are received.** Please be advised, it may take slightly longer than the standard 7-10 business days for an affidavit to arrive in the mail due to COVID-19.

Instructions for **parents** choosing the reasons of exemptions (Medical or Conscience/Religious) can be found on the [Exemption Information](#) webpage.

Students attending community college or public junior college may generate and print a conscientious exemption affidavit for the bacterial meningitis vaccine requirement online at the [Meningococcal Vaccination Exemption Website](#).

For further information on the exemption process, please review the [FAQ on Vaccine Exemptions for Reasons of Conscience](#).
Be Proactive

• Send reminders to families about school immunization requirements

• Follow-up with families of children who are not in compliance and share compliance requirements

• Use the state’s immunization information system’s reminder-recall capacity to notify families whose children have fallen behind on vaccines

• Provide resources for families whose children have missed doses to get appointments scheduled

• Reassure families that precautions are in place for safe delivery of in-person services

We all should:
• Communicate directly to families the importance of well-child visits and getting caught up on any recommended vaccines that were missed
Become a TVFC Provider

If your school has standing delegated orders, from a licensed physician, talk with them about the benefits of enrolling in the Texas Vaccine For Children (TVFC) Program.

Did you know...
Texas leads the nation in the number of uninsured and under-insured children. Many of these children are not receiving the complete series of immunizations required to protect them from vaccine-preventable diseases. Your participation in TVFC can help change this.

For more information:
Email: VacCallCenter@dshs.Texas.gov
Phone: 888-777-5320
Plan a School Vaccination Clinic

Jennifer Moore, BSN, RN
School-Located Vaccination (SLV)

What is it?

School-located vaccination clinics or nurses’ stations may offer vaccination throughout the school day. With the right planning and communication, SLVs can be a part of a broader back-to-school effort by offering routine childhood vaccination and adult vaccines to staff, faculty, and families.
School-Located Vaccination (SLV)

An opportunity to get children vaccinated

- Children are already present in schools
- More convenient for parents and guardians
- Offer routine vaccinations and catch-up vaccinations for students behind in vaccination because of the pandemic, including yearly influenza vaccination
- Administer COVID-19 vaccine rapidly and efficiently to eligible students and possibly their family members, teachers, school staff, and others in the community

The White House recently announced a push for COVID-19 SLVs, calling on school districts nationwide to host at least one vaccination clinic over the coming weeks.
Who can plan an SLV clinic?

If you’re on this call...you can!

**School Nurses can serve as the lead in planning an SLV:**

- **Pharmacies**
- **Community Healthcare Clinics**
- **Healthcare systems**
- **Pediatric practices**
- **Staff from state and local public health departments**
Establishing SLV Leadership

A critical initial step

It is essential to form partnerships with the school boards and to communicate with and gain the support of school principals and other school leaders.

Having support among school leadership can facilitate program implementation, increase student participation, and lead to more successful SLV clinics.

Find customizable template communications designed for school principals or other school leaders for SLV in general and for COVID-19 SLV specifically.
Considerations when planning an SLV

Start by considering the following...

Stage 1

Is there:
...a local need?
...sufficient resources and staff?
...adequate community and stakeholder support?

Stage 2

- Which vaccine(s) will be offered?
- When will clinics be held?
- Will eligibility be expanded beyond enrolled students?
- Consider vaccine supply, potential for vaccine wastage, and logistical issues.
Considerations when planning an SLV

Stage 3

- Identify clinic staff.
- Plan for clinic space and design clinic layout.
- Schedule SLV clinics, including make-up clinics or clinics to administer subsequent doses for multi-dose vaccines, as applicable.
- Prepare **promotional and educational materials** to distribute to parents and students. If your school plans to include the COVID-19 Vaccine, included an Emergency Use Authorization (EUA) Fact Sheet or Vaccine Information Statement (VIS).
Audience Poll

True or False

A school nurse could plan a SLV clinic?
Upcoming Webinar

Jennifer Moore, BSN, RN
ImmTrac2 Training

Prepare for this Training

We will be hosting an ImmTrac2 user's webinar on March 3, 2022.

• Reminder Recall
• Printing Immunization records
• Printing Reports

9.1 million Texans’ immunization records.
33,000 organizations store them in 1 place.
Share the Benefits with Parents

**Free and secure**
There’s no charge for enrolling and no monthly fee. The registry meets the highest security standards. Information is available only to doctors, schools, child-care centers, public health care providers.

**Schools can verify vaccine records**
The clients will never have to round up immunization records themselves. Their child’s school can access them and let them know what vaccines their child needs to meet school requirements.

**All doctors have access**
No matter how many times they move or change health care providers, their child’s immunization records are at any Texas doctor’s fingertips.
Obtaining a Vaccination History

Patients can request a copy of their immunization history whenever for:
- Child-care
- School
- College entrance
- Military enlistment
- Travel
- Employment in health and safety fields
- Other instances

Clients will need vaccine records for the rest of their life.
Audience Poll

Choose one

Which is NOT one of the mentioned benefits of ImmTrac2 enrollment?

A) Free and no monthly charge
B) Schools can verify vaccine records
C) All doctors can access vaccine records
D) Free Amazon prime account
Coffee Talk – How I Recommend
How would you recommend the HPV vaccine to a parent for their 11–18-year-old?
How would you address a parent who has concerns about the safety of receiving vaccines?
What would you say to a parent who wants to delay or spread-out vaccines?
What would you recommend saying to a parent whose child has a CO that is expiring?
Live Q&A
Take Our Survey!

We want to hear from YOU!

Take a moment to complete our post-webinar survey to give us feedback on the new webinar format and our webinar topics. You can also give us suggestions on what you want to hear about next!

Look for Our Follow-Up Email!

Monitor your inbox for a follow-up email communication that contains a post-webinar survey, a link to access today’s webinar materials, and links to register for future webinars!

The email also contains helpful links and resources.

The follow-up email will come from GovDelivery

Make sure to take our 3-minute survey!

This is where you can view today’s (and past) webinars, as well as Highlights and the slides we presented.
Thank You!