

BEST-PRACTICE MODELS THAT WORK: THE CDC'S RACIAL AND ETHNIC ADULT DISPARITIES IMMUNIZATION INITIATIVE (READII) PROGRAMS

In this panel discussion, three health leaders provide information on techniques and approaches used to effectively implement the CDC's Racial and Ethnic Adult Disparities Immunization Initiative (READII) Programs. Part 1 offers an overview of READII and information on early results and program accomplishments. In Part 2, the Mississippi READII initiative is explored, with insights on how this program has served 10,000 African Americans in inner-city Jackson, Mississippi as well 23,000 elderly African Americans in 18 rural Delta counties, said to be the poorest counties in the nation. The third segment of this presentation explains challenges and successes found in San Antonio, Texas where READII efforts focused on immunizing the city's elderly Hispanics. Readers will find lessons learned and plans for future expansion to use as models when considering implementation of immunization programs in local communities. (*Ethn Dis.* 2005; 15[suppl 3]:S3-17-S3-20)

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From the Centers for Disease Control and Prevention, National Immunization Program, Atlanta, Georgia (TK); Mississippi State Department of Health, Jackson, Mississippi (MD); and the San Antonio Metropolitan Health District, San Antonio, Texas (FAG).

Address correspondence and reprint requests to George Rust, MD, MPH; National Center for Primary Care; Morehouse School of Medicine; 720 Westview Drive SW; Atlanta, GA 30310; 404-756-8908; grust@msm.edu

Tamara J. Kicera; Marilyn Douglas, RN; Fernando A. Guerra, MD, MPH

PART 1: RACIAL AND ETHNIC ADULT DISPARITIES IN IMMUNIZATIONS INITIATIVE (READII)

Introduction

The Racial and Ethnic Adult Disparities in Immunization Initiative (READII, pronounced "ready") was undertaken by the Center for Disease Control and Prevention (CDC) after the US Department of Health and Human Services launched an initiative to reduce racial and ethnic health disparities and to emphasize prevention.

The READII project was prompted by data showing that 36,000 adults die and 200,000 are hospitalized from influenza and pneumococcal disease each year in the United States.¹ The percentages of adults ages 65 and older receiving flu and pneumonia shots are not reaching the Healthy People 2010 goal of 90% immunization.² Significant racial and ethnic disparities exist in adult immunization rates, even when socioeconomic status, access to care, and insurance coverage are taken into consideration. The immunization percentage in the White population is about 67%, while Black and Hispanic rates are about 20 percentage points lower.³

READII Launched in 2000

Spanning three flu seasons, READII is a demonstration project that began in 2000 and will end on December 31, 2004. The CDC is the project leader, with the collaboration of the Centers for Medicare and Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), the Administration on Aging, and the Agency for

Healthcare Research and Quality (AHRQ).

Five sites are participating in READII. The sites in Milwaukee, Wisconsin; Jackson, Mississippi and the Delta region; and Rochester, New York, are focusing on elderly African Americans. The Chicago, Illinois, site is concerned with both African Americans and Hispanic or Latino populations. The San Antonio, Texas, site is working with Hispanic or Latino populations.

Each site has different challenges in terms of geography and demographics, and each one engages its own local partners and puts a slightly different face on its activities, depending on the needs of the community.

The READII project has three major underlying principles: 1) to develop local buy-in; 2) to engage stakeholders (the elderly) and community partners; and 3) to use evidence-based interventions with providers and the community.

Each READII site develops community plans; conducts communications research, such as focus groups of consumers and providers, to determine the messages that will resonate best with older African Americans and Hispanics; does local community roll-outs, such as health fairs, media events, and featured speakers; implements interventions; and evaluates activities and results.

The sites use program strategies aimed at improving the vaccination practices of providers, who might include pharmacists and others as well as physicians; increasing access to immunizations; and increasing the demand for flu and pneumonia shots. The sites target multiple provider groups, base specific interventions on local needs and capacity, and choose interventions based

on feasibility and the impact they are expected to have on the target population.

Potential interventions include standing orders, patient reminders and recalls, provider reminders, collaboration with non-traditional providers to expand access to immunization, assessment and feedback, and effective interaction between patients and providers.

Major Challenges

The sites have met the challenge of identifying and engaging adults in the immunization process. Much effort has gone into locating and making lists of the stakeholders. Another challenge has been to communicate effectively with providers (who may be confused about recommendations for giving the shots) and consumers (who may have fears about the vaccine giving them the disease it was intended to prevent). Another challenge will be to evaluate the program to learn how health departments and other community groups can combine forces to solve health issues. Program leaders will want to look at the feasibility of replicating the program in other communities and at whether communities can sustain the work that READII began.

Early Findings and Feedback

There are significant differences between pediatric providers and adult providers in terms of buy-in and engagement in immunization programs. Other considerations are the attitudes of nurses and support staff toward immunization and the fact that providers as a group are poorly immunized.⁴ Confusion often exists concerning the Advisory Committee on Immunization Practices (ACIP) recommendations. Communities often lack mass immunization sites—such as clinics, grocery stores, and pharmacies—causing residents to have to travel outside their zip code areas to get the vaccines. It is very important to tap into the existing activities of partners such as Meals on Wheels and

church organizations. These groups do a better job of cooperation and collaboration when they can work immunization into their ongoing messages and services.

Program leaders have also found that adult immunization efforts may never reach the success of the nation's childhood immunization program. In striving for 90% vaccine coverage, the United States may need to consider other models, such as collaboration between providers and mass immunizers. More research is needed on topics such as universal flu recommendations, attitudes of health support staff, and whether to provide the vaccine up front for small medical practices that cannot afford to invest in the shots.

PART 2: MISSISSIPPI READII

Introduction

The Racial and Ethnic Adult Disparities in Immunization Initiative (READII) site in Mississippi serves 10,000 African Americans ages 65 and older in the inner-city area of Hinds County (Jackson—the capital) and 23,000 elderly African Americans in 18 rural Delta counties, said to be the poorest counties in the nation.

The goals and objectives are similar to those of the other READII sites: to expand accessibility to immunizations, promote the effectiveness of immunizations to the targeted population, develop a sustainable adult immunization plan, develop internal and external partnerships to eliminate missed opportunities, provide continuous education to consumers and providers, promote events and activities, and evaluate the program internally and externally.

During peak demand for flu and pneumonia vaccinations, the Mississippi State Department of Health administered more than 167,000 flu shots and conducted health fairs in cooperation with READII. It also provided fast-lane

vaccine administration, allowing individuals to come in for vaccine-only visits with minimal paperwork or check-in times.

Active Community Partners

Mississippi READII had eight active partners in the community. They are:

1. The Mallory Community Health Center in Holmes County provided education, immunizations, transportation, and immunizations for homebound residents. The center extended its clinic hours and administered 128 flu shots and 87 pneumonia shots. It also provided faith-based outreach.
2. Yazoo Community Action Center in Yazoo County provided education and community outreach. It provided transportation and partnered with area health agencies to distribute immunization information.
3. Jackson Medical Mall Foundation in Hinds County provided education, community outreach, and immunization. This former shopping mall that has been converted into a "healthcare Mecca" provided vaccine to area nursing homes that house African Americans. It assisted the local health department with its flu vaccine efforts during the period of peak demand. It also participated in faith-based health fairs conducted by XRY & Associates and pharmacists. The mall administered 103 flu shots.
4. Mid-Delta Health Systems, consisting of home health services and hospices in 15 of the 19 READII counties, provided education and immunization services, including immunizations for the homebound. The organization administered 1,983 flu shots and 93 pneumonia shots. It turned its administrative office into a "flu clinic" during the period of peak demand for shots. Physicians who were unable to obtain the flu vaccine referred patients to the "clinic." Mid-Delta networked with the health department and other local

providers and administered flu and pneumonia shots in nursing homes.

5. Aaron E. Henry Community Health Center, serving five counties, provided education and immunization. It conducted faith-based activities and developed partnerships with other community organizations. It administered 134 flu shots.
6. XRY & Associates, which offers consulting services for healthcare outreach in rural Hinds County, assisted with efforts to distribute vaccine information in the community. It created partnerships with the local health department and pharmacists, and facilitated church-based immunization health fairs with ministers. It administered 275 flu shots.
7. The G. A. Carmichael Family Health Center in Humphreys and Yazoo counties, provided education and immunization. Community health workers conducted community outreach activities.
8. Kroger's pharmacies in five counties provided education and immunization. They secured physician standing orders in the community and sent pharmacists to immunize the elderly at health fairs and churches. The Kroger pharmacies administered 2,700 flu shots and 270 pneumonia shots. Blue Cross-Blue Shield of Mississippi paid the pharmacists an administration fee for doing the immunizations.

Lessons Learned

Mississippi READII has learned two major lessons during the project:

- Public health and private practice providers may be resistant to non-traditional, community-based approaches to eliminating immunization disparities.
- Non-traditional providers, such as pharmacists and community-based organizations, have demonstrated the willingness to engage in activities that would eliminate missed opportunities in adult immunization.

Future Plans

Mississippi READII planned to spend the remainder of 2004 developing strategies for the fall intervention season, including coaching and training partners to assist with the immunization effort. It will develop a strategic plan (based on lessons learned) that can serve as a model for other healthcare disparity initiatives.

PART 3: SAN ANTONIO READII

Introduction

San Antonio, Texas, one of five sites in the Racial and Ethnic Adult Disparities in Immunization Initiative (READII), focuses on immunizing the city's Hispanic elders. The total population of San Antonio is 1,425,742, including 147,746 persons age 65 or older. Almost half (58,642) of the elderly population is Hispanic. (Source: Texas State Data Center)

Almost 66% of Hispanics and almost 79% of non-Hispanics in San Antonio have received influenza vaccination, while 54% of Hispanics and 72% of non-Hispanics have received pneumococcal vaccine. (Source: Medicare Beneficiary Survey, 2003)

The San Antonio READII Process

An advisory council for San Antonio READII meets monthly to discuss, to plan, and to report on immunization activities. The council has helped to develop a community action plan and to implement project activities. It provides in-kind and indirect monetary support.

San Antonio READII has many active partners from health, education, government, and religion in providing community outreach and education, service delivery, and provider interventions to the local Hispanic population. These partners include the Alamo Area Council of Governments, the City of San Antonio Elderly and Disabled Services, the Bexar Area Agency on Aging,

the Mexican-American Physicians Association, the Texas Medical Foundation, AARP, local pharmacies, the Bexar County Medical Society, the Barrio Comprehensive, Aventis Pasteur, Merck Inc., Catholic Charities, the Texas Department of Health, the University of Texas Health Science Center School of Nursing (San Antonio) and School of Public Health (Houston), local and state policymakers, and local school districts.

One definite strength of the San Antonio program has been its media campaign. Messages about immunization have appeared on billboards, posters, and advertising on moving vehicles in the area.

San Antonio READII has created a "model" for involving pharmacists in immunization efforts as "public health extenders." Critical steps are the following:

- Obtain the approval of the Texas State Board of Pharmacy.
- Ensure that pharmacists possess the necessary skills, education, and certification.
- Administer the program under a physician's written protocol.
- Ensure notification of all vaccinations to the patient's physician.
- Ensure that pharmacists participate in continuing education concerning current immunization standards.

Benefits of Engaging Pharmacists as Public Health Extenders

The San Antonio pharmacy immunization partnership network consists of 30 locations in the area. Pharmacists are accessible and convenient. Many are open for extended hours. People are accustomed to asking them for information. Many of them speak Spanish.

In the future, communities may seek pharmacists for public health partnerships to conduct disease surveillance and monitoring of dispensed medications; to participate in community crisis planning and response; to extend preventive care services; and to conduct public

health and pharmacy training programs. The number of flu doses administered by pharmacy partners in San Antonio grew from 13,088 doses in the 2000–2001 flu immunization season to 68,107 doses in the 2003–2004 season.

Challenges in Involving Pharmacists in Immunization Efforts

A number of barriers exist in involving pharmacists in immunizing the public. There are reimbursement issues: Medicaid does not provide immunization reimbursement to pharmacists, and the submission of Medicare claims can be overwhelming. It is time consuming to process consent forms for entry into the registry. And it is difficult to recruit new immunizing pharmacists. National chain stores and smaller-scale pharmacies are less receptive to the immunization model.

Lessons Learned

San Antonio READII has learned important lessons that will help other communities with their immunization efforts. These lessons are:

- Media messages need to dispel misconceptions and state the stark consequences of not getting the flu and pneumonia vaccines.
- The pneumococcal vaccinations need more public emphasis.
- Physicians need more encouragement to offer the immunizations.
- Pharmacists can help public health providers focus on the most underserved populations.
- Some patients may find their “medical home” in a community pharmacy, or literally in the home of a community health worker or *promotora*.

Plans for the Future

Future tasks include strengthening efforts to work with providers, evaluat-

ing the impact of media messages and the cost effectiveness of activities, sharing successes and shortcomings with others, and increasing partnership opportunities and securing additional funding.

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