

Workshop Explores Creative Methods of Encouraging Adults to Get Shots

By Alicia Postema

Closing the Gap, Adult Immunizations Save Lives • November 1998

The Visiting Nurses Association in Denver, Colo., found a way to get adult American Indians to pony up for their shots. Offering pony rides for the children, families were drawn from as far as 40 miles. While their kids rode the ponies, the adults were provided education on immunizations and, if they so desired, were vaccinated.

In another program to alleviate the need for transportation to an immunization clinic or physician's office, the visiting nurses attended a number of pow-wows where they provided education on the importance of immunization, and administered vaccines.

These are two of an increasing number of creative solutions to convincing adults to get their health protected with vaccines. With adult immunization rates sub-optimal, and a large portion of minority adults not receiving immunizations, it is becoming increasingly common to see large banners in local grocery stores and pharmacies encouraging people to get their influenza and pneumococcal vaccine. In many instances, beneath those banners are tables where people can sit down, between picking up the bread and milk, to receive immunizations.

Yet another creative program sponsored by the Visiting Nurses Association made use of time spent in line waiting to vote. Election day, the first Tuesday of November, falls within the recommended time for administering flu vaccine. Members of the Visiting Nurses Association provided informative materials, obtained signed consent, and administered vaccine, while individuals were waiting in line. The need for an extra trip to an immunization clinic was alleviated.

Recognizing that these immunization programs in "non-traditional" settings are becoming increasingly common, the National Vaccine Advisory Committee (NVAC) and the National Vaccine Program Office (NVPO) sponsored a public workshop on December 1 and 2, 1997, to explore the use of non-traditional settings for adult immunizations.

Workshop participants included members of NVAC and representatives from more than 50 organizations including federal and state agencies, community and professional organizations, and private companies. In addition to learning about creative immunization programs in non-traditional settings around the nation, the benefits and challenges associated with the programs were discussed.

Have site? Will travel

Pharmacies across the country are now becoming more actively involved in immunization activities. Pharmacists are acting as vaccine promoters, vaccine facilitators, and vaccine administrators by educating their clients about the importance of immunizations, hosting vaccine clinics and giving vaccine themselves. Twenty-five states now have statutes that allow pharmacists to administer vaccine.

The Horizons program, a collaborative effort of HCFA's Professional Review Organizations and 12 Historically Black Colleges and Universities in eight south-

ern states, has shown that wherever people go, immunizations can go too. Under the project, immunizations have been offered to adults in more than 14 non-traditional settings including shopping malls, senior centers, voting sites, parks, and public housing projects. The goal is to identify successful interventions for increasing immunization rates among African Americans by focusing on community-based activities.

A few creative spins on the concept of the home as a non-traditional setting for immunization have also been explored. Immunization clinics have been established within public housing complexes. Available medical personnel from nearby hospitals were brought in to administer the vaccine.

This new version of the "house call" was particularly important to the elders living in these complexes, since transportation is often difficult for them. They were able to receive their shots without traveling beyond the complex.

In Allentown, Pa, the Meals on Wheels program helped identify homebound elderly who might be in need of vaccine. Flyers about the flu vaccine were given to the Meals on Wheels office to be delivered to the elders along with their meals. Individuals expressing an interest in receiving vaccine were contacted by phone to verify eligibility and to set up a convenient time for a home visit in which they would receive vaccine.

Anne Duerst of the Allentown Health Bureau explained their program to reach the homeless—a seldom-recognized, vastly underserved group that is at increased risk for vaccine-preventable diseases. She emphasized the importance of going to the population you are trying to reach, rather than having them come to you.

They learned that the homeless often will not go to senior centers or other preexisting immunization sites for various reasons:

- They don't know where the sites are located.
- They feel the shots are only for the elderly.

The Allentown Health Bureau overcame this problem by going to soup kitchens, a site routinely visited by many homeless, to provide education on immunization and administer vaccine.

Those are just some examples of creative programs being developed to reach underserved, at-risk adult populations. The point from these examples is that it is important to think about the particular characteristics of the population you are trying to reach. Where do they like to go? What do they like to do? In what type of situation would they feel most comfortable receiving vaccine, and from whom would they feel comfortable receiving it? Then you must tailor the program accordingly.



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Benefits

Several benefits of using non-traditional sites for immunizations were identified. They include:

- Accessibility and convenience. Going to those in need of vaccine, instead of making them come to you, saves them the hassle of scheduling an appointment and removes transportation limitations as a barrier.
- Reduced cost. Influenza vaccine administered in a non-traditional setting ranges from \$10-\$15 and pneumococcal vaccine ranges from \$15-\$20.
- Increase in overall awareness of the importance of adult immunizations.

Challenges

There are associated challenges as well. Challenges include assuring that:

- 1) post-vaccination observation, which is crucial to identifying and treating anaphylactic (shock) reactions, occurs routinely and is of long enough duration;
- 2) appropriately trained and skilled personnel are on-site to respond to any adverse reaction;
- 3) primary care providers, the health department, and the vaccine recipient are provided with a record of vaccine received;
- 4) lack of liability protection for providers is not a barrier to promoting or administering vaccine;
- 5) state legal regulations do not restrict the operation of safe and effective immunization programs;
- 6) immunization programs in non-traditional settings are integrated with patients' "medical homes", to minimize fragmentation of care and maximize utilization of other preventive health measures; and
- 7) mission and motivation of those operating the program does not affect the quality of services provided.

The NVAC and the NVPO recognized that although no formalized, coordinated effort to provide immunizations in non-traditional settings currently exists, many adults are already receiving vaccine in such settings. To determine the capacity of immunization programs in non-traditional settings for improving immunization rates in underimmunized adults, and to better ensure the safety of individuals choosing to be immunized in such settings, the NVAC is developing a set of recommendations for further research and a set of quality standards for immunization programs in non-traditional settings.

In many ways, standards for immunization programs in non-traditional settings are congruent with those developed for programs in traditional settings; therefore, the standards NVAC is developing will consist of existing adult immunization standards with additional caveats unique to non-traditional settings.

The power of immunization to save lives and spare suffering does not cease at childhood. As with childhood immunizations, adult immunizations are a cost-effective means of preventing disease. Creative programs, like those described above, could help to increase levels of immunization among adults, but many, including a large proportion of minorities, are still not receiving appropriate vaccinations.

To realize these benefits, vaccines must be made readily available to the public. As the workshop demonstrated, several approaches are needed. Health care workers must be educated to the severity of vaccine-preventable disease and the safety and effectiveness of vaccination so they consistently offer vaccine to their patients.

Enhanced educational efforts are needed to effectively empower adults to seek out preventive services such as vaccination. Also, the number and type of programs safely administering vaccine to adults need to be increased so that more individuals will be able to receive vaccine and avoid the consequences of contracting a vaccine-preventable disease.

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