

**Title of Intervention:** Community-wide outreach for pneumococcal immunization

**Intervention Strategies:** Campaigns and Promotions, Provider Education, Environments and Policies

**Purpose of the Intervention:** To increase pneumococcal immunization

**Population:** Individuals 65 years of age or older

**Setting:** Eastern Dutchess County, New York; community-based

**Partners:** Sickness Prevention Achieved through Regional Collaboration (SPARC), New York State's Peer Review Organization (IPRO), the county department of health, medical care providers, public health organizations, consumers, county chapter of American Association of Retired Persons, local church representative

**Intervention Description:**

- **Campaigns and Promotions:** A general letter urged older adult Medicare beneficiaries to obtain an annual flu shot and pneumonia immunization if they had not already received one. The letter highlighted the availability of the flu shots in the community setting, also noting that these immunizations were available through health care providers. A brochure about the benefits of flu shots was included along with a list of all local flu clinic dates and locations and a local telephone number to call with questions. An insert providing information about pneumococcal immunizations was included as well. A call-in radio show was organized featuring two local health care providers and a SPARC (Sickness Prevention Achieved through Regional Collaboration) staff member. This 30-min presentation included information about both vaccines. Paid advertisements were placed on two local radio channels and public service announcements about adult immunizations were also run on these stations. The local access cable channel ran an ad for the pneumococcal immunizations. Health editors of local papers were sent press kits detailing the campaign and the need for pneumococcal immunization in older adults. Ads were placed in local papers with dates and locations of upcoming clinics listed two weeks in advance.
- **Environments and Policies:** The Steering Committee drafted appropriate standing orders and created an information link to inform mass immunizers and private health care providers of their patients' immunization status.
- **Provider Education:** The Steering Committee distributed current protocols for delivery of pneumococcal immunization to all county adult immunization providers.

**Theory:** Not mentioned

**Resources Required:**

- **Staff/Volunteers:** Clerical staff, local health care providers
- **Training:** Not mentioned
- **Technology:** Not mentioned
- **Space:** Space for flu clinics
- **Budget:** Cost of paid advertisements
- **Intervention:** Letters, brochures, inserts, postage, envelopes, call-in radio show presentation, radio and local newspaper advertisements, public service announcements, press kits
- **Evaluation:** Medicare claims data

**Evaluation:**

- **Design:** Non-randomized trial
- **Methods and Measures:**
  - Results for pneumococcal and influenza immunizations were based on Medicare claims data

**Outcomes:**

- **Short Term Impact:** Not measured

- **Long Term Impact:** There was a significant increase in pneumococcal immunizations compared to the previous year. There was a significantly higher rate of pneumococcal immunization in the target areas compared to the non-target areas.

**Maintenance:** Not mentioned

**Lessons Learned:** It is possible to significantly increase the use of pneumococcal immunization by linking its delivery to community-based flu clinics and by developing local outreach strategies. The data suggests that the mailing and promotional work in the target area had an additive effect. The delivery of pneumococcal immunizations by the Dutchess County Health Department was the most successful aspect of the project, significantly increasing annual coverage over historical and statewide rates. There was no detectable impact of the campaign on total influenza immunizations, although the campaign did appear to shift recipients from other sources of immunization to the local health department clinics. The outreach materials designed for this initiative were simple to develop and, with the partnership of local providers and a state peer review organization, were adaptable to most local settings. It may be that the existence of a responsible community-wide infrastructure, such as SPARC, is a critical ingredient in catalyzing and supporting public health social marketing initiatives.

**Citation(s):**

Shenson, D., et al., Pneumococcal immunizations at flu clinics: the impact of community-wide outreach. *J Community Health*, 2001. 26(3): p. 191-201.