



PROGRAM PRACTICES
2019 SUBMISSION FORM

IMMUNIZATION PROGRAM PRACTICES INFORMATION

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Program: New Jersey Department of Health, Vaccine Preventable Disease Program

Does AIM have permission to share this information on the publicly accessible AIM website? All materials submitted will be posted on the AIM website. [X] Yes [ ] No

BULL'S-EYE AWARD

The Bulls-Eye Award for Innovation and Excellence in Immunization recognizes immunization strategies that "hit their mark" and achieve immunization goals with special consideration for practices that are innovative and easily replicated. Each year, AIM awards three programs the Bull's-Eye Award. Only those practices with activities that are currently ongoing or concluded in January 2018 through the present (including implementation, follow-up, and/or evaluation activities) will be considered for the award.

Would you like for this submission to be considered for the 2019 AIM Bull's- Eye Award? (due by Oct. 7, 2019) [X] Yes [ ] No

PROGRAM PRACTICE INFORMATION

Title

New Jersey Influenza Honor Roll

Keywords (up to 5 main terms/phrases that describe the practice)

Influenza, community awareness, prevention, health promotion, recognition

Is this practice Evidence / Guideline Based? (if yes, please include reference below) [X] Yes [ ] No

Reference:

- 1. The Community Guide, Community-Based Interventions Implemented in Combination: https://www.thecommunityguide.org/findings/vaccination-programs-community-based-interventions-implemented-combination
2. Nowak GJ, Sheedy K, Burse K, Smith TM, Basket M. Promoting influenza vaccination: insights from a qualitative meta-analysis of 14 years of influenza-related communications research by U.S. Centers for Disease Control and Prevention (CDC). Vaccine. 2015;33(24):2741-2756. doi:10.1016/j.vaccine.2015.04.064

Background (scope of the immunization need or problem)

In New Jersey, the estimated influenza vaccination rate for those ages 6 months and older was 48.1% for the 2017-18 flu season. That rate has shown little improvement over the past few years. Two of the factors that play into low immunization rates are limited awareness of the importance of the annual flu vaccine combined

with an increase in vaccine hesitancy. Having a recommendation for flu vaccination from a healthcare provider plays a large role in the decision to vaccinate. Combining that with other measures can lead to even greater vaccine uptake. Research has shown that convenience and easy access to flu vaccine matters, as well as active promotion of influenza vaccination and educational materials. Through the development of the campaign, the objective was to identify a way for community members and organizations to be more involved in flu prevention and to ultimately increase awareness and vaccination rates.

### **Program Practice Description**

#### *Describe the practice goals and objectives.*

In 2017, the New Jersey Department of Health (NJDOH) launched the Influenza Honor Roll (NJ IHR) to recognize institutions that are striving to promote influenza awareness and prevention within their communities. Recognizing that among all age groups, New Jersey had the lowest flu vaccination rates for adult 18-49 years, we wanted to emphasize that employers, faith-based organizations, and other community institutions all had a role to play in reducing the burden of influenza. NJDOH sought to engage these varying community entities outside of the typical medical home to serve as partners in flu prevention. In its first year, the NJ IHR was open to three categories of honorees: institutions of education, businesses, and community-based organizations. Through the Honor Roll, NJDOH also made available a list of relevant resources to assist in conducting campaigns including: general flu information; resources on flu vaccination promotion events and conducting influenza clinics; and ideas and tools for campaigns.

During the first year of the campaign, the NJDOH received much interest from medical facilities who were interested in participating. To increase participation and further emphasize the importance of a community of immunizers, the NJ IHR expanded to include medical facilities as well. For the medical category, since the Immunization Action Coalition (IAC) had already developed and Influenza Honor Roll for medical facilities, those who were included on the IAC Honor Roll were eligible to be cross-promoted on the NJ IHR as well.

#### *What were the main implementation activities?*

For the initial development of the campaign, resources were assembled for its promotion. A primer document/application was drafted containing information about the importance of flu prevention, resources for implementing a flu prevention campaign, and a submission form. In addition, a promotional infographic was developed to summarize the submission process.

Submissions were accepted on a rolling basis through the end of March. Once all submissions were received, an internal committee was assembled to review. During the review, activities that highlighted best practices or creative thinking were extracted to be published in a New Jersey-specific *Campaign Ideas* document. This document was meant to share ideas so that others could implement similar campaigns that were feasible and relevant to their own target populations. In addition, when possible, contact information for those organizations was shared so that follow-up questions could be asked. The document is divided into three broad evidence-based categories: increasing accessibility, increasing demand, and improving messaging.

Once all submissions were reviewed, the awardees were notified and were mailed a certificate of recognition. In addition, they received an electronic “badge” to share their award via social media and/or on their website to further promote flu prevention messaging. The New Jersey Department of Health social media accounts also helped to promote and recognize the campaign and its awardees.

#### *Where and when did the practice take place?*

The statewide campaign is now run on an annual basis, beginning in September of each year and closing in March.

#### *How much staff time was involved?*

The initial development of the campaign required approximately 20 hours. Approximately 30 additional hours were used during the campaign to respond to inquiries, promote the campaign, review submissions, and other activities.

***What were the costs associated with the activity? What was the funding source?***

Costs of implementation included staff time and printing of certificates (less than \$100). Staff time/resources were identified in the program’s cooperative agreement.

***Identify the target population that the practice affected.***

The NJ IHR is open to four categories of honorees: institutions of education, businesses, community-based organizations, and medical facilities.

***If partners were involved, include who was involved, and how.***

For this project, we worked with the NJDOH communications team to help promote messaging and to announce the awardees. This was helpful to expand the visibility of the campaign. In addition, we shared information about the campaign with local health departments who were able to share with community organizations in their respective jurisdictions.

**Timeframe of Implementation (Start and Stop Dates)**

The campaign opens in September of each year. Submissions are accepted through the end of March and awardees are announced in April.

**Evaluation Data: Was the implementation and/or effectiveness of this practice assessed? (if “yes” or “limited,” provide any data that is available)**     Yes     No     Limited

**Data:** The campaign is evaluated based on the number of submissions received. In the first year, a total of 19 submissions from 9 counties were received. In the 2018-19 year, a total of 25 submissions were received from 14 counties.

**Conclusions / Lessons Learned / Key Factors for Success**

The NJDOH has received a lot of positive feedback from community organizations who have participated in the NJ IHR. Because of the annual nature of seasonal flu campaigns, having new ideas as well as recognition for their efforts has been appreciated. Additionally, the campaign contributors (and their submissions) are being leveraged into a cadre of subject matter experts with best practices that can be drawn upon to share their experiences with their peers.

**Check if any of the following are being submitted to complement your submission:**

*(All materials will be posted on the AIM website)*

- |   |   |
|---|---|
| <input type="checkbox"/> Testimonials                     | <input type="checkbox"/> Project photo(s)   |
| <input type="checkbox"/> Quote from partner/participant   | <input type="checkbox"/> Publication (e.g., news story, journal article)  |
| <input type="checkbox"/> Sample of materials produced     | <input type="checkbox"/> Video/audio clip   |
| <input type="checkbox"/> Press release                    | <input checked="" type="checkbox"/> Website URL:  |
| <input checked="" type="checkbox"/> Promotional materials | <a href="https://www.nj.gov/health/cd/edu_training/vpdp_flu_honor_roll.shtml">https://www.nj.gov/health/cd/edu_training/vpdp_flu_honor_roll.shtml</a> |
|   | <input type="checkbox"/> Tables or graphs   |
|   | <input type="checkbox"/> Other — Explain: _____   |

**\*\*Email the completed form to Mary Waterman ([mwaterman@immunizationmanagers.org](mailto:mwaterman@immunizationmanagers.org)) with the subject line “Program Practices Submission.”**