



PROGRAM PRACTICES
2019 SUBMISSION FORM

IMMUNIZATION PROGRAM PRACTICES INFORMATION

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Program: (as you want it to appear publicly) Wisconsin Immunization 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
Adult Vaccine Community Partnership

Keywords (up to 5 main terms/phrases that describe the practice)
Adult immunization, community partnership, vaccine outreach

Is this practice Evidence / Guideline Based? (if yes, please include reference below) ___ Yes ___x No

Reference:

Background (scope of the immunization need or problem)
In recent years, Wisconsin local health departments (LHDs) have noticed a decline in the number adults seeking immunization services. This resulted in concern regarding community protection against vaccine preventable diseases as well as the ability for LHDs to retain their immunization skill set without routinely immunizing clients.
The national hepatitis A outbreak provided an impetus to examine and bolster state and local outbreak prevention activities. With unacceptably low hepatitis A vaccination rates among adults aged 18-49 years in Wisconsin (11.7%) and adults not visiting their LHDs for immunizations it became apparent that LHDs would

need to meet at risk underserved adults where they were at, which is in the community setting.

Program Practice Description

Describe the practice goals and objectives.

Goal: To immunize underserved, potentially hard to reach adults, in the community setting.

Objective: To encourage LHDs to develop new or strengthen existing partnerships with community organizations that serve vulnerable and/or high risk adults.

What were the main implementation activities?

As part of a pilot project, we invited LHDs and tribal health clinics to apply for state-supplied (Section 317) vaccine (Tdap, PPSV23, PCV13, MMR, hepatitis A, hepatitis B and hepatitis A/B vaccines) to administer to eligible adults in the community setting. Local health departments administer the vaccines listed above to eligible adults when they present to the LHD though this pilot afforded them the opportunity to administer state-supplied vaccine in the community setting.

The 10 pilot LHDs partnered with a variety of community organizations including free medical clinics (which did not offer immunization services), senior meal sites, and food pantries. Adults were assessed for immunizations needed using the Wisconsin Immunization Registry (WIR). If they were eligible to receive the needed vaccine(s) (i.e., uninsured or underinsured) they were immunized on site and doses administered were entered into WIR. Adults found to be ineligible were advocated to visit their health care provider to receive the needed vaccines. Some of the pilot sites also offered influenza vaccine which could be administered to all medically-eligible adults because it was privately purchased by the LHD.

The number of vaccine doses administered to adults varied across LHDs though all of the pilot sites either gained a new community partner or strengthened an existing partnership, which is a measure of progress towards reaching the project goal.

Based on the success of the pilot project we are encouraging LHDs and tribal health clinics to do community outreach to offer immunization services with a specific suggestion to partner with their county jail to offer hepatitis A vaccine to eligible inmates. During July 2019 we began accepting new applications to do community outreach. Currently, 17 LHDs have applied and 14 of these LHDs plan to offer immunization services to county jail inmates.

Where and when did the practice take place?

The pilot project occurred during September 2018 – January 2019.

Currently applications to do community outreach to offer immunization services are reviewed and approved on an ongoing basis.

How much staff time was involved?

Approximately 12-15 hours per week were spent on coordinating the pilot project.

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

The cost of vaccine (Section 317 budget) and staff time (PPHF).

Identify the target population that the practice affected.

Underinsured/uninsured adults

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

For the pilot project LHDs partnered with a community organization to vaccinate underserved adults.

More recently, given the national hepatitis A outbreak, local health departments and tribal health clinics have been encouraged to explore a partnership with their county jail to offer immunization services to eligible inmates.

Timeframe of Implementation (Start and Stop Dates)

Community outreach pilot project, September 2018 – January 2019

Ongoing community outreach, July 2019 – present

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 number of vaccine doses administered to adults (during September 2018 – January 2019) varied across LHDs though all of the pilot sites either gained a new community partner or strengthened an existing partnership.

Vaccine	Doses Administered
Influenza	156
Tdap	108
PPSV23	68
PCV13	40
MMR	40
Hepatitis A/B	36
Hepatitis A	16
Td	9
Hepatitis B	8

Conclusions / Lessons Learned / Key Factors for Success

Adult vaccine community partnerships allowed for synergy between LHDs and community organizations. Partnerships were newly developed or strengthened. At risk adults were immunized or were educated and empowered to visit their health care provider to receive needed immunizations.

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 type="checkbox"/> Website URL |
| <input type="checkbox"/> Promotional materials | <input type="checkbox"/> Tables or graphs |
| | <input type="checkbox"/> Other — Explain: _____ |