

FINAL REPORT

Evaluation of Oregon's Adult Immunization Special Project 2012-2013 Executive Summary

June 2015



EXECUTIVE SUMMARY

Project Goal and Objectives: The Oregon Immunization Program (OIP) was awarded \$1.8 million in June 2012 by the Centers for Disease Control and Prevention to strengthen the state's adult immunization infrastructure. In turn, OIP awarded \$1.4 million to 32 participating counties to carry out project activities with local partners. Local public health authorities (LPHAs) were to:

1. Establish partnerships with pharmacies to initiate or increase the number of doses of influenza and/or Tdap immunizations given to adults by 10% or more compared to the pharmacies' 2011-12 baselines.
2. Develop or improve relationships with non-healthcare employers with at least 50 employees with the goal of offering at least one employee influenza or Tdap adult vaccination event during 2012-13.
3. Work with community health centers to expand their adult influenza and/or Tdap immunization services by at least one event or activity during 2012-13.
4. Work with healthcare institutions to improve healthcare worker influenza vaccination rates with a goal of increasing coverage by 10% compared to the institutions' 2011-12 baselines.
5. Work with long-term care facilities (LTCF) to increase healthcare worker influenza vaccinations by 10% compared to facilities' 2011-12 baselines.

The project period was approximately one year. LPHAs began their work with local partners on July 16, 2012 and completed their activities on June 30, 2013.

Findings: LPHAs met the minimum targets for engaging three of the five partners in the adult special project. LPHAs were most successful at recruiting employers, healthcare institutions, and pharmacies. Targets for community health centers and long-term care facilities were not met. Overall, LPHAs engaged 635 of the 819 potential project partners contacted, for a participation rate of 78%.

LPHAs conducted 833 activities across the following five intervention categories: presentations and in-services; ALERT IIS assessments; educational materials distribution; partner incentives; vaccination events; and promotional activities. Vaccination events were the most frequently used intervention; 3,250 Tdap and 10,387 flu vaccinations were administered to adults during the project period. Participating counties experienced 9% and 31% increases, respectively, in adult flu and Tdap immunizations compared to non-participating counties.

Pharmacies: A four-fold increase in the number of new pharmacy users occurred over the project period. The number of pharmacy sites entering doses in ALERT IIS decreased minimally (n=4), but the number of adult immunizations entered in ALERT IIS by pharmacies increased by 67,299 doses. Also, the number of adult doses administered by pharmacies rose by 9,830 and 54,758 doses, respectively, for adult Tdap and influenza vaccinations. Both of these increases exceed the 10% target set in the project's objective for pharmacies.

Employers: More vaccination clinics (234) were held with employers (214) than were held with all of the other partners combined. As a result, the project met its objective of having employers hold at least one vaccination event.

Community Health Centers: Although LPHAs worked with 63 community health centers (CHC), the project target for the group was not met. Limited CHC staff time was a barrier to participation.

Healthcare Institutions: Among participating counties, the hospital (n=43) healthcare worker vaccination rate remained steady at 76% between 2011-12 and 2012-13. Among non-participating counties, hospital (n=13) healthcare worker vaccination rates increased 17% over the same time period, from 62% to 79%. The project objective of a 10% increase in participating counties was not met, but these rates surpassed the interim Healthy People 2015 goal of 75%.

Long-Term Care Facilities: The LTCF (n=89) healthcare worker flu vaccination rate rose by 9% over the project period, from 52% to 61%. This change did not quite meet the project objective of a 10% increase. Among non-participating counties, however, the LTCF (n=49) rate rose by only one percent, from 49% to 50%.

Conclusions: LPHAs can be agents for change when given the resources to work with local partners. Participating counties conducted over 800 activities with 635 partners during the one year intervention period. These activities were performed by 16.3 FTE in 32 counties at a final cost of \$1,356,373. Factors external to the project were also working to increase adult immunization rates and project activities are not likely responsible for improvements seen among pharmacies and hospitals. However, a comparison of participating to non-participating counties suggests a positive effect of project activities on flu and Tdap vaccination rates in the general adult population. Direct medical costs alone for influenza disease among U.S. adults average \$10.4 billion annually. Oregon's healthcare system will realize cost savings through continued investments in its adult immunization infrastructure.