

**BARNSTABLE COUNTY BOARD OF HEALTH**  
**Immunization Equity TA FY14 Final Report**

Goal	<ul style="list-style-type: none"> <li>To educate adults about new and recommended vaccinations</li> <li>Focused on raising awareness and increasing immunization rates of Tdap in adults 18 and older.</li> </ul>
Target Pop	<ul style="list-style-type: none"> <li>Adults 18 and older,</li> <li>First responders</li> </ul>
Partners	Fire Training Academy
Activities	<ul style="list-style-type: none"> <li>Reached out and provided Tdap to first responders since they are out in the public so much.</li> <li>Recommended and provided the Tdap as a one- time dose in place of the regular tetanus shot for those who came to the health department</li> <li>Promoted Tdap vaccination at the TB testing clinic at the fire department and at the Blood borne pathogens training at the Cape.</li> </ul>
Progress/Outcomes	<ul style="list-style-type: none"> <li>More Fire Departments at the Cape requested for TB testing and Tdap immunizations for their employees and first responders</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>Often working as the only Public Health Nurse in the area</li> <li>There are many primary care doctors “who just don’t carry vaccines or they are not aware of the recommendation and don’t offer it to their patients”.</li> </ul>
Learning	<ul style="list-style-type: none"> <li>Education about the value of Tdap especially for people working with vulnerable populations like children is critical for increasing acceptance for Tdap</li> </ul>
Recommendations	<ul style="list-style-type: none"> <li>In future, I would like to work with the school districts to ensure that teachers working with children are up-to date with their immunizations</li> <li>In addition, we are working on development of Public Safety Guidelines that include immunizations</li> </ul>
Comments/Recommendations for TA	This is a Good Model. It was difficult to visualize at first but now I see how valuable it is to set goals and keep record of progress and revisit our work to see what works and what doesn't.

**PLAN, DO, STUDY, ACT (PDSA)**

PLAN ( <i>the idea, a specific thing to address a specific issue</i> )	To raise awareness and increase immunization rates of Tdap in adults 18 and older.
DO ( <i>list a specific activity "For 3 weeks we will..."</i> )	To provide the Tdap as a one- time dose in place of the regular tetanus shot
STUDY ( <i>Analyze what happened as a result of the activity, the "do"</i> )	More education is needed to increase acceptance for Tdap
ACT ( <i>what you will adopt, adapt or abandon as a result of the "study"</i> )	Continue, promoting Tdap in place of the regular Tetanus shot

**CHELSEA BOARD OF HEALTH**  
**Immunization Equity TA FY14 Final Report**

Goal	To increase Tdap and Shingles vaccination for seniors
Target Pop	<ul style="list-style-type: none"> <li>• Undocumented immigrants,</li> <li>• Seniors 60 and older</li> </ul>
Partners	Directors of the medical/ hospital community who serve the immigrant community
Activities	<ul style="list-style-type: none"> <li>• Advertised at the senior center and adult practices, and OB and Pediatric practices in the city</li> <li>• Placed an ad in the senior newspaper</li> <li>• Advertised and provided Tdap and Shingles Vaccine at the Health fair held in May and June</li> </ul>
Progress/Outcomes	Distributed vaccine at the health fair and hoped to complete all available vaccine unfortunately, freezer broke down and vaccine destroyed and program stopped
Challenges	<ul style="list-style-type: none"> <li>• There is a very large number of undocumented members in her community Vaccine is not sufficient or affordable for the large population.</li> <li>• The poor reimbursement rate of Commonwealth Medicine Insurance Company makes it impossible for her to purchase vaccine.</li> <li>• The amount of paperwork needed for the Mass Health and Medicare application for reimbursement is a barrier to increasing vaccinations</li> <li>• Slow response to Tdap</li> <li>• Many fear shots and vaccines</li> </ul>
Learning	Vaccine uptake was increased when Doctors advised and referred patients
Recommendations	<ul style="list-style-type: none"> <li>• Freezer will need to be repaired or replaced once funding is available.</li> <li>• Work with MDPH to streamline Medicare and Mass Health paper work.</li> <li>• Tax ID numbers should be able to be used instead of one person's SSAN on Medicare application.</li> </ul>

**PLAN, DO, STUDY, ACT (PDSA)**

PLAN ( <i>the idea, a specific thing to address a specific issue</i> )	To promote and provide Tdap /Shingles vaccine among uninsured and underinsured seniors 60 Years of age and over
DO ( <i>list a specific activity "For 3 weeks we will..."</i> )	To partner with Medical/hospital community
STUDY ( <i>Analyze what happened as a result of the activity, the "do"</i> )	Better acceptance of vaccine when referred by medical practitioners
ACT ( <i>what you will adopt, adapt or abandon as a result of the "study"</i> )	Work with Medical community to advise and refer clients to the BOH

**FRAMINGHAM BOARD OF HEALTH**  
**Immunization Equity TA FY14 Final Report**

Goal	To improve vaccine uptake of recommended immunizations among eligible residents. Focused on HPV vaccine beginning February
Target Pop	<ul style="list-style-type: none"> <li>• Uninsured/Underinsured residents, students.</li> <li>• Predominantly Portuguese speaking</li> </ul>
Partners	Parents, School Nurses
Activities	<ul style="list-style-type: none"> <li>• Return visit reminders written on VIS</li> <li>• Immunization cards showing (#1, #2, or #3 finished!) also had "next one due on..."</li> <li>• Discussion of the VPD when offering (flu and HPV)</li> </ul>
Progress/Outcomes	<ul style="list-style-type: none"> <li>• During the measles outbreak, clients were offered Flu vaccine as well, and 30% of those vaccinated with MMR accepted the flu vaccine at the same time.</li> <li>• We had great return for 2nd and some, for the 3rd dose of the HPV vaccine.</li> <li>• Since we started really concentrating on serial vaccinations of HPV in February, I would expect to see August HPV rates high.</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>• Language and cultural barrier to understanding the value of vaccination</li> <li>• VFC vaccines can only be provided to individuals that meet the eligibility criteria, which can be an obstacle to promoting vaccination</li> </ul>
Learning	<ul style="list-style-type: none"> <li>• Coupling recommended and required vaccines in one visit made the parents feel as though I was not just “processing them for school entry” but that I was also thinking about their health and maintaining their health long term.</li> <li>• I have added check off boxes on other VIS’s since and it is a helpful reminder and further advances that the parents are reading the VIS information.</li> <li>• When a health care provider recommends a vaccine, there is a stronger likelihood that the one will accept the vaccine.</li> </ul>
Recommendations	Open up eligibility criteria for individuals to get VFC vaccines
Comments/ Recommendations for TA	<ul style="list-style-type: none"> <li>• The 1-on-1 calls, webinar, conference calls and especially learning from other Public Health nurses about their initiatives was very useful and appreciated.</li> <li>• The PDSA tool and approach was very helpful.</li> </ul>

**PLAN, DO, STUDY, ACT (PDSA)**

PLAN ( <i>the idea, a specific thing to address a specific issue</i> )	To promote, offer and provide HPV vaccines to all eligible residents, regardless of reason for the visit
DO ( <i>list a specific activity "For 3 weeks we will..."</i> )	Add check boxes with dates on the VIS as reminders for 2nd and 3rd doses
STUDY ( <i>Analyze what happened as a result of the activity, the "do"</i> )	We had great return for 2nd and some, for the 3rd dose of the HPV vaccine even without making phone calls
ACT ( <i>what you will adopt, adapt or abandon as a result of the "study"</i> )	<ul style="list-style-type: none"> <li>• To offer / provide recommended vaccines regardless of the visit</li> <li>• To offer and provide Flu vaccine at any opportunity regardless of the reason why we are at an event</li> <li>• To add check boxes with dates as reminders on the VIS for all serial vaccines</li> <li>• To couple required and recommended vaccines in the same visit</li> <li>• "Every clinic visit is an opportunity to Vaccinate"</li> </ul>

**PEABODY BOARD OF HEALTH**  
**Immunization Equity TA FY14 Final Report**

Goal	<ul style="list-style-type: none"> <li>• Improve immunization among poorly-immunizing members of the community</li> <li>• Promote and provide Shingles vaccine among seniors in Peabody</li> </ul>
Target Pop	Uninsured and underinsured seniors
Partners	<ul style="list-style-type: none"> <li>• Council on Aging and the local Portuguese churches.</li> <li>• Medical providers and pharmacies</li> </ul>
Activities	<ul style="list-style-type: none"> <li>• Accepting vaccine that is not being used in neighboring towns</li> <li>• Updated our contact lists for MD offices and Pharmacies</li> <li>• Reached out to Peabody providers asking for referrals of seniors unable to pay for vaccine</li> <li>• Sent "ambassadors" to the local Portuguese churches to inform members of the availability of free shingles vaccine</li> <li>• Placed an ad for the shingles vaccine in the Council on Aging Newsletter, the Housing authority Newsletter., the Electronic Billboard on Rt. 1 and on Facebook</li> </ul>
Progress/Outcomes	<ul style="list-style-type: none"> <li>• MD offices and Pharmacies are aware of Zostavax at the Health Department</li> <li>• All available shingles vaccine was used up before it expired</li> <li>• Currently receiving 1- 4 calls a week regarding vaccine so, I created a waiting list for those interested in receiving the Shingles vaccine</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>• Running out of vaccine</li> <li>• The Medicare coverage system is quite complex and rather difficult to understand and explain to seniors that have been referred to the LBOH by MD offices /Pharmacies</li> </ul>
Learning	<ul style="list-style-type: none"> <li>• Working with MD offices and Pharmacies is essential for increasing access to vaccines for uninsured and underinsured seniors through referral</li> </ul>
Recommendations	<ul style="list-style-type: none"> <li>• Establish a revolving account to allow for purchase of small amounts of Zostavax if DPH is unable to provide more</li> <li>• In future, would like to reach out to urgent care clinics</li> <li>• Some training or webinar on Medicare ,what is covered , and when would be helpful</li> </ul>
Comments/ Recommendations for TA	The timing of this TA was great, that is, better than the fall when we are busy with flu clinics

**PLAN, DO, STUDY, ACT (PDSA)**

PLAN ( <i>the idea, a specific thing to address a specific issue</i> )	Promoting and providing Shingles vaccine to uninsured and underinsured seniors
DO ( <i>list a specific activity "For 3 weeks we will..."</i> )	Reached out to MD offices and Pharmacies to inform them of the availability of Zostavax
STUDY ( <i>Analyze what happened as a result of the activity, the "do"</i> )	More uninsured and underinsured seniors were referred to LBOH for their shingles vaccine.
ACT ( <i>what you will adopt, adapt or abandon as a result of the "study"</i> )	We shall continue to work with MD offices and pharmacies to promote vaccination

**RANDOLPH BOARD OF HEALTH**  
**Immunization Equity TA FY14 Final Report**

Goal	To raise awareness and improve immunization among low immunizing members of the community
Target Pop	Vietnamese, Haitian and Latino community
Partners	Clergy Association
Activities	<ul style="list-style-type: none"> <li>Reached out to the lead Pastor of the clergy association</li> <li>Attended a Haitian gathering where we offered free shingles vaccine</li> <li>Placed a signs at the BOH and at the senior center</li> </ul>
Progress/Outcomes	<ul style="list-style-type: none"> <li>We are more knowledgeable of our vulnerable population</li> <li>We were able to distribute all 40 doses of the Shingles vaccine to appropriate residents</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>The biggest challenge remains that there is little time for one nurse to do everything in a 30 hr. position.</li> <li>Language capacity is inadequate overall</li> </ul>
Learning	<ul style="list-style-type: none"> <li>Outreach needs concentrated efforts to be effective.</li> <li>Start with the " low-hanging fruit " such as placing signs at places where your target population lives or receives services</li> </ul>
Recommendations	<ul style="list-style-type: none"> <li>For our language needs, working with the World Languages Department of the school department has been an asset especially in crisis situations (outbreaks).</li> <li>To meet our staff needs a resource person such as a community health worker would be very helpful.</li> </ul>
Comments/Recommendations for TA	It was difficult to participate in the TA sessions due to time constraints

**PLAN, DO, STUDY, ACT (PDSA)**

PLAN ( <i>the idea, a specific thing to address a specific issue</i> )	To raise awareness and improve immunization among low immunizing communities in Randolph
DO ( <i>list a specific activity "For 3 weeks we will..."</i> )	To Reach out to the lead Pastor of the clergy association
STUDY ( <i>Analyze what happened as a result of the activity, the "do"</i> )	We are more likely to reach more of our diverse populations through the Clergy Association.
ACT ( <i>what you will adopt, adapt or abandon as a result of the "study"</i> )	Partner with the Clergy Association for all other health promotion activities

**WEBSTER BOARD OF HEALTH**  
**Immunization Equity TA FY14 Final Report**

Goal	Identify and reach low immunizing populations especially young adults,
Target Pop	Mainly 18-34 y.o. and people of low socioeconomic status
Partners	Worcester State University
Activities	<ul style="list-style-type: none"> <li>Worked with an intern at the Worcester State University to develop a community health survey</li> <li>Distributed survey and immunization fact sheets at the 7 - Eleven, the barber shop, Food share and posted the survey on the town website where people could fill it out on- line and it would automatically go to my e-mail.</li> </ul>
Progress/Outcomes	<ul style="list-style-type: none"> <li>The community health immunization surveys revealed what immunizations were needed; for what age group and the more likely places these groups would find it easier to access an immunization clinic.</li> </ul>
Challenges	The Mass Health and Medicare reimbursement process is very complicated and tedious. It is just too much paperwork.
Learning	To get more people to fill out the community health survey it would have been best to have it available at a health fair or blood drive.
Comments/Recommendations for TA	I was thrilled to have worked on this survey and will continue to improve on it to assess the community's needs. I also think it delve into a side of community needs that my interns don't usually about, never mind participate in.

**PLAN, DO, STUDY, ACT (PDSA)**

<b>PLAN</b> ( <i>the idea, a specific thing to address a specific issue</i> )	Identifying and reaching low immunizing populations especially those of low socioeconomic status
<b>DO</b> ( <i>list a specific activity "For 3 weeks we will..."</i> )	Develop Community Health Survey and include immunization questions
<b>STUDY</b> ( <i>Analyze what happened as a result of the activity, the "do"</i> )	I learned that there is a need for immunizations in the town, but most especially which immunizations were needed and the age groups who needed them.
<b>ACT</b> ( <i>what you will adopt, adapt or abandon as a result of the "study"</i> )	I began with the survey and stuck with it to help me move closer to my aim which is finding out who in the lower socioeconomic population needs immunizations and what type of immunizations.

**WILBRAHAM & HAMPDEN BOARDS OF HEALTH**  
**Immunization Equity TA FY14 Final Report**

Goal	To test and refine our emergency preparedness plan and assess our capability to mass vaccinate in case of an emergency
Target Pop	<ul style="list-style-type: none"> <li>Residents of Wilbraham and Hampden, mostly seniors, retired and live alone</li> <li>A large Asian population that are transient</li> </ul>
Partners	The town of Wilbraham entered an agreement with the Town of Hampden and formed the Hampden-Wilbraham Medical Reserve Corps (MRC). Police, Fire Fighters, Volunteers, ambulance services
Activities	<ul style="list-style-type: none"> <li>Revisited the experience and challenges faced during the H1N1 epidemic</li> <li>The team formulated an Emergency Dispensing Site Plan that calls for the use of Minnechaug Regional High School.</li> <li>Identified roles, engaged local chief &amp; elected officials, clarified job descriptions and developed job action sheets.</li> <li>Our volunteers were given an overview of emergency preparedness.</li> <li>During that training we deployed our working mobile food dispensing station, mobile pet shelter and a mobile shelter supply trailer.</li> </ul>
Progress/Outcomes	<ul style="list-style-type: none"> <li>Areas within our facility have been designated to meet the physical and psychological needs of our staff and volunteers.</li> <li>A dispensing site layout plan is in place with a clearly marked EDS flow map including triage.</li> <li>Our facility is ADA accessible.</li> <li>New generator will supply refrigeration, lighting, etc.</li> <li>Facility assessment is ongoing but we have established key areas to meet anticipated tasks and the needs of our population, such as identifying translators within our volunteer community and capacity for manual translation (flip charts) as well as electronic translation</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>Seniors, retired and live alone in a place that is mainly rural</li> <li>High-risk area for power outages from blizzards, ice storms and tornados</li> </ul>
Learning	<ul style="list-style-type: none"> <li>By combining our towns' resources we feel better prepared to assist our population in an emergency.</li> </ul>
Recommendations	<ul style="list-style-type: none"> <li>We hope to have ALS translation available and possibly information sheets in braille.</li> <li>We have plans and adequate space to implement Drive-Thru vaccination</li> </ul>
Comments/ Recommendations for TA	The TA was great, however it was impossible to make it for conference calls considering that I work 10 hours a week

**PLAN, DO, STUDY, ACT (PDSA)**

PLAN ( <i>the idea, a specific thing to address a specific issue</i> )	To test and refine our emergency preparedness plan
DO ( <i>list a specific activity "For 3 weeks we will..."</i> )	Reach out to our partners in Hampden i.e. the Police, Fire fighters, ambulance services and volunteers
STUDY ( <i>Analyze what happened as a result of the activity, the "do"</i> )	We needed a point person or "go-to person" within our partner organizations. This would be really important during a crisis and power outages
ACT ( <i>what you will adopt, adapt or abandon as a result of the "study"</i> )	Maintain an updated contact list of our partners especially the "go to person" in the event of an emergency

