

Request for Proposal Cover Sheet

<b>Date of Submission</b>	December 21, 2012
<b>Project Title</b>	Adult Immunizations
<b>Name of Applicant Organization</b>	Gila County Division of Health & Emergency Services
<b>Applicant Address</b>	5515 S. Apache Ave., Suite 100 Globe, AZ 85501
<b>Authorized Representative</b>	Don McDaniel Gila County Manager 928-474-2029 dmdcdaniel@gilacountyaz.gov
<b>Alternate Representative</b>	Michael O'Driscoll Director, Division of Health and Emergency Services 928-402-8767 modriscoll@gilacountyaz.gov
<b>Applicable Funding Category</b>	Community Interventions <input checked="" type="checkbox"/> Systems Interventions
<b>Applicable Target Category/Categories for the Project</b>	<input checked="" type="checkbox"/> Increasing Provider Education <input checked="" type="checkbox"/> Improving Patient Education <input checked="" type="checkbox"/> Expanding Access to Vaccinations Reducing Health Disparities
<b>Signature of Authorized (or Alternate) Representative</b>	<i>Michael O'Driscoll, Director</i> 12/21/12
<b>Michael O'Driscoll</b>	

## **GILA COUNTY ADULT IMMUNIZATIONS**

### **Organizational Background**

The Gila County Office of Health has been providing services to residents since 1893. In 2001 the Health Department merged with Community Services. In 2010 the Division of Health and Community Services split and Health was merged with Emergency Services. The division is separated into three sub-sections; health, prevention, and emergency management. Public Health provides Environmental Health, Rabies Control, and Public Health Nursing Services which includes immunizations, TB control, family planning, STI and pregnancy testing, communicable disease investigations, school health, well baby, child care health consultant program, neonatal intensive care community nursing program, and emergency preparedness.

Gila County has been known as the heart of Arizona. This reference not only encompasses its shape and size which consists of 4,752 square miles but also its location within Arizona. Gila County is surrounded by 6 of the 15 counties in Arizona. These include Coconino, Navajo, Graham, Pinal, Maricopa and Yavapai counties. Gila County houses 3 Native American Reservations. These include a portion of the San Carlos Apache, a portion of the White Mountain Apache and the Tonto Apache Reservations.

The basic geography of Gila County includes deserts, forests, mountains and some lakes with elevations ranging from 2,000 – 7,000 ft. Land ownership in Gila County is unique in that individuals/corporations own only 3.7 % of the land mass. There are five incorporated cities and several other smaller communities scattered within the County. The majority of these communities are approximately a one to two hour drive time from the County Seat of Globe. The remaining ownership is divided among the U.S. Forest Service, Apache Tribes, Bureau of Land Management and the State of Arizona. Gila County is essentially divided into a Northern “Timber” region and a Southern “Copper” region. The Northern and Southern regions are divided by Roosevelt Lake. The major industries consist of mining, ranching, and forestry.

In 2011 the estimated population of Gila County was 53,144 people. Adults over 65 make up 23.3% of the population and 55.3% of the population are between 18 and 64 years of age. The median household income, from 2007 through 2011 was \$37,905 with 20.9% of persons below poverty level. There are 6,843 uninsured individuals under the age of 65 and 18,492 individuals on Medicaid. Medicare beneficiaries are comprised of 10,544 individuals 65 years of age and older and 2,111 disabled beneficiaries. Almost 40% of households are single-parent families. The main spoken language is English but there is a large Spanish speaking population.

The mission of the Gila County Division of Health and Emergency Services is to “continually assess the needs of the community while providing the highest level of quality services with integrity, respect, and support for coworkers, partners, and those we serve. The Division will strive to educate, advocate, and improve the public health and safety in Gila County. We have participated in the Vaccines for Children Program since its conception and have received six awards from the Arizona Partnership for Immunizations (TAPI) in the past 8 years for our innovative ideas in promoting childhood vaccines and the influenza vaccine in children. We implemented our school based influenza vaccine clinics in 2005. This campaign, entitled “Be a Flu Buster” increased the number of influenza vaccines provided to school age children. In 2003 we provided 164 influenza vaccines to school -age-Children County wide. With the implementation of our “Flu Buster” Program in 2004 the number of school children

immunized for flu increased to 383 and this flu season to date we have administered 1,477 flu vaccines to school age children. (See Attachment #1)

The Gila County Office of Health has been providing adult vaccines for more years than anyone can remember. We originally provided adult vaccine free of charge when it was provided free to Health Departments through the state and federal government. Approximately 15 years ago, funding for adult vaccines was eliminated. At that time, we continued to provide adult vaccines at our cost plus approximately an additional \$2.50 administration fee. We participated in the Vaccines for Adults Program when it was available in Arizona. Today, we offer adult vaccine based on Insurance Company reimbursements and give "Prompt Pay" Discounts and receipts to individuals for submission to their insurance companies.

### **Project Description**

This project will focus activities on improving patient education, increasing provider education, and expanding access to adult vaccines by implementing multiple strategies in each area. The goals of these activities will be to increase the percentage of adults who are vaccinated according to recommendations provided by the Centers for Disease Control and Prevention (CDC) and to develop a means to provide an accurate picture of adult immunization rates in Gila County and to assist in the evaluation of immunization rates in the future. The proposed target population will be adults age 18 and older that reside in Gila County. It will focus on providing education to adults and providers regarding the need for adult vaccines which includes the human papillomavirus (HPV) vaccine, seasonal influenza, pneumococcal, zoster, and tetanus, diphtheria and pertussis (Tdap).

This project will increase patient awareness regarding the importance of adult vaccines. A social marketing campaign will be developed through the use of the CDC's "Gateway to Health Communications and Social Marketing Practice" and the "Audience Insights". This social marketing campaign will be geared to educate individuals ages 18 or older. The campaign will include, but not limited to, newspaper articles, public service announcements and "open line" talks on local radio stations, use of the county website, and billboards. Staff will also provide presentations to local service organizations.

Provider education will focus on strategies to help physicians and other health care providers increase their patients' adherence to recommended immunization schedules. Gila County has two hospitals, one in Payson in northern Gila County and one in Globe in southern Gila County. Training will be offered to providers at each hospital regarding vaccine preventable diseases and the importance of prevention through immunization. The training will be provided through collaboration with the hospitals and the Arizona Department of Health Services. Dr. Karen Lewis, MD, FAAP, Director of the Immunization Program office of the Arizona Department of Health Services, has agreed to provide the necessary training at these facilities. In addition, providers will receive packets containing pamphlets that focus on adult vaccines that they can distribute to their patients. Training will also be provided to the office staff of local physicians regarding the Arizona State Immunization Information System's (ASIIS) web program. The training will include how to register to use the system, data entry of patient's vaccines received, and how to do a reminder-recall by using the system. Information will be provided regarding automated telephone reminder recalls including VaxCare and Call-Em-All services. Should the physician's office wish to send postcards, they will be trained on how to print address labels using the ASIIS System.

Being a rural county, many physicians in Gila County do not carry adult vaccinations and/ or carry a limited supply of specific adult vaccine. A healthcare provider assessment will be done to expand access to adult vaccines for residents of Gila County. This assessment would determine which providers have adult vaccines available, which vaccines they carry, and any restrictions regarding administration of the vaccines. This information will be collated into an "Immunization Guide" that will be given to all providers. In addition, "referral" pads (similar in size to prescription pads) will be developed and provided to physicians containing a check list of the adult vaccines. These pads will not only remind the physician to check their adult patients to ensure they are up-to-date, but can also be used as a referral elsewhere if the physician does not carry the vaccine their patient needs.

As a local health department, it is important that we set an example for healthcare providers' county wide. There are several improvements we would like to make to our own adult vaccine program. These improvements include: reduce payment barriers to receiving adult vaccines; increase data input of adult vaccines in ASIIS that accurately provides data regarding necessary vaccines needed in the adult population we serve; implement a reminder/recall system for annually recommended vaccines and completions of series; collaborate with the Counties "Wellness Program" to educate employees on adult vaccines and initiate an in-house media campaign on the importance of adult vaccines and receiving an influenza vaccine

Currently, adult clients must pay for vaccines they receive at our offices. They are provided with a receipt that they can submit to their insurance company. As of October 2012, local health departments are now required to purchase and bill for vaccines provided to children that are insured or underinsured; we would like to collaborate with our current third party biller to expand services to cover adult vaccines. Currently, we can only roster bill Medicare for influenza vaccine. We would like to expand our contract to cover all adult vaccines. This would eliminate or reduce the out-of-pocket cost to residents seeking immunizations at our facilities. We have been providing community based adult flu clinics in our rural communities for many years but have only been able to bill Medicare Part B. By expanding billing capabilities, we can save others from having to pay out-of-pocket. We feel this would increase the number of adults who seek the influenza vaccines at our clinic. This would also decrease barriers for the Counties 400 plus employees as our Insurance Company provide "influenza vaccine clinics" to county employees for just one day. If the employee is not available on that day, they must receive their vaccine elsewhere or pay the Office of Health for their vaccine and submit their receipt to our insurance company.

The Gila County Office of Health has been using the web-based ASIIS Program to record vaccines administered to children. We would like to expand this service to include adult vaccines including the influenza vaccine. We have been providing community based adult flu clinics in our rural communities for many years, but have not used the ASIIS program to record this data. By entering data of the adult influenza clinics, we can use ASIIS to run and reminder/recall program and call all the adult's who received vaccines the previous year to come and get their shot.

Gila County participates in an insurance pool with other counties. The County has a "Wellness Program" with a wellness committee. We would collaborate with this committee to do an in-house media campaign promoting the importance of adult vaccines to our employees. An in-house promotion of the influenza vaccine would also be done, encouraging employees to get their annual flu shot.

This project supports the Community Preventive Services Task Force (CPSTF) recommendations of effective vaccine-related interventions or strategies. Collaboration between healthcare providers regarding resources available for patients to obtain vaccines will enhance access to vaccination services. The social media campaign and patient education services will increase community demand for vaccination. Training of physicians and their employees with education regarding vaccine preventable diseases and the benefits of using the states ASIIS program and reminder/recall systems will offer provider/system based interventions. These strategies will require coordinated partnerships between the State, the local health department and local healthcare providers.

This project also aligns with the goals described in the 2010 National Vaccine Plan. Our media campaign combined with physician education will support communication between the physician and their patients. It will also enhance informed vaccine decision making for both. The assessment required to develop the "Immunization Guide" will reveal gaps in adult vaccines available within our communities, and enable healthcare providers to make appropriate changes to ensure a stable supply of all recommended vaccine. The "Immunization Guide" along with use of the States ASIIS Program and reminder/recall systems by providers will help to improve access to vaccines and increase coverage rates. Our media campaign for both the community and providers and our provider trainings will increase awareness of the benefits of adult vaccines.

A logic model regarding this program is attached. It provides the goals and objectives of this program, the strategies and approaches as well as the key milestones and proposed timeline for completion.

#### **Project Evaluation**

A description of the project evaluation including target measures and how the proposed targets will be measured are in the attached "Gila County Adult Immunization Logic Model". Since we have no data on current adult immunization levels, this project will set a base number for future data.

#### **Summary Report**

The final report will be provided before Friday, September 13, 2013 by 3:00 p.m., EST. The report will include a detailed account of all activities, successes and/or challenges, supplemental data, and outcomes based on the "Gila County Adult Immunization Logic Model". Gila County will include copies of all the materials developed over the course of the project including mass media and training programs, as well as detailed lists of physicians and office staff who received the materials. Health Fair literature will be provided, but only a count of the number distributed will be provided. A count will be provided regarding information distributed to physicians offices but individual patients will not be listed.

This proposal and the attached price sheet are valid for 45 days from date of submission.

COST PROPOSAL TABLE FOR GILA COUNTY ADULT IMMUNIZATION PROGRAM				
Staffing Costs				
	Position	Hours	Hourly Rate	Total
Staff A				\$0
Staff B				\$0
Staff C				\$0
Staff D				\$0
<b>Staff Subtotal: In-kind (to be provided by County)</b>				<b>\$0</b>
Other Direct Costs (ODCs)				
Travel	1300 miles	.57 per mile		\$741.00
Materials	Pamphlets for 70 physicians offices			\$10,000 .00
	Referral Booklets			\$430 .00
Printing	Educational Material			\$ 500.00
Other (please define below				\$
	Conference rooms fees			\$ 300.00
	2 billboards for 12 months			\$9,635.00
<b>ODC Subtotal</b>				<b>\$21,606 00</b>
Indirect (Administrative) Costs (10% of total grant)				\$2,400.67
<b>GRAND TOTAL</b>				<b>\$24,006 67</b>

Staffing: Gila County will pay all salaries for this proposal.

Travel: 1,300 miles covers driving to Payson, Young, Tonto Basin, Hayden/Winkelman, and Roosevelt x 2 plus visits to each physician office. County charges \$0.57 per mile.

Materials: Pamphlets to distribute at health fairs and physicians offices. 10 different pamphlets @ 1,000 each, @ x .91 each plus tax.

Education material - (Adult Immunization schedules, etc) for trainings - \$500.00.

Other: Conference room fees – 2 x \$150.00 - \$300.00

2 Billboards – Globe - \$450/month for 12 months plus \$750.00 installation - \$6,150.00.  
Payson - \$250/month for 12 months plus \$485.00 installation - \$3,485.00

Indirect Costs: 10% of total grant - \$2,400.67

**This proposal is valid for 45 days from date of submission.**

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**Busters!**

***GILA COUNTY OFFICE  
OF  
HEALTH SERVICES***

# ARIZONA PROGRAM DESIGN AND EVALUATION LOGIC MODEL

Gila County – Adult Vaccines

Needs/Resources	Goals & Objectives	Strategies/Approaches	Key Milestones	Evaluation
<p><b>Gila County has a limited number of providers that carry all recommended adult vaccines</b></p> <p><b>Gila County has limited data on vaccine coverage and tracking of vaccine coverage for adults</b></p> <p><b>Needs:</b></p> <p>Materials: Other                      1) Facilities to provide physician and physician office staff training                      2) Educational materials for distribution.                      3) Incentives</p> <p><b>Resources:</b></p> <p>Human Resources:                      1) technological support                      2) in-kind staff services</p>	<p><b>Goal 1: Improve patient education to increase community demand for vaccinations.</b></p> <p><b>Objectives:</b></p> <p>a. The proposed target population of adults age 18 and older that reside in Gila County will have an increased awareness of the need to be vaccinated.</p> <p>b. The target population will have a better understanding of adult vaccines including HPV vaccine, seasonal influenza, pneumococcal, zoster, and tetanus, diphtheria and pertussis (Tdap).</p>	<p>A1. Adults 18 years of age and older age will have an increased knowledge of immunizations as evidenced by number of articles written, public service announcement, radio station PSA and open lines, adult vaccination information on county website and billboards.</p> <p>B1). Information regarding adult vaccines will be provided at 4 health fairs as evidenced by the number of information packets distributed per health fair.</p>	<p>A1a. Establish a committee to review the CDC’s “Gateway to Health Communications and Social Marketing Practice” and the “Audience Insights” and develop a mass media campaign for Gila County by 2/1/2013.                      A1b) Articles on adult vaccines will be written to be faxed to newspapers monthly for the months of February – September 2013.</p> <p>B1a) Research and purchase Adult immunization information to be provided at local health fairs by March 1, 2013.                      B2) Research and register for four local health fairs in Gila County upon availability.</p>	<p>a. Number of media outreach.</p> <p>a. Number of events and education provided at events.</p>

<p>Office Space</p> <p>Office machinery</p>	<p><b>Goal 2: Increase Provider Education regarding adult vaccines.</b></p> <p><b>Objectives:</b></p> <p>a. Physicians will have an increased awareness of VPD's and the importance of adult vaccines.</p> <p>b. The office staff of healthcare providers will understand the importance of adult vaccines, which vaccines should be received by their clients and when those vaccines should be offered.</p>	<p>B2). Information regarding adult vaccines will be presented at Gila Counties three Senior Centers as evidenced by sign-in sheets</p> <p>a1) Training will be offered to all physicians regarding VPD's, adult vaccines and vaccine safety as evidenced by agenda and sign-in sheets.</p> <p>B1) Trainings will be provided regarding adult vaccines to physicians office staff as evidenced by sign-in sheets.</p> <p>B2) Support services will be provided via telephone for assistance regarding immunizations to providers offices as evidenced by log book notes.</p>	<p>B2a) Create an education program for Senior Centers by April 2013. B2b) Schedule visits to senior centers upon availability.</p> <p>a1A) Schedule conference room, create flyers, extend invitations and implement physician training by 4/1/13</p> <p>B1A) Create packets containing information regarding adult immunizations, health department contact information including pamphlets to distribute to patients in their offices by 5/1/13. B1b) Schedule 2 office staff training sessions (one in Globe, one in Payson) for training by 6/1/13.</p>	<p>a. Number of Senior Centers visited and education provided at events.</p> <p>a. Number of physicians that attend the in-service.</p> <p>a. Number of trainings and number of staff in attendance.</p> <p>b. Number of calls received from office staff regarding vaccines.</p>
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	<p>c. Offer provider/system based interventions</p> <p>Goal 3: Expand access to vaccines.</p> <p>Objectives:</p> <p>a. Coordinate partnerships between local providers and other sources for immunizations to portray an accurate picture of vaccine availability.</p> <p>b. Establish a referral system to ensure patients have accessibility to necessary vaccines.</p> <p>c. Eliminate financial barriers for consumers to</p>	<p>C1) Provide training for office staff regarding the availability and uses for ASIIS and its reminder/recall system. Provide information regarding automated telephone recall systems as evidenced by number of packets provided.</p> <p>A1) Obtain information regarding vaccines available at each provider or immunization site and restrictions on administration as evidenced by booklet</p> <p>B1) Develop and publish a guide for physicians to use as a resource for vaccines their office does not carry as evidenced by copy of booklet</p> <p>C1) Work with the counties current 3<sup>rd</sup> party billing service to include the ability</p>	<p>C1a) Create training information to provide to office staff regarding ASIIS and its reminder/recall system. Provide information on automated telephone reminder/recall systems by 6/1/13.</p> <p>A1a) Create vaccine questionnaire to interview physicians regarding availability of adult immunizations in their practices by 3/1/13</p> <p>Correlate all data and print guide regarding vaccine availability by 7/1/13.</p> <p>C1a) Schedule discussion of needs for third party adult vaccine billing with</p>	<p>c. Number of trainings provided and number of staff in attendance.</p> <p>c. Number of physicians office that implement the use of ASIIS for adults and a reminder/recall system.</p> <p>a. Number of booklets provided to physicians, and immunization sites.</p> <p>Expansion of necessary contracts.</p>
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	<p>facilitate access to routinely recommended vaccines.</p> <p>d. Develop, implement, and evaluate employer-based immunization program.</p>	<p>to bill insurance companies for adult vaccines as evidenced by receipts of payment.</p> <p>C2) Expand current contract with Medicare to include all vaccines instead of just roster billing for flu as evidenced by correspondence</p> <p>D1) Set up meetings between nursing and the County Wellness Program as evidenced by attendance sheet</p> <p>D2) Establish an agreement for services with the Counties insurance company as evidenced by ability to bill for services</p> <p>D3) Provide in-house education regarding adult vaccines .</p>	<p>biller. Start 1/31/13 throughout contract.</p> <p>C2a) Contact 3<sup>rd</sup> party biller regarding changes need to bill for additional adult vaccines through Medicare 2/1/13</p> <p>C2b) Contact Medicare and begin process to bill for services by 3/1/13.</p> <p>D1a) Set up meeting with County Wellness Program by 4/13.</p> <p>D2a) Contact 3<sup>rd</sup> party biller to ensure an adult vaccine contract is in place by 2/15/13.</p> <p>D3a) Write articles for monthly wellness flyers by the 15<sup>th</sup> of the previous month.</p>	<p>Expansion of Medicare contract.</p> <p>Ability to provide vaccine services to county employees.</p>
Are strategies/ approaches meeting the needs?	Are short and long term outcomes tied to the evaluation?	Are the strategies/ approaches addressing the outcome objectives?	Are the strategies/ approaches being implemented as written?	Is there ongoing assessment and quality improvement?

