



Rochester Leads Nation in Reducing Inequality in Vaccination Rates (图)

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May 17, 2007, An innovative community partnership run by the University of Rochester Medical Center (URMC) and the Monroe County Department of Public Health has essentially erased racial disparities in key immunization rates in Rochester. Since the program was implemented influenza and pneumococcal (pneumonia) vaccinations for African American seniors have increased by 75 percent making Rochester's rates among the highest in the country.

“These gains are a shining example of what can be accomplished when health care professionals and the community work together,” said Nancy M. Bennett, M.D., M.S., the director of the University of Rochester Center for Community Health. “Once again, Rochester is leading the way in developing new approaches to national health problems.”

Disparities in immunization rates – which often break along racial, ethnic and urban/suburban lines – have posed critical and persistent public health challenges. These discrepancies also have significant public health consequences; pneumonia and influenza together are the fifth leading cause of death among people 65 and older. Nationwide, complications associated with influenza result in 36,000 deaths each year and over 120,000 hospitalizations.

“Assuring that all members of our community have access to these life-saving vaccinations has long been a priority,” said Andrew Doniger, M.D., Monroe County Health Director. “We are truly gratified to have been part of the team to impact this health disparity.”

In 2002, Rochester was chosen as one of five national sites for the Racial and Ethnic Adult Disparities in Immunization Initiative (READ II), a multi-year pilot project created by the national Centers for Disease Control and Prevention (CDC). The Rochester READII program consists of two components: a system of comprehensive intervention in medical practices and physician offices and a community-based network of outreach and education.

The READII program works directly with eight inner-city neighborhood health clinics, hospital based clinics, and group practices, effectively targeting the vast majority of the Monroe County's African American seniors. Outreach workers collaborate with health center staff to identify seniors who are behind on their annual immunizations and actively and repeatedly reach out to these individuals until they come into the doctor's office for their shots. This process – called tracking, recall, and outreach – is modeled after a successful program used in Monroe County to eliminate childhood vaccine disparities in the 1990s.

READII has also partnered with many community organizations, including Action for a Better Community (ABC), Lifespan, SouthWest Area Neighborhood Association, and the Urban League, to raise community awareness about vaccinations and reach out directly to African American and Hispanic seniors. This community campaign has resulted in increased vaccination rates across the community, not just in patients served by doctor's offices participating in the program.

“The key to the success of the outreach effort is that we didn't reinvent the wheel; we used existing lines of communication,” said Freddie Caldwell, deputy director of community services for ABC. “Whether it was in front of a church group or helping people weatherize their homes, we used every opportunity to let people know that it was time for them to get their shots.”

The program's coordinated approach has had a significant impact. A survey conducted by the county in 2000 revealed that influenza and pneumococcal vaccination rates for African American seniors were approximately 40 percent. Five years later, African American vaccination rates were 70 percent and higher – comparable to those of white seniors – and are now among the highest in the nation.

Not only has the program essentially eliminated disparities, it is cost effective as well. A preliminary economic analysis of the Rochester READII initiative conducted by the CDC indicates that the program decreases health care spending by immunizing more seniors and preventing costly hospitalizations.

“It is clear that the READII program is not only very effective, it is saving money,” said Bennett. “The challenge now for our community is to find ways to continue to support this successful effort and cement these gains so that we do not return to that time – not so long ago – when African American seniors were only half as likely to receive this critical preventive care.”

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