

# Addressing Racial and Ethnic Disparities in Adult Immunization, Chicago

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In 2002, Chicago was selected as one of five demonstration sites for the Racial and Ethnic Adult Disparities in Immunization Initiative (READII). READII was a multiyear demonstration project focused on identifying effective methods to increase influenza and pneumococcal vaccination rates among African American and Hispanic senior citizens ( $\geq 65$  years of age).

**KEY WORDS:** education, influenza vaccine, pneumococcal vaccination, public health

The Chicago Department of Public Health (CDPH) immunization program directed the development, implementation, and evaluation of Chicago Racial and Ethnic Adult Disparities in Immunization Initiative (READII). The CDPH allocated READII funds to community agencies that were committed to improving the health of African American and Hispanic senior citizens. Representatives from the funded agencies and other community-based organizations, city, state, and federal government agencies, and public health agencies, and private practitioners developed a community action plan. The objectives outlined in this plan were to increase public awareness of the risks of influenza and pneumococcal diseases and the benefits of the vaccines, to increase healthcare providers' use of office-based strategies that have been successful in increasing immunization coverage levels, and to increase access to immunization services. Interventions were implemented in 14 communities with large populations of African American or Hispanic Medicare beneficiaries and senior citizens.

The purpose of this article is to summarize how Chicago READII was developed and implemented.

## ● Background

One of the Healthy People 2010 objectives is to achieve 90 percent coverage for influenza and pneumococcal vaccines among persons 65 years or older. Results from the 2002 Behavioral Risk Factors Surveillance System revealed that adult immunization coverage levels were far below the Healthy People 2010 objectives; 66 percent of persons 65 years or older reported having received an influenza vaccination in the previous 12 months and 62 percent reported having ever received a pneumococcal vaccination. This same survey also identified dramatic racial and ethnic disparities in immunization coverage levels with non-Hispanic White influenza and pneumococcal coverage levels of 69 percent and 65 percent, respectively; non-Hispanic Black coverage levels of 51 percent and 45 percent, respectively; and Hispanic coverage levels of 55 percent and 44 percent, respectively.<sup>1</sup> Overall, Illinois estimates from 2002 were similar to national estimates with 61 percent influenza vaccine coverage and 57 percent pneumococcal coverage; population-based immunization coverage levels for adults are not available for Chicago. However, in 2000, the CDPH conducted a door-to-door survey in Chicago Housing Authority (CHA) senior residences and found that among persons 65 years and older influenza coverage was 61 percent and pneumococcal coverage was 43 percent. Racial and ethnic disparities were identified with non-Hispanic Whites having the highest influenza (66%) and pneumococcal (54%) vaccination coverage levels, in comparison with

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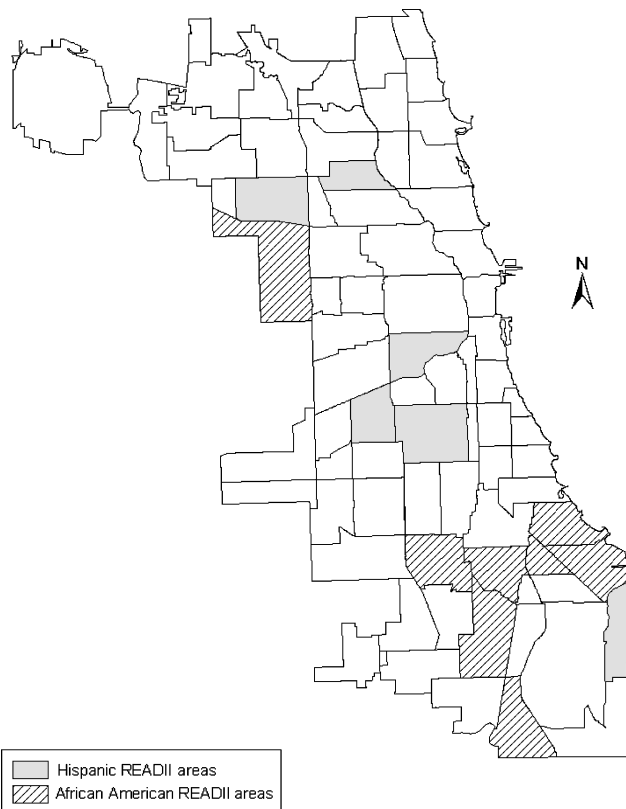
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non-Hispanic Blacks (50% and 36%, respectively) and Hispanics (57% and 47%, respectively).

In July 2002, Chicago was selected as one of five demonstration sites for the READII. READII was a multiyear demonstration project focused on identifying effective methods to increase influenza and pneumococcal vaccination rates for African American and Hispanic senior citizens (65 years of age and older). It was implemented during three influenza vaccination seasons: Year 1, September 2002–March 2003; Year 2, September 2003–March 2004; and Year 3, September–December 2004.

Chicago has a population of 2.9 million. According to the 2000 Census, the racial and ethnic composition of Chicago is 31 percent non-Hispanic White, 36 percent non-Hispanic Black, and 26 percent Hispanic. The population of persons 65 years and older in Chicago is nearly 300,000; 50 percent are non-Hispanic White, 36 percent are non-Hispanic Black, and 9 percent are Hispanic. Chicago spans 229 square miles along the southwestern tip of Lake Michigan and is divided into 77 community areas, some of which are racially and ethnically segregated.

As the recipient of the READII grant, the CDPH Immunization Program directed the development, implementation, and evaluation of Chicago READII. A requirement of READII was that each grantee develop a community plan that identified key partners and their roles. Prior to community plan development, the CDPH focused on identifying the communities at greatest risk for low adult immunization coverage levels. The CDPH used data from the Centers for Medicare and Medicaid Services, the Illinois Foundation for Quality Health Care (IFQHC), and the Chicago Department on Aging (CDOA); we identified 14 community areas that had large populations of African American or Hispanic Medicare beneficiaries and senior citizens (Figure 1). On the basis of experience in addressing racial and ethnic disparities in childhood immunization,<sup>2</sup> the CDPH recognized the value of partnering with local community groups to gain access to members of the READII communities and to extend the reach of the interventions into the READII communities. Thus, the CDPH allocated the majority of READII funds to community agencies that were committed to improving the health of African American and Hispanic senior citizens in Chicago. These funded partners included the African American Health Care Council (AAHCC), Chicago Hispanic Health Coalition (CHHC), American Lung Association of Metropolitan Chicago (ALAMC), Cook County Bureau of Health Services (CCBHS), and the White Crane Wellness Center (WCWC). See Table 1 for descriptions of partner agencies.



**FIGURE 1.** Graphical display of Chicago communities ( $n = 77$ ) and Racial and Ethnic Adult Disparities in Immunization Initiative (READII) communities ( $n = 14$ ), 2002–04.

The Centers for Disease Control and Prevention's (CDC's) National Immunization Program and the Academy for Educational Development (consultants hired by the CDC to provide assistance to the five READII demonstration sites) coordinated opportunities for the demonstration sites to share successes and challenges encountered throughout the project period.

The purpose of this article is to summarize the process by which Chicago READII was developed and implemented.

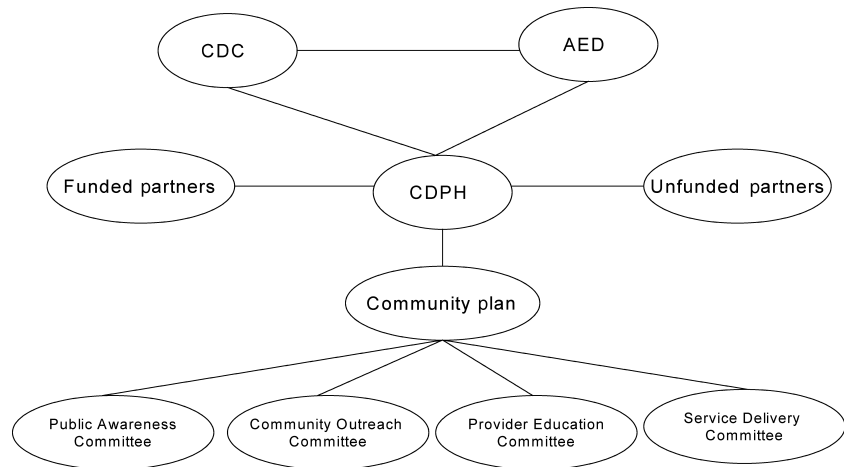
## ● Community Action Plan Development and Summary

### Development process

On June 25, 2002, the CDPH held a strategic planning meeting. We invited representatives from community-based organizations, city, state, and federal government, private practitioners, and public health. Representatives from READII-funded organizations (AAHCC, CHHC, WCWC, CCBHS, and ALAMC) attended the meeting. In addition, representatives from

**TABLE 1 ● READII partner agency description and responsibilities, Chicago, 2002–2004**

Partners	Abbreviation	Description	Responsibilities
<b>Funded</b>			
African American Health Care Council	AAHCC	A consortium of healthcare organizations concerned with African American health disparities	Reviewed and refined educational materials Distributed messages and materials via local media, community, and faith organizations Identified providers in READII communities Identified and engaged nontraditional partners to host clinics
American Lung Association of Metropolitan Chicago	ALAMC	A nonprofit organization dedicated to preventing lung disease and promoting lung health through research, advocacy, and education	Coordinated major media activities (ie, radio, television, billboards) Provided nursing staff for immunization clinics
Chicago Hispanic Health Coalition	CHHC	A nonprofit organization promoting healthy behaviors and environments for Hispanics	Reviewed, refined, and translated educational materials Distributed messages and materials via local media, community, and faith organizations Identified providers in READII communities Identified and engaged nontraditional partners to host clinics
Cook County Bureau of Health Services	CCBHS	A network of health services available to uninsured and indigent persons residing in Cook County	Coordinated quality improvement activities in 4 Cook County clinics Distributed educational materials in 4 Cook County clinics
White Crane Wellness Center	WCWC	An independent, nonprofit organization providing direct health and wellness services to older adults	Reviewed and refined educational materials Distributed messages and materials via local media, community, and faith organizations Identified and engaged nontraditional partners to host clinics Provided nursing staff for immunization clinics
<b>Unfunded</b>			
Alivio Medical Center		A bilingual, bicultural community health center	Participated in office-based intervention Advised Provider Education Committee about the feasibility of proposed interventions
Chicago Department on Aging	CDOA	A city agency focused on helping seniors	Assisted in training of community organization staff Cosponsored immunization clinics Distributed educational materials to seniors utilizing agency services
Chicago Housing Authority Senior Residences	CHA	A city agency managing residential buildings for low-income senior citizens	Assisted in training of community organization staff Cosponsored immunization clinics Distributed educational materials to seniors utilizing agency services
Humana Health Insurance		A Medicare health maintenance organization	Generated a list of healthcare providers in READII communities
Illinois Foundation for Quality Health Care	IFQHC	A quality improvement organization under contract with the Centers for Medicare and Medicaid Services	Coordinated quality improvement activities for participating providers (in-office and large group)



**FIGURE 2.** Community plan development. CDC indicates Centers for Disease Control and Prevention; AED, Academy for Educational Development; and CDPH, Chicago Department of Public Health.

several organizations that were not funded by READII also attended the meeting. These partners included the CDC, the IFQHC, the Centers for Medicare and Medicaid Services Region V Office, Region V Office of Minority Health, the University of Illinois School of Public Health (UIC-SPH), the Illinois Department of Public Health, the CDOA, and the CHA. Following a review of the burden of influenza and pneumococcal diseases and the national, state, and local evidence of racial and ethnic disparities in adult immunizations, a proposed framework for decreasing disparities was presented. The framework was based on the Guide for Community Preventive Services,<sup>3</sup> which recommended a multicomponent intervention that included the following: provision of community education through a media campaign and community outreach, increasing use of effective office-based strategies among healthcare providers of the African American and Hispanic senior populations, and increasing access to vaccines for the target populations.

Participants were divided into 4 committees: Public Awareness, Community Outreach, Provider Education, and Service Delivery (Figure 2). Each committee was asked to identify a chairperson, and develop specific objectives and a rough implementation plan by the end of the meeting. The CDPH's Community Plan was based on the objectives and implementation plans outlined during this strategic planning meeting.

### Summary of the community plan

The Chicago READII Community Plan provided a description of key stakeholders that included past experience and resources each group could contribute to the initiative, description of roles and responsibilities for each of the stakeholders, a tentative timeline and meeting schedule for accomplishing goals, summary of the

objectives that were agreed upon by the committees, and a list of "action steps" required to accomplish each of the committee's goals.

## ● Committees

### Public awareness committee

Members of the Public Awareness Committee included representatives from the AAHCC, ALAMC, CDPH Immunization Program and Public Information Office, the CHHC, the WCWC, and one African American and one Hispanic senior citizen.

The primary objectives for the Public Awareness Committee were to develop and distribute influenza and pneumococcal disease and vaccine messages and materials for minority senior citizens.

To identify the beliefs and behaviors of African American and Hispanic senior citizens about influenza and pneumococcal disease and vaccines, the CDC and the AED conducted focus groups that included male and female African American and Hispanic senior citizens from Chicago. Themes identified during the focus groups were that African American and Hispanic senior citizens identified healthcare professionals, wives, family members, and peers as trusted spokespersons. Also, for both African American and Hispanic senior citizens, the concept of protecting others by getting the influenza vaccine (especially visuals showing family members or peers) resonated well. The final report from the focus groups can be found at [www.cdc.gov/nip/flu/flu\\_qualresearch.htm#summary](http://www.cdc.gov/nip/flu/flu_qualresearch.htm#summary).

The Public Awareness Committee used the results from the focus groups to develop messages and educational materials. Four of the funded agencies (AAHCC, CHHC, ALAMC, and WCWC) reviewed and refined these materials to ensure content and literacy level appropriateness and translation accuracy.

Chicago READII's slogan was "Immunize, for your life, for your family." Chicago READII key messages included the following.

1. The flu shot is safe.
2. The flu shot CANNOT cause the flu.
3. The flu shot reduces your chance of a hospital stay or even death.
4. Getting a flu shot each fall is the best way to protect yourself and your loved ones from the flu.
5. The pneumococcal shot is safe.
6. The pneumococcal shot CANNOT cause pneumonia.
7. Side effects from the pneumococcal shot are rare. Your arm may be sore.
8. Most people only need one pneumococcal shot in their lifetime.
9. You can get a pneumococcal shot at any time of the year.

More than 90,000 flyers, posters, brochures, door hangers, and tray liners were distributed during 2002 through 2004. Funded community agencies distributed educational and clinic promotional materials to park districts, churches, community newspapers, and directly to residents of READII communities.

Media events were held in READII communities during Adult Immunization Awareness Week. In 2003–04 and 2004–05, media "kick-off" events were held to herald the start of influenza vaccination season. Local, state, and federal government officials, public health officials, community and faith leaders, and the media were invited to these events. In 2003–04, the two major local newspapers and several small community and Spanish language newspapers published immunization messages and advertised clinic locations as a result of the event. However, in 2004–05, the influenza vaccine shortage was announced the day before the scheduled "kick-off" event. The focus of the event was shifted to providing a vaccine supply update, clarifying priority groups, and providing details about the local plan to obtain additional vaccine. In response to the vaccine shortage, the Public Awareness Committee worked closely with the CDPH Public Information Office to develop and deliver materials that addressed the vaccine shortage, identified the priority groups to receive the limited supply of vaccine, and provided respiratory hygiene guidance. In addition, the ALAMC created an influenza vaccine Web site that contained influenza prevention messages, an influenza vaccination clinic schedule, and an update about the influenza vaccine supply. An influenza vaccine hotline was established by the CDPH and the ALAMC to answer questions and to direct patients to influenza vaccination clinics.

Partnerships with community agencies that were affiliated with minority senior citizens facilitated immu-

nization education material development and distribution. In addition, these routes for message and material distribution were extremely useful in disseminating urgent messages regarding the 2004–05 vaccine shortage to residents of the READII communities.

### Community outreach

Members of the Community Outreach Committee included representatives from the AAHCC, the CDOA, CDPH Immunization Program, the CHHC, the CHA, the WCWC, and one African American and one Hispanic senior citizen.

The objectives for the Community Outreach Committee were as follows:

*Objective 1:* Expand the reach of the CDPH Immunization Program community education activities into the READII communities by identifying agencies working with African American and Hispanic senior citizens.

*Objective 2:* Train staff members of agencies identified in objective 1 to educate African American and Hispanic senior citizens about the benefits of immunization.

The Community Outreach Committee developed an immunization education training manual, which was used to educate staff members of agencies serving senior citizens residing in READII communities. The training manual included basic information about influenza and pneumococcal disease, the benefits and safety of influenza and pneumococcal vaccine, tips for communicating with senior citizens and information to dispel common myths and misconceptions about vaccines. The READII-funded agencies identified community organizations serving minority senior citizens, engaged the organizations, and assisted with training of the staff of these organizations. Using the training manual, this committee conducted training sessions for staff from the CDOA, the CHA, Aldermanic (local legislative representative) offices, faith-based organizations, Little Brothers of the Elderly, and local chapters of the American Association of Retired Persons (AARP) and AARP Latino Task Force. On average, five to seven training sessions were conducted per year. Committee members worked with newly trained staff to disseminate educational materials, to identify appropriate locations for immunization clinics, and to promote upcoming clinics in the surrounding neighborhoods by distributing flyers, door hangers, and posters.

Staff from funded agencies and unfunded agencies were able to extend the community education efforts of the CDPH into the READII communities.

## Provider education

Members of the Provider Education Committee included representatives from the AAHCC, CDPH Immunization Program, the CHHC, the CCBHS, Humana Health Insurance, the IFQHC, and Alivio Medical Center.

The objectives of the Provider Education Committee were as follows:

*Objective 1:* Increase provider awareness of the Standards for Adult Immunization Practices,<sup>4</sup> Medicare billing procedures, and Advisory Committee on Immunization Practices recommendations for influenza and pneumococcal vaccinations.<sup>5-8</sup>

*Objective 2:* Increase provider use of office-based strategies (eg, standing orders, patient and provider reminders) to raise immunization levels among senior citizens.

Since provider education (ie, giving information regarding vaccinations to providers to increase knowledge or change attitudes) alone has not proven to be an effective strategy for improving immunization coverage levels,<sup>3</sup> the provider education committee focused its efforts and resources on implementing an office-based quality improvement model in clinics serving READII community residents. This quality improvement intervention was based on the CDC's Assessment, Feedback, Incentives, and eXchange (AFIX) quality improvement strategy that is used to raise immunization coverage levels and to improve standards of practice at a provider level<sup>9</sup> ([www.cdc.gov/nip/afix/ImmunizProjs/overview.htm](http://www.cdc.gov/nip/afix/ImmunizProjs/overview.htm)). The CDPH staff used the CDC's Adult Clinic Assessment Software Application to determine practice-level immunization coverage levels (<http://www.cdc.gov/nip/casa/Default.htm>). IFQHC staff used an enhanced version of the immunization module of the IFQHC's System to Enhance Preventive Services program as the in-office immunization curriculum that was presented to each of the participating practices. The curriculum was modified to include information about Medicare reimbursement and how to implement standing orders, and patient and provider reminders. The CDPH staff offered an assessment of immunization coverage and feedback of results to each project participant. The IFQHC offered an initial in-office education session and intermittent group learning opportunities to project participants. Committee members recognized practices that had successfully implemented a new strategy or had an increase in coverage levels by acknowledging their accomplishments in the quarterly newsletter and presenting certificates of achievement at group learning sessions. These quarterly newsletters and group learning sessions also served as opportuni-

ties for the participating practices to discuss challenges and successes that they experienced.

Initial attempts at recruiting practices to participate were limited to hospital-based and community-based recruitment dinners. These efforts had limited success. With the help of the AAHCC, the CHHC, and the IFQHC, the CDPH revised this recruitment strategy. The Provider Education Committee identified clinics providing healthcare to READII community senior citizens through multiple sources, including the CDPH Vaccines For Children Program, Humana Health Insurance, the Illinois Primary Health Care Association (Illinois's nonprofit trade organization for Federally Qualified Health Centers), and by canvassing the communities. After an exhaustive recruitment effort that included written invitations, repeated phone calls and offering free vaccine as an incentive to participate in the project, a total of 31 clinics agreed to participate in the intervention.

The 31 clinics were located in or near one of the 14 READII communities. All participating clinics were enrolled in the CDPH Vaccines For Children program and had experience with the AFIX strategy. By the end of Year 1, the CDPH staff conducted immunization coverage assessments and feedback of results in all of the 31 participating clinics; IFQHC staff conducted in-office education sessions for 23 (74%), and the CDPH and the IFQHC staff conducted group-learning sessions for 15 (50%). After Year 2 of the project, 29 of the 31 clinics reported adopting a system change to improve immunization coverage rates. Most providers reported having implemented standing orders or summary sheets of immunization records in their patients' charts. Influenza coverage levels determined using Adult Clinic Assessment Software Application revealed an increase of 29 percentage points from Year 1 to Year 3 (22% vs 51%) and pneumococcal immunization coverage revealed a 9 percentage points increase from Year 1 to Year 3 (35% vs 44%).

As a supplement to the AFIX strategy, Provider Education Committee members presented influenza and pneumococcal vaccine updates at four to five "Grand Rounds" each year in READII community hospitals. Prior to the 2003-04 and 2004-05 influenza seasons, the Standards for Adult Immunization Practices and Provider Tool Kits that included immunization materials for healthcare providers and patients were distributed to all clinics serving patients in the READII communities.

Combining the CDC's AFIX strategy with the IFQHC's immunization curriculum was an efficient and effective method for encouraging adult healthcare providers to adopt practices to improve immunization coverage. The primary challenge to this component of Chicago READII was provider recruitment. We found

that focusing our recruitment efforts on providers who were familiar with the AFIX strategy and offering free vaccines as an incentive increased our ability to recruit providers to participate in adult immunization quality improvement activities.

### Service delivery

Members of the Service Delivery Committee included representatives from the AAHCC, the ALAMC, the CDOA, the CHA, CDPH Immunization Program, the CHHC, and the WCWC.

The objective of the Service Delivery Committee was to identify and engage nontraditional partners in READII communities to host influenza and pneumococcal immunization clinics.

Annually, the CDPH purchases 50,000 doses of influenza vaccine and 5,000 doses of pneumococcal vaccine. Traditionally, about one third of these vaccines are distributed in approximately 125 single-event, mass immunization clinics scattered throughout Chicago. To identify nontraditional immunization partners and settings in READII communities, Service Delivery Committee members contacted Chicago Park District facilities, CHA Senior Residences, local legislative representative offices, and faith-based and community-based organizations. The Service Delivery Committee selected these sites on the basis of the organizations familiarity with African American or Hispanic senior citizens and the READII communities.

Promising nontraditional sites were Aldermanic (local legislative representative) offices. Prior to READII, a few Aldermanic sites had partnered with the CDPH to offer influenza and pneumococcal vaccines to their senior citizen constituents. Because of Aldermanic offices' knowledge about where senior citizens reside and where they congregate, the Service Delivery Committee recruited Aldermen representing READII communities and enlisted them as partners. As part of the recruitment, the AAHCC and the CHHC staff educated the Aldermen and their staff about the importance of adult immunizations. In 2003, 11 Aldermanic offices hosted immunization clinics. Prior to the scheduled clinics, with the guidance of the Service Delivery Committee members, staff from each office made telephone calls, distributed flyers, and sent mailings to senior citizens in their wards.

In 2003–04, more than 1,400 doses of influenza vaccine and more than 200 doses of pneumococcal vaccine were administered in Aldermanic offices; almost 50 percent of influenza vaccine and nearly 70 percent of pneumococcal vaccine were administered to African American or Hispanic senior citizens. On the basis of the Aldermanic offices location within the READII communities, their ability to promote immunization clinics

and to vaccinate a high percentage of minority senior citizens in the previous season, committee members invited all 23 Aldermen representing READII communities to host immunization clinics in 2004–05. All 23 Aldermen agreed to sponsor immunization clinics in their offices; however, the CDPH was forced to cancel these clinics because of the influenza vaccine shortage. In 2005–06, 17 of the 23 READII Aldermen sponsored immunization clinics in their offices. Preliminary results from these clinics indicate that almost 2,300 doses of influenza vaccine and more than 400 doses of pneumococcal vaccine were administered in these clinics; 60 percent of influenza vaccine and 70 percent of pneumococcal vaccines were administered to senior citizens. Nearly 65 percent of vaccinees were African American or Hispanic.

Improving access to immunizations in READII communities was the main objective of the Service Delivery Committee. The Chicago READII project relied on its partners to identify locations where African American or Hispanic senior citizens would go to receive their immunizations. Aldermanic offices are a promising nontraditional partner for promoting adult immunizations and for immunizing minority senior citizens. Although the vaccine shortage prevented us from evaluating this partnership during the 2004–05 season, preliminary results from the 2005–06 season support the potential value of this partnership. As a result, the CDPH will continue to cosponsor and promote immunization clinics in Aldermanic offices in 2006–07.

### ● Evaluation Plan

Evaluation of Chicago READII is ongoing. At the beginning of Year 3, the CDPH contracted with the UIC-SPH to coordinate evaluation activities. The evaluators have been assessing the ability of Chicago READII to accomplish the objectives of each of the four committees (ie, public awareness, community outreach, provider education, and service delivery).

To assess the penetration of public awareness and community outreach activities, we administered surveys to clinic patients and community members residing both inside and outside of READII communities. We measured reductions in vaccine misconceptions, awareness of community outreach activities, and media promotion. Preliminary results from these surveys suggest that Hispanic seniors residing in READII communities were more knowledgeable than their non-READII community peers about the safety of the influenza vaccine, how often to receive the influenza vaccine, and the best time to receive an influenza vaccine. However, survey results found no differences between African American seniors residing in READII

communities and their non-READII community peers. The reasons for these differences have not been determined. However, possible explanations for the differences include that the messages may have been more appropriate for Hispanic senior citizens, the Hispanic organizations were better able to deliver the messages or Hispanic senior citizens were more receptive of the messages. Future studies are needed to identify appropriate immunization messages and routes for delivering the messages to African American senior citizens.

To assess the impact of the provider education activities, UIC-SPH conducted telephone surveys with physicians and key office staff. The surveys assessed awareness of racial and ethnic disparities, beliefs and perceptions of vaccine efficacy, and implementation of office-based interventions. Information collected from these surveys will be compared to changes in practice-level immunization coverage levels to identify office-based strategies that were most effective in increasing coverage levels. The CDPH will promote the use of these strategies associated with improvements in immunization coverage levels in additional adult healthcare settings. Unfortunately, promotion of these strategies will not be as comprehensive as READII office-based interventions were. Additional resources would be necessary for the CDPH to implement a comprehensive office-based intervention.

Lastly, Medicare roster billing data were collected to describe the demographic characteristics and previous vaccination status of the vaccine recipients in READII communities during the 2003–04 and 2004–05 seasons. Analysis of these data will provide information regarding the percentage of African American and Hispanic senior citizens receiving influenza vaccine for the first time in Year 2 and Year 3 of READII. These results may provide information regarding the ability of public awareness and outreach activities to change minority senior citizens' influenza vaccine-seeking behavior.

## ● Conclusion

Although evaluation of Chicago READII has not been completed, it is still possible to identify some of the successes of the project. The process of developing the community plan and the availability of READII funds allowed the CDPH to establish partnerships with community groups and health agencies that address health concerns among African American or Hispanic senior citizens in Chicago. Providing funds was essential for the organizations to incorporate adult immunization activities into the scope of the services they were already providing. The partnerships established through

READII allowed the CDPH to tailor and deliver urgent (eg, vaccine supply and availability updates in 2004–05) and nonurgent (eg, benefits and risks of immunizations) immunization messages to African American and Hispanic senior citizens residing in READII communities. In addition, the partnerships allowed the CDPH to more efficiently coordinate healthcare provider office-based quality improvement efforts and to identify and engage nontraditional partners to sponsor immunization clinics.

Given the brevity of the demonstration project (2 complete influenza seasons) and the severe vaccine shortage experienced during the final year (2004–05), evaluation of this demonstration project may not determine whether the interventions implemented in Chicago READII resulted in a higher percentage of African American or Hispanic senior citizens getting vaccinated. Nonetheless, preliminary results from the READII evaluation suggest that some of the READII activities resulted in increased immunization knowledge among Hispanic senior citizens residing in READII communities, identification of an effective nontraditional setting (ie, local legislative leader offices) for providing vaccine to African American and Hispanic senior citizens, and increased practice-level immunization coverage levels among clinics participating in the READII. The CDPH will use the information, experience, and partnerships acquired during READII to guide and facilitate future adult immunization activities in African American and Hispanic communities.

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