



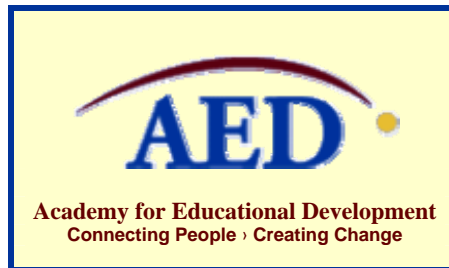
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TECHNICAL ASSISTANCE TELECONFERENCE

"Expanding Your Reach and Resources"

TAC INFORMATION	
Speaker:	Ginny Heller
Title:	Program Coordinator
Organization:	Immunization Action Coalition of Washington (A Program of WithinReach)
Speaker:	David Woods
Organization:	Kiwanis International
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Location:	Washington, DC
Moderator:	Aparna Ramakrishnan

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TECHNICAL ASSISTANCE TELECONFERENCE CALL
"Expanding Your Reach and Resources"
Washington, DC, February 5, 2008, 1:00 PM EST

Moderator

This is a recording of the Sondra Dietz conference with the Academy for Educational Development scheduled for 1:00 PM Eastern Time on Tuesday, February 5, 2008. Ladies and gentlemen, thank you for your patience in holding. We now have our speakers in conference. Please be aware that each of your lines is in a listen-only mode. At the conclusion of today's presentation we will open the floor for questions. At that time instructions will be given for the procedure to follow if you would like to ask a question. I would now like turn the call over to Aparna Ramakrishnan. Ma'am, you may begin.

APARNA RAMAKRISHNAN

Good afternoon, everyone. Welcome to today's TA call, "Expanding Your Reach and Resources," hosted by AED, the Academy for Educational Development. My name is Aparna Ramakrishnan, and I will facilitate today's call. Before we begin I want to verify that everyone received the presentation. If you have not received it or were unable to open the file, please e-mail us at izta@aed.org, and we will send the presentation materials to you. I would also like to remind you to please complete the evaluation form at the end of the call. You can either complete and fax the form that was attached to the e-mail you received with the dial-in information, or you can complete an online survey by clicking the link that was included in that same e-mail. I also encourage you to please stay on the line until the call is completed, so that you can hear details about the next TA call.

I'd like to begin today by talking about partnering with non-immunization groups to help expand your reach and resources, including some key steps in the process and the tools that we will have available to

assist you. Then you will hear from two coalitions that have successfully partnered with non-immunization groups. David Woods will present the partnership between St. Joseph County's, Every Child by Two Coalition, and Kiwanis, to improve childhood immunization rates in Indiana. Ginny Heller of the Immunization Action Coalition of Washington will present their experience working with Safeway Pharmacy to conduct a TDap campaign in Western Washington State. There will be time after each of their presentations for questions.

I will begin now with slide 3. Collaborative relationships with organizations or groups that have a shared vision and similar goals can help you in a number of ways. You may be able to secure additional resources for your coalition or one of its projects, expand the reach of your program, improve the coordination and quality of immunization services, and build a broad base of support for immunizations in your community or state. There are many options for the types of non-immunization groups that you can partner with. For example, you might consider disease specific organizations, other health coalitions, civic and service organizations, colleges and universities, faith-based organizations, and local businesses. Some examples of how you might partner include, perhaps, attending each other's meetings to share ideas, offer technical expertise, and leverage resources, or distributing educational materials for each other, or maybe even developing materials together. You might be able to give each other access to constituents in communities that you work with or find ways to cross your resources, such as staff, training, vehicles, supplies, et cetera. You might also want to provide services at each other's events or even plan events together. These are just some ideas to get you started. We encourage you to be creative in finding groups and collaborative activities that can support your coalition's efforts.

You'll see on slide 4 some of the key steps that we've identified in the process of developing and maintaining effective partnerships. Before you start thinking about who to partner with, it's important to take some time to get your coalition ready by setting priorities for partnerships and establishing criteria for selecting partners. Thinking through what you want and, perhaps, what you don't want will help you identify partners who can best support your coalition's immunization goals. Before you start approaching potential partners it will be helpful to think through the scope of collaboration, benefits of the partnership, and possible barriers or risks that might be involved. Once you've established a partnership, it will be critical to have a clear understanding of what you plan to do and how you plan to work together. Lastly,

successful partnerships require regular assessment to identify barriers to progress and areas of improvement as well as to celebrate your joint achievements.

IZTA has created an online toolkit with worksheets, templates, and text to help you with each of these five steps. In addition, we've included four brief case studies of successful partnerships that IZTA members have engaged in, as well as a resource section with an annotated list of Websites, tools, and other materials. You can access these resources from the IZTA Website, www.izta.org, by clicking on the tab for toolkits. The direct Web address is also listed on slide 5. You may also download the entire toolkit as a Word document if you prefer. AED has staff that can assist you in developing and strengthening partnerships with non-immunization groups. If you would like to tap into this assistance, which is available to IZTA members at no cost, please contact us at izta@aed.org, or you can call me directly at (202) 884-8095.

At this time I'd like to turn the call over to David Woods, so you can hear about the long-term partnership between immunization coalitions and Kiwanis Clubs in Indiana. David Woods is a 25-year member of Kiwanis International, who has served in a variety of local and statewide leadership positions, including Club President, Director, and Indiana District Chair for the Shots for Tots Program. He's a retired professional executive, having served over 28 years in the United States Air Force and 13 years at the University of Notre Dame. He's also a founding member of numerous volunteer community service programs, including the Every Child by Two Coalition of St. Joseph County, HeartReach Michiana, and the Michiana Military Officers Association. David was the recipient of the 2004 Glaxo-Smith-Kline Collaboration Award for his work with the Indiana Immunization Coalition. I'm very pleased to welcome David, and will now turn the call over to him.

DAVID WOODS

Good afternoon, everybody. As we speak about the formation of our coalition in St. Joseph County, Indiana, there were several incentives to organizing a coalition, the first of which was in response to the measles outbreak in the late 1980s, but also an acknowledgement of the National Every Child by Two organization in 1992, and additionally, in response to the fact that Indiana's immunization rate was among the lowest in the U.S.A., but furthermore, that St. Joseph County's immunization rate was among the lowest in our state. In 1992 the Executive Director of the Women and Children's Center convened a group of key community medical people, and a decision to form the St. Joseph County Immunization Coalition was made. It would be called Every Child by Two. It was decided at that time that it would be a totally volunteer organization consisting primarily of nursing professionals, but also including selected non-medical professionals. The mission would be threefold: To improve the immunization rate of St. Joseph County, to remove the barriers to immunization for local children, and to educate the parents and guardians about ongoing need for immunization.

As we move on slide 8 to identifying potential partners, the criteria for selection of a non-immunization group partner was focused on locating a community service organization whose focus or mission was compatible with childhood immunization programs. Certainly there are many worthwhile groups — for example, community service groups such as Lions Clubs, Rotary Exchange, Optimists, Kiwanis Clubs, but also groups such as the Knights of Columbus, Masons, church groups and various ethnic groups, but Kiwanis International was selected as the non-immunization working partner for several reasons. .One is International had a central service team identified in 1992 called, “Young Children Priority One,” which focused on a child from conception until age two. Kiwanis International had coined the slogan, “All Their Shots While They're Tots,” which evolved in 1992 to “Shots for Tots.” Thirdly, Kiwanis International published a pamphlet number 14 titled, “Immunizations,” which provided valuable guidance about immunization initiatives for use by Kiwanis Clubs in their communities.

[Unintelligible] approaching Kiwanis in slide 9, the Executive Director of the local Every Child by Two organization asked the Indiana District of Kiwanis for potential support, and specifically there were five Kiwanis Clubs within St. Joseph County who were willing to work with the Every Child by Two Coalition. I was asked to take the lead role for Kiwanis support.

As we examine working with Kiwanis on slide 10, from 1993 to 2001 Super Shot Saturday events were held annually during the month of April, especially during the National Infant Immunization Week. Free vaccines were provided at non-traditional sites within the city limits, and also outreach into rural community areas. Super Shot clinics were set in a shopping mall, two community health centers, and one elementary school. I might comment at this point that St. Joseph County Health Department was not otherwise open on Saturdays, so there was no conflict with the Department of Health. Super Shot Saturday events were organized functionally, such that volunteer public health nurses or pediatric nurses identified immunization requirements for the children, and then volunteer nurses administered the vaccines. In 2002, however, our coalition shifted away from annual Super Shot clinics for several reasons. First of all, the attention to immunization requirements is more than a once-per-year focus, and secondly, there really was no mechanism to monitor if children who were started on a series of vaccines had ever completed the series. In 2002 monthly Super Shot clinics were opened at two different health clinics in St. Joseph County. This resulted in some positive improvements in our Super Shot program. For example, monthly clinics are held during family-friendly after-school hours, and secondly, monthly clinics do not duplicate the health department or other free immunization clinics, because they're held after normal office hours. Additionally, these clinics are held in neighborhoods convenient to at-risk families. They increase the probability of timely immunizations, and they allow us to enhance reminder recall efforts.

As we look at the role of Kiwanis on slide 11, there are four distinct possibilities. First and foremost would be the assistance Kiwanis Club members could give with planning and organizing of Super Shot events to include the coordination with other community agencies and businesses. In addition, assistance with marketing can be an important area of support, such as collaboration with other community organizations. McDonald's Restaurants was one of the ones that we went with to help us with advertising and snacks at the Super Shot events. We were also able to recruit a local celebrity to serve as an honorary chair for our Super Shot events. Notre Dame Women's Basketball Coach Muffett McGraw, a local celebrity, traveled to the immunization sites to greet families and children. A third avenue of support was promotion of Super Shot events on AM talk radio and the development of television public service announcements, which included a video of Coach McGraw highlighting immunizations as "giving your children their best shot at life." A copy of this DVD will be available online for your info.

Kiwanis members also provided administrative and local support for Super Shot events, such as greeting families and children, collection of immunization documentation, distribution of bilingual fact sheets, et cetera. Finally, Kiwanis Clubs provided financial support of Super Shot programs. The local clubs in the early years collaborated together to provide \$500 per year to help underwrite our program, and over the years increased up to \$2,500 per year. These funds provided 100 percent of our local Every Child by Two Coalition funding.

Looking at the growth of our partnership on slide 12, the Super Shot Program grew between 1992 and 2007 into several neighboring communities. We note that the year 2000 marked the formation of the Indiana Immunization Coalition. In 2002 the Indiana District of Kiwanis appointed a statewide chair to oversee Shots for Tots activities within Kiwanis Club programs. Finally, in 2003 a partnership was formed between the Indiana Immunization Coalition and Indiana Kiwanis Clubs. Thereafter, as noted on slide 13, we began a statewide Shots for Tots campaign with Kiwanis Clubs. Letterhead stationery with both organizational logos was created. Introductory letters were sent to new club presidents each year, and an easy-to-use return postcard was included to indicate the Kiwanis Club's interest or current involvement in the Shots for Tots Program, so that we could stay aware of what clubs were participating. Additionally, Kelly Zachrich coordinated speaking dates with the clubs indicating an interest, but before we would go into that club to give an immunization presentation, we contacted the local area Department of Health, so that we would know what their needs in their area were.

Presentations included information about the Kiwanis immunization programs, information about the Indiana Immunization Coalition and its programs, and it emphasized the importance of childhood immunizations. Handouts included local counties' current immunization rates, immunization education information, as well as contact information. Banner patches were created to honor the Kiwanis Clubs who became involved in the Shots for Tots Program throughout the state. We were able to publish periodic articles about immunization programs and the importance thereof in the Indiana Kiwanis monthly statewide publication called, "The Hoosier Kiwanian." Finally, during two statewide Kiwanis conferences each year we were able to promote the Shots for Tots Program among Kiwanis members. During the mid-year conference we were able to recognize various Kiwanians and clubs with a banner patch for their significance.

What are the significances of partnering with Kiwanis? On slide 14 we note that Kiwanis is an international organization, and the Website is listed for your information. Very importantly, Kiwanis does have a parallel focus on immunization related issues, as evidenced by their central theme, “Young Children, Priority One,” and a new international motto in 2002, “Serving the Children of the World.” Further, the Kiwanis International defining statement is that Kiwanis is a global organization of volunteers dedicated to changing the world one child and one community at a time. Additionally, there is an extensive network of Kiwanis Clubs throughout each U.S. State, to include high school Key Clubs, collegiate Circle K Clubs, as well as multiple Kiwanis Clubs within some communities. Finally, and this was the initial role for Kiwanis, the potential for Kiwanis support in planning, organizing, coordinating, and funding local efforts — as with any organization, it’s not without challenges, and the first challenge with working with a Kiwanis or some community service groups would be that each individual Kiwanis Club is free to choose which of the hundreds of service-oriented Kiwanis initiatives that they will support. In addition, the skills and abilities will vary between local clubs and local members. This could affect the relationship with the local immunization coalition. Furthermore, the focus of Kiwanis Clubs can change based on current leadership, philosophy, or priorities. Finally, if a particular Kiwanis Club or Kiwanis member assumes a key leadership in support of immunization-related initiatives for some period of time and then steps away from that leadership role, the level of Kiwanis support could diminish or possibly disappear.

These four challenges could apply to any given community service organization, and they are beyond the direct control of the immunization coalition. That concludes my remarks about partnering with Kiwanis Clubs. Kelly Zachrich who is the Executive Director of the Indiana Immunization Coalition and the Executive Director of the Super Shot, Inc. in Fort Wayne is on the line right now, and I would return this to Aparna.

Aparna: Great. Thank you so much, David. As David mentioned, Kelly is also available for questions, and this time I’d like Lindsey to just let folks know how they might get in queue for questioning.

Operator: Ladies and gentlemen, the floor has been opened for questions. If you would like to ask a question, please press the start key followed by the 1 key on your touchtone phone now.

Questions will be taken in the order in which they are received, and if at any point you need to remove yourself from the questioning queue, press star 2. Again, to ask a question, please press the star key followed by the 1 key on your touchtone phone now. Our first question comes from Sandy Allen with the State of North Carolina. Ma'am, please go ahead.

Sandy: Hi. Does Indiana partner with any other types of organizations like Kiwanis?

David: Yes. For example, in Elkhart County I know that they have partnered with Rotary Clubs. Rotary Clubs provide great service in some communities. Beyond that I'm not sure. I just know that Rotary Clubs do get involved in this.

Sandy: Thank you.

Operator: Okay. Thank you for your question, ma'am. Our next question comes from Claudia [unintelligible] with the Delaware Division of Public Health. Please go ahead.

Claudia: Yes, I noted on your one slide for your Super Shot events that the vaccines were free. Who funded the purchase of those vaccines.

David: I'm going to say that the funding came from VFC as well as in some cases, or selected cases, 317 funding, but I'm also going to yield to Kelly who may have a more specific answer she can provide.

Kelly: Yes, I believe that's how we have done it within our own community is just working with the local health department to access those VFC vaccines.

Claudia: Did you limit the criteria for who could participate, or did you check insurance cards to see if children were privately insured, or not?

David: We have several questions that are asked on their application form. Unfortunately, I don't have one of those in front of me, but one of them is, if they are insured, but their provider does not honor immunization coverage.

Claudia: All right. Thank you.

David: Yes, ma'am.

Operator: Thank you for your question, ma'am. Again, ladies and gentlemen, if you would like to ask a question, please press the star key followed by the 1 key on your touchtone phone now. Press star 1 on your touchtone phone if you have a question. We've got a question from Stan Storey with Kiwanis. Please go ahead.

Stan: In the North Florida area, in the Jacksonville area in particular, we had an immunization coalition set up several years ago. Our primary partner was the health department. What we did was we were able to go into the hospitals, primary the charity hospital, where we were given birth announcements — of course, with the permission of the parents — and then we set up a program where we sent out reminder cards and actually made telephone calls to these parents to remind of the immunizations. I just wondered if anything like this has been done in Indiana or anyplace else that anybody might know of.

David: Yes, sir, I can speak to that. We do have some clubs that are particularly in the Indianapolis area that have done reminder recall. I'm searching my notes, here. I'm trying to think of the other clubs that have done that, but we have a variety, and the extent to which Kiwanis Clubs have become involved, at least within the State of Indiana, is greater than everything I mentioned. I was just trying to give a tip of the iceberg, but we did have the Kiwanis Club in Crawfordsville who donated \$3,000 to help underwrite well-baby clinics, to underwrite operational expenses. We did have Kiwanis Clubs who helped to augment funding for low-income families through their Health Baby Project, so there's a variety of ways that Kiwanis Clubs can help to augment the funding and the outreach of the immunization coalition.

Stan: The reason I asked that question is that we ran into some problems probably five or six years into the program with privacy issues, and we no longer have the program. I don't know whether it's strictly because of the privacy issues, but I didn't know whether this may have been a situation that may have arisen in Indiana with the Indianapolis Clubs.

David: HIPAA, a well-intentioned program to ensure privacy for medical programs, has certainly not helped to facilitate things of this nature, but I do know that I personally went down to our Department of Health in St. Joseph County a few years ago and was helping to catalog and file some of the records, but I had to receive an orientation on HIPAA privacy, sign documents to ensure that I wouldn't release any of the information that I might have had access to, so I believe that there are ways that you can get around — each of the clubs that we have in our local community, and there are two clubs who support monthly immunization clinics, each of the people in those clubs that support the clinics had to attend an hour-long HIPAA training orientation and then sign the same paperwork, so I do believe there are ways around that privacy information.

Stan: Thank you.

David: Yes, sir.

Operator: Okay. Thank you for your question, sir. Again, ladies and gentlemen, to ask a question press the star key followed by the 1 key on your touchtone phone now. That's star 1 on your touchtone phone if you have a question. Okay, Ms. Ramakrishnan, there are no questions in the queue at this point.

APARNA RAMAKRISHNAN

Thank you, Lindsey, and thank you for your questions. I'd like to turn the call over now to Ginny Heller, so that you can hear about the Immunization Action Coalition of Washington's experience with partnering with Safeway Pharmacy. Ginny Heller is the current Program Coordinator for the Immunization Action Coalition of Washington, a program of Within Reach. She provides leadership in the development and coordination of the statewide immunization coalition including strategic planning, building public and

private partnerships and social marketing. Through her prior work with the Seattle Police Department and the Washington State Office of Crime Victims Advocacy, Ginny has developed an extensive background in coalition building, advocacy, and community based health promotion. Ginny received her Master's Degree of Social Work from the University of Washington. I'm very pleased to welcome Ginny and will now turn the call over to her.

GINNY HELLER

Thank you, Aparna. Good morning or good afternoon, depending upon where you all are calling from. It's morning here. I'm grateful to be on the call. Thank you for inviting me to present about our particular coalition and our partnership with Safeway. I'm like Kiwanis and the Every Child by Two Coalition, Indiana Immunization Coalition partnership which David spoke about, which has a very rich and long history. What I'm going to talk about with you today is a more recent partnership that our Immunization Action Coalition of Washington has with Safeway Pharmacies. I'm going to be discussing a particular project that was recently completed in October this last fall. I thought it would be helpful to begin with a bit of background about our coalition.

We're on slide 18 if you're following along. Immunization Action Coalition of Washington was formed in 1994 as a statewide coalition to address childhood immunization. The coalition has been always based out of a nonprofit organization. Our current name is called Within Reach, but we were formerly Healthy Mothers Healthy Babies Coalition of Washington. The mission of IACW — I will use that acronym, because it's a long title for our coalition — is to increase public awareness about the importance of immunizations and to achieve and maintain effective coverage levels of recommended immunizations for infants, children, adolescents, and adults in Washington. In 2001 the coalition began addressing adult immunization, so now the coalition's focus is on immunization across the life span, which was reflected in the mission statement that I just read. With this expansion to focus in on adults and adolescents, the goals and objectives for the coalition needed to change, and we really needed to start evaluating and looking at bringing on new partners.

Our next slide, slide 19, at the same time that the coalition shifted its focus to immunization across the life span, in the late '90s a pharmacy vaccination program began here in Washington, so pharmacists were being trained to immunize. This seemed to be the perfect opportunity to bring pharmacists to the table of

the IACW. We initially identified and approached the Washington State Pharmacy Association. It was a natural fit, because in addition to being a statewide association, there was mutual interest in immunization. The Washington State Pharmacy Association came to the table. They were interested in attending coalition meetings, and we actually from there began working together on a couple of different pharmacy-based immunization projects over the past couple of years, probably since about '03. At the same time that that was happening, other pharmacy partners began attending and participating in coalition meetings as well as in some of the projects and campaigns that we have developed over the last couple of years.

Next slide. That discussion probably started in the Spring of 2007. Two of our coalition committees are Adult Immunization Committee and our Public Awareness and Education Committee were interested in doing a Tdap awareness campaign. We began brainstorming what that could look like and what we were going to do with that. We came up with the idea of using Valpak, which is a direct mail program, as a way to do our Tdap outreach. I'm not sure — some of you may or may not be familiar with Valpak. Really briefly, it's a blue envelope here. I don't know if it's that way everywhere, but it arrives in your mailbox monthly and includes a packet of coupons for local businesses based on your neighborhood and zip code. Since coupons are the main draw for people to open their Valpak envelopes, we wanted to be able to provide a similar incentive along with our Tdap message. That led us to thinking about that more strategically and identifying a partner. Safeway came to the top of our list as a perfect fit for working with us and partnering with us on this project for several reasons. It's a well-known grocery and pharmacy chain here in Washington. They're very progressive and active immunizers, and the Pharmacy Care Manager who is David Williams is an active member of our coalition.

Briefly, to give you a sense of a little bit more information about Safeway, it is North America's second largest supermarket, and it has, I believe, around 1,500 stores in the United States, but most of those are located in the western states. From there, our brainstorming session, I called up David, the Pharmacy Care Manager for Safeway, about the idea of partnering on this project, and he very much was in favor of the idea and was on board. Our partnership led us to that project. It blossomed.

Slide 22, just to give you a little more information about how we work together, we did form a work group to create this coupon providing consumers with information about pertussis and the need for a Tdap

shot, but a third of the coupon included a Safeway tear-off for \$10 off the Tdap shot at a participating Safeway Pharmacy. Our work group, who included myself, David, and a few other coalition members, met regularly via conference call. E-mails were generated with notes from the calls and follow-up action items as well as next meeting dates. All work group members provided input on the coupon, the language around pertussis and Tdap, and ultimately David had the final say on the information related to Safeway and the \$10-off coupon, the discount.

Slide 23 is a sample of the coupon we created. It was mailed to, I believe it was, 70,000 homes in western Washington, and we focused on six particular urban areas around a particular Safeway in each of those areas. We're currently working together to evaluate the outcomes and recently pulled the Tdap numbers from the six stores that we targeted.

On Slide 24 I just want to spend a little time talking about the advantages and disadvantages. Of course, with any partnership there are advantages and disadvantages. Working with Safeway on this project had many advantages. One, David was just really great to work with and easy to work with, but ultimately systems were already in place when you work with such a large corporate partner. He had the print-ready coupon to just e-mail me that I could get to our graphic artist to include on our Valpak insert, coupon codes, which their pharmacists would input when people came in to get the Tdap shots. He just had that ready to go. They have tracking systems in place, so that we can go back and look at data to see the number of shots given at any particular store, and certainly obviously the trained pharmacists to provide immunizations were a huge advantage. One main disadvantage is the fact that Safeway is a large corporation based in California, so when we were initially brainstorming ideas around our Tdap awareness campaign, we stayed away from ideas that would have required more extensive permissions through the corporate chain. Some of our initial project ideas related to Tdap awareness were taken off the table for this reason. One example was I believe we were talking about, maybe, having Tdap messages on all the pharmacy bags, so that was something that we just went with something that could get started away and was within the parameters of David's realm of being able to say yes or no about it. Overall this was a really positive project that the coalition and Safeway partnered on, and I have no doubt that it will lead to future projects. Safeway continues to be involved with the coalition, attending meetings, providing information to folks, and just a great partner.

My last slide, 25, I just wanted to leave you with a few of my own thoughts related to expanding your reach in partnerships. These certainly will hold true whether you're working with a corporate partner, a community service organization like Kiwanis, or any other partner. For me, it really comes down to the relationship. The relationship is key — finding someone that you can work well with. It's really about the person-to-person connection and working relationships. The Safeway partnership works because of David. He's an immunization advocate who believes in the public health benefits of immunization. He's responsive; he's easy to work with. Another pharmacy care manager may have little interest in immunization, have a different passion, so they wouldn't be at the table, or [I might] not have even approached them as a partner for this particular project, so that is just key, regardless of who you're working with.

Finally, I just want to put a plug around kind of the reputation of the coalition. I think IACW's history and growth over the years has bolstered our reputation. We're seen as a statewide resource, and in turn, it makes bringing on new and different partners easier. I think it's possible, regardless of where you are with your coalition, and certainly once you bring on new partners, regardless of what stage you're in, in your coalition. There's a lot of work that goes into maintaining and engaging relationships over time.

At this point I'd like to conclude my presentation. The last slide includes my contact information. Please feel free to contact me with any questions you have. David Williams from Safeway is on the call, and I'm going to open it now for questions and comments, and I know he is up for answering any questions as well. Thank you very much.

Operator: Okay, again, ladies and gentlemen, if you would like to ask a question, please press the star key followed by the 1 key on your touchtone phone now. That's star 1 on your touchtone phone if you have a question. This is a question from Patty Taggart [phonetic] with the Palm Beach County Health Department.

Patty: Yes, I think this question is more for David as far as how did the pharmacy project the number of vaccines to bring into stock. Was there any problem with that as far as cash flow in getting those vaccines in stock?

David: No, actually because we're a pharmacy and we have the supply chain on vaccines. We consider vaccines part of our drug inventory, so we have a pretty established supply chain, so for us if we needed to purchase more of the Tdap vaccine, it was as simple as the next day. All the stores that were involved were instructed to have a minimum supply in stock.

Patty: Okay. That's wonderful. Do you do insurance billing for the people that had any type of Part B coverage, or anything?

David: Yeah. We actually have been pretty aggressive in working to develop third-party billing, so if they had prescription coverage that covered the vaccine, we would bill that. Typically prescription coverage doesn't cover the administration fee, so we would then still — they'd just pay for the cost of the drug, so the patient would also be responsible for any administration fee, except for a few exceptions. We have a couple of local — one specifically for the state employees, we actually building their medical plan. We've actually set up medical billings through our software, and for those folks it would be no charge.

Patty: And they didn't have to be direct patient care state workers, did they?

David: Oh, no.

Patty: Okay. That's very good, very interesting. Both of you sound like you worked really well together, and I comment both of you.

Ginny: Thank you.

Operator: Thank you for your question. Our next question comes from Susan Vallarti [phonetic] with [unintelligible] County Health Department. Please go ahead.

Susan: Hi. This [question] is more directed towards Ginny. I have a couple of questions actually. I see the coupon idea was a great idea; however, what was the actual cost of the vaccine for the person to come in to receive it?

Ginny: I believe, David, it was \$45, and we were providing a \$10-off coupon.

David: We were taking it down to \$35.

Susan: Now was that for Td or Tdap.

Ginny: Tdap.

Susan: Okay.

Ginny: And then actually on the coupon, since this was a Tdap campaign, really trying to focus on preventing pertussis — that was our focus, although on our coupon you can see David also put on a \$5-off Td.

Susan: My next question was what type of response did you get? Did you separate it to age group? Was it more seniors that came out, or was it the more middle-aged?

Ginny: I don't know. You can see on our coupon we were really focusing on, again, this is for Tdap, so indications are 11 to 64, which again was in our information stuff around Tdap. David, does the data you track have ages attached to it?

David: Impossible to get, but when we did the collection, we were looking just to see if there was an increase over previous years in those sites.

Ginny: Peer numbers.

David: Yeah. We didn't pull age.

Susan: How many people actually responded?

David: It's not huge.

Ginny: It's not huge, and again, I had David pull numbers. These coupons went in people mailbox. They showed up the beginning of October. Our coupon expired this last week, so the end of January. I just had David pull number for October, November, December, so we don't have our full — again, I'll be talking with David this month. We'll want to look at the numbers for the full four months. Of the six stores they weren't huge, but there were increases from previous years, so I believe one had six Tdap shots in the same time frame last year, and this year there were 16. Every store except for one showed somewhat of an increase. Again, this is just if they happen to go to that Safeway to get their shot. There's always that stuff of, well, we're trying to educate people, and if they go to their provider, that's good, too. We could never capture those numbers.

Susan: One of the problems I'm finding — I work adult immunization outreach in my county, and one of the things that I'm finding is a lot of the private physicians don't carry the vaccine, and they're sending people — oh, you know what? If you need it, go to your health department, because I guess it's, for whatever reason, it might be too costly for them to keep, but then the [unintelligible] factor, because it's not generally a reimbursable vaccine.

Ginny: Right. Interesting. I know in this state there's still confusion with providers around Tdap, and when there's indications to give Tdap, they're still giving Td, and so I know here in Washington we're still a couple of years out. Still trying to educate providers about that. I know that would probably impact them stocking it as well in the kinds of quantities that they should be.

Susan: Well, thank you, and keep up the good work.

Ginny: Thank you.

Operator: Thank you for your question. Our next question comes from Sandy Allen with the State of North Carolina. Please go ahead.

Sandy: Hey, Ginny.

Ginny: Hi, Sandy.

Sandy: Good to hear your voice.

Ginny: It's nice to hear yours.

Sandy: I'm wondering about the funding, and about whether there was any negative flack on the part of any group in response to this partnership you had.

Ginny: Good question. Negative flack, you mean partnership with a pharmacy, i.e., Safeway?

Sandy: Uh-huh.

Ginny: No, I haven't heard anything. In fact, I've heard more just a positiveness of the partnership from folks I've talked with and excitement about it. I've not had a negative piece. In terms of funding our costs certainly were through Valpak, even though we get a nonprofit rate with them in sending out these inserts, you pay per 10,000 homes, so I believe it was like \$200 per mailing of 10,000 inserts. I had some coalition funds that we could use, but then we also received a grant from a pharmaceutical company to just cover the costs of mailing the Valpak coupons to the 70,000 homes. Then we had a small amount of cost for our graphic artist to help with putting the Valpak insert together, which came out of our coalition budget.

Sandy: Great. Thank you. Exciting project.

Ginny: Thank you, yeah.

Operator: Thank you for your question, ma'am. Again, if you would like to ask a question, please press the star key followed by the 1 on your touchtone phone now. This question comes from Patty Taggart with Palm Beach County Health Department. Please go ahead.

Patty: I have one other question for Ginny. She mentioned some projects between 2003 and 2007. They were also in connection with pharmacy-based projects. Can you tell me a little bit more, just a —

Ginny: Sure.

Patty: — [unintelligible] idea on what those projects were?

Ginny: Those were specifically related to tetanus outreach. At the time we used, I believe it was, the NFID, the brochure and get the dirt on tetanus. We used their self-test, their little check-off of five questions, and we made — what do you call those, David? Shelf talkers, where they would tear off pads, and we put them in — the goal was to have them in the Band-Aid sections or the gardening sections about whether you're at risk for tetanus. We did this two years in a row, and the first year we did it exclusively with Fred Meyer, which is another grocery store pharmacy chain here in Washington, and went to, I believe it was, 50 or 60 of their stores across the state. On the backs of the self tests was, you may be at risk — just all the facts about tetanus, and go see your pharmacist to get your shot. The second year we used the same tear-off sheets and brochures, and we expanded it, and I believe, David, Safeway came on with that, that year.

David: Yeah, we did.

Patty: That is wonderful. It's a great way to educate.

Ginny: Yeah. Again, in terms of evaluation we didn't do a lot around evaluating that project except that — I mean, we got a lot of good response from the pharmacies who wanted to participate, but we never did go back and actually get numbers to see.

Patty: Sure sounds like a great idea. Okay, thank you, Ginny.

Ginny: Sure.

Operator: There are no questions in the queue at this point.

APARNA RAMAKRISHNAN

Thank you, Lindsey. I want to thank David Woods and Ginny Heller for sharing their experiences in partnering with non-immunization groups. I think this experience that they shared will be very helpful, and I appreciate it. I also want to thank Kelly Zachrich and David Williams for being available for questions. That was also very helpful.

Before ending the call I'd like to announce that the next technical assistance call addressing parent concerns about health and immunizations will be held on Tuesday, March 4th, from 3:00 to 4:00 PM Eastern Standard Time. During this call pediatrician Dr. Benjamin Levi will discuss research related to vaccine safety, and share strategies to effectively address parents' concerns. For details on this calls and to sign up, please visit www.izta.org. We very much value your feedback, so I ask that you please complete the evaluation form either by faxing it back or through the online survey. Also, if you have any questions, please contact us here at izta@aed.org. Thank you very much for joining us today, and we look forward to having you on our next IZTA call.

Operator: Thank you. If our speakers could please remain on the line, this does conclude our conference. You may now disconnect.

[END OF TELECONFERENCE]

[End Time 00:52:31]