
MODELS FOR PRACTICE

FOCUS AREA: IMMUNIZATIONS AND INFECTIOUS DISEASES

Program Name: Sickness Prevention Achieved through Regional Collaboration
Location: Connecticut, Massachusetts, and New York
Problem Addressed: Immunization and Infectious Diseases
Healthy People 2010 Objective: 14-29
Web Address: www.sparc-health.org

SNAPSHOT

Sickness Prevention Achieved through Regional Collaboration (SPARC) is a nonprofit health care organization that began in 1994 dedicated to improving the health of residents of four counties in Connecticut, Massachusetts, and New York through the use of basic disease prevention services.

SPARC does not deliver services but rather facilitates the delivery of preventive services through the use of outreach efforts via a local infrastructure that includes approximately 75 local partnerships. SPARC is a collaborative organization that works with private practitioners, public health nurses, hospitals, and academic medical centers. SPARC also works closely with state and federal agencies, including state health departments, Medicare, and the Centers for Disease Control and Prevention (CDC).

Baseline data from a local survey highlighted the need for increasing the use of prevention services that include cancer screening, cardiovascular screenings, and immunizations. In 1997, SPARC initiated its pneumococcal and influenza vaccine outreach project. This project targeted all persons for whom an influenza or pneumococcal immunization was recommended, including rural homebound elders. SPARC and its collaborators develop and implement outreach methods tailored to each community such as creating new points of contact for preventive services, bundling the delivery of preventive services together, community mailings, and radio and local cable television announcements. Together, these methods increase the community's use of influenza and pneumococcal vaccines, assure community-wide access to vaccine supplies, and help physicians avoid missed opportunities.

THE MODEL

Blueprint: SPARC serves a four-county area with a population of approximately 640,000 and targets residents primarily in rural communities. The rural areas of the region are in the northwest corner of Connecticut (Litchfield County), the southwest and northwest corners of Massachusetts

(Berkshire County), and in Dutchess and Columbia Counties, New York. The rural area covers approximately 1,500 square miles with a population of about 133,000. The immunization outreach program focuses on all persons who should receive these services including children with chronic illness and all diabetics.

SPARC and its collaborators have expanded prevention services to a variety of settings. These include doctor's offices, hospitals, community flu clinics, mobile clinics, "Vote and Vax" programs, public schools, Meals-on-Wheels programs, nursing homes, senior centers, churches, and community centers. SPARC provides added value by offering providers education, information, and social marketing to increase outreach efforts so that providers can deliver more cancer screening and immunizations. SPARC plans to develop programs to increase the use of preventive services for those at highest risk for cardiovascular disease.

SPARC brings together funders and local partners around an innovative idea and provides the staffing to oversee and facilitate the completion of the project. SPARC consists of a staff of seven, including one physician (MD/MPH), two public health nurses, a certified health care specialist, a health care communications specialist, an administrator and a secretary. A 15-member board of directors provides overall governance and strategic direction for the organization. Additionally, SPARC has a seven member advisory board.

Making a Difference: SPARC uses data provided by external agencies to monitor outcomes. The primary outcome measure is the change in delivery of clinical preventive services. Some of these data are obtained by aggregating data from local practitioners and from Medicare reimbursement data. SPARC also uses Behavioral Risk Factor Surveillance System (BRFSS) survey data obtained from the state.

Using these sources of data, SPARC has been able to document in the professional literature several successful interventions. Based on Medicare reimbursement data, SPARC has doubled the countywide rate of pneumonia vaccinations in Litchfield County, Connecticut, in a single flu-shot season—approximately twice the increase in other Connecticut counties, and has also increased by 94 percent the pneumonia vaccinations delivered in Dutchess County, New York. SPARC arranged Hepatitis B immunization clinics in schools in three counties and vaccinated approximately 2,000 6th–12th grade students. Finally, SPARC has doubled the use of breast cancer screening among women attending flu clinics where SPARC made mammography appointments available. As a result, SPARC is being promoted by the CDC as a national model for the improved community-wide delivery of preventive services. The CDC is currently seeking funding to sustain and replicate the activity in several settings across the country.

The SPARC immunization program targets all persons for whom an influenza or pneumococcal immunization was recommended, including rural homebound elders.

Beginnings: SPARC began with a small grant of \$10,000 in 1994 from the Berkshire Taconic Community Foundation that brought together health providers in a three-state area. Since that time, SPARC has received support from many non-profit foundations and public sector agencies. In 1997, SPARC became an independent 501(c)(3) agency. They now operate with an annual budget of approximately \$500,000. The Federal Office of Rural Health through a Network Outreach grant will provide funding in the coming year.

After conducting a local population-based survey,* SPARC confirmed that their region faced the same problems of underutilization and need for disease prevention services as the rest of the nation. Since 1994, the program's activities have grown to include more than 60 projects. These include initiatives designed to increase the use of influenza, pneumococcal, and hepatitis B immunizations, tetanus booster, blood pressure check, cholesterol screening, colorectal cancer screening, Pap tests, and mammography. SPARC has recently added diabetes prevention and currently holds two grants that support diabetes outreach and education. SPARC's list of collaborators has also grown continually since it was founded to not only include local programmatic partners but also the CDC.

Challenges and Solutions: The challenges faced by SPARC have generally been related to the rapid pace of growth and expansion. Due to the limited human resources, it has been difficult for SPARC to respond fully to requests for assistance and guidance from outside their region. They have also had to develop a sophisticated internal accounting and financial tracking system since they receive funding from several sources, each with its own set of constraints (geographic, project limited, matching, etc). In addition, the demands on SPARC's infrastructure are great. Their hardware infrastructure (telephones, computers, photocopying equipment) is often stretched to the limit.

Over the years, their adult immunization projects have presented many challenges. Last year, their success arose paradoxically from a shortage of vaccine. Through their relationships with local collaborators, SPARC successfully created a re-distribution plan. Along with its partners, SPARC developed a uniform public health message that provided the community with constant and consistent information. Their web pages became the site for the most up-to-date schedules used by both health care providers and the public. These immunization efforts earned SPARC recognition, including two statewide awards.

The American Cancer Society and the New York State Department of Health have replicated a number of the program's projects, such as the pneumococcal vaccination initiative and the mammography access project. As to the overall program, SPARC will continue to support itself through competitive local, regional, and national funding of specific projects, community-based research, service grants, and local philanthropy.

PROGRAM CONTACT INFORMATION

Richard Benfer, Executive Director
P.O. Box 746
Lakeville, CT 06039
Phone: (860) 435-2896
Fax: (860) 435-8193

* CDC. Local Data for Local Decision making – Selected Counties,
Conn., Mass., and NY, 1997. *Morbidity and Mortality Weekly Report*,
47:809-813, 1998.