



Vote and Vaccinate

An RWJF initiative

SUMMARY

Vote and Vaccinate, a national program of the Robert Wood Johnson Foundation (RWJF), offered demonstration grants to 15 public health departments to organize, promote and set up influenza vaccination clinics targeted at underserved populations and within easy reach of polling places on Election Day (November 2) 2004.

This program built upon a model developed by SPARC (Sickness Prevention Achieved through Regional Collaboration), a nonprofit health organization based in Lakeville, Conn., that has offered immunization for influenza at a variety of community locations, including polling places, since 1997.

Key Results

Due to the national flu vaccine shortage that developed in the fall, 12 of the grantees were unable to obtain the vaccine for their planned *Vote and Vaccinate* clinics. Despite this problem, on Election Day 2004:

- Twelve *Vote and Vaccinate* projects held public health clinics at 60 polling places.
- Three of the projects had influenza vaccine available at polling place clinics and delivered 1,030 flu shots to individuals who met the CDC's high-risk guidelines. These clinics also delivered 61 pneumonia, 91 tetanus, 70 hepatitis A and 52 hepatitis B vaccinations as well as flu prevention education.
- Nine projects did not have flu vaccine available at polling place clinics but developed other public health outreach activities, including providing a total of 163 pneumonia vaccinations, flu prevention education, blood pressure monitoring and information about public health services available at county health departments.

Funding

RWJF authorized up to \$120,000 for the program, and made an additional technical assistance grant of \$58,000 to SPARC from the *Robert Wood Johnson Foundation Local Funding Partnerships* Special Opportunities Fund. The one-year project period for the *Vote and Vaccinate* grants began August 1, 2004.

THE PROBLEM

The federal Centers for Disease Control and Prevention (CDC) guidelines recommend that every person aged 50 or older receive an annual influenza vaccination ("flu shot"). However, the likelihood of receiving that flu shot varies greatly depending on an individual's ethnicity, race and education and whether that person has a regular source of health care.

Since 1997, SPARC (Sickness Prevention Achieved through Regional Collaboration), a nonprofit health organization based in Lakeville, Conn., has offered immunization for influenza at a variety of community locations, including polling places.

SPARC serves residents of the four counties at the borders of Connecticut, Massachusetts and New York through partnerships with community organizations and health care providers. It focuses on preventing disease by identifying people most in need, coordinating existing health services and developing programs to increase access to care.

Influenza immunization clinics at polling places had also been successfully tested in Virginia through a state-supported pilot program.

CONTEXT

RWJF first funded SPARC between 1997 and 2002 with a grant of \$425,000 from the *Robert Wood Johnson Foundation Local Funding Partnerships* program to support various disease prevention and health care access activities.

Local Funding is a matching grants program designed to establish partnerships between RWJF and local grantmakers that must match the RWJF grant dollar for dollar (for more information, see www.lifp.org and the [Program Results](#) on the program). The intent is to support innovative, community-based projects that improve health and health care for underserved and vulnerable populations.

In its *Local Funding* project, SPARC tried a number of strategies for increasing access to preventive care, including a local *Vote and Vaccinate* project to offer flu and pneumonia shots to seniors at polling places on Election Day.

Douglas Shenson, M.D., M.P.H., SPARC's president, presented the *Vote and Vaccinate* model at a storytelling skills workshop at RWJF, and members of the Vulnerable Populations Team decided to build a program on the concept.

According to program officer Jane Isaacs Lowe, "the 2004 presidential election seemed like a great opportunity to take the program nationwide." Former program officer Jan Malcolm noted, "we were also building on RWJF's broader interest in supporting the

public health infrastructure and developing ways to help public health achieve its mission."

PROGRAM DESIGN

Through the *Vote and Vaccinate* program, RWJF offered public health departments demonstration grants to organize, promote and implement influenza vaccination clinics within easy reach of polling places on Election Day, November 2, 2004.

Designed as a pilot to test the vote and vaccinate strategy in different settings, the program included large and small communities and rural and urban areas. The goal was to increase the number of adults aged 50 and over in low-income and underserved communities who received the influenza vaccine.

In soliciting proposals, RWJF indicated its intention to provide technical assistance to the grantee organizations, including a basic tool kit of educational and promotional materials. Applications were due in early August 2004, and RWJF announced awards in the middle of the month—so the time frame for developing and distributing those informational materials was quite short.

THE PROGRAM

RWJF established a program office at SPARC to manage the program and provide technical assistance to the grantee projects. Shenson was the program director, and along with RWJF's program and communications staff, served on a steering committee to select grantee projects and to provide overall guidance to the program.

Only municipal or county public health departments were eligible to apply. They were permitted to partner with other organizations accredited as mass immunizers—such as visiting nurse associations and nonprofit hospitals. Mass immunizers are allowed to provide flu and/or pneumococcal vaccinations to a large number of beneficiaries. They must enroll and follow CMS's special instructions.

Immunization coordinators at the National Association of County and City Health Officers (NACCHO) and the Association of State and Territorial Health Officers (ASTHO) reviewed RWJF's request for proposals before it was distributed to approximately 75 local health departments through NACCHO's Sentinel Health Department Program.

Applicants were required to demonstrate that they had:

- The support of the applicant's local election authorities for this project.
- A history of providing influenza vaccinations in their local communities.

- An organizational capacity to develop influenza vaccination services in proximity to polling places.

The grant guidelines required that grant funds be used for outreach, personnel and direct administrative costs, and not to purchase vaccines or to cover general overhead expenses.

Some 60 projects submitted applications. The Steering Committee selected 15 of them with an eye towards piloting the program in diverse settings. In making its decisions, the committee sought applicants capable of:

- Providing the service to a community in which the influenza immunization rate is estimated to be low.
- Organizing a *Vote and Vaccinate* clinic in time for Election Day 2004.
- Continuing to offer such clinics in subsequent years.

The grantees were geographically dispersed, served different ethnic communities and included both large and modestly sized public health departments in urban and rural communities. Each had a record of innovation and the organizational capacity to deliver vaccinations at polling places effectively. See [Appendix 1](#) for a list of funded projects.

The program office provided technical assistance to grantees as they planned their Election Day projects through telephone conference calls and the distribution of program materials. These materials included:

- A "how-to" manual entitled *Vote and Vax: Setting Up a Successful Clinic in Your Local Community*, written by Shenson, the program director (see the [Bibliography](#)). Shenson also talked individually by telephone with grantees as necessary, particularly to help them connect effectively with local polling authorities.
- Materials created and produced by Andrea Obston Marketing Communications of Bloomfield, Conn. (under a separate contract with RWJF):
 - A *Communications Tool Kit* that addressed marketing, media relations, use of advertising and promotional materials and dealing with reporters.
 - Posters and graphics on compact disc.
 - Press releases and public service announcements on compact disc.

Project staff completed an assessment survey after holding the Election Day clinics.

CHALLENGES

Two manufacturers—Chiron and Aventis—provide influenza vaccine in the United States. In mid-September 2004, Chiron reported production problems and the likelihood of a production delay. On October 4, 2004, Chiron stopped production completely.

Ten grantees had ordered solely from Chiron and recognized immediately that they were unlikely to have vaccine available for the *Vote and Vaccinate* clinics. The other five grantees had ordered from Aventis and anticipated getting the vaccine.

The steering group decided that grantees unable to provide flu shots would not be asked to return RWJF funds but would be expected to develop public health outreach or other vaccination activities at their polling place clinics. The steering group offered a number of specific suggestions and told grantees they were free to develop other ideas appropriate to their communities. Shenson called the grantee response "an unexpected success. They had to think on their feet when the flu vaccine shortage hit and they responded very well. Most thought of things we had never thought of."

Two grantees opted to defer their projects. One grantee cancelled its project altogether but was permitted to keep the grant funds because it had already spent some time making preparations. Of the 12 active projects, only three had enough flu vaccine to provide it at the *Vote and Vaccinate* clinics.

OVERALL PROGRAM RESULTS

The *Vote and Vaccinate* program achieved the following results, according to the national program office:

- **Twelve *Vote and Vaccinate* projects held public health clinics at 60 polling places on Election Day 2004.** Depending on space and state restrictions, the clinics were held in the room where voting was conducted; in an adjacent room; or in a separate building in close and visible proximity to the polling place. At each site, those attending the clinic completed a short questionnaire that asked for demographic information and whether or not they had gotten a flu shot the previous year. Some 25 percent of those who completed a survey reported that they had not received a flu shot in the preceding year. Projects were completed by:
 - Florida: Pasco County Health Department (ID# 051979).
 - Iowa: Worth County Public Health Department (ID# 051981).
 - Kansas: Marshall County Health Department (ID# 051977).
 - Louisiana: Louisiana Department of Health and Hospitals (ID# 051982).
 - Maine: State of Maine Public Health Nursing Program (ID# 051975).

- Massachusetts: Boston Public Health Commission (ID# 051985).
 - Missouri: St. Louis County Department of Health (ID# 051987).
 - Montana: Custer County Health Department (ID# 051989).
 - New York: Niagara County Health Department (ID# 051976).
 - Pennsylvania: Erie County Department of Health (ID# 051984).
 - South Dakota: Indian Health Service Pine Ridge (ID# 051980).
 - Utah: Utah Department of Health (ID# 051988).
- **Three of the 12 active *Vote and Vaccinate* projects delivered 1,030 flu shots. Those projects were: Kansas: Marshall County Health Department; South Dakota: Indian Health Service Pine Ridge; and the Utah Department of Health.** Project staff administered flu shots only to individuals meeting the guidelines issued by the CDC when the shortage developed. Those guidelines limited shots to people meeting certain criteria, such as the very young, those age 65 and over, those with chronic health conditions, pregnant women and health care workers. The Utah project also administered 81 tetanus, 61 pneumonia, 70 hepatitis A and 52 hepatitis B vaccinations. In addition, all three projects offered flu prevention education and materials (such as brochures, tissues and antibacterial hand gel) to clinic attendees.
 - **The nine active grantees without flu vaccine for their polling place clinics developed other public health outreach activities for that setting.** These included 163 pneumonia vaccinations, provided by the projects in Florida, Louisiana, New York and Pennsylvania; Florida also administered 10 tetanus vaccinations. Other activities conducted by the nine grantees included flu prevention education, blood pressure monitoring and using the clinics as an opportunity to inform the community about public health services available at county health departments.
 - **After the vaccine shortage developed, two grantees deferred their projects and one cancelled it altogether.**
 - The San Francisco Department of Public Health deferred its project.
 - The Virginia Department of Health deferred its project.
 - The Worcester County Health Department cancelled its plans for a *Vote and Vaccinate* clinic.

See [Appendix 2](#) for a list of polling place activities by project.

FIVE PROJECT DESCRIPTIONS

The five sample projects described below provide a sense of the varied nature of the projects' accomplishments. These projects, said Shenson, "show a range of ways to be successful." For additional details on these projects, see [Project List](#).

Pasco County Health Department, Pasco County, Florida

The Pasco County Health Department had several years of experience with a vaccination program in which two community health nurses traveled throughout the county to offer flu, pneumonia and tetanus vaccines to seniors.

Drawing on this expertise, health department staff conducted *Vote and Vaccinate* clinics in two very different communities where the population was likely to be underimmunized. One has a high proportion (45.5 percent) of its population living in poverty while the other has a more affluent but much older population. Although the project did not have flu vaccine available, project staff administered 24 pneumonia and 10 tetanus vaccinations at the two clinic sites and provided flu prevention education and materials. Given its small staff, the large county in which it operates and limited resources, the health department will not undertake this project in the future without additional resources, despite interest from clinic attendees. (See the [Model Project Report](#).)

State of Maine Public Health Nursing Program

The Maine Public Health Nursing Program is a statewide organization with a staff of 58 public health nurses and 80 years of experience participating in community-based immunization clinics.

No flu vaccine was available to the Maine *Vote and Vaccinate* project, but staff nurses provided flu prevention education at polling places in eight small towns across the state, with populations ranging from 718 to 6,476. Some towns were located in isolated and medically underserved areas.

They may offer *Vote and Vaccinate* clinics again in congressional elections in 2006 or during the presidential election in 2008. (See [Model Project Report](#).)

Erie County Department of Health, Pennsylvania

Erie County is a federally designated Medically Underserved Area where the average household incomes are lower than state and national averages. The Erie Center on Health & Aging serves as the adult immunization provider for the Erie County Department of Health, with a regional flu and pneumonia vaccination campaign that vaccinates up to 16,000 persons annually.

The Department of Health and the Center on Health & Aging, in collaboration with the local election board, partnered to conduct *Vote and Vaccinate* clinics at four polling places in the City of Erie, where there were high proportions of underimmunized and low-income adults.

The project did not have flu vaccine but did provide 92 pneumonia vaccinations, as well as preventive health education. The Center for Health & Aging did not conduct *Vote and Vaccinate* clinics during Election Day 2005 but may do so in 2006. The clinics may become part of the center's regular immunization outreach campaign and are not likely to require additional funding. (See the [Model Project Report](#).)

Indian Health Service, Pine Ridge Public Health Nursing, Pine Ridge Indian Reservation, South Dakota

The Pine Ridge Indian Reservation is about the size of Connecticut and mostly located in two of the poorest counties in the United States. The Public Health Nursing Department at the Pine Ridge Indian Health Service Hospital had 10 years of experience conducting flu clinics throughout the reservation and embraced the *Vote and Vaccinate* program.

It was not possible to obtain the local election board approval required in the RWJF application since the board had not been formed by the deadline for the grant proposal. The project director instead adapted the requirement to the tribal governing structure and ultimately obtained the endorsement of the tribal president to move forward.

The Pine Ridge project received enough flu vaccine to vaccinate 548 high-risk individuals (as defined by CDC guidelines) in eight polling places. Those not meeting guidelines received preventive health education and antibacterial hand gel. The Indian Health Service Pine Ridge does not plan to conduct *Vote and Vaccinate* clinics in the future. (See the [Model Project Report](#).)

Utah Department of Health

The Utah Department of Health Immunization Program and the Utah Adult Immunization Coalition (a collaboration of organizations with extensive experience in delivering flu shots) initiated a project called *Vaccinate and Vote* in April 2004, based on a similar project in Virginia, and were seeking partners when RWJF announced the *Vote and Vaccinate* program.

The health department had flu vaccine available at two polling places and provided a total of 326 flu, 61 pneumonia, 81 tetanus, 70 hepatitis A and 52 hepatitis B vaccinations, as well as preventive health education. The polling places were located in two different counties selected because they were ethnically diverse and had unmet health needs and high influenza rates in 2003.

Although the Utah project targeted the Hispanic population, relatively few Hispanics attended the clinic because they were concerned about needing identification or proof of citizenship to be vaccinated, despite marketing efforts explaining that this was not so. (See the [Model Project Report](#).)

ASSESSMENT FINDINGS

Project staff completed an assessment survey after the Election Day clinics and reported the following responses.

- **Grantees found planning and implementation of the *Vote and Vaccinate* projects to be generally easy.** On a scale of 1 (very difficult) to 10 (very easy), grantees reported the following median scores:
 - Difficulty planning the clinics: 7.0.
 - Difficulty obtaining Election Board endorsement: 7.15.
 - Ease of patient flow at the clinics: 7.58.
 - Ease of running the clinic compared with anticipation: 8.25.
- **Grantees reported high levels of satisfaction with the clinics.** On a scale of 1 (very unsatisfied) to 10 (very satisfied), they reported the following median scores:
 - Satisfaction of clinic attendees: 8.82.
 - Satisfaction of election authorities: 8.67.
- **Grantees expressed satisfaction with the materials provided to them by the program office in support of their projects.** On a scale of 1 (very unsatisfied) to 10 (very satisfied), they reported the following median satisfaction scores:
 - "How to" *Vote and Vax* manual: 8.1.
 - Communications tool kit: 7.8.
 - Posters and graphics: 7.9.
 - News releases and public service announcements: 8.5.
- **Most grantees expressed a wish to repeat *Vote and Vaccinate* projects, assuming a sufficient supply of influenza vaccine and adequate resources.** All recommended that other communities initiate *Vote and Vaccinate* projects, although almost everyone believed that new financial resources were necessary to support new projects.

LESSONS LEARNED

1. **Identify sources of financial support to allow more public health agencies to initiate *Vote and Vaccinate* projects.** However, if the *Vote and Vaccinate* clinic replaces another clinic, or a vaccination infrastructure is already in place, additional funding may not be necessary. (Project Directors, ID#s 051975, 051976, 051978, 051981, 051985, 051987)
2. **Distribute program materials early in the planning process.** While project directors found the manual and other communication materials helpful and comprehensive, the short lead time meant they were not available until late in the planning process, making them less useful to the grantees. (Project Directors, ID#s 051975, 051976, 051980, 051981, 051982, 051988)
3. **Use conference calls with multiple projects as a tool for exchanging information and providing technical assistance.** The project director from a small county public health department in Montana noted that talking with staff from other projects provided a welcome opportunity to share ideas and to feel part of a larger initiative. (Project Director, ID# 051989)
4. **Conduct a pilot test with a few sites in the project's first year.** This allows project staff to gauge the community's reception. (Project Director, ID# 051982)
5. **Market the project in advance of Election Day.** Building personal relationships with county government representatives and other stakeholders in the voting area improves support for the project. Poll workers also should be aware of the clinics before Election Day to improve coordination and ensure cordial and efficient working relationships with clinic staff. (Project Directors, ID#s 051979, 051985, 051988)
6. **Ensure adequate space at the polling place for the public health clinic.** Sufficient signage directing people to the location is also important. (Project Directors, ID#s 051975, 051984, 051985)
7. **Provide advance notice of the clinics and offer incentives to attract people.** Alerting people that clinics will be available at polling places gives voters enough time to participate and to dress accordingly. Project staff at Indian Health Service Pine Ridge used \$5 Wal-Mart gift cards and \$5 gas vouchers to encourage people to attend the clinics. Many projects distributed tissues, hand wipes and other small incentives. (Project Directors, ID#s 051979, 051980, 051985)
8. **Be sensitive to the cultural/ethnic environment of the particular project.** One grantee, located in an especially diverse area, had program materials translated into five languages: Spanish, Vietnamese, Russian, Arabic and Serbo-Croatian. Another struggled to help Hispanic residents understand that they did not need proof of citizenship or other identity documents to get vaccinated. (Project Director, ID# 051984, 051988)

9. **Take care not to become a venue for a political campaign.** Involving a nonpartisan group (such as the League of Women Voters) in events promoting *Vote and Vaccinate* projects will demonstrate their nonpolitical nature. Be careful about including political candidates at such events, because they may be tempted to use their support of *Vote and Vaccinate* as an opportunity to draw good press for their campaigns. (Project Director, ID# 051988)
10. **Use the *Vote and Vaccinate* clinic as an opportunity to make residents aware of what their local health department does.** Many people do not know what a health department does, or think it provides services only to poor people. The clinics gave project staff an opportunity to educate people about the services that are available. (Project Directors, ID# 051979, 051989)
11. **Cultivate a rapport with the local Board of Elections to help smooth both the implementation and the continuation of a *Vote and Vaccinate* clinic.** In Florida, for example, the medical director of the public health department overcame initial resistance to the project by the Board of Elections by explaining that it was an honor to receive this grant and noting RWJF's good reputation. Afterwards, project staff sent thank-you notes commending poll workers. (Project Director, ID# 051979)
12. **The connection between public health and polling places offers an important opportunity to provide a range of public health services—such as cancer and cardiovascular disease screening—to people who might otherwise not receive them.** Program Director Douglas Shenson emphasized that this connection "is an extraordinary opportunity to capture people on an annual or bi-annual basis for all kinds of services. You just have to be there to offer the service. All the elements are there." (National program office/Shenson)

AFTERWARD

The San Francisco Department of Public Health (ID# 051978), deferred its project from 2004, to Election Day 2006.

The Virginia Department of Health (ID# 051986) held *Vote and Vaccinate* clinics at six locations on Election Day 2005, dispensing a total of 2,386 flu immunizations as well as health education information about the flu.

New RWJF Grants

RWJF has awarded additional grants to continue the *Vote and Vaccinate* program:

- A 12-month grant (ID# 055855) of \$58,000 to SPARC, beginning in November 2005. Those funds have been used to update the "how-to" manual, *Vote and Vax*, which the program makes available free of charge to public health agencies interested in starting their own *Vote and Vaccinate* project.

The manual is available at the RWJF [website](#). Project staff also used grant funds to provide technical assistance and to explore the potential for expanding the *Vote and Vaccinate* program in 2006.

- A 12-month grant (ID# 057520) of \$320,907 in June 2006 to SPARC to support *Vote and Vax 2006–2007*. The grant funded 24 demonstration projects, providing \$8,000 each to public health departments in underserved communities in 19 states. The projects were in both urban and rural areas in states ranging from Pennsylvania, to Nebraska, Illinois, California, Texas, North Dakota, Florida, Montana and Georgia.
 - On November 7, 2006, the 24 public health agencies delivered a total of 13,790 influenza vaccinations at 127 polling places. Each agency conducted clinics at between two and 19 polling places.
 - More than 80 percent of the adult vaccine recipients were in priority groups, and approximately 28 percent reported that they would not have likely received a flue shot during the 2006–2007 vaccination season if they had not been offered one at a *Vote and Vax* clinic.
 - Over half of the agencies (58 percent) reported problems obtaining influenza vaccine.

Shenson emphasizes the long-term potential for *Vote and Vaccinate*, noting "once you prime the pump it becomes a part of public health practice and is institutionalized."

In a report submitted to RWJF, Shenson concludes that the project "has shown that such an approach ... can work in underserved communities in several states. *Vote and Vax* is now poised to be replicated around the nation."

- Based on the expansion of *Vote and Vax*, a two-year grant (ID# 063123) of \$746,350 in November 2007 to SPARC to establish *Vote and Vax* as a routine predictable public health practice during the 2008 elections. The effort by SPARC is intended to:
 - Mobilize approximately 750 local providers, each of whom is encouraged to implement two to three clinics, establishing *Vote and Vax* at 1,860 polling places.
 - Build a *Vote and Vax* Partnership Council of national, nonpartisan organizations—such as AARP, American Public Health Association, National Association of State Elections Directors and the U.S. Conference of Mors—to help promote *Vote and Vax* among their constituencies.
 - Provide web-based technical assistance to participating agencies.
 - Conduct an evaluation using a random sample of 100 participating providers to compare *Vote and Vax* results with those of other community-based clinics. Outcomes to be tracked include:
 - The level of vaccine delivery

- Characteristics of the population vaccinated
- Profiles of providers and communities adopting *Vote and Vax*
- Identification of best outreach practices
- An assessment of provider capacity to deploy *Vote and Vax* in subsequent years.

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APPENDIX 1

Vote and Vaccinate Projects

San Francisco Department of Public Health (San Francisco, Calif.)

\$8,000 (September 2004 to January 2005) ID# 051978

Janet Zola, M.P.H.

(415) 554-2579

Project deferred

Pasco County Health Department (New Port Richey, Fla.)

\$5,074 (September 2004 to January 2005) ID# 051979

Carol L. Cummins, M.S.N., A.R.N.P.

(727) 861-4817

Worth County Public Health Department (Northwood, Iowa)

\$6,047 (September 2004 to January 2005) ID# 051981

Teresa Johnson

(641) 324-1741

Marshall County Health Department (Marysville, Kan.)

\$8,000 (September 2004 to January 2005) ID# 051977

Sue Rhodes, R.N.

(785) 562-3485

Louisiana Department of Health and Hospitals (New Orleans, La.)

\$8,000 (September 2004 to January 2005) ID# 051982

Ruben A. Tapia, M.P.H.

(504) 483-1900

State of Maine Public Health Nursing Program (Augusta, Maine)

\$8,000 (September 2004 to January 2005) ID# 051975

Jan Morrissette, R.N., M.S.N.

(207) 287-4476

Worcester County Health Department (Snow Hill, Md.)

\$1,900 (September 2004 to January 2005) ID# 051983

Project cancelled

Boston Public Health Commission (Boston, Mass.)

\$8,000 (September 2004 to January 2005) ID# 051985

Pat Tormey

(617) 534-5611

St. Louis County Department of Health (Clayton, Mo.)

\$7,995 (September 2004 to January 2005) ID# 051987

Steven Fine

(314) 615-6445

Custer County Health Department (Mile City, Mont.)

\$8,000 (September 2004 to January 2005) ID# 051989

Meredith Hirsch

(406) 874-3377

Niagara County Health Department (Niagara Falls, N.Y.)

\$8,000 (September 2004 to January 2005) ID# 051976

Deborah Sarratori

(716) 278-1925

Erie County Department of Health (Erie, Pa.)

\$8,000 (September 2004 to January 2005) ID# 051984

Patricia Smith

(814) 452-1578

Indian Health Service Pine Ridge (Pine Ridge, S.D.)

\$8,000 (September 2004 to January 2005) ID# 051980

Sally Mercier, P.H.N. (Retired)

Kendra Lone Elk, R.N., P.H.N.

(605) 867-3139

Utah Department of Health (Salt Lake City, Utah)

\$8,000 (September 2004 to January 2005) ID# 051988

Linda Abel

(801) 538-6682

Virginia Department of Health (Richmond, Va.)

\$8,000 (September 2004 to January 2005) ID# 051986

Sarah Nasca
 (757) 668-6488
Project deferred

APPENDIX 2

Grantee Activities

Project	Election Day Polling Place Activities
San Francisco (California) Department of Public Health ID# 051978	Project deferred.
Pasco County (Florida) Health Department ID# 051979	Pneumococcal vaccinations (24), tetanus vaccinations (10); flu prevention, public health flyers and information about services available from county health department. Two sites.
Worth County (Iowa) Public Health Department ID# 051981	Flu prevention, immunization information, information and educational materials on public health services available from county health departments and other county agencies. Seven sites.
Marshall County (Kansas) Health Department ID# 051977	Flu vaccinations (156) and flu prevention. Four sites.
Louisiana Department of Health and Hospitals ID# 051982	Pneumococcal vaccinations (40); flu prevention, including hand wipes. Two sites.
State of Maine Public Health Nursing Program ID# 051975	Flu prevention, including hand wipes, tissues, brochures. Eight sites.
Worcester County (Maryland) Health Department ID# 051983	Project cancelled.
Boston (Massachusetts) Public Health Commission ID# 051985	Flu prevention, including hand wipes, tissues, brochures. Three sites.
St. Louis County (Missouri) Department of Health ID# 051987	Educational materials available at polling places, but clinics not held at Election Board request. Two sites.
Custer County (Montana) Health Department ID# 051989	Flu prevention, including hand wipes, tissues, <i>Cover Your Cough</i> brochures. 14 sites.
Niagara County (New York) Health Department ID# 051976	Pneumococcal vaccinations (7); blood pressure monitoring, flu prevention (including hand wipes, tissues and cough drops) and general health education. Four sites.
Erie County (Pennsylvania) Department of Health ID# 051984	Pneumococcal vaccinations (92); flu prevention. Four sites.
Indian Health Service Pine Ridge (South Dakota) ID# 051980	Flu vaccinations (548); flu prevention, including educational materials and antibacterial hand gel. Eight sites.
Utah Department of Health ID# 051988	Vaccinations: flu (326), pneumococcus (61), tetanus (81), hepatitis A (70), hepatitis B (52); flu prevention. Two sites.
Virginia Department of Health ID# 051986	Project deferred.

APPENDIX 3

Public Health Offices Operating *Vote and Vaccinate* Clinics on Election Day, November 7, 2006

Clinica Sierra Vista
Grand Forks, Calif.

Leech Lake Band of Ojibwe
Cass Lake, Minn.

Central Coast VNA and Hospice
Monterey, Calif.

Saline County Health Department
Marshall, Mo.

Garfield County Public Health
Rifle, Colo.

Monroe County Health Department
Paris, Mo.

VNA of Southeastern Connecticut
Waterford, Conn.

Lewis & Clark City-County Health Department
Helena, Mont.

Polk County Health Department
Bartow, Fla.

Cherokee Indian Hospital Public Health
Cherokee, N.C.

Jefferson and Madison County Health
Departments
Monticello and Madison, Fla.

Grand Forks Public Health Department
Grand Forks, N.D.

Lowndes County Board of Health
Valdosta, Ga.

Omaha Tribe of Nebraska
Carl T. Curtis Health Education Center
Macy, Neb.

Community Health Center Partners of Sioux
County
Orange City, Iowa

Erie Center on Health & Aging
Erie, Pa.

Louisa County Public Health
Wapello, Iowa

Bethlehem Health Bureau
Bethlehem, Pa.

Central District Health Department
Boise, Idaho

Galveston County Health District
La Marque, Texas

Southwest District Health Department
Caldwell, Idaho

City of Houston Department of Health and
Human Services
Houston, Texas

Clay County Health Department
Flora, Ill.

Tooele County Health Department
Tooele, Utah

Whiteside County Health Department
Rock Falls, Ill.



BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Reports

Communications Tool Kit. Princeton, NJ: Robert Wood Johnson Foundation, 2004.

Vote and Vax: Setting Up a Successful Clinic in Your Local Community. Princeton, NJ: Robert Wood Johnson Foundation, 2004. The 2005 edition is available [online](#).

PROJECT LIST

- Pasco County (Florida) Health Department, ID# 051979
- State of Maine Public Health Nursing Program, ID# 051975
- Erie County (Pennsylvania) Department of Health, ID# 051984
- Indian Health Service Pine Ridge (South Dakota), ID# 051980
- State of Utah, Utah Department of Health, ID# 051988