



Vote & Vax: A Community-Based Strategy to Promote Adult Immunization

An RWJF national program

The Robert Wood Johnson Foundation (RWJF) supported *Vote & Vax* (officially called *Vote and Vaccinate: A Community-Based Strategy to Promote Adult Immunization*) to increase the number of adults aged 50 and over in low-income, underserved communities who receive an annual influenza vaccination (flu shot). Following a pilot test on Election Day 2004, the program continued as a larger demonstration during the midterm and presidential elections through November 2010. More than 460 *Vote & Vax* clinics conducted during four elections accounted for the administration of nearly 40,000 flu shots.

RWJF provided four grants totaling \$1.13 million for *Vote & Vax*. The program was developed and managed by [SPARC](#) (Sickness Prevention Achieved through Regional Collaboration), a nonprofit health organization based in Lakeville, Conn. SPARC's president, Douglas Shenson, MD, MPH, MS, served as national program director.¹

CONTEXT

Every year, as many as 49,000 influenza-associated deaths occur in the United States, and approximately 200,000 people are hospitalized with the flu. The federal Centers for Disease Control and Prevention (CDC) guidelines recommend that every person aged 50 and 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, education, and whether he/she has a regular source of health care.

Early November, when U.S. elections are held, is an optimal time to receive a flu shot. Since 1997, SPARC (Sickness Prevention Achieved through Regional Collaboration), a

¹ *Vote & Vax* was a countywide initiative originally, and expanded to be nationwide with RWJF's support.

nonprofit health organization based at the time in Lakeville, Conn., offered immunization for influenza at a variety of community locations, including polling places.

SPARC served residents of the four counties at the borders of Connecticut, Massachusetts, and New York through partnerships with community organizations and health care providers. It focused on preventing disease by identifying people most in need, coordinating existing health services, and developing programs to increase access to care.²

RWJF's Interest in This Area

RWJF first funded SPARC between 1997 and 2002 with a grant of \$425,000 from the *Robert Wood Johnson Foundation Local Funding Partnerships*³ program to support various disease prevention and health care access activities.

In its *Local Funding* project, SPARC tried a number of strategies to increase 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. The nation’s 186,000 polling places, which must meet strict accessibility requirements, offer an opportunity to attract vulnerable people who are often difficult to reach.

Douglas Shenson, MD, MPH, MS, SPARC's president, presented the “vote and vaccinate” model at a storytelling skills workshop at RWJF, and members of the Foundation’s Vulnerable Populations team decided to build a program on the concept.

According to Jane Isaacs, PhD, program officer and Vulnerable Populations team director, “the 2004 presidential election seemed like a great opportunity to take the program nationwide.” Lowe called the initiative “a good example of the Emerging Ideas strategy used by the Vulnerable Populations team to “seek compelling approaches and innovations that present a remarkable yet practical opportunity for improving health where it starts, but have not yet been rigorously tested.””

Jan Malcolm, former program officer, 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.”

² Influenza immunization clinics at polling places had also been tested in Virginia. A state-supported pilot program had been successful there.

³ *Robert Wood Johnson Foundation Local Funding Partnerships* is a matching grants program designed to establish partnerships between RWJF and local grantmakers that must match the RWJF grant dollar for dollar. The intent has been to support innovative, community-based projects that improve health and health care for underserved and vulnerable populations. For more information, see www.lifp.org and the [Program Results](#) on the program; 2011 was the final year of grantmaking under the program.

THE PROGRAM

Through an initial pilot grant and three subsequent grants, RWJF supported SPARC's testing and expansion of the vote and vaccinate strategy in different settings throughout the United States between August 2004 and November 2010.

SPARC served as the national program office for *Vote & Vax*, with Shenson, its president, serving as national program director.

PROGRAM DESIGN AND RESULTS

RWJF launched *Vote and Vaccinate: A Community-Based Strategy to Promote Adult Immunization* (known as *Vote & Vax*) with a pilot test on Election Day 2004. The program continued as a larger demonstration during the 2006 midterm election. A concerted expansion of the program took place during the presidential election two years later, and the program continued through the 2010 midterm election.

The Pilot: The 2004 Presidential Election

Through the *Vote & Vax* program pilot,⁴ RWJF offered demonstration grants to public health departments to organize, promote, and implement influenza vaccination clinics within easy reach of polling places on Election Day, November 2, 2004.

Designed 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, underserved communities who received an annual influenza vaccination.

Only municipal or county public health departments were eligible to apply. They were permitted to partner with other organizations accredited as mass immunizers⁵—such as visiting nurse associations and nonprofit hospitals—and were required to demonstrate:

- The support of local election authorities
- A history of providing influenza vaccinations in their local communities
- The organizational capacity to offer vaccinations in proximity to polling places

A steering group, including Shenson and RWJF program and communications' staff members, selected 15 projects from 60 applications. The grantees were geographically dispersed, served different ethnic communities, and included both large and modestly

⁴ Grant ID# 51610; July 1, 2004, through June 30, 2005; \$58,000.

⁵ Mass immunizers are allowed to provide flu and/or pneumococcal vaccinations to a large number of beneficiaries. They must enroll and follow special instructions from the Centers for Medicaid & Medicare Services.

sized public health departments in urban and rural communities. See [Appendix 1](#) for a list of grantees for the pilot.

National program staff 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*
- Materials created and produced by Andrea Obston Marketing Communications of Bloomfield, Conn. (under a separate contract with RWJF):
 - *A Communications Tool Kit* 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 from the grantee organizations completed an assessment survey after holding the Election Day clinics.

A Vaccine Shortage: Response to a Challenge

In 2004 two manufacturers—Chiron and Aventis—were providing influenza vaccine in the United States. Then, in mid-September, Chiron reported production problems and stopped producing the vaccine in early October.

Ten grantees had ordered solely from Chiron and recognized immediately that they were unlikely to have vaccine available for the *Vote & Vax* 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. 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 grantees⁶ opted to defer their projects. One grantee⁷ 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 supply the *Vote & Vax* clinics in 2004.

⁶ San Francisco Department of Public Health and Virginia Department of Health.

⁷ Worcester County (Md.) Health Department.

Pilot Program Results

The national program office reported the following results of the 2004 Election Day pilot:

- **Twelve *Vote & Vax* projects held public health clinics at 60 polling places on Election Day 2004.**⁸ Depending on space and state restrictions, clinics took place in the voting room; in an adjacent room; or in a separate, nearby building. Some 25 percent of clinic attendees who completed a survey reported they had not received a flu shot in the preceding year.
- **Three of the 12 active *Vote & Vax* projects delivered 1,030 flu shots.** Those projects were Marshall County Health Department, Kansas; Indian Health Service Pine Ridge, Pine Ridge, S.D.; and the Utah Department of Health. 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 developed other public health outreach activities at polling place clinics.** Projects in Florida, Louisiana, New York, and Pennsylvania provided 163 pneumonia vaccinations; the Florida project also administered 10 tetanus vaccinations. The grantees also provided flu prevention education, blood pressure monitoring, and information about public health services available at county health departments.

The assessment survey completed after the Election Day clinics showed that grantee staff generally found planning and implementation of the *Vote & Vax* projects to be easy. Grantees were also satisfied with the clinics (satisfaction levels above 8.5, on a scale of 1–10) and with various materials provided to them by the program office (satisfaction levels ranged from 7.9–8.5).

The Demonstration: The 2006 Election

Building on the experience of the pilot test in 2004, Shenson and his colleagues at SPARC expanded *Vote & Vax* for Election Day 2006⁹ with three objectives:

- To demonstrate successful vaccination delivery at *Vote & Vax* sites
- To demonstrate that *Vote & Vax* provides immunizations to adults who would otherwise not be vaccinated
- To make *Vote & Vax* part of routine public health practice, particularly in underserved communities with low vaccination rates

⁸ Clinics were held by grantees in Florida, Iowa, Kansas, Louisiana, Maine, Massachusetts, Missouri, Montana, New York, Pennsylvania, South Dakota, and Utah.

⁹ Grant ID# 57520; June 1, 2006, through May 31, 2007; \$320,907.

RWJF received 56 grant applications and awarded 25 demonstration grants of \$8,000 each to public health agencies and visiting nurse associations to organize, promote, and implement influenza vaccination clinics within easy reach of at least two polling places in 2006. See [Appendix 2](#) for a list of the demonstration project grantees.

The selected grantees served a range of underserved communities and had a track record of innovation as well as the organizational capacity adequate to deliver vaccinations at polling places. As a group, they covered a diversity of states and regions and served both urban and rural areas.

Immunizers were required to obtain prior permission from local election authorities and to charge fees as they would at their other community-based clinics. Influenza vaccination had to be made available both to voters and nonvoters.

National program staff at SPARC provided technical assistance to grantees through:

- Four conference calls in which all grantees participated
- The manual *Vote and Vax: Setting Up a Successful Clinic in Your Local Community*, which SPARC staff updated with RWJF support.¹⁰ The CDC's National Immunization Program vetted the manual, which was also available to nongrantees through the *Vote & Vax* [website](#).
- A *Communications Tool Kit*, developed by the RWJF Office of Communications and distributed on compact discs, included social marketing guidance, poster and graphics files, and templates for press releases and public service announcements.

In particular, program staff advised grantees to:

- Determine whether there was enough convenient parking and building space to accommodate the clinic
- Ensure that disabled persons could move easily between the polling area and the clinic
- Set clinic hours to coincide with the times that the target population was most likely to vote
- Offer vaccinations to those who were voting only *after* they had voted (People did not have to vote, however, to receive a vaccination.)

The adult vaccinations e-network based at the National Association of County and City Health Officers (NACCHO) and the Association of State and Territorial Health Officers announced the availability of the manual and technical assistance to their memberships.

¹⁰ Grant ID# 55855; November 1, 2005, through October 31, 2006; \$8,058.

Demonstration Results

Shenson and colleague Mary Adams reported the following results of the November 7, 2006, Election Day demonstration projects in an [article](#) published in 2008 in the *Journal of Public Health Management and Practice*:¹¹

- **On Election Day 2006, 24 *Vote & Vax* grantees delivered 13,790 influenza vaccinations, including 882 to children (under 18), at 127 polling places in 14 states.**¹² Each agency conducted clinics at between two and 19 polling places. Of those vaccinated, 11 percent had no health insurance.
- **More than 80 percent of adult vaccine recipients were from groups identified by the CDC as priority.** These include people at high risk of developing serious complications from the flu, such as pneumonia; people with medical conditions such as asthma, diabetes, or chronic lung disease; pregnant women; and people 65 and older. Caregivers of people who might develop serious complications are also priority recipients.
- **About 28 percent of adult recipients—and 53 percent of uninsured recipients—reported they had not had a flu shot the previous year.**
- **Three-fourths of the agencies indicated that the *Vote & Vax* clinic was the largest clinic they had conducted in the past year.**
- **Participating agencies reported that they considered the *Vote & Vax* program to be a success:**
 - The agencies rated the program’s success at 8.5 on a scale of 1 to 10. They mentioned uncertainty of the vaccine supply as a critical issue in many cases.
 - They also rated the manual, posters, and other materials supplied for the project highly (scores of 83% to 91%).

Challenges

Program staff reported the following challenges during the demonstration phase:

- More than half of the agencies (58%) reported problems obtaining influenza vaccine. To ensure an adequate supply, the agencies ordered from multiple sources, borrowed from other agencies, or limited advertising. Two agencies, both of which served Native American communities and depended on the Indian Health Service for their supply, were not able to launch their *Vote & Vax* clinics on Election Day due to insufficient vaccine.

¹¹ Shenson D and Adams M. “The Vote and Vax Program: Public Health at Polling Places.” *Journal of Public Health Management and Practice*, 14(5): 476–480, 2008. Available [online](#) through the *Vote & Vax* website.

¹² The 24 grantees included 23 of the 2006 demonstration project grantees (two others did not have sufficient vaccine to launch their clinics) and one 2004 grantee who had deferred the project.

- The city of Houston did not complete the program as a result of criticism by local political activists who claimed that the targeting of poor communities by *Vote & Vax* amounted to a surreptitious “get-out-the-vote” campaign for Democratic candidates.

Expansion to Standard Practice

The 2008 presidential election, with its expected high voter turnout, offered an opportunity for a nonpartisan, nonpolitical effort to establish *Vote & Vax* as a standard practice in U.S. public health. This effort carried through to the 2010 interim election as well.¹³ AARP also provided support for the 2010 election work.¹⁴

Objectives for the expansion phase included:

- Building a national collaboration of leading public health organizations
- Deploying *Vote & Vax* clinics across the country
- Engaging a large number (and several types) of mass immunizers
- Delivering large numbers of flu shots at or near polling places during election days
- Expanding influenza vaccination to people who would not otherwise be immunized

Program staff established a National *Vote & Vax* Council of 12 organizations engaged in public health and immunization issues. The council was designed to enhance the profile and credibility of *Vote & Vax* and offer ways to connect with state and local immunizers. Shenson called it a “virtual council,” whose members could be called on to help foster partnerships, promote the strategy to local health departments, and provide other support as needed. See [Appendix 3](#) for a list of council members.

During this phase, staff from [Spitfire Strategies](#), a national strategic communications firm headquartered in Washington, worked with the *Vote & Vax* program office under a subcontract to develop and launch a broad outreach campaign. This included:

- Conducting research to generate data and information to guide the development of the campaign:
 - A survey of existing information, relationships, and opportunities in the influenza vaccination environment
 - A nationwide telephone poll asking about flu shots and polling places conducted by [Widmeyer Communications](#)¹⁵ under a subcontract from Spitfire

¹³ Grant ID# 63123; November 15, 2007, through November 30, 2010: \$746,350.

¹⁴ AARP’s \$40,000 grant supported the production of marketing items (stickers, buttons, etc.) and technical assistance related to election administrative law (see [Challenges](#) below).

¹⁵ Widmeyer Communications is a Washington-based public relations, media relations, and public affairs firm.

- An audit of past media coverage of *Vote & Vax*
- Six focus groups conducted in California and New Jersey by the [Curious Company](#), a national research firm, under a subcontract. These groups were designed to learn more about the attitudes of elderly voters towards flu shots and consider what messages were most likely to resonate with that population.
- Developing promotional materials that included:
 - Branding strategy and graphics
 - Update of the 2006 manual, *Vote & Vax: Setting Up a Successful Clinic in Your Community* (referred to as the [Resource Guide](#))
 - Materials for provider recruitment and partner outreach, such as a one-page summary and a PowerPoint presentation about *Vote & Vax*
 - *Vote & Vax: Promoting Your Vote & Vax Clinic*, a manual to help providers promote their clinics with the public and the media that includes press releases, sample advertisements, printable posters, talking points, and other items
 - Toolkit (“Vote & Vax Event Kit”) with posters, buttons, balloons, stickers, and other materials to help participating providers promote their clinics and the national brand

These promotional materials are available on the *Vote & Vax* website after registering.¹⁶

- Building a *Vote & Vax* website as a resource for provider participants, election officials, the media, and voters. [Ideas on Purpose](#), a strategic brand communications in New York City, collaborated with Spitfire under a subcontract to design the site.
- Identifying and training program and project staff to speak on behalf of *Vote & Vax* to the media and at meetings and conferences
- Hosting five *Vote & Vax* webinars: four for a general provider audience and one exclusively for members of NACCHO
- Developing a crisis communications plan to preempt negative reactions at *Vote & Vax* sites. The plan was put into action on Election Day 2008 when a blog post incorrectly reported that clinics were offering free flu shots if people voted. Spitfire secured a retraction by the original blogger and corrections by television stations and other blogs that had picked up the post.
- Executing a concerted media push in the two weeks before Election Day 2008 that included national and local television, radio, and newspaper coverage

¹⁶ To access these materials, register [online](#) and click “Submit” at the bottom of the page. The Resource Guide and manual are free; the toolkit is available for purchase.

Vote & Vax staff provided technical assistance to interested immunizers that included email and phone consultation, webinars, and presentations at state and national public health conferences.

Vote & Vax staff, with assistance from staff of the RWJF communications department, also produced a video, *Vote & Vax: Protecting Americans from the Flu and Keeping Our Nation Healthy*, which describes the program and includes scenes from actual clinics. The video is available on [You Tube](#).

At the 2009 National Immunization Conference, *Vote & Vax* was awarded the Excellence in Immunization Award (Overall Season) sponsored by the CDC and the American Medical Association.

Expansion Results

Program staff reported the following results of *Vote & Vax* on Election Day 2008:

- **A range of agencies held 331 *Vote & Vax* clinics in 42 states and the District of Columbia on Election Day 2008.** These agencies included local health departments, visiting nurse associations, local pharmacies, university health services, churches, for-profit companies, and a local fire department.
- **Staff at *Vote & Vax* clinics delivered 21,434 flu shots in 2008.** Clinic staff also administered vaccinations against pneumonia, tetanus, and diphtheria.
- **About half (52%) of 2008 recipients were individuals who regularly obtained flu shots. The remainder either** got flu shots on an “irregular” basis (26%) or otherwise would be “unlikely” to receive a flu shot (22%).
- **People who received flu shots at the 2008 *Vote & Vax* clinics were more likely to be uninsured (14%, compared with a national average of 7%) and between the ages of 50 and 64 (34%, compared with a national average of 28%).**
- **The majority of people who got flu shots at many of the clinics had not previously gotten them regularly.** That group included between 60 and 71 percent of those without health insurance, those who were non-Whites, and younger adults (ages 18 to 49).

Media Coverage

Spitfire Strategies staff reported that the 2008 Election Day *Vote & Vax* program received wide coverage via television, radio, and newspapers. Examples include:

- CNN national broadcast on October 29, 2008. [Text](#) of the feature, “Cast a Vote, Get Vaccinated, Nonprofit Urges,” is available online.
- Interview with Program Director Shenson on ABC News’ *Healthy Living* on November 3, 2008

- About 200 features or mentions by local television stations and network affiliates throughout the country between October 15 and November 5, 2008, with broadcasts in 24 of the top 25 U.S. media markets
- Feature on NPR’s *All Things Considered* on November 4, 2008. [Audio](#) and [text](#) of the feature, “Health Workers Give Flu Shots At Polling Places,” are available online.
- Highlighted in an Associated Press article about influenza season by health reporter Lauran Neergaard on September 24, 2008. The [article](#), which appeared in *USA Today* and other newspapers, is available online.
- Profiles in more than 150 local and regional newspapers across the country, including the *Boston Globe*, *New York Daily News*, and *Sacramento Bee*.

Challenges

Moving forward from the 2008 election, *Vote & Vax* encountered several unexpected challenges:

- The H1N1 pandemic of 2009 resulted in the production of two types of influenza vaccine and supply problems for both in many communities. As an off-year for elections, only a small number of local health departments planned *Vote & Vax* clinics, but the limited vaccine supplies prevented their operation.
- With the 2008/2009 recession, many public health departments experienced serious staff and funding cutbacks, resulting in lower participation by these agencies in *Vote & Vax* in the 2010 election. In response, *Vote & Vax* expanded recruitment efforts to new entities, such as the following:
 - Stanford University Medical School students organized a *Vote & Vax* program.
 - A consortium in San Antonio, consisting of a local health foundation, public health departments, and a pharmacy chain, developed a citywide *Vote & Vax* plan. (At the last minute, a county judge did not allow immunization clinics to be held at polling places.)
 - Kmart held *Vote & Vax* clinics in four states (Ohio, Oklahoma, South Carolina, and Texas).
- Some election authority officials, uncertain about potential legal constraints in their jurisdictions, denied local immunizers permission to hold clinics on polling place grounds. To allay these concerns, *Vote & Vax* staff:
 - Suggested other options, such as holding clinics in nearby venues not covered by election law and/or informing voters at polling places that a *Vote & Vax* clinic was available at another location
 - Engaged an expert in election administrative law to provide information for *Vote & Vax* staff designed to improve the program’s capacity to answer questions from

election officials and ensure that *Vote & Vax* adhered to relevant regulations and statutes governing election practices around the country¹⁷

OVERALL PROGRAM RESULTS

Since the 2004 pilot program, *Vote & Vax* has grown and become a fixture among nationwide immunization efforts. “The *Vote & Vax* program has demonstrated that a polling place-centered strategy for influenza vaccination delivery can be effectively implemented in a large number of states and types of community, garnering both acceptance by election authorities and the participation of members of the public,” said Program Director Shenson.

Vote & Vax staff reported the following overall results to RWJF, based on its experience in multiple Election Day projects:

- **Nearly 40,000 flu shots have been administered through more than 460 *Vote & Vax* clinics, beginning with the 2004 election through election 2010.** Clinics have been held in most states and the District of Columbia.¹⁸
- **The program reached many people who would not likely have been immunized.** Those vaccinated were generally in CDC-identified priority groups and were more likely to be uninsured than immunization recipients nationally. Of the people receiving the shots:
 - Between 22 and 28 percent of all recipients reported they would otherwise not have been likely to be immunized. Another quarter reported receiving flu shots only on an “irregular” basis.
 - Sixty-two percent of Blacks, 65 percent of Hispanics, and 71 percent of people without health insurance would not otherwise get flu shots at all, or not regularly.
- ***Vote & Vax* has been well established as a resource (through its website and the technical assistance it offers) for mass immunizers seeking new avenues through which to provide flu shots, particularly to populations that have traditionally lacked access to regular immunization.**
- ***Vote & Vax* has extended its reach through connections with local pharmacies, retail pharmacies and pharmacies that are part of larger retail chains (e.g., CVS, Walgreen’s, Kmart and Rite Aid).** With public health departments facing fiscal constraints, Shenson says, “that’s where the action is in terms of who is delivering shots, in addition to whatever happens in physician offices.

¹⁷ AARP funding helped support this technical assistance.

¹⁸ Through 2010, clinics had not yet been held in Arkansas, Delaware, Hawaii, Louisiana, Rhode Island, and West Virginia, although immunizers in all of these states, except for Louisiana, had indicated interest by downloading the resource guide from the *Vote & Vax* website.

“We see this as an opportunity. We are linking the civic engagement of Election Day with the civic engagement of public health. A *Vote & Vax* clinic—as long as it is on Election Day—can be at other community locations. Our goal is to make sure that more people are protected from influenza. We are working hard to foster collaborations between local health departments and local pharmacies.”

- ***Vote & Vax* has had an impact on public health practices beyond seasonal influenza protection, as evidenced by:**

- Acceptance of *Vote & Vax* by many local public health departments and the national Medical Reserve Corps as a prototype for a disaster preparedness strategy

For example, as the H1N1 pandemic emerged, Program Director Shenson argued that the vote and vaccinate strategy offered a way to respond. In an op-ed piece, “[One Person, One Dose](#),” published in the *New York Times* on October 25, 2009, he wrote, “Providing widespread delivery of H1N1 vaccine is an enormous, looming challenge. Our polling places offer the best way to meet it.”

- New attention to the polling place as a platform for other public health interventions, such as delivering other immunizations (pneumococcal, tetanus, hepatitis A and B, etc.), cancer and cardiology screenings, and other preventive health services

LESSONS LEARNED

1. **Use pilots before expanding a program nationally.** It is an opportunity to learn what works and what does not and to minimize the potential of stumbling on a larger stage. (Program Director/Shenson)
2. **Include national partners in program efforts.** They bring legitimacy and can be instrumental in achieving program goals and expanding the initiative. The National *Vote & Vax* Council has offered valuable assistance in connecting to local and state immunizers on an ongoing basis. (Program Director/Shenson)
3. **Invest in a well-designed website when bringing a program to a national scale.** It is a critical tool that allows program stakeholders and consumers to learn about the program, download key materials, and obtain technical assistance. (Program Director/Shenson)
4. **Increase program reach and exposure by partnering with communications professionals who will craft messages and help place stories, interviews, and video in the local and national media.** *Vote & Vax* found the assistance of Spitfire Strategies during the 2008 election to be invaluable in this regard. (Program Director/Shenson)

5. **Connecting public health to 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 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."
6. **Do not provide free vaccinations or the program may run the risk of being perceived as part of a “get-out-the-vote” campaign.** (Program Director/Shenson)

For lessons on operating *Vote & Vax* projects from project directors of the 2004 pilot, see [Appendix 4](#).

AFTERWARD

Although RWJF funding has ended, *Vote & Vax* continues throughout the country:

- *Vote & Vax* offered clinics in more than 1,200 sites in 48 states, the District of Columbia, Puerto Rico, and Guam on Election Day 2012. This represents a quadrupling of its 2008 Election Day effort.
- The CDC’s Healthy Aging program is supporting *Vote & Vax* national activities and statewide *Vote & Vax* programs in North Carolina and Virginia during the 2012 election.
- Kmart held a *Vote & Vax* clinic in each of its 900 stores on Election Day 2012. Additionally, Walgreens and Rite Aid deployed *Vote & Vax* clinics at or near polling places in Virginia and North Carolina, as well as in some other states.. More than 150 independent and small-chain pharmacies also deployed *Vote & Vax* clinics in their retail spaces.

Promoting partnerships between pharmacies and local health departments is a continuing program priority, since election authorities are generally more comfortable working with public health entities. “The public health department sponsors the clinics and does the interaction with the election authority. The local pharmacy comes in with its personnel and its vaccine... And the public gets the shots,” said Shenson. “That’s a win-win for everybody.”

Program staff is also looking for more opportunities to add prevention services to clinics at polling places, either by providing them onsite or through other mechanisms, such as having a mammography provider call interested women to schedule appointments.

As of October 2012, Shenson is collaborating with [Ryan T. Moore, PhD](#),¹⁹ a former *RWJF Scholar in Health Policy Research*, to prepare articles related to *Vote & Vax* for publication.

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Program Area: Vulnerable Populations

Program ID: VVI (51610, 55855, 57520, 63123)

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¹⁹ Moore is currently Assistant Professor, Department of Political Science, Washington University in St. Louis.

APPENDIX 1

The Pilot: The 2004 Presidential Election—Vote & Vax Projects

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

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

Janet Zola, MPH

(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, MSN, ARNP

(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, RN

(785) 562-3485

Louisiana Department of Health and Hospitals (New Orleans)

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

Ruben A. Tapia, MPH

(504) 483-1900

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

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

Jan Morrissette, RN, MSN

(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)

\$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, PHN (Retired)

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

(605) 867-3139

Utah Department of Health (Salt Lake City)

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

Linda Abel

(801) 538-6682

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

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Project deferred

APPENDIX 2

Public Health Agencies and Visiting Nurse Associations Operating Vote & Vax Clinics on Election Day, November 7, 2006

- Clinica Sierra Vista, Grand Forks, Calif.
- Central Coast VNA and Hospice, Monterey, Calif.
- Garfield County Public Health, Rifle, Colo.
- VNA of Southeastern Connecticut, Waterford, Conn.
- Polk County Health Department, Bartow, Fla.
- Jefferson and Madison County Health Departments, Monticello and Madison, Fla.
- Lowndes County Board of Health, Valdosta, Ga.
- Community Health Center Partners of Sioux County, Orange City, Iowa
- Central District Health Department, Boise, Idaho
- Southwest District Health Department, Caldwell, Idaho
- Clay County Health Department, Flora, Ill.
- Whiteside County Health Department, Rock Falls, Ill.
- Louisa County Public Health, Wapello, Iowa
- Leech Lake Band of Ojibwe, Cass Lake, Minn.
- Saline County Health Department, Marshall, Mo.
- Monroe County Health Department, Paris, Mo.
- Lewis & Clark City-County Health Department, Helena, Mont.
- Cherokee Indian Hospital Public Health, Cherokee, N.C.
- Grand Forks Public Health Department, Grand Forks, N.D.
- Omaha Tribe of Nebraska
- Carl T. Curtis Health Education Center, Macy, Neb.

- Erie Center on Health & Aging, Erie, Pa.
- Bethlehem Health Bureau, Bethlehem, Pa.
- Galveston County Health District, La Marque, Texas
- City of Houston Department of Health and Human Services, Houston, Texas
- Tooele County Health Department, Tooele, Utah

APPENDIX 3

National *Vote & Vax* Council Institutional Members

- AARP, Washington, D.C.
- Association of Immunization Managers, Rockville, Md.
- Association of State and Territorial Health Officials, Arlington, Va.
- Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention, Atlanta, Ga.
- Immunization Coalitions Technical Assistance Network, Location unknown
- National Association of Area Agencies on Aging, Washington, D.C.
- National Association of Chronic Disease Directors, Atlanta, Ga.
- National Association of County and City Health Officials, Washington, D.C.
- National Association of States United for Aging and Disabilities (formerly National Association of State Units on Aging, Washington, D.C.
- Medical Reserve Corps in the Office of the U.S. Surgeon General, Rockville, Md.
- PKIDS (Parents of Kids with Infectious Diseases), Vancouver, Wash.
- Visiting Nurse Associations of America, Washington, D.C.

APPENDIX 4

Lessons from 2004 Pilot Project Directors on Operating *Vote & Vax* Clinics

1. **Identify sources of financial support to allow more public health agencies to initiate *Vote & Vax* projects.** However, if the *Vote & Vax* clinic replaces another clinic, or a vaccination infrastructure is already in place, additional funding may not be necessary. (Project Directors of Six 2004 Pilot Projects²⁰)
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 of Six 2004 Pilot Projects²¹)
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 (2004 pilot) noted that talking with staff from other projects provided a welcome opportunity to share ideas and to feel part of a larger initiative.
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, 2004 Pilot, Louisiana)
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, 2004 Pilot: Pasco County, Fla.; Boston; Utah)
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, 2004 Pilot: Maine; Boston; Erie County, Pa.)
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, 2004 Pilot: Pasco County, Fla.; Boston; Indian Health Service, S.D.)

²⁰ San Francisco; Worth County, Iowa; Maine; Boston; St. Louis County, Mo; Niagara County, N.Y.

²¹ Worth County, Iowa ; Louisiana; Maine; Niagara County, N.Y.; Indian Health Service, S.D.; Utah.

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 helped Hispanic residents understand that they did not need proof of citizenship or other identity documents to get vaccinated. (Project Director, 2004 Pilot: Erie County, Pa.; Utah)
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 & Vax* 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 & Vax* as an opportunity to draw good press for their campaigns. (Project Director, 2004 Pilot: Utah)
10. **Use the *Vote & Vax* 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, 2004 Pilot: Pasco County, Fla.; Custer County, Mont.)
11. **Cultivate a rapport with the local board of elections to help smooth both the implementation and the continuation of a *Vote & Vax* 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, 2004 Pilot: Pasco County, Fla.)

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Toolkits

Vote and Vax: Promoting Your Vote & Vax Clinic. Princeton, NJ: Robert Wood Johnson Foundation, 2008. Available on the *Vote & Vax* website for free after [registration](#).

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Communication or Promotion

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