

SPARC—Sickness Prevention Achieved through Regional Collaboration

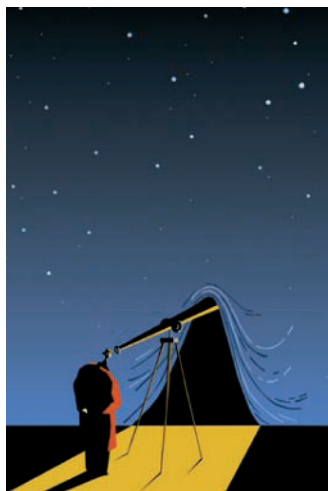


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Editors' Introduction

Every year, the *Anthology* features one chapter that takes a close look at an innovative community-level program and individuals who have worked to improve health locally. The preceding five volumes of the *Anthology* have contained chapters on programs to provide services for homeless pregnant women in San Francisco,¹ prevent violence in crime-ridden Chicago neighborhoods,² train inner-city high school and middle school students to run the Los Angeles Marathon,³ curb alcohol addiction among Native Americans in Gallup, New Mexico,⁴ and open a high school exclusively for addicted teenagers in Albuquerque.⁵

This year is no exception. In this chapter, Paul Brodeur, an award-winning former feature writer on health and the environment for *The New Yorker* and a frequent *Anthology* contributor, tells the story of SPARC (Sickness Prevention Achieved Through Regional Collaboration), a program designed to bring preventive health care services to individuals living in the tri-state area of eastern New York, northwestern Connecticut, and southwestern Massachusetts. Largely the creation of physician Douglas Shenson, SPARC provided primary care services in a number of innovative ways, such as its “Vote and Vax” campaign that referred senior citizens for vaccinations as they were approaching or leaving polling places on election day.

The *Local Initiative Funding Partners* program, a collaborative effort between the Robert Wood Johnson Foundation and local foundations that supports creative community health efforts, funded the program. The idea behind Local Initiatives is, on the one hand, to leverage the resources and know-how of local foundations and, on the other hand, to develop opportunities for the Robert Wood Johnson Foundation to identify promising ideas that emerge from local leadership and creativity.⁶

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2. Diehl D. “The Chicago Project for Violence Prevention.” In *The Robert Wood Johnson Foundation Anthology: To Improve Health and Health Care, Vol. VIII*. San Francisco: Jossey-Bass, 2005.

3. Brodeur P. “Students Run LA.” In *The Robert Wood Johnson Foundation Anthology: To Improve Health and Health Care, Vol. IX*. San Francisco: Jossey-Bass, 2006.

4. Brodeur P. “Combating Alcohol Abuse in Northwestern New Mexico: Gallup’s Fighting Back and Healthy Nations Programs.” In *The Robert Wood Johnson Foundation Anthology: To Improve Health and Health Care, Vol. VI*. San Francisco: Jossey-Bass, 2003.

5. Diehl D. “Recovery High School.” In *The Robert Wood Johnson Foundation Anthology: To Improve Health and Health Care, Vol. V*. San Francisco: Jossey-Bass, 2002.

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Two p.m. on a rainy November afternoon at an influenza vaccination clinic in the gymnasium of St. Peter's Parish Center in Great Barrington—a town situated in the southwestern corner of Massachusetts in the foothills of the Berkshires. A dozen or so elderly residents of the town and the vicinity have rolled up their sleeves and lined up before tables staffed by several members of the Berkshire Visiting Nurses Association, who are administering flu shots. It is an activity being carried out at this time of year in flu clinics across the nation, but with one important difference here. In Great Barrington, each woman who has received her flu shot is being asked if she has had her annual mammogram, and if her answer is no, she is being offered an appointment time to get one at either of two regional hospitals. The effort to combine the delivery of flu shots with the making of mammogram appointments is just one of a number of similar preventive health initiatives undertaken during the past ten years by a nonprofit organization called SPARC, which stands for Sickness Prevention Achieved through Regional Collaboration. SPARC acts as a catalyst by bringing local agencies together to coordinate the delivery of preventive care to the inhabitants of four adjoining counties at the intersection of three states—Berkshire County in southwestern Massachusetts, Litchfield County in northwestern Connecticut, and Dutchess and Columbia Counties in eastern upstate New York—which cover an area about twice as big as Rhode Island, and contain some 680,000 residents.

On this afternoon, the SPARC initiative is being overseen by Linda Cormier, a registered nurse who for the past two years has been manager of the organization's rural programs in Berkshire County south of the Massachusetts Turnpike, in the eastern half of Dutchess County, and in all of Litchfield County. White-haired and bespectacled, Cormier has lived in the Berkshires for the past twenty years and is highly familiar with the territory she is responsible for covering. "We use the word 'bundling' to describe the practice of combining one preventive service with another," she explains. "In addition to bundling flu shots with mammograms, other SPARC projects combine flu shots with pneumococcal vaccinations, which guard against the organism that can cause bacterial pneumonia and meningitis, and with cardiovascular disease risk assessments that include tests for cholesterol and blood sugar levels, blood pressure measurement, and education about the hazards associated with smoking and obesity. On election day earlier this month, one of my collaborators went to Clinton, New York, and conducted a cardiovascular risk assessment of voters at a polling center. The people there were thrilled and want us to come back next year."

Cormier goes on to explain that these and various other SPARC projects are being financed by a three-year Rural Health Outreach grant awarded by the U.S. Health Resources and Service Administration's Office of Rural Health Policy. "Unfortunately, this grant will run out in April of 2006," she says. "After that, we'll need to raise additional money to keep our projects operating. In the meantime, we've been partnering with the Centers for Disease Control and Prevention's federally-funded program for mammograms and Pap tests to provide early detection of breast and cervical cancer in uninsured and underinsured women. In this regard, it's important to remember that SPARC does not perform any preventive clinical services on its own. We're simply an incubator and facilitator for new ideas in delivering public health care. As such, we depend upon some 50 collaborating agencies either to provide direct patient care, as the visiting nurses are doing by giving flu

shots this afternoon, or to help identify and serve new populations of people who are not receiving adequate health care.”

In addition to the Centers for Disease Control and Prevention, or CDC, among SPARC’s national and state partners and collaborators are the American Cancer Society, the American Lung Association, the Connecticut Department of Public Health, the Massachusetts Department of Public Health, the New York State Department of Health, the Albert Einstein College of Medicine, the AARP, and the Robert Wood Johnson Foundation. Among its Litchfield County collaborators are the Charlotte Hungerford Hospital, the New Milford Hospital, Sharon Hospital, and the Visiting Nurse Services of Connecticut. Among its Dutchess County partners are the Dutchess County Department of Health, the Eastern Dutchess County Rural Health Network, and the Northern Dutchess, St. Francis, and Vassar Brothers hospitals. Among its collaborators in Berkshire County are the Berkshire Medical Center, the Berkshire Taconic Community Foundation, the Pittsfield Board of Health, and the Berkshire Project HEROA—which stands for Health, Education, Resources, Outreach, and Advocacy.

As it happens, Cormier is being assisted on this particular afternoon by two of SPARC’s dedicated collaborators, whom she refers to as the project’s “champions.” They are Marie Barsousky, who has worked for the New England Division of the American Cancer Society, in Pittsfield, for 20 years, and Lorie Harrington, a registered nurse at the Berkshire Medical Center, who works part-time for Project HEROA, as well as for the Women’s Health Network, an organization funded by the Massachusetts Department of Public Health with money provided by the CDC. Cormier and her two colleagues are taking turns approaching women who have just received their flu shots, but their inquiries are almost identical. “I’m here at the flu clinic to help women make appointments for their annual mammograms,” they say by way of greeting. “Are you by any chance due for one?”

Origins and Early Activities of SPARC

In April of 1994, Michael Alderman, chairman of the Department of Epidemiology and Social Medicine at the Montefiore Medical Center/Albert Einstein College of Medicine, and Douglas Shenson, an internist and assistant professor in the department, published an op-ed piece in the *New York Times* that criticized President Bill Clinton’s plan for national health reform, because it overemphasized improved access to physicians while neglecting the importance of delivering clinical services that had proved to prevent disease and extend life. The two physicians wrote as follows:

Too few people get the vaccinations that prevent infections and the mammograms, Pap smears and examinations that can detect cervical, breast and colon cancers while they are still curable. Nor do most people with high blood pressure or elevated cholesterol receive effective treatment that can prevent strokes and heart attacks. These cancers and cardiovascular diseases together account for half of all deaths in the United States.

Later in their piece, Alderman and Shenson suggested, “Just as local school authorities are responsible for providing primary and secondary education to all, a public health corps built on local health departments could take responsibility for a community’s preventive needs.”¹

As things turned out, the ambitious vision of Alderman and Shenson for a public health corps built on local health departments never came to fruition. Instead, as a member of the board of the Berkshire Taconic Community Foundation (an organization established to pool the philanthropic resources of the residents of Berkshire, Litchfield, Dutchess and Columbia Counties), Alderman persuaded his fellow board members to take on the prevention of disease as a critical task for the foundation. Virgil Stucker, who was then director of the foundation, proceeded to convene several meetings of regional residents and visiting experts—among them local hospital officials, physicians, visiting nurses, and directors of rotary clubs and senior centers—to consider how the foundation might become involved in the delivery of preventive health care. In June of 1994, the board voted to award a \$10,000 grant for the planning and initial development of a preventive disease program—a task that was taken up by Shenson, who became the program’s executive director, and whose services were initially made available by the Albert Einstein College of Medicine. Soon afterward, to further this effort, an anonymous board member of the foundation made a \$20,000 challenge grant that was quickly matched by local residents.

By the spring of 1995, SPARC—an acronym devised by Shenson, who then thought up the words to fit it (Sickness Prevention Achieved through Regional Collaboration)—had begun to develop along several lines. First and most challenging was the task of raising funds for operating costs; second was the need for developing projects that would carry out SPARC’s mission of expanding the delivery of disease prevention services; and third was the necessity for establishing an independent governance structure. The last of these was accomplished through Michael Alderman’s efforts. He recruited an independent board of directors, that, in turn, led the way for SPARC, originally a creature of the Berkshire Taconic Community Foundation, to become an independent not-for-profit corporation.

During the next several years, program development came to be the province of half a dozen steering committees, which grew out of the meetings initially convened by the Berkshire Taconic Community Foundation’s Virgil Stucker, and whose members assumed responsibility for delivering clinical preventive services in their own localities. The number of steering committees increased until, by the beginning of 1997, they partly covered Berkshire and Dutchess Counties and were operating in all of the communities in Litchfield County.

From the beginning, the steering committees included preventive health providers, as well as other private, public, and nonprofit partners, who not only were knowledgeable about the preventive health care needs of their respective localities but also possessed expertise in delivering it. The first of them, which was formed in Lakeville, Connecticut, met in the summer of 1995. Among its members were representatives of a local hospital, the Visiting Nurse Association, the Older Women’s League, the mental health association, and two local physicians. They adopted the overall SPARC program for delivering clinical preventive services, which, as defined by the United States Public Health Service, include influenza vaccination; pneumococcal vaccination; childhood immunizations; adolescent immunizations; mammography; Pap smear; test for fecal occult blood; sigmoidoscopy or colonoscopy; blood pressure measurement; and cholesterol measurement. Of these services, influenza vaccination for the elderly was identified as the most appropriate and important first step by the members of the Lakeville group, as well as by each of the other steering committees.

A major contribution to the early development of SPARC was the concept advanced by Shenson that the various components of clinical preventive services should not only be delivered separately to patients by physicians practicing primary care medicine, as had been the case in the past, but should also be considered as a unified endeavor, and, whenever possible, be administered in combination. Influenza and pneumonia shots had previously been combined at a number of locations across the nation, but in 1996 Shenson came up with the novel idea of bundling flu and pneumonia shots with appointments for mammograms. The experiment, supported by a grant from the Patrick and Catherine Weldon Donaghue Medical Research Foundation, was first tried in Litchfield County the following year, and led to a doubling of mammography use there. As a result, the flu-mammography project has since become one of SPARC's major initiatives.

Other SPARC efforts to increase provider and recipient participation in preventive care were implemented early on by the organization's steering committees. For example, the Northern Berkshire County Committee sent flu shot reminder letters to all individuals over the age of 65 who resided in one of its pilot sites. Additional pilot sites for the delivery of clinical preventive services were established in the modest-income town of North Adams; in a poor urban neighborhood on the west side of Pittsfield; and in the semi-rural town of Great Barrington. Medicare reimbursement records for Litchfield County indicate that since the inception of SPARC's influenza vaccine initiative, in 1995, the county had risen from third place in the delivery of flu shots to elders to the top rank among Connecticut's eight counties.

The Role of the Robert Wood Johnson Foundation

During its first two years, the SPARC program raised \$180,000 from foundations and nongovernmental organizations interested in supporting pilot disease prevention projects. During that same period, private philanthropy provided SPARC with more than \$100,000, demonstrating the commitment of local residents to improving the health of their communities. However, if SPARC were to achieve its ambitious goal of furnishing clinical preventive services to all the residents of its four-county area, it was obvious that more resources would be required. Consequently, in December of 1996, Shenson undertook to write a grant proposal to the Local Initiative Funding Partners program of the Robert Wood Johnson Foundation. He was assisted in this endeavor by Virgil Stucker and by Donna DiMartino, a community nurse specialist at Sharon Hospital, who had been lent to SPARC by the hospital, which also paid her salary.

Thanks largely to the vision of Terrance Keenan, then a senior program officer at the Foundation, the Local Initiative Funding Partners program had been created in 1987 to encourage partnerships with smaller foundations that, like the Robert Wood Johnson Foundation, fund projects in the area of health and health care. Local Initiative Funding Partners is a program of matching grants designed to support collaborative relationships between the Robert Wood Johnson Foundation and local foundations that finance innovative community-based projects to serve people who are underserved and at risk. Robert Wood Johnson Foundation grants averaging between \$200,000 and \$500,000 per project are paid out over a three-to-four-year period and are awarded through a competitive process. The philosophy guiding the Local Initiative Funding Partners program is that

local grantmakers interested in addressing local health care problems have a knowledge of their communities that no national foundation can match.

As it happened, the Local Initiatives Funding Partners program had turned down two previous requests for funding submitted by Shenson. However, staff members there had been sufficiently impressed by SPARC's mission and early accomplishments to encourage Shenson to keep applying, with the understanding that SPARC would be required to raise local funds to match any grant awarded by the Local Initiative Funding Partners program.

In his December 1996 proposal for funding, Shenson declared, "Despite their extraordinary benefits to health, national data indicate that the use of clinical preventive services is well below the accepted targets of *Healthy People 2000*."²² (This publication of the U.S. Department of Health and Human Services set goals for improving the public's health.) He also wrote, "A major reason that clinical preventive service rates are low in the United States is that no defined public or private body takes responsibility for assuring that all residents in a community are presented with an informed choice and reasonable access to these services." In this regard, he indicated that SPARC would address such fundamental problems "by developing a program that takes responsibility for increasing access to clinical preventive services for *all* residents in the region." The proposal further indicated that SPARC would promote at least seven of the 10 clinical preventive services in 50 percent of the Berkshire-Taconic region within four years and that in those communities served by the program, the gap between current utilization rates and an ideal rate of 100 percent would be reduced by half.

To carry out these ambitious goals, Shenson presented the Local Initiative Funding Partners program with a list of planned activities. Among them were the expansion of an adolescent health project in Berkshire County, under which arrangements had already been made with two high schools to vaccinate adolescents born before 1994, when hepatitis B immunization became mandatory for newborns. In the grant application, Shenson proposed extending the hepatitis B initiative into high schools in West Side Pittsfield and Poughkeepsie, followed by expansion into Hudson, New York, and rural towns in Columbia and Dutchess Counties. Among other initiatives in the proposal were the expansion of early cancer detection projects to increase women's access to mammograms and Pap tests, investigating whether flu clinics could successfully serve as places to connect older women with breast cancer screening, increasing influenza and pneumococcal vaccinations among the elderly, and developing an information system to guide and evaluate efforts to increase access to clinical preventive services.

Persuaded by SPARC's goals and by the plan for reaching them, the Robert Wood Johnson Foundation, acting on the recommendation of the staff of the Local Initiative Funding Partners program, awarded the Berkshire Taconic Community Foundation a matching grant of \$425,000 to be used by SPARC over a four-year period commencing on August 1, 1997 and ending on July 31, 2001. Financial support from the Robert Wood Johnson Foundation's Local Initiative Funding Partners program was a critical milestone in the continuing development of SPARC. The award received wide local publicity, earned SPARC credibility with collaborators and members of the community, and provided fiscal stability to a financially fragile organization. During the next few

years, donations from small foundations and local contributors combined to match the Local Initiative grant, and a series of “at home” meetings provided an opportunity to familiarize small groups of invited guests with the program and to broaden its base of support. Another important source of funding for SPARC was contracts with the agencies in Massachusetts, Connecticut, and New York that monitor the quality of services delivered to Medicare beneficiaries. These contracts made it possible to offer individual preventive services, such as flu and pneumococcal vaccinations and referrals for cancer screening. They also were important because the agencies’ reimbursement records helped determine whether the SPARC projects were improving the delivery of preventive health care.

Over the next four years, SPARC made significant strides in increasing the delivery of clinical preventive care to residents of the four-county area. By the end of the grant’s second year, the organization had established steering committees across the entire Berkshire-Taconic region, and assured access to flu shots for elderly residents in all communities of the four counties. This represented an outreach to approximately 95,000 residents age 65 and older. In addition, SPARC made access to pneumococcal immunizations possible for some 80,000 elderly residents of Berkshire, Dutchess, and Litchfield Counties, and expanded its initial mammography-flu project across all of Litchfield County and part of Dutchess County. The project reached out to some 2,000 women age 50 and older, and in a three-month period served 338 women who had not received a mammogram in the previous year. Finally, SPARC’s school-based hepatitis B vaccination program grew 140 percent in the first two years, and reached 1,560 adolescents.

During the third year of the Local Initiative grant, SPARC continued to make progress as influenza and pneumococcal immunizations were made available at all public clinics in the Berkshire-Taconic region. SPARC’s innovative approach to mammography—the bundling of flu shots with appointments for screening for breast cancer—was expanded to all of Litchfield and Dutchess Counties. SPARC’s hepatitis B immunization project expanded from serving three schools in Litchfield County to serving seven schools in Litchfield and Columbia Counties. In Dutchess County, SPARC launched a new initiative to promote screening for colorectal cancer.

In the fourth and final year of the grant, public clinics in the SPARC service area reported a 15 percent increase in influenza vaccinations and a 21 percent increase in pneumococcal immunizations. The organization broke new ground by launching an initiative promoting screening for diabetes, hypertension, and breast cancer among residents of the African-American and Hispanic communities of Poughkeepsie and Beacon, New York. SPARC also expanded its flu-mammography initiative and undertook a pilot replication of the project in Ulster County, on the west side of the Hudson River. For the first time, however, geographic expansion was not the propelling force behind SPARC’s program development. Instead, new emphasis was placed on building links with physicians and creating networks of practice-based nurses to extend the use of immunizations and cancer screening among patients.

Further Development of SPARC

In testimony before the House Subcommittee on Oversight and Investigation on May 23, 2002, David Fleming, a physician who was then the acting director of the Centers for Disease Control and Prevention, declared that the SPARC approach to preventive services was worthy of national replication. “The SPARC model has demonstrated its value in bringing lifesaving preventive services to older adults,” Fleming said. “Communities around the country could benefit from innovative and successful models like SPARC.”³

As it happened, staff members of the Robert Wood Johnson Foundation were already interested in replicating the SPARC initiative, and the Foundation’s Local Initiative Funding Partners program had recently awarded SPARC a one-year grant of \$25,000 to assess its impact on the regional delivery of preventive care, and to disseminate the results in the medical literature in order to facilitate replication of the SPARC program. The assessment, which is ongoing, is being conducted by SPARC in collaboration with the Yale-Griffin Prevention Research Center, in Derby, Connecticut. The dissemination of its results has been undertaken by Shenson, who has been writing and publishing articles about SPARC’s history and accomplishments and about the potential role that the SPARC program can play in expanding preventive care services.

Testifying before the Special Committee on Aging of the United States Senate, on May 19, 2003, James S. Marks, then the director of the CDC’s National Center for Chronic Disease Prevention and Health Promotion and currently a senior vice president at the Robert Wood Johnson Foundation, said that “SPARC has demonstrated great success in enhancing the provision of preventive services within clinical practices, facilitating public access to prevention, and establishing local accountability for the delivery of services.” Later in his testimony, he declared that the organization “represents a particularly noteworthy catalyst for enabling an effective community-based response to a national priority.”

Meanwhile, the U.S. Government Accountability Office, which is concerned with the cost-effectiveness of government programs, had turned to SPARC for advice on how to improve Medicare’s delivery of preventive services; the Massachusetts, Connecticut, and New York Departments of Health had asked SPARC for help in developing replicable disease prevention initiatives; and officials of CDC’s National Immunization Program had sought SPARC’s response to potential changes in national immunization policy. The immunization program’s interest in SPARC was not surprising. In the autumn of 2002, the organization had completed a five-year hepatitis B vaccination program during which nearly 2,000 adolescents were immunized.

During 2003, funds provided by the CDC enabled SPARC to continue expanding the delivery of flu shots and pneumonia vaccines to the residents of the Berkshire-Taconic region. As part of this effort, the organization placed advertisements in newspapers urging people to get flu shots, and arranged for public service announcements on major radio stations. Funding from the CDC and from the Massachusetts Medicare quality improvement agency, MassPRO, enabled SPARC to establish networks of practice-based nurses in communities in Berkshire and Litchfield Counties, with the expectation that such networks would extend the use of mammograms, cholesterol screening, pneumococcal immunizations, and fecal occult blood testing. Using funds obtained from the Dyson Foundation, SPARC developed a team of trained community members, called peer health advisers,

to identify persons at risk for diabetes, hypertension, or breast cancer in the hard-to-reach populations of the African-American and Latino communities of Poughkeepsie and Beacon. With funds from the Pfizer Foundation, and in collaborations with the Yale-Griffin Prevention Research Center, SPARC convened and conducted a series of focus groups made up of African Americans with diabetes in order to inform them about diabetes control and proper foot care. This initiative developed into a formal research project that evaluated the impact of a tailored brochure designed to improve foot care among diabetic African-American patients.

When a pilot project called Homebound Adults identified 128 Meals-on-Wheels recipients in Berkshire County as needing flu shots, and five recipients who needed pneumococcal vaccinations, SPARC hired visiting nurses to provide the appropriate immunizations.⁴ With these findings in mind, the leaders of SPARC made several key recommendations to the Connecticut Department of Public Health to ensure that the vulnerable population of homebound adults in that state would not go without flu and pneumococcal immunizations. As a result, the department provided SPARC with funds to expand its Homebound Adults initiative to Litchfield County. In addition, SPARC developed a project called Prevention Sundays to increase adult immunizations and cardiovascular screenings in rural eastern Columbia County. In this project, SPARC collaborated with the Columbia County Department of Health and the Columbia County Community Healthcare Consortium to promote, coordinate, and implement four church-based clinics offering members of their congregations and the public at large cholesterol screenings, as well as tetanus, diphtheria, and pneumococcal immunizations. Funding for Prevention Sundays was provided by the Our Town Fund, the Berkshire Taconic Community Foundation, and the Hudson River Bank & Trust Foundation.⁵

The Federal Rural Health Outreach Grant

In the spring of 2003, the Office of Rural Health Policy of the U.S. Health Resources and Services Administration awarded SPARC a three-year \$196,000 outreach grant to ensure that long-standing programs, such as adult immunizations, would emphasize initiatives that served hard-to-reach populations in isolated rural areas. One goal of the Rural Health Outreach Grant Program was to increase the delivery of annual influenza vaccinations to people 50 and older by 10 percent, and to increase the delivery of pneumococcal vaccine to people 65 and older by 20 percent. In order to accomplish these objectives, SPARC and its collaborators undertook to:

- Develop a calendar/flyer listing the locations of public flu clinics, and the dates and times they would be open.
- Establish and maintain a 24-hour flu clinic information hotline to provide callers with the same information.
- Coordinate the schedules and the distribution of the clinics to provide maximum accessibility.
- Place announcements about the availability of flu shots and other preventive services on local television and radio programs, and in newspapers and posters.
- Send physicians in the target area material explaining the initiative and encouraging them to immunize their patients when appropriate.

A second objective of the outreach project was to achieve a biannual mammography rate of 80 percent in women age 50 and older who were participating in the immunization clinics program, and a colorectal screening rate of 50 percent among men and women aged 50 and older who were participating in the program. Women of 50 and older would be asked if they had had a mammogram within the past 12 months, and, if not, would be offered the opportunity to receive a scheduling call from a radiology facility of their choice. Men and women of 50 and older who had been identified as overdue for colorectal cancer screening would be asked permission for SPARC to send a letter to their physician informing them that such screening might be in order.⁶

In the autumn of 2003, SPARC conducted a survey called Prescription for Life at 32 community flu clinics to determine whether the respondents had received timely immunizations and cancer screenings. The survey was completed by 2,025 participants, of whom 1,375 were women. Three hundred and sixty of these women stated that they had not had a mammogram in the previous 12 months; 145 of them requested mammogram appointments; and 67 of them received mammograms within the next eight months. The importance of the Prescription for Life initiative was soon apparent. Two of the 67 mammograms showed abnormalities, and both of the women involved were found to have developed breast cancer.

During the three-year period of the rural health outreach grant, SPARC maintained its activities in the African-American and Latino communities of Dutchess County, and continued working with the CDC to help health care and civic leaders in other regions develop the skills to launch their own SPARC replication sites. Among the minimum requirements for such sites were the ability to assess local baseline delivery rates for clinical preventive services; a history of successful collaborative activities; the presence of a lead agency that could function as a neutral convener of clinical preventive services' providers; the ability to involve all sectors of the local health care delivery system, such as hospitals, public health organizations, and medical practices; the ability to combine or bundle clinical preventive services' delivery; and the capacity to evaluate the result of the intervention. In this last regard, SPARC declared that it would promote the publication of outcomes data from its own work and from that of the replication sites—the idea being that a critical mass of evidence would be needed to confirm the hypothesis that creating accountable agencies for the community-wide delivery of clinical preventive services could lead to measurable increases in the delivery of such interventions.⁷

SPARC's Vote and Vaccinate Project

In the spring of 2004, Shenson was invited to attend a Local Initiative storytelling skills workshop held at the Robert Wood Johnson Foundation. The story he told was how, in 1997, after learning about an idea that had been tried in the South—offering flu shots to elders after they had voted at polling places—Donna DiMartino, the nurse specialist at Sharon Hospital, and some of her nursing colleagues decided that such an activity might make a worthwhile project for SPARC. However, they soon discovered an old Connecticut ordinance that prohibited commercial activities of any kind near a polling station. Fortunately, with the assistance of a state representative, who happened to sit on one of SPARC's steering committees, DiMartino was invited to testify before a committee of the Connecticut Legislature. Impressed by her testimony emphasizing that more than any other group, older people show up at the polls on Election Day, which happens to fall right in the middle

of the flu shot season, the committee instructed the state attorney general to review the law with an eye to permitting flu clinics to operate near polling places. As a result, in 1998, SPARC piloted a clinic for voters in the town of Salisbury, Connecticut, which proved so successful that in the following year Vote and Vax clinics, as they came to be called, were established across Litchfield County, and have since become part of the way flu shots are administered in all of the communities in which SPARC is active.

Based on the results of SPARC's Vote and Vax initiative, in September of 2004, the Robert Wood Johnson Foundation awarded 15 health departments across the nation grants of up to \$8,000 each to help local communities organize and implement influenza vaccination clinics for low-income and hard-to-reach adults over the age of 50 at or near polling places on Election Day 2004. A major goal of the program was to increase the number of flu shots to elderly African Americans and Hispanics, who were lagging far behind whites in vaccination rates. The Foundation also authorized a grant of \$58,000 from the Local Initiative Funding Partners program's special opportunity fund to enable SPARC to develop criteria for eligibility and selection of grantees and provide technical assistance to them.

The 2004 Vote and Vax Project was assembled at a very quick pace. By August 2, completed applications from 60 prospective grantees had been submitted, and by the end of the month 15 health districts from across the nation had been awarded funding for the initiative. However, in mid-September, Chiron, one of the two U.S. flu shot manufacturers, announced that it was having production problems, and in early October it ceased production altogether, leaving 10 grantees with a shortfall of vaccine. Members of the project steering committee decided that those grantees unable to provide flu shots would not be asked to return their funds but would be asked instead to develop public health outreach or provide other vaccinations at clinics near polling places. In the end, 12 grantees launched activities at 56 polling stations, where they delivered a total of 1,030 flu shots, 224 pneumonia shots, 91 tetanus shots, 70 hepatitis A shots, and 52 hepatitis B shots.⁸

Virtually all of the health departments that received grants saw Vote and Vax as a public health opportunity to be exploited, and voter reaction was overwhelmingly enthusiastic. Most important, the fact that every grantee was able to work with local election authorities to establish a Vote and Vax clinic demonstrated that the establishment of such clinics on Election Day was replicable. As a result, Vote and Vax was now considered to be in a position to be used as a model around the nation.

With this in mind, the Foundation issued a report in the early autumn of 2005, entitled *Vote and Vax: Setting up a Successful Clinic in Your Community*.⁹ The report pointed out that on November 8, 2005, more than 100 million Americans would come together to vote at their local community polling places, that approximately half of them would be 50 years old or older, and that making flu shots available at clinics convenient to polling places might significantly reduce the 20,000 deaths that occur annually in the United States as a result of influenza. It recommended that the leaders of Vote and Vax projects consult with local election officials to make sure that their activities conformed to local or state law, and it urged them to consider that the middle of the day—between 10 a.m. and 5 p.m.—might be the period during which large numbers of elderly voters would come

to polling places. In May 2006, the Robert Wood Johnson Foundation awarded SPARC a grant of \$321,000 to expand Vote and Vax to 25 additional low-income communities across the nation in anticipation of the November 2006 elections and flu season.

SPARC's Founders Talk about its Future

Michael Alderman is an unassuming, gray-haired man in his late 60s, who has been chairman of the board of SPARC since the organization's inception. In addition to being instrumental in the founding of SPARC, he has provided extraordinary leadership in helping to formulate strategic objectives for the organization, and in sharing his expertise as one of the nation's leading epidemiologists. "I've been wondering if a nonprofit organization such as SPARC is the ideal model for replication nationwide," he said in a recent interview. "My concern is, why go to the expense and trouble of creating yet another structure when we might be able to do without it? Perhaps the most efficient way to provide clinical preventive services might be through consortiums of hospitals—say, two to five hospitals in a given region—that would work together and form their own steering committees in order to come up with their own ideas about how to deliver clinical preventive services."

Alderman went on to say that he had already been exploring this idea with Sharon Hospital, Fairview Hospital, and the Berkshire Medical Center. "The role of SPARC would be to share with the hospitals our familiarity with the local communities in the region, and thus help make them become more efficient in the delivery of preventive services," he explained. "Hopefully, SPARC might also be able to raise money for the consortiums from outside organizations, such as Medicare and the CDC, which have already invested in SPARC projects. Hospitals invariably want to make connections with people in the communities they serve. For that reason, delivering immunizations, cardiovascular screening and cancer screening would make for excellent public relations, not to mention increased profits. Right now, the greatest challenge for SPARC is sustainability—how to raise sufficient money to keep providing and expanding the delivery of clinical preventive services in our four-county area."

Alderman's continuing interest in the delivery of clinical preventive services on a large scale was on display a few weeks later on November 30, 2005, when he published an op-ed piece in the *New York Times*, which advocated treating people who might become afflicted with avian flu with the vaccine effective against the pneumococcal bacteria that causes pneumonia. According to Alderman, such treatment might save the lives of up to 25 percent of those infected with influenza, because patients weakened by the disease often acquire bacterial pneumonia. In addition, Alderman called for a government program to guarantee lifesaving vaccines for every American. "Such a program would replace our shamefully inadequate and unfair private system of vaccine delivery," he wrote. Alderman ended his piece by declaring that the kind of program he was recommending not only would improve survival in a future natural or man-made catastrophe but also "will put in place the means for regular delivery of all the tools—not just vaccines—that prevent disease and safeguard our health."¹⁰

Douglas Shenson is a soft-spoken, 49-year-old man who was born in England of American parents and came to the United States to attend boarding school in 1970. Later, he completed a joint program in medicine and public health at the Tulane University School of Medicine, in New Orleans, and a residency in internal medicine at the Montefiore Medical Center in the Bronx. While

at Montefiore, he worked with AIDS patients in the inner-city population, which opened his eyes to the need for preventive services throughout the nation.

After describing how SPARC has significantly raised the rates for vaccinations and cancer screening among the residents of the Berkshire-Taconic region, Shenson went on to say that a major reason for this achievement has been that, from the beginning, the organization never tried to compete for the delivery of preventive health services. “That would have made partnerships more difficult to establish,” he explains. “Instead, we have striven to create alliances with these providers and to collaborate with them to increase the delivery of clinical preventive services. In this way, by acting as a bridge between medicine and public health, SPARC has built a whole new approach to prevention that considers physician practices as simply one element in a community-wide network of activities.”

Over the past two years, Shenson has worked with colleagues at the CDC to analyze data on the delivery of clinical preventive services. The results of this work highlight the magnitude of the problem SPARC is trying to address. “About 95 percent of adults age 65 and older have health insurance through Medicare, which pays for cancer screening and vaccinations,” Shenson points out. “However, fewer than 40 percent of this age group are up to date with basic preventive services, such as immunization for influenza and pneumonia, and screening for breast, cervical, and colorectal cancers. And when you include the younger group—adults age 50 and older—who should be receiving these services, fewer than 27 percent are up to date on all of them. One reason for this is that most physicians are accountable only for the patients in their practices. Nobody has taken responsibility for the prevention of disease in the community as a whole.”

Like his colleague Michael Alderman, Shenson has been thinking long and hard about how to create an effective nationwide program that might emulate the achievements of SPARC. “How do you develop a system with local accountability for the delivery of potentially lifesaving preventive measures when there is currently no such system?” he asks. “In my opinion, the question begs for an experiment that will evaluate the ability of a variety of agencies and institutions to serve as potential platforms for replication of the SPARC program. Among the candidates are consortiums of hospitals, local or state public health agencies, academic medical centers, and organizations that deal with the nation’s aging population. It seems to me that of all the ways we have of investing our money in preventive health, such an experiment is both necessary and promising. Let’s hope that the nation’s public health officials will be able to muster up the vision and determination to carry it out.”

SPARC’s Program Manager Assesses Her Efforts

Four p.m. at the flu/mammography clinic in St. Peter’s Parish Center in Great Barrington. Linda Cormier and her two colleagues are talking to the last of several women who have received flu shots before the clinic closed. Afterward, she reveals the results of the afternoon. “Most of the two dozen women we queried today had already received mammograms within the past 12 months,” she says. “However, four women who had not received a mammogram—among them a mother and daughter—made appointments to have them at Fairview Hospital. All in all, I consider that a wonderful response to our effort here.”

Cormier goes on to describe the continuing need for clinical preventive services in the Berkshire-Taconic region. “A large part of our population is subject to seasonal layoffs,” she points out. “Among them are people who work as waiters, waitresses, and kitchen help in bed and breakfast establishments, inns, and restaurants, as well as farmers, agricultural workers, carpenters, roofers, snow plowers, and people working in the ski industry. Such people are often uninsured or grossly underinsured. There’s also a great need to take the flu/mammography project to special groups of women—factory workers, health care workers in hospitals and nursing homes, schoolteachers, school bus drivers, and other women who work part time. Women school bus drivers could be canvassed at their annual safety meetings, or as they wait for children to be let out of school. The mothers of school children could be approached on parents’ night. As you can tell, I’m a great believer in the flu/mammography project, and feel that it should be taken nationwide. It’s easy to carry out, it’s inexpensive, and, most compelling of all, it saves women’s lives.”

Conclusion

On December 12, 2005, SPARC received the Aetna Susan B. Anthony Award for Excellence in Research on Older Women and Public Health. This award is given annually by Aetna and the Gerontological Health Section of the American Public Health Association, or APHA, to honor individuals whose research has made significant differences in the lives of older women. It specifically recognized the value of SPARC’s innovative flu/mammography project, and was received on behalf of SPARC by Linda Cormier at the American Public Health Association’s annual meeting in Philadelphia.

The APHA award to SPARC is a public recognition of the program’s accomplishments in increasing the delivery of clinical preventive services to the residents of the Berkshire-Taconic region during the past 10 years. Not the least of SPARC’s accomplishments is the fact that many of its projects, such as its flu/mammography initiative and the Vote and Vax project, have been demonstrated to be replicable. The time has now come for major governmental health agencies at the state and federal level to determine how best to replicate a SPARC-like program nationwide that will spread the delivery of immunizations and cancer screening to a vast population of people who are without them at present and therefore are at avoidably greater risk of developing potentially fatal diseases.

Notes

1. Alderman M and Shenson D. “A Ton of Cure.” *New York Times* op-ed page, April 24, 1994.
2. National Center for Health Statistics. *Healthy People 2000 Final Review*. Hyattsville, Maryland: Public Health Service, 2001. (www.cdc.gov/nchs/data/hp2000/hp2k01.pdf)
3. SPARC. *SPARC Annual Report*, cover text, June 2002.
4. *Ibid*, pp. 2–9.
5. SPARC. *SPARC Annual Report*, pp. 7–9, 2003–2004.
6. *Ibid*, pp. 12–17.
7. *Ibid*, p. 18.

8. Shenson D. *Vote and Vax Project Report*. Prepared for the Robert Wood Johnson Foundation and the Local Initiatives Funding Partners program, pp. 2–10, April 6, 2005.
9. The Robert Wood Johnson Foundation. *Vote and Vax: Setting Up a Successful Clinic in Your Community*. (www.rwjf.org/files/newsroom/votevax091405.pdf)
10. Alderman M. “The Flu’s Second Front.” *New York Times* op-ed page, November 30, 2005.