

Pneumococcal Vaccine Services and Harlem Community Pharmacies

Educational intervention to address racial and ethnic disparities in pneumococcal immunization rates.

Project Aims:

1. Increase community pharmacy provision of pneumococcal immunization services in the largely minority low-income New York City neighborhoods of Central and East Harlem (CEH).
2. Identify barriers to greater pharmacy pneumococcal vaccine delivery and possible means of addressing them.

Methods

- **Target population:** Supervising pharmacists at the 87 (67 independent; 20 chain) retail pharmacies operating in Harlem in July 2013.
- **Educational intervention components:** pharmacy visits, comprehensive immunization resource manual, pneumococcal fact sheet and pneumococcal vaccine algorithm, client educational promotional materials.
- **Intervention's impact measured** by comparison of quantitative data from initial and one-year follow up surveys regarding pneumococcal knowledge and immunization activities.

Findings

Participation:

Initial Survey: 56 (64%) of 87 CEH community pharmacies

1 Year Follow Up: 44 (79%) of initial 56 participants

At project's inception:

Differences in pneumococcal immunization "readiness" and activities between chain and independent pharmacies:

Pneumococcal Vaccine	Chains	Independents
# Administered in Prior Year	202	2
Possess Standing Orders	12 (100%)	2 (5%)
Require Immunization Certificate	12 (100%)	15 (34%)

Pharmacists at **Independents identified >>> barriers** (primarily financial) to immunization delivery

Comparison of Initial and 1 year Follow Up Survey Data

- 2X ↑ possession pneumococcal standing orders among CEH pharmacies overall
- > 5X ↑ possession pneumococcal standing orders among independents
- 13% ↑ pharmacists' pneumococcal risk knowledge (p= .001)
- ↑ pharmacists' pneumococcal vaccine recommendations (p = .000)
- No Increase in # pneumococcal vaccines administered

Barriers to Pneumococcal Vaccine Delivery

Actionable Barriers:

- Independent pharmacies (77% CEH pharmacies): **limited immunization “readiness” and interest**
- Absence of pneumococcal **quality assurance measures** at pharmacies or on part of health insurers
- Lack of vaccine **reminder systems**; inability to use current pharmacy management **software systems** in that capacity due to functional limitations
- Financial considerations: **Client copayment** and **Insufficient reimbursement**
- **Paucity of demand**