

Georgia

Reinventing the Delivery of Clinical Preventive Services

Public Health Problem

There are few interventions in preventive medicine for which the benefits are more rigorously documented than immunizations and screening for chronic diseases, yet the rate of delivery of these potentially lifesaving preventive services is surprisingly low. Recent analysis has shown that, in 2004, less than 40% of individuals aged 65 and older were up to date on immunizations for influenza and pneumococcal disease, and screenings for breast, cervical, and colorectal cancers. To a large extent, the overwhelming responsibility for the delivery of these services has fallen at the doors of already overburdened physicians' offices. An enhanced focus on clinical preventive services and the establishment of additional access points are key strategies for improving and protecting the health of older adults.

Taking Action

The SPARC (Sickness Prevention Achieved Through Regional Collaboration) program, active in a four-county area of New England and rigorously evaluated through CDC support, has shown documented success in enhancing the delivery rates of influenza and pneumococcal vaccines, and screenings for breast, cervical, and colorectal cancers among older adults. SPARC's approach is to enlist collaboration among providers, local government agencies (e.g., local health departments and area agencies on aging), community groups, and others to make the most of existing community resources in the delivery of preventive care. SPARC itself does not deliver clinical preventive services but rather creates, coordinates, facilitates, and monitors community-wide efforts. Among SPARC's innovative strategies are "bundling" preventive services, such as providing mammography appointments at "flu shot clinics" for women who were behind schedule for breast cancer screening, and pioneering "Vote and Vax" campaigns that make immunizations available at polling places on election days.

In fall 2006, the SPARC model was piloted for the first time beyond its New England roots in two counties of metropolitan Atlanta. With Atlanta's Area on Aging serving as the SPARC convener, SPARC coalitions were established in Fulton and Fayette Counties, where respective county offices on aging applied local knowledge of their communities and engaged a network of community-based collaborators. Local public health departments were primary providers of services; other key stakeholders included local hospitals, social service agencies, local housing authorities, and visiting nurses associations.

Implications and Impact

Findings from the pilot study will be published in early 2008. While the pilot was limited in scope and time duration, the results validate that SPARC provides a practical and appealing framework for improving the delivery of preventive services and can galvanize local providers to develop innovative and sustained community-tailored interventions. The SPARC model is one that should be considered for replication in additional communities, and local area agencies on aging, working hand-in-hand with local health departments, may well represent important vehicles for such replication.