

Preparation

Create your partnership

There may be several individuals and organizations that can assist you in the design, plan and implementation (or putting into action) of your individual education interventions.

Example partners to implement your individual education intervention to increase immunizations with include:

- schools
- health clinics/centers/medical practices
- veterans clinic
- hospitals
- pharmacies
- WIC clinic
- businesses - for incentives or setting for programs
- nursing homes
- media
- voluntary agencies such as the American Pharmaceutical Association
- universities
- community coalitions
- community organizations
- faith based organizations
- vaccine manufacturers
- insurance companies
- early childhood workers
- department of health
- local champions and lay health workers

Try to think of partners that can serve a variety of roles. For example, you may need certain partners to help you create a plan for an immunization intervention (university researchers and physicians), while others may be more helpful in disseminating the information (schools, worksites, and community centers).

Besides creating an individual education intervention to promote immunizations, it is also important to evaluate your efforts. There may be elaborate and expensive ways to develop and implement an individual education intervention. Regardless of the complexity of your intervention, when developing and evaluating these interventions, it may be useful to seek out technical assistance from local colleges, universities or others with this experience.

For more information on engaging partners, go to [Partnerships](#).

Identify your population

Immunization individual education interventions may benefit by working to create interventions that suit the needs of various subgroups with regard to gender, race/ethnicity, age or other sociodemographic characteristics.

Immunization interventions have been used with a variety of populations, including:

- elderly/Medicare population
- adults
- hospitalized patients
- children/students - with parental consent through schools
- college students
- infants - reminder cards sent to parents
- individuals with high risk/need for pneumococcal vaccine/existing health condition e.g., diabetes, respiratory diseases, heart disease, renal disease
- veterans & military and retired military
- individuals with medical conditions that place them at high risk
- a wide variety of racial/ethnic communities including: Caucasian, Vietnamese, Latino/Hispanics, African American, Pacific Islanders, Asian American, Alaskan Native or American Indian
- men and women
- lower socioeconomic status

Also consider individuals other than those participating in the intervention. By providing information in some settings, such as schools and worksites, interventions may have the benefit of influencing not only those individuals with the highest risk and greatest potential need for immunization but also key members of their support networks and the population as a whole. Regardless of the setting, it is useful to make sure that the providers in all settings give consistent messages and that they act to reinforce and build upon messages provided in other settings. This requires good communication systems and partnerships be developed among practitioners in various settings (e.g., schools and health care facilities).

As you start to consider your own population, it will be important to identify important aspects of your population, such as:

- Define your population. (e.g., infants/children, adolescents, the elderly)
- Are there subgroups within this population? (e.g., racial/ethnic differences, differences by preexisting medical conditions)
- What are the geographic boundaries?
- What are the shared social and cultural characteristics of this community?

For more information on identifying your population, go to [Assessment and Prioritization](#).

Once you have considered who your population is, you will need to consider where to approach your population.

Example settings for individual education to increase immunization include:

- clinic/medical practice
- health center - inner city
- hospitals
- schools - public and private
- pharmacies - rural community
- faith based organizations/faith based community health centers
- community wide

- WIC
- veterans hospitals/clinics
- rural/urban/suburban
- health fair

When deciding on a setting for an individual education intervention, keep in mind that there may be some benefit to providing information in settings that have the potential to provide on-going and reinforcing messages during an individual education intervention. By providing information in some settings, such as schools and worksites, interventions may have the benefit of influencing not only individuals targeted for your intervention (e.g., individuals at highest risk) but also key members of their support networks and the population as a whole. Regardless of the setting, it is useful to make sure that the providers in all settings give consistent messages and that they act to reinforce and build upon messages provided in other settings. This requires good communication systems and partnerships be developed among practitioners in various settings (e.g., schools and health care facilities).

Think about the population you will be working with and where your intervention will take place (e.g., at a community center, at a church). For example, information prepared for Latino individuals attending a certain church may relay information about the benefits of immunizations in light of their spirituality and religious beliefs, and may also be presented in Spanish. The information that you provide should be specific to the setting and population.

For more information on settings for immunization-related interventions, go to [Immunizations in Different Settings](#).

Record your intervention goals and objectives

If you and your partnership have not formed your intervention goals and objectives, you will need to work with your partners to do so. Although you may refine your goals and objectives, it is important to start with some idea of what you want to accomplish for this intervention.

Example of an immunization individual education intervention goal and objective:

- Goal: Increase the number of elderly who have been immunized against the flu in your community by 25%.
- Objective: Increase the number of individuals in the community with knowledge of the benefits of immunization and the risks associated with contracting the flu by 25%.

With individual education, as with other efforts increase immunization rates, it is important to set attainable and realistic goals and objectives. This usually requires the development of intermediate outcomes such as changes in attitudes toward immunization, changes in knowledge regarding the risks of immunization, changes in knowledge regarding the benefits of immunization.

It may be helpful to create a logic model to organize your goals, objectives and the action steps to meet your goals and objectives. Some funding sources have very specific logic models for your partnership to use, so be aware of different

requirements. For more information on developing goals and objectives, visit [Preparing for Your Intervention in Readiness and Preparation](#).

Assess your community capacity and needed resources

Before beginning your individual education intervention, you must assess the resources you already have and the ones you need in order to successfully carry out your intervention. The resources needed depend on the specific strategies being used.

Example resources needed:

- staff to provide immunization
- sites to provide immunization
- immunization doses or reimbursement for immunization
- costs for material development: Graphic designer to develop print materials such as brochures, posters
- costs for translation of materials into various languages
- costs for dissemination of materials
- computers/computer software
- computerized telephone system for automated calling for immunization reminders
- tracking system
- costs for media
- incentives for taking a immunization or immunization series
- telephones
- travel costs for staff
- transportation for participants
- immunization transport and storage facilities
- VCR or DVD player & TV for playing videos
- digital camera if put photo of child on materials

The development of individual education interventions often requires the collection of qualitative or quantitative data, or asking others in your area what they have found through their assessments. It may be useful to look for assistance in developing these materials and implementing these interventions.

With respect to community resources, it may be useful to work with your partners to develop lists of community resources available for community members. In developing these lists, it is important to provide information on resources in the community to support individuals in obtaining immunizations (e.g., transportation to clinic or free immunization locations). In communities where there are few resources, it may be useful to combine individual education with other strategies, settings or approaches (e.g., environment and policy approaches).

Individual education interventions may also require certain skill sets depending on the specific strategies used. For example, you may need assistance in developing new materials rather than use existing materials. Likewise, evaluation of individual education interventions can be complex and may require assistance from researchers and other partners who have experience with study design, measurement development, data collection, data analysis or translation of research findings into practical implications for your community.

The [Readiness and Preparation](#) and [Capacity](#) sections provide information and resources to help you think about the resources you might need for your intervention.

Design your intervention activities

- *Consider the readiness of your population to increase immunizations*

In addition to decisions about settings and populations, you will also need to consider the readiness of your population to increase immunizations as follows:

- What are the current immunization patterns in your community?
- Are community members aware of the benefits of immunizations?
- Are community members aware of the types of immunizations they need?
- Are community members currently getting immunized?
- If not, have they been thinking about getting immunized?
- Once you have a sense of the community's readiness to learn more or change their behaviors, you can begin to design your intervention strategies.

After assessing the readiness of the target population in your community to changing immunization patterns, think about the specific groups your intervention will target:

- those who are not thinking about changing their immunization behaviors
- those who would like to change their immunization behaviors;
- those who have just started changing their immunization -related behaviors;
- those who have changed their immunization -related behaviors for some time now [e.g., have obtained a subset of a series of immunizations required] but have trouble completing the series; and
- those who have changed and maintained their immunization -related behaviors [e.g., obtained flu shots on a regular basis].

With respect to each of the above groups that differ by readiness, you may want to provide different types of information and use different intervention strategies to help them move from stage to stage until they are able to obtain the proper immunization related behaviors.

The table below provides additional information to assist you in changing immunization related behaviors for individuals with different levels of readiness.

| Stage of readiness to change behaviors | Recommendations for intervention strategies |
|---|--|
| Those who are not thinking about changing their immunization -related behaviors | Discuss the pros (reasons for wanting to change their behaviors/benefits of immunization) and cons (reasons why changing behaviors are challenging or undesirable/challenges in obtaining immunizations and risks in obtaining immunizations). |
| Those who would like to change their immunization -related behaviors | Provide assistance in, identifying short-term successes, reinforcing interest in changing behaviors, understanding the |

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|--|---|
| | range of ways in which people can change their behaviors, minimizing barriers such as time and access, increasing social support and finding rewards for accomplishments. |
| Those who have just started changing their immunization -related behaviors | In addition to the above items, offer guidance on how to make their new behaviors a priority, create a personal plan for changing their behaviors and monitor progress. |
| Those who have changed their immunization -related behaviors for some time now but have trouble maintaining their new patterns | Suggest helpful hints to anticipate barriers, create back-up plans, build ways to maintain new behaviors, increase social support and identify incentives. |
| Those who are able to maintain immunization -related behaviors on a regular basis | In addition to the above items, provide recommendations for ways to maintain behaviors over time. |

- *Design your individual education strategies*

When implementing an individual education intervention, it is important to consider the information you will be presenting to your target population. It is important to consider the kinds of information, as well as the methods of sharing information, and what will be most useful in getting the community involved.

Example strategies for information sharing:

- Written information either general, targeted or tailored (including when immunization is due) postcards, newsletters, fliers, calendar: may be hand delivered door to door or in medical offices or pharmacies, or may be mailed to intended recipient
- posters in health center waiting and exam rooms,
- Telephone calls to intended recipient: personal or automated
- As part of WIC visit - software program determined need and printed report showing which vaccines were missing
- Billfold sized cards with their immunization status and needs
- Vaccination reminder on "on-hold" phone recordings
- Videotape

It is important to remember that all written materials should be based on the literacy level of the intended audience (adults, children, educational level, English or other language skills) and be culturally appropriate. It may be useful to include the use of lay health advisors who are linguistically, ethnically, and culturally similar to the intended audience. Lay health advisors are individuals from the population who are trained informed about immunizations and are encouraged to modify their teaching methods and messages to meet the specific needs of individuals.

There are certain things that might be helpful to consider in developing each of these strategies. These are listed below;

Brochures, fliers, posters newsletters:

- Make sure that materials created are in the languages spoken by the community and are at the reading level of the intended population.
- It is also important that the materials have visual appeal and that the graphics used tell the story you want and are appropriate for the population of interest.
- It is essential that the information provided is current and accurate and that the messages are clear and simple.
- Previous work has found that it is important to convey risk as well as specific steps to take to reduce risk.
- Be sure to ask the population of interest what they think about the materials before you use them.
- In order to be effective all materials should be culturally appropriate not only in terms of the language used but the messages conveyed.
- It is also important to place these materials in locations where the population of interest can access or see them easily. Previous work has found that the impact of these informational messages is enhanced when the same message is repeated more than once.
(<http://www.healthypeople.gov/Document/HTML/volume1/11HealthCom.htm>)
- Previous work has also found that using multiple methods of communicating may be more helpful than using a single method
(<http://www.healthypeople.gov/Document/HTML/volume1/11HealthCom.htm>)
- Combining these strategies to improve knowledge with strategies to enhance access
(<http://www.healthypeople.gov/Document/HTML/volume1/11HealthCom.htm>)
(CDC.com/vaccines – toolkit) (Immunize.org – toolkit)

Video tapes, audio tapes:

- Consider the tips provided for print materials as well as additional tips when preparing visual/audio media materials.
- In using audio or video tapes it is important that the individual speaking can be easily understood and that the quality of the tape is sufficient to use in a variety of settings.
- It is useful to utilize individuals who are known, valued, respected, trusted and believed to deliver health messages when possible

Individual or group programs to provide information:

- It is important to recognize that most individuals can only remember and process 3-7 pieces of information at a time- so keep each session focused and specific.
- A small amount of repetition can be useful to emphasize certain important points.
- It is useful for the health educator or person leading the sessions to be enthusiastic and share their own experiences to the extent it is appropriate.

It is also helpful to remember that different populations may have different styles of learning and may respond differently to different teaching strategies. It may be

helpful to consider going to locations where individuals naturally gather (e.g., individual's homes, churches, community and neighborhood organizations).

Some strategies may help to address potential barriers to obtaining immunization, including fear about perceived risks associated with immunizations or access to immunization. In terms of risk it is important to provide specific information about the documentation that exists regarding these risks. In terms of access it may be helpful to provide locations where individuals can obtain immunizations along with costs associated with immunization.

It may also be useful for you to consider having participants speak with their health care provider prior to obtaining immunizations to ensure that the immunization is right for them.. You may ask them to sign a waiver indicating that they have consulted their health care provider.

Go to [Tools and Resources for Individual Education Immunizations Interventions](#) to see examples of what others have used.

- *Create a timeline and assign roles and responsibilities*

Work with your partners to decide on the timeline for the intervention as well as who will be responsible for carrying out the intervention activities. Be very specific about roles, tasks, and timelines to ensure that the intervention is implemented successfully. Include information about when your message will be distributed and by what communication channels.

Identify potential barriers

Think about the potential barriers to implementing your intervention that may be encountered along the way and prepare your reaction to these barriers.

Some of the barriers you might encounter:

- Timing and frequency of program – For an individual education program to be effective it is critical that the individuals obtain immunization prior to exposure to the contagion. In addition, a successful individual education program may require multiple meetings between recipients of the intervention and resources and personnel delivering the message. For example, to be effective some immunizations require multiple rather than a single dose. It is important to develop strategies to ensure that all doses are obtained.
- Cost – Costs may be a barrier to getting started or completing your activities. These costs can include the cost of technology needed to implement your intervention (e.g., CDs, DVDs, kiosks), ability for your target population to get to the site of information (e.g., transportation costs for the individuals receiving the intervention), and costs of the actual immunization (including cost of the immunization as well as transportation and storage of the immunizations). Staff to provide education may be costly. Similarly, tailored print communication can have a high cost per item, unless a high volume is printed. It is useful to develop a budget and estimate the costs of creating, implementing, and maintaining the individual education intervention. Work

- with your partners to identify costs and sources of funding. See [Capacity](#) for resources to help you plan your budget.
- Resources – The knowledge, skills, and experience of your partners in presenting the information to the target population may be a barrier. This may be particularly challenging in working cross culturally both in terms of cultural differences in perspectives regarding immunization as well as presentation of material in ways that are culturally and linguistically appropriate. To address these issues it may be helpful to consider expanding your partnership, and including representatives from other sectors of the community.
 - Support for the intervention – It is important that your intervention have support both from individuals related to the target population as well as various parts of the community. Support can come from family and friends of the individuals in the intervention as well as worksites, schools, faith-based organizations, health care settings, etc.
 - Literacy of materials – Materials prepared for the intervention must be written at a literacy level appropriate for the target population to ensure that the message comes across effectively and properly.
 - Cognitive barriers – Although you will be doing your best to ensure that the literacy level of your materials is appropriate for the target population, not all individuals within a population have the same level of understanding. There is the possibility that your information may be well understood by some of the participants, but not as well by others.
 - Technical barriers – While some individuals may be very familiar with the media used in your intervention, others may not be comfortable with, for example, computer or DVD based programs. In addition, not all individuals will have access to computers, DVD players, or other technology that is required to make use of the program.
 - Language considerations - Large and growing populations of patients speak languages other than English, and therefore, educational interventions need to be translated into their own language. Budget limitations may not allow development of materials in multiple languages.
 - Motivation - It is difficult to motivate participants over time to continue use obtain immunizations.
 - Time - Due to the limited amount of time patients spend with physicians, it is important that the individually tailored messages are appropriate for the population, and, most importantly, that the messages incorporate the stage of change (readiness) of the individual.

Plan your evaluation methods and measures

- *Pre-test your messages*

Use focus groups or individual interviews with community members to ensure the strategies and messages are appropriate for your community. While you may believe that particular strategies or messages may be very helpful for your community, it is always valuable to ask members of the community what they think about the materials before you use them. When testing the messages, consider how well the message is understood as intended, whether the information is clearly stated, whether the information is perceived as useful and how well the information is recalled or remembered.

- *Consider your evaluation strategy*

Once you have identified the specific individual or group characteristics that you plan to target as part of your intervention, you can begin to develop your evaluation strategy. These characteristics, or readiness factors, enable you to track how successful your strategies are at creating change. It is important to develop these intended outcomes and related evaluation questions with input from all partners including funding agencies.

As with all interventions it is useful to consider process, impact and outcome evaluation. Process evaluation enables you to assess if your program is being implemented as intended. You might consider collecting information on how satisfied individuals are with the various intervention activities, messages and materials. With individual education interventions, it may also be useful to assess the process used to develop and plan the individual education activities. This may include an assessment of the coalition processes (e.g., decision making, conflict management) and well as specific logistics (e.g., time of meeting, adequate day care, location of meeting). It may also be useful to identify the types of individuals who attend your program in comparison to those for whom the intervention was intended. For example, if the program was intended for both men and women and only women are enrolled it would be useful to know this and find out the reasons for this discrepancy.

Impact evaluation enables you to determine if you are achieving your intermediate objectives. You might consider collecting information through the use of standardized surveys, either face-to-face conducted at the specific setting or over the phone. These questionnaires may include information on health, behaviors, knowledge, attitudes, beliefs, perceptions of support in different settings, and many other factors. If specific behavior changes have been encouraged (e.g., obtaining immunizations), it is useful to assess these through specific self-report checklists (e.g., frequency).

In addition, questionnaires should include items to assess exposure to interventions, utilization of materials, and, if appropriate, changes in quality of life and behaviors in terms of readiness to change behavior (i.e., thinking about it, starting it, maintaining it). It might also be useful to consider alternative ways of tracking behavior, for example, through the use of interviews; logs tracking when immunizations have been received, or medical records.

Remember it is important to focus the evaluation on the objectives of the intervention. If the objective was to increase knowledge of the benefits of immunization, it is important to assess knowledge of these benefits. Alternatively, if the intent was to increase knowledge of the risks of immunization, then it is important to this. Similarly, it may be useful to assess if the intervention influenced readiness to change.