Title of Intervention: Telephone Reminder/Recall for Adolescent Immunization and Preventive Visits

Intervention Strategies: Individual Education

Purpose of the Intervention: To increase immunization rates and well-child care (WCC) visits among adolescents

Population: Adolescents aged 11 to 14 years

Setting: Four urban primary care practices in Rochester, New York; home-based

Partners: Health clinics

Intervention Description:
- Individual Education: An automated telephone message reminder system (autodialer) provided reminder calls to homes with an adolescent due for an annual well child care (WCC) visit, tetanus booster or a hepatitis B immunization. The calls were voice recordings in English to request an immunization appointment, a WCC visit or to remind families of upcoming scheduled appointments.

Theory: Not mentioned

Resources Required:
- Staff/Volunteers: Clinic staff
- Training: Not mentioned
- Technology: Not mentioned
- Space: Not mentioned
- Budget: The costs of autodialer-based reminder systems can be relatively low, costing as little as a few hundred dollars per year per practice if the costs are distributed hospital-wide.

Evaluation:
- Design: Group randomized trial
- Methods and Measures:
  - Immunization-related outcomes were assessed through medical chart review of up-to-date rates for hepatitis B and tetanus-diphtheria booster and mean number of days eligible for each vaccine during the study time

Outcomes:
- Short Term Impact: Not measured
- Long Term Impact: There were significantly higher hepatitis B immunization rates in the study group compared to the control group.

Maintenance: Not mentioned

Lessons Learned: The study highlights the importance of checking adolescents' immunization status at all visits and using visits other than well-child care visits as opportunities to immunize adolescents. An intensive primary care practice-based telephone reminder/recall intervention was only marginally effective by slightly improving the receipt of adolescent immunizations visits within these urban primary care practices. The major factor limiting effectiveness of the intervention was inaccurate telephone numbers.

Citation(s):