

Title of Intervention: Tailored interventions to raise influenza immunization rates

Intervention Strategies: Provider Education, Environments and Policies

Purpose of the Intervention: To raise immunization rates using tailored interventions

Population: Children aged 6-25 months and their parents

Setting: Family medicine residencies and faith-based community health centers located in lower income neighborhoods in Pittsburgh; community-based, faith-based, health care facility-based

Partners: Health care facilities

Intervention Description:

- Environments and Policies: Standing orders were established so that children could be vaccinated without seeing the physician. Walk-in immunization clinics with extended hours were established.
- Provider Education: Reminder e-mails were sent to all providers about influenza immunizations. Educational meetings were provided for medical and nursing staff to help them understand the program, immunization rationale and dosing schedule and to encourage them to promote immunization among their patients.

Theory: Not mentioned

Resources Required:

- Staff/Volunteers: Nurses, walk-in clinic staff, educators
- Training: Not mentioned
- Technology: Computers and printers
- Space: Clinic space and classroom space
- Budget: Not mentioned
- Intervention: Educational materials for providers, vaccines
- Evaluation: Clinical Assessment Software Application (CASA) immunization software for data collection, SAS 8.2 for statistical analysis and medical charts

Evaluation:

- Design: Pre/post evaluation
- Methods and Measures:
 - Immunization history and demographics were collected either by manual or electronic chart review.

Outcomes:

- Short Term Impact: Not measured
- Long Term Impact: There was a significant increase in immunization rates after implementation of program.

Maintenance: Not mentioned

Lessons Learned: Multimodal combinations of interventions can increase immunization rates significantly. It is essential to tailor interventions to each primary care practice in order to enhance the likelihood of success and of continued use.

Citation(s):

Zimmerman, R.K., et al., Interventions over 2 years to increase influenza vaccination of children aged 6-23 months in inner-city family health centers. *Vaccine*, 2006. 24(10): p. 1523-9.