

Title of Intervention: Project VIVA (Venue Intensive Vaccination for Adults)

Intervention Strategies: Campaigns and Promotions, Group Education, Environments and Policies

Purpose of the Intervention: To increase immunization rates among disadvantaged and hard to reach populations living within urban communities

Population: Persons over the age of 18 who were not pregnant

Setting: Disadvantaged neighborhoods in New York City; community-based

Partners: Community leaders working in housing, HIV/AIDS, needle exchange and other delivery service programs

Intervention Description:

- Campaigns and Promotions: Posters and flyers were posted to publicize locations, dates and times where vaccines would be distributed. Outreach workers handed out over 28,000 informational flyers on the streets of the target neighborhoods.
- Group Education: Outreach workers delivered 19 presentations at local community-based organizations.
- Environments and Policies: Teams of 2 health care providers, one field supervisor and 3 outreach workers were assigned 6-8 city block areas to administer free vaccines over a 10-day period.

Theory: Not mentioned

Resources Required:

- Staff/Volunteers: Outreach workers, health care providers
- Training: Not mentioned
- Technology: Computers and printers
- Space: Space to administer vaccines
- Budget: Not mentioned
- Intervention: Doses of vaccine, vehicles to reach neighborhoods and transport vaccine, flyers, posters, presentation materials
- Evaluation: Surveys

Evaluation:

- Design: Non-Comparative (Case Study)
- Methods and Measures:
 - Surveys assessed key personal and structural barriers to local immunization
 - Vaccine count

Outcomes:

- Short Term Impact: Not measured
- Long Term Impact: Flu vaccines were delivered to a total of 1648 persons during the 10 day distribution phase, almost half were for members of a hard to reach population.

Maintenance: Not mentioned

Lessons Learned: To best prepare the community for the eventuality of a pandemic, instituting annual mass flu immunization campaigns in street-based non-traditional settings is recommended. Utilizing a community-based approach in project development and implementation will facilitate increased awareness and receptivity and maximize the success of the program.

Citation(s):

Coady, M.H., et al., Rapid vaccine distribution in nontraditional settings: lessons learned from project VIVA. J Community Health Nurs, 2007. 24(2): p. 79-85.