

**Title of Intervention:** Increasing influenza immunization among high-risk patients

**Intervention Strategies:** Individual Education, Environments and Policies

**Purpose of the Intervention:** To determine whether an educational brochure or a lottery-type incentive increases influenza immunization rates

**Population:** High-risk individuals

**Setting:** Urban community health center; health care facility-based

**Partners:** None mentioned

**Intervention Description:**

- Individual Education: The three intervention groups were mailed an educational brochure or an incentive or both the educational brochure and the incentive.
- Environments and Policies: Vaccines were offered free-of-charge at a clinic without an appointment or at a health fair.

**Theory:** Decision Model of Carter et al.

**Resources Required:**

- Staff/Volunteers: Graphic designer, nurses or medical assistants
- Training: Not mentioned
- Technology: Computerized clinical tracking system
- Space: Space in clinic to store and administer immunizations, health fair
- Budget: Cost of graphic development, printing, prizes, postage and clerical time totaled \$215.45 or \$0.54 per educational brochure, \$298.74 or \$0.75 per incentive type
- Intervention: Educational brochures, incentive flyers, grocery gift certificates (incentive), postage, immunization supplies
- Evaluation: Follow-up postcards, postage

**Evaluation:**

- Design: Prospective, single-blind factorial design randomized trial
- Methods and Measures:
  - Clinical encounter (billing) form and the informed consent served as data sources for immunization data
  - A follow up postcard survey estimated the proportion of patients who were immunized at other health care sites

**Outcomes:**

- Short Term Impact: Not measured
- Long Term Impact: Analysis showed significantly higher immunization rates for both the educational brochure group and the incentive group. There was no significant difference in immunization rates between the group mailed both interventions and the control group. The educational brochure had the most significant impact on immunization rate.

**Maintenance:** Not mentioned

**Lessons Learned:** The most cost-effective use of mailed educational materials would result if interventions are used later in the immunization season, after many patients who would accept without prompting have received their immunizations. This strategy would minimize the cost of mailed educational prompts.

**Citation(s):**

Moran, W.P., et al., Increasing influenza immunization among high-risk patients: education or financial incentive? *Am J Med*, 1996. 101(6): p. 612-20.