

**Title of Intervention:** A case management immunization intervention

**Intervention Strategies:** Individual Education, Supportive Relationships

**Purpose of the Intervention:** To raise immunization levels among infants of inner-city, African American families

**Population:** African American infants and their families

**Setting:** Low-income areas of inner-city Los Angeles, California; home-based

**Partners:** State of California

**Intervention Description:**

- Individual Education: Both the intervention group and control group received a health passport that was produced by the state of California and contained information on the recommended visits for well-child care and the childhood immunization schedule approved by the Centers for Disease Control and Prevention.
- Supportive Relationships: The intervention group received assessments by a case manager in their homes. Case managers followed up by telephone or by home visits after scheduled well-child visits to determine if the family kept the appointment and if the child received the appropriate care.

**Theory:** Not mentioned

**Resources Required:**

- Staff/Volunteers: Case managers
- Training: Not mentioned
- Technology: Telephones
- Space: Office space
- Budget: Not mentioned
- Intervention: List of names and addresses of women-infant pairs, materials for health passports and home visits
- Evaluation: Material for interviews, phones, case managers

**Evaluation:**

- Design: Prospective randomized controlled trial, follow-up
- Methods and Measures:
  - Immunization status was determined from recorded and recall information.
  - Interviews assessed knowledge of immunization schedules, knowledge of immunization contraindications, family social support, financial life difficulties, birth order, cohabitation status and other maternal information.

**Outcomes:**

- Short Term Impact: Analysis showed the intervention group had an increase in knowledge of the immunization schedule and immunization contraindications. Increased well-child care visits were associated with the intervention group.
- Long Term Impact: Immunization levels were increased in the intervention group. Improvements in knowledge were associated with a higher immunization up-to-date rate. The intervention group increased the number of children up-to-date with immunizations when compared to the control group.

**Maintenance:** Not mentioned

**Lessons Learned:** In future studies, identification of subpopulations with low immunization levels that both need and will benefit from more intensive interventions must be made a high priority.

**Citation(s):** Wood, D., N. Half on, et al. (1998). "Increasing immunization rates among inner-city, African American children. A randomized trial of case management." JAMA 279(1): 29-34.