

Title of Intervention: Communities Caring for Children (CCC)

Intervention Strategies: Campaigns and Promotions, Group Education, Individual Education, Supportive Relationships

Purpose of the Intervention: To increase the number of individuals who receive timely immunizations

Population: Mothers both enrolled and not enrolled in the Communities Caring for Children (CCC) program who gave birth between 5/1/1995 and 12/31/1995 and infants of the mothers in the primary population

Setting: Thirteen-county area in rural Minnesota; community-based

Partners: School of Public Health at the University of Minnesota, Minnesota Department of health and private managed-care

Intervention Description:

- Campaigns and Promotions: Public health nurses conducted outreach programs by using public media throughout the 13-county region.
- Group Education: Public health nurses conducted varied and continuous outreach programs through presentations to clinics, schools and local businesses.
- Individual Education: CCC developed a registry, a reminder system and newsletters to encourage well-child care and timely immunizations of the infants and children of enrollees. Newsletters were sent to new mothers immediately after delivery until the infant was 5 years old. Enrollees received a newsletter two weeks before every well-child exam and immunization was due. The newsletter contained information specific to the age of the infant/child and focused on well-child and immunization needs, the seriousness of infectious diseases, infant/child safety, and infant/child health concerns. Each newsletter included a "refrigerator memo" with child and family-care telephone numbers including those of local immunization providers and the local public health nurses name, address and telephone number.
- Supportive Relationships: Four weeks after the 2, 9 and 18-month newsletter, the public health nurses telephoned the enrollees or contacted them through home or WIC visits to encourage infant/child health care, answer questions and identify barriers to timely health care.

Theory: Not mentioned

Resources Required:

- Staff/Volunteers: Public health nurses
- Training: Not mentioned
- Technology: Not mentioned
- Space: Not mentioned
- Budget: Staff and survey expenses
- Intervention: Materials needed for presentations, newsletters, memo, media materials
- Evaluation: Birth certificates, immunization registry, materials for mailings and telephone surveys

Evaluation:

- Design: Cohort
- Methods and Measures:
 - Public birth certificates and telephone surveys measured the association between program enrollment and immunization compliance.
 - New mothers were surveyed on health and injury since birth, attitudes and experiences with well-baby exams, knowledge and attitudes about specific immunizations, infant history and demographic information.

Outcomes:

- Short Term Impact: Not measured

- Long Term Impact: Infants of CCC enrollees were more likely than infants of non-enrollees to have received immunizations for *Hameophilus influenzae* type b (Hib), Hepatitis B (HBV), polio and DTP. Infants of CCC enrollees were more likely to have been compliant with immunizations than infants of non-enrollees.

Maintenance: Enrollment and follow-up data were maintained in a computerized registry.

Lessons Learned: It is hopeful that this model of collaboration between a university, public agencies and private managed care organizations will serve as a model for future public health activities.

Citation(s):

Hellerstedt, W. L., S. M. Olson, et al. (1999). "Evaluation of a community-based program to improve infant immunization rates in rural Minnesota." *Am J Prev Med* 16(3 Suppl): 50-7.