Title of Intervention: Influenza vaccine use among elderly patients

Intervention Strategies: Campaigns and Promotions, Provider Education, Individual Education

Purpose of the Intervention: To increase influenza immunization rates by providing cost incentives

Population: Participants ages 65 and older, hospitalized with pneumonia

Setting: Seven counties in south-central and southwestern Lower Michigan; community-based, health care facility-based

Partners: None mentioned

Intervention Description:
- Campaigns and Promotions: Advertisements were placed in public transportation areas and in local senior publications. Outreach programs were carried out, including immunization clinics in shopping malls and other efforts to reach elderly subjects where they lived and congregated.
- Provider Education: Physicians were educated about the importance of providing the vaccine to the elderly and high-risk patients and the need to take advantage of office visits to encourage patients to be immunized.
- Individual Education: Postcards and letters were used to educate and remind participants about the influenza immunization. The messages reminded participants to make appointments for their influenza immunizations.

Theory: Not mentioned

Resources Required:
- Staff/Volunteers: Staff for immunization centers
- Training: Not mentioned
- Technology: Computer, printer
- Space: Media space, clinic space
- Budget: $8 reimbursement per vaccine dose
- Intervention: Influenza vaccines, postcards, advertisements, announcements in senior publications, educational materials for providers and patients, reimbursement
- Evaluation: Access to patient charts, survey, claim reimbursement records

Evaluation:
- Design: Randomized trial
- Methods and Measures:
  - Self-administered questionnaires collected information on demographics, health status and influenza immunization status
  - Physicians knowledge and participation in program were assessed
  - Hospitalization records were used to determine vaccine use
  - Quantity of vaccine reimbursements claimed by health care providers measured access

Outcomes:
- Short Term Impact: There was an increase in access to care. Physician participation in the program increased during the study years.
- Long Term Impact: There was a significant increase in the rate of influenza immunization.

Maintenance: Not mentioned

Lessons Learned: With various incentives, influenza immunization can be markedly increased among older adults.

Citation(s):