Title of Intervention: The Flu Shot Study

Intervention Strategies: Individual Education

Purpose of the Intervention: To increase influenza immunizations

Population: Adults over 65 years of age and/or adults at high risk for influenza complications who had not received a shot in the previous year

Setting: Seattle Veterans Administration Medical Center ambulatory care clinic; home-based

Partners: Seattle Veterans Administration Medical Center

Intervention Description:
- Individual Education: Participants received either a letter urging them to get a flu shot or a letter plus an informational brochure urging influenza immunization. The informational brochures included two reminder cards with special flu shot clinic times and locations. Second mailings and follow-up calls were made to those who did not respond to the initial contact.

Theory: Multi-attribute Utility Theory (MAU)

Resources Required:
- Staff/Volunteers: Staff to prepare mailings and to conduct follow-up phone calls
- Training: Not mentioned
- Technology: Not mentioned
- Space: Not mentioned
- Budget: Not mentioned
- Intervention: Letters, postage, informational brochures including reminder cards
- Evaluation: Questionnaire, phone

Evaluation:
- Design: Cohort
- Methods and Measures:
  - Immunization status was assessed through a brief follow-up immunization status questionnaire

Outcomes:
- Short Term Impact: A significantly larger proportion of the participants who were mailed a brochure received a flu shot during the intervention year compared to letter only groups.
- Long Term Impact: Not measured

Maintenance: Not mentioned

Lessons Learned: The results of this study strongly suggest that the multi-attribute utility scheme used is able to identify the important determinant of personal decisions. Even a modest increase in the shot rate makes the MAU brochure an attractive intervention due to reduction in influenza-related hospitalizations.

Citation(s):

Carter, W. B., L, R, Beach, et al. (1986). Developing and testing a decision model for predicting influenza vaccination compliance. Health Services Research, 20, 897-932.