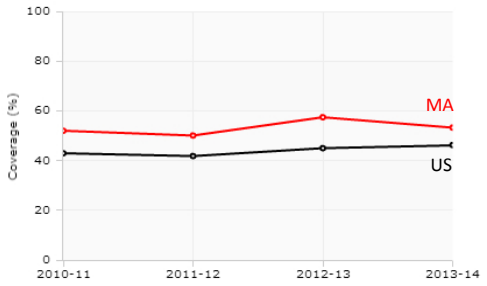
Immunization Equity Technical Assistance (IETA)

Lillian Komukyeya, MPH
IETA Consultant - Year 1
Youth Systems Coordinator, DPH-BSAS

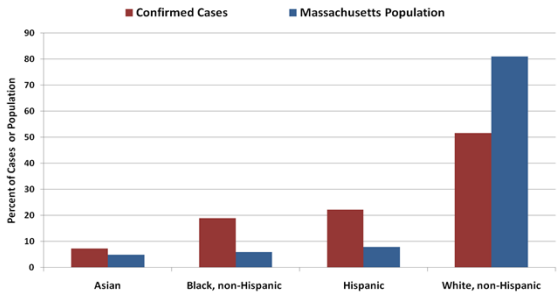
Influenza Vaccination Coverage by Flu Season Individuals 6 months and older



Source: *CDC data, Behavioral Risk Factor Surveillance System (BRFSS) and National Immunization Survey (NIS)*
http://www.cdc.gov/flu/fluvaxview/reports/reporti1314/trends/index.htm

Race/Ethnicity Among Individuals with Laboratory-Confirmed 2009 Pandemic H1N1 Influenza Compared to the Massachusetts Population

April 1, 2009 to January 5, 2010



Source: Massachusetts Immunization Program, MDPH Mass CHIP (pop. based on 2005 estimates)

Background:

H1N1 Pandemic: R/E/L populations disproportionately affected, resulting in higher hospitalizations and mortality rates

The Immunization Equity Initiative (2009-2012):

- Targeted outreach, education and vaccination in hardest-hit communities for 3 years
- *Flu Vaccine for Everyone!* Guide, with lessons learned, to aid communities in these efforts

Recommendations: To build capacity statewide based on the learning

Massachusetts Influenza vaccination coverage estimates* for 2011-12 to 2013-14 seasons

Age Group	MA 2011-12	MA 2012-13	MA 2013-14	Difference from 12-13 to 13-14	US 2013-14
Everyone 6 mos +	50%	58%	53%	-4%*	46%
Adults 18 yrs +	47%	53%	49%	-4%*	42%
. Adults 18 – 64	42%	49%	45%	-4%*	37%
. Adults, 18-64 High Risk	57%	58%	58%	0%	46%
. Adults 18 – 49	37%	45%	42%	-3%	32%
. Adults, 18-49 High Risk	45%	51%	52%	+1%	39%
. Adults 50 – 64	52%	55%	51%	-4%	45%
. Adults 65 +	70%	71%	64%	-7%*	65%

Source: CDC Data- CDC data Behavioral Risk Factor Surveillance System (BRFSS) and National Immunization Survey (NIS) http://www.cdc.gov/flu/fluvaxview/reports/reporti1314/trends/index.htm

Immunization Equity TA

Goal: Build capacity and facilitate systems change through technical assistance using PDSA

Partnership/Collaboration:

- **DPH Office of Health Equity:** *funding and oversight*
- **DPH Bureau of Infectious Disease**, Immunization Program
- **DPH Office of Preparedness and Emergency Management**
- **Consultant:** *1-on-1 technical assistance*
- **Local Boards of Health (BOHs):**
  - Receive TA
  - Participate in monthly conference calls
  - Report on progress

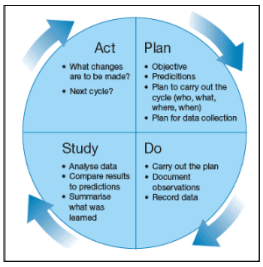
Technical Assistance Strategies

- Use Plan-Do-Study-Act (PDSA) model with BOHs to target under-immunized populations
- Support and monitor strategies based on HP2020 goals
- Promote immunization equity resources, like the *Flu Vaccine for Everyone! Guide*
- Facilitate the formation of partnerships/collaborations at the community level
- Maintain a forum for sharing questions, resources and tools between BOHs and DPH
- Document progress and achievements, as well as challenges

The Immunization Equity Framework (PDSA)

PDSA: (rapid-cycle)

1. *Plan (objective)*
2. *Do (activity)*
3. *Study (outcome)*
4. *Act (system)*



8

IETA Participant
Case Study:

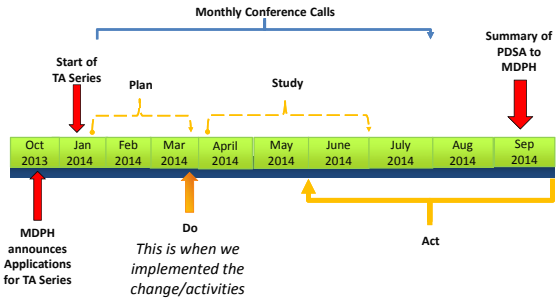
Framingham

Kitty Mahoney RN, BSN, MS
Chief Public Health Nurse
Public Health Fellow

PLAN

- **Goal:** To improve vaccine uptake among eligible clinic visitors with a focus on HPV beginning in February 2014
- **Why/Opportunity:** Return to Clinic and Dosing Intervals with HPV Vaccinations are measurable
- **Target population**: Uninsured, underinsured students
- **Partners:** Parents, School Nurses

TA Timeline PDSA



Return to Clinic and Dosing Intervals with HPV Vaccinations were measurable

DO

Activities:

1. ***Coupled*** the recommended with the required vaccinations in 1 visit
2. ***Drew*** boxes with dates for return visit (dosing intervals for HPV)
3. ***Checked off*** the boxes with each subsequent visit

STUDY

Progress/Outcome:

1. During the measles outbreak, ***30%*** of clients exposed and vaccinated with MMR accepted a flu shot too
2. Second visit rates were higher than for third visit rates with HPV.
3. We expected to see higher than normal HPV vaccination rates in August

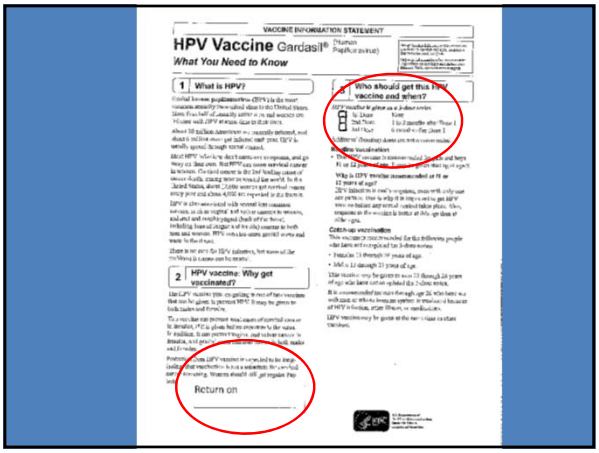
ACT

Learning:

1. Coupling recommended and required vaccinations in 1 visit made parents feel I was not just "processing them" for school entry, but maintaining their long term health
2. health I added check boxes on other vaccine information sheets for dosing interval reminders with great success.
3. Having the appointment information on the VIS, helped to ensure that parents read the VIS information

Recommendations:

- VIS in Portuguese (currently only in English and Spanish)


VACCINE INFORMATION STATEMENT

HPV Vaccine Gardasil® (Human Papillomavirus)

What You Need to Know

1 What is HPV?

2 HPV vaccine: Why get vaccinated?

3 Who should get this HPV vaccine and when?

Return on

Exercise:

Plan Do Study Act

Rodrigo Monterrey
DPH Office of Health Equity
Culturally and Linguistically Appropriate Services (CLAS)

PDSA: Tennis Ball Exercise

- **Teams of 6 (2 balls per team)**
- **All team members must:**
  - Touch each tennis ball once: one person at a time
  - Pass the balls (no handoffs, balls must move)
  - Cannot pass to person next to you
- **3 rounds**
  - Review process after each round
  - Cut time in half from 1st to 3rd round

17

What did you do?

- Set goals, activities, measures
- Formed a team
- Designated roles (who starts, etc)
- Agreed on process (buy-in)

→ **Plan**

- Tried it

→ **Do**

- Analyzed it
- Tweaked it

→ **Study**

- Tried again

→ **Act**

18

When doing PDSA cycle:

- The **objective** (plan) has to be **SMART***
  - *who will do what, to achieve how much and by when*
- The **activity** (do) has to be a "change" you can do tomorrow
- The **result** (study) has to be measured / data-driven
- The **outcome** (act) has to inform the next cycle

***SMART:** *Specific, Measurable, Achievable, Relevant, Timebound*

19

PDSA

1. PLAN:

- *Identify needs/assets (self-assessment)*
- *Set goals (based on needs/assets)*
- *Identify activities and measures*
  - What will you do? (concrete task)
  - Who's responsible?
  - By when?

20

PDSA

2. DO: Carry out Activities
- *short-term, concrete change*

3. STUDY: Evaluate
- *measures*

4. ACT: Adopt, Adapt or Abandon
- *repeat cycle*

21

Exercise: Handout

Objective: what you plan to change, by how much and by when (the PLAN)
Output: what you did to create that change (the DO)
Outcome: the actual change you saw as a result of what you did (the STUDY)

Plan	Identify a specific change that addresses a specific issue: *"We will do X to achieve Y"* (Think of something you can change tomorrow)
Do	Put the change in place: *"For 3 weeks we _____."* (Keep a record of this to inform the next step)
Study	Analyze what happened: *"As a result of the change, we increased / improved _____."* (Fortunately, you kept a record, these are your measures)
Act	This is really "Adopt" (if the change helped move closer to your aim) or "Adjust" (if some of it worked and some of it didn't) or "Abandon" (if it really didn't help)