ACKNOWLEDGMENT

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We especially want to recognize the District Vice Chairpersons (DVC) Committee for their dedication and commitment to the Healthy People Grant Program for Chapters. Their expert review of each application has allowed the best chapter programs to come to fruition.

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# HEALTHY PEOPLE 2010
## GRANT PROGRAM FOR CHAPTERS
### IMMUNIZATION PROGRAM SUMMARIES:
#### GOALS, OUTCOMES, AND FUTURE PLANS

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INTRODUCTION

Healthy People presents a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a road map for improving the health of all people in the United States during the first decade of the 21st century. Healthy People 2010 represents the third time that the US Department of Health and Human Services (HHS) has developed 10-year health objectives for the nation.

In 2002, the AAP Board of Directors approved the Healthy People Grant Program for Chapters and assigned the oversight role for this grant program to the District Vice Chairpersons (DVCs) Committee. The overall goal of the program is to help chapters establish networks in their communities to support the development and implementation of programs that address pediatric objectives within the US Department of Health and Human Services’ Healthy People initiative.

In May 2008, the DVCs reviewed the Healthy People pediatric objectives and determined that children’s school health was the topic area on which the Healthy People Grant Program should focus for 2008. Through the support of the AAP Friends of Children Fund, the AAP offered a grant opportunity to chapters to help them develop and implement programs that facilitated collaboration between chapters and schools in building infrastructure to support preventive health education.

Five chapters were awarded grants of $20,000 each to fund their programs. The period of performance began on June 1, 2008 and concluded on May 31, 2010. As stipulated in the terms of the agreement, chapters were required to submit final reports at the conclusion of the grant period. Highlights from those reports are included in this publication.

The program summaries described in this compendium provide five different approaches to increasing or maintaining vaccination coverage levels for children. The summaries include information on the program description, collaboration, evaluation/measurement, outcomes, barriers/lessons learned, and future plans. Contact information is provided for each project director if you would like more information about a particular program.

Each of these pilots demonstrates promising practices that warrant further study to determine their long-range effectiveness. In the short term, all five chapters forged new partnerships, activated communities to address this important issue, and have plans to continue this work.
PROGRAM SELECTION CRITERIA

A Request for Proposals was mailed to all chapter presidents, vice presidents and executive directors. The programs were required to adhere to the following criteria:

- Specifically address an objective within the Healthy People 2010 leading indicator relating to immunizations and infectious disease
- Be a new program, or include an innovative component that builds on existing community resources
- Include a letter of support from the chapter (only one application per chapter)
- Demonstrate that the program is integrated into chapter activities
- Include an evaluation component to promote project sustainability
- Include a concrete timeline for goals to be accomplished
- Include evidence that the chapter has the capacity to manage the grant

Priority was given to proposals that:

- Demonstrate innovative and creative approaches
- Address hard-to-reach/high risk populations
- Demonstrate continuation of the program beyond initial funding
- Show collaboration with other organizations to promote optimal immunization of children

Using the above criteria as a guideline, a score sheet was created to assist the District Vice Chairpersons in assessing and ranking the applications. Committee members used the criteria to score the proposals. In an effort to encompass a variety of programs, a concerted effort was made to select chapters with dissimilar activities and target populations. The process for narrowing the number of chapters who were finalists as well as those who ranked in the top 50 percent was also discussed. Ultimately, the committee members selected the Indiana, Minnesota, Ohio, Rhode Island, and Washington chapters as recipients of the Healthy People 2010 immunization chapter grants.
Program Name: Promoting Pertussis Vaccination To Teens using Music and Social Networking

Primary Contact: Charlene Graves, MD, FAAP, Chairman, Immunization Committee CGraves1203@aol.com

Project Director: Same as above

PROGRAM DESCRIPTION

Healthy People 2010 focus area 14-27 is to increase routine vaccination coverage levels for adolescents. Teenagers frequently watch music videos and view information provided on social networking sites, such as YouTube. Research done prior to the project showed a total lack of music videos on YouTube about the value of adolescent immunizations.

This project developed a highly entertaining, humorous 5-minute music video entitled "TdapVac and Friends Visit the Classroom", a parody of several easily recognized singers (ie, Beyonce, Britney Spears), along with a newly created rapper named TdapVac, to present important information about the need for teens to receive Tdap vaccine. This music video is posted on two social networking sites - YouTube and Facebook - to provide information about pertussis infection and to promote immunization with Tdap vaccine to prevent pertussis. The Web site www.Tdapvac.com features the rapper and contains the music video and other supporting information (ie, posters and fact sheets in English and Spanish), which has been operational since June 2010. The chapter believes that the program goal of dissemination of this important health educational message, through the new Web site and on YouTube, has been successfully achieved, as noted in the Evaluation and Measurement section below.

COLLABORATION

The primary collaborator in this project was the Butler University Media Arts Department. The department created and developed the music video and the accompanying Web site, under the leadership of Patrick Hurley, an award-winning composer and producer. Mr. Hurley works with the Sanders Group, Indiana's largest video and multimedia production company. The other collaborator in the project included the Indiana Immunization Coalition, which has representation from school nurses, public health (local and state levels), community health centers, and vaccine manufacturers.

The Immunization Action Coalition, a national immunization advocacy and information organization with more than 42,000 subscribers, posted the music video as its video of the week on July 12-18, 2010. The video remains available in the Web site archive. In addition, the music video is available on the chapter's Web site, the chapter's Facebook page, and the Indiana Immunization Coalition Web site. A notice of availability was also distributed to the Indiana school nurses listserv in the summer of 2010.
EVALUATION & MEASUREMENT

The primary evaluation method used was tracking the number of page hits from the www.tdapvac.com Web site. From October 2010 through April 2011, a total of 70,497 page hits occurred in this 7 month time period. The peak number of hits occurred in January 2011 at 15,108. Page hits range between 11,669 to 12,830 each month, February through April 2011, a steady pace that seems likely to continue for months.

In addition, as of May 16, there have been 1,582 views of the YouTube posting of the music video. Through a link on the Tdapvac Web site, viewers can request either a link to download the music video or be mailed a DVD. Fifty-six requests (32 downloads, 32 DVDs) were received from immunization educators in 28 different states, including one from Australia. The majority of requests were from public health agencies or organizations.

When the music video received its premiere at the INAAP annual meeting in May 2010, pediatricians in attendance were surveyed for their reactions. Of the 42 pediatricians in attendance, 71% agreed that it would appeal to teens; 74% said the video would appeal to parents of teens; 96% agreed that the health message of the need for a Tdap vaccination was clear; and 60% agreed they would show the video in their pediatric offices.

OUTCOMES

The chapter believes that the availability of this entertaining music video promoting adolescent immunization with Tdap vaccine provides a useful tool for anyone involved in immunization education. The video also serves as a model for similar, clever music videos that could be developed by any interested organization.

The Ruth Lilly Health Education Center has agreed to include this music video as part of programming for their health education network. Content for this project is still under development. This network reaches all schools in Indiana through the Comcast and Brighthouse cable television systems. Thus, thousands of students will potentially view the Tdap music video.

The chapter did not find it possible to measure the specific impact of the music video and its Web site on increasing Tdap Vaccine coverage levels in the state, as Indiana mandated a new Tdap vaccine school entry requirement for 6th-12th graders, effective for the 2010-11 school year. There does not appear to be any way to document the role that the music video played in helping Indiana students to be vaccinated with Tdap vaccine.

Data from the Indiana State Department of Health show that 92.9% of Indiana 6th graders reported met the Tdap vaccine school entry requirement for 2010.** This roughly compares to 44.4% of Indiana 13-17 year-olds being immunized with Tdap vaccine in 2009, per the CDC National Immunization Survey.

** 83,248 6th grade students were enrolled; vaccination status of 54,078 reported by schools (64.9% of enrollees); 50,229 students of those reported - 92.9% - had received Tdap vaccine. Only 6th grade vaccination coverage is required to be reported to CDC.
**BARRIERS & LESSONS LEARNED**

Some adjustments in the timeline and sequence of the music video and Web site creation and production were necessary. The time involved in the process of creation and development of the music video took one year, which was slightly longer than anticipated. Additionally, it took 15 months to develop the Web site. The primary focus of the second year of the project was dissemination of the music video.

The chapter learned that it is difficult to consistently promote a music video through Facebook, as the very nature of posting videos on the Web site is transient.

**FUTURE PLANS**

Plans to develop a health education cooperative are being investigated by Mr. Hurley and the Sanders Group Center for Educational Resources. This cooperative could produce similar media offerings. Mr. Hurley has been in contact with the Ruth Lilly Health Education Center in Indianapolis. Specific sources of funding have not yet been identified.

This project provides a model for the innovative use of the genre of music videos and Web sites for health educational messages that can reach a wide audience through their broad appeal. Social networking is a major mode of communication for adolescents; often for people of all ages; and will likely continue to grow in the future. With a modest financial investment, development of clever health-related information that utilizes social networking to reach target audiences allows pediatricians and other health educators to interest and influence many children, adolescents, and adults who could potentially benefit from this information.
**MINNESOTA CHAPTER**

**Program Name:** Vaccines and Viral Illnesses: Education for Somali Families

**Primary Contact:** Robert Jacobson, MD, FAAP, Professor, Department of Pediatric & Adolescent Medicine  
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**Project Director:** Autumn S Kiefer, MD and Leslie King-Schultz, MD*  (*current contact)  
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KingSchultz.Leslie@mayo.edu

**PROGRAM DESCRIPTION**

Providing health care for Somali refugees poses several challenges. The obvious concerns facing persons displaced with little resources, Somalis are unfamiliar with the myriad of “routine” vaccines used in the US. Recent reports of unusual rates of autism among Somali children raised new concerns with vaccination. Somali parents have a strong expectation to receive antibiotics for the treatment of febrile illnesses, not unlike many parents from other backgrounds. However, language and cultural barriers exist to educating Somali families about antibiotic use.

The program addressed Healthy People 2010 objectives 14-18, 14-19, 14-22, and 14-24 by promoting vaccination in a minority group and advocating for more judicious use of antibiotics. Providing health education to Somali families is a challenge for many reasons. Literacy among Somali adults is low, making written materials of little value. Reminding families when immunizations are due is difficult, especially in older children who are seen less frequently in the office. In Somali culture, mental and behavior disorders are culturally taboo causing Somali parents to have difficulty verbalizing their concerns about autism. The goal of this program was to create a series of health education videos, which were aired on local Somali TV. The videos used culturally competent skits by Somali actors to share the benefits of vaccination and to address the concerns in the Somali community related to the rising incidence of autism. The videos have been distributed internationally.

**COLLABORATION**

A community advisory board was created, consisting of six members of the Somali community with experience in public health, refugee outreach, and health care. With the board’s aid, the chapter coordinated five focus groups with parents to discuss concerns about vaccines, autism, fever, and antibiotic therapy. The advisory board also reviewed the scripts to ensure clarity and cultural relevance. They also recruited Somali actors from diverse groups within the community and renowned singers from Somalia’s past to ensure more widespread acceptance of the videos. The chapter created three brief, educational videos in Somali on vaccines, autism, and vomiting and diarrhea.

**EVALUATION & MEASUREMENT**

Focus group transcripts were reviewed for common themes. Three to six educational points were developed for each theme. The videos were then reviewed by multiple pediatric care
providers to ensure that the key points were accurately communicated. The videos were created in the Somali language with Somali actors. Community advisors previewed the films for cultural acceptability. Videos were shared with the Somali community through several avenues including TV, community organizations, YouTube, and community leaders. Initial feedback suggested that the videos have been well-received by the Somali community in Minnesota, in other states, and European countries who have requested permission to use the resources. One evaluation indicator the chapter used was the number of downloads documented for each video. Following are links to each of the videos created as well as the number of viewings:

- Autism video (www.youtube.com/watch?v=xBAmfskuMps)
  Viewed by 1,107 by 5-31-11
- Vomiting and diarrhea video (www.youtube.com/watch?v=WHBcAxu5YHk)
  Viewed by 875 by 5-31-11
- Vaccines (www.youtube.com/watch?v=6nn0LziFpPU)
  Viewed by 592 by 5-31-11

OUTCOMES

Engaging local community leaders and parents through the creation of educational videos provided unique insight into prevalent medical misperceptions within the Somali community. The project had the additional benefit of involving refugee youth in video script review and filming stages. The chapter believes that video education is a feasible and effective means to provide health education in populations with low literacy. It also can model positive relationships between parents and health care providers for refugee groups who often have distrust for the medical system. The videos also allow for education on health topics in a setting outside of the clinic, reaching families with transportation concerns. The strategies employed can serve as a model for other health care providers trying to develop health education materials for non-English speaking populations.

BARRIERS & LESSONS LEARNED

Barriers to providing high-quality medical care, particularly among refugee populations, may be difficult to address in the time-limited office setting. Additional barriers included the limited time frame for the project and the limited dollars available. These barriers did not allow for a review of immunization outcomes in the target areas utilizing the video. Additionally, state ethnicity data did not categorize Somali children from African American children in the most recent data available.

FUTURE PLANS

 Portions of this program are being adapted in a Minnesota-based Healthy Tommorrrows Health Resources and Services Administration funded project. The project is utilizing the videos in additional clinics. The model of patient and family involvement in crafting the prevention message will be utilized in an early brain development project that is also targeted to Somali families in two different parts of the state. The program can also be used as a model for other chapters by adapting the focus group outreach model to target populations and by utilizing YouTube as an economical method to quickly distribute and track videos produced for patient education.
OHIO CHAPTER

Program Name: Parental Refusal of Vaccines

Primary Contact: Ryan Vogelgesang, MD, Program Director
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Project Director: Elizabeth Kelleher
Director of Education
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PROGRAM DESCRIPTION

The goal of the Ohio Chapter's project was to provide useful, concise materials for physicians to provide to parents during office visits where vaccines are discussed. The advisory committee for this project recommended that the chapter provide three separate brochures, each addressing a different parent population - those who vaccinate on time, those who delay, and those who refuse all vaccines. These brochures were tested on focus groups and many changes were made based on the feedback. The Ohio AAP officially rolled out the materials at its 2010 annual meeting. This session included an overview of the project as well as a training on how to use each brochure in practice. Each brochure was also sent via mail to every member, with a one page document describing how to use the materials effectively. The chapter also includes each of the three brochures in every Maximizing Office Based Immunizations (MOBI) packet that is distributed.

The chapter believes that the goals of the project were met successfully. This is measured by outcomes measurements and physician feedback over the course of the program.

COLLABORATION

The chapter collaborated with pediatric and family practices across Ohio, as well as hospitals, residency programs, families, Texas Children's Hospital, Meningitis Angels, the state of Ohio Department of Health, statewide vaccine advocacy groups, legislators and other stakeholders throughout Ohio.

EVALUATION & MEASUREMENT

The program was evaluated in two ways: once during the process of creating the materials and six months following materials distribution. The chapter held focus groups after a draft of the materials were developed. The materials were tested on three groups: pediatricians, parents, and community advocates. Data from these groups was complied and used to create stronger, more effective materials. Six months after the November 2010 roll-out of the materials, a survey was sent to all members asking them to comment on the usage and effectiveness of the materials during practice.
OUTCOMES

According to preliminary data, materials have been distributed to parents during office visits where vaccines were discussed. As a result some, but not all, parents chose to vaccinate based on the tools provided by the chapter. Pediatricians surveyed indicated that the materials achieved their goal and purpose of helping parents decide to vaccinate. As always, there are some parents who remained indifferent after receiving the materials; however, the overall outcome of changing physician behavior and educating parents was achieved.

BARRIERS & LESSONS LEARNED

An unanticipated barrier to the program was the challenge of implementing the hard copies of the brochures along with Electronic Medical Records (EMR) functions during office visits. The chapter provided the materials in electronic format to its members in the hope that this will assist pediatricians. As a result, the chapter will always offer materials in both formats at the beginning of each project.

FUTURE PLANS

The materials will live in perpetuity in the chapter’s MOBI program materials that are distributed to over 500 family and pediatric practices each year. Each brochure will also live on the Web site www.ohioaap.org/program-initiatives/parental-refusal. The chapter plans to hold quarterly trainings via conference call to update members on breaking vaccine news, to send them reminders, and provide them with tips on how to use the brochures effectively in practice. The chapter is always looking for funding opportunities to expand and update the program.
RHODE ISLAND CHAPTER

Program Name: Improving Childhood Immunization Rates in Rhode Island

Primary Contact: Patricia Flanagan, MD FAAP, Chapter President
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Project Director: Frank Donahue, Chapter Executive Director
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PROGRAM DESCRIPTION

This project aimed to improve pediatric immunization rates in Rhode Island. In six years, the state of Rhode Island dropped in national immunization rankings from number two to number thirty eight. This study examined the multiple factors that contributed to this decline. Partnering with the Rhode Island Department of Health (RIDOH) and the statewide immunization registry, the chapter ascertained which pediatric offices were vaccine well-performing and under-performing. From this, a qualitative study of the top seven and bottom seven vaccinating practices was undertaken. An intern, who was blinded to the status of each practice, was hired to make an office practice visit, not only to observe the individual vaccine process but also to interview the pediatricians and office manager/vaccine staff in that office. Through chapter membership surveys, office site visits, and staff interviews, the chapter identified a multitude of factors that contributed to this decline and produced a list of best practices for immunization. To broadly share these successes, a fall Continuing Medical Education (CME) conference was dedicated to the research results as well as teaching the principles of office-based quality improvement. To reinforce these new skills, a learning group was formed to utilize the AAP Education in Quality Improvement for Pediatric Practice (EQIPP) Immunization module as a unifying quality improvement initiative. This represents a launching point for future chapter-led quality initiatives.

COLLABORATION

To complete this project, the chapter collaborated with the RIDOH, the state's immunization registry, and with all the statewide medical practices that vaccinate children. There were forty-two pediatricians who completed the on-line survey of vaccine experiences as well as fourteen practices who were interviewed in the qualitative study. Twenty eight pediatricians attended the CME program and seven practices are participating in the EQIPP study group.

EVALUATION & MEASUREMENT

In partnership with the RIDOH, the chapter sought to improve childhood immunization rates by identifying barriers encountered and successful strategies utilized by physicians immunizing children in Rhode Island. Using available KIDSNET data, the RIDOH identified physicians and practices that have higher than average immunization rates and practices with lower than average rates. Key informant interviews were conducted with staff in these offices to evaluate their communication plans and identify best practices for immunization administration and barriers to complete immunization. In addition, all physicians providing vaccines to children in Rhode Island were invited to complete an internet-based survey on immunization practices. The
National Vaccine Advisory Committee recommendations on the standards for childhood and adolescent immunization practices, published in *Pediatrics* in 2003, served as the basis for questions during office interviews and the internet survey.

The chapter summarized the findings from the on-line survey as well as the trends ascertained by the qualitative study. The chapter plans to reconvene the study group as a round table discussion in fall 2011. The goal of this discussion was to share experiences with the EQIPP module as well as quality improvement in an effort to create a statewide vaccine best practices template for other practices to implement. Ultimately, the long term goal is to reassess the state immunization rates for years to ascertain the impact of the chapter’s efforts.

**OUTCOMES**

The outcomes afforded by this grant opportunity are many-fold. While achieving improved vaccination rates overall was the stated goal, along the way the grant fostered a tremendous working relationship with the RIDOH and with colleague pediatricians. Long after high vaccination rates are realized, it is these professional relationships which will produce further initiatives. For example, in the last two years, the RIDOH and the chapter have collaborated to form a Vaccine Advisory Committee to advise the RIDOH on vaccine-related issues. Secondly, the pediatricians throughout the state are more activated as a community to consult each other to discuss best practices and to overcome institutional and social barriers to vaccination.

**BARRIERS & LESSONS LEARNED**

The chapter was pleasantly surprised by the enthusiasm of the Rhode Island pediatric community to evaluate current vaccine delivery practices and to embrace the opportunity to improve the status quo. However, this enthusiasm is tempered by the reality of time commitments and external pressures. In the two years of this study, the pediatricians experienced the Hemagglutinin Type 1 and Neuraminidase Type 1 (H1N1) pandemic, a record statewide unemployment rate and its concomitant unemployment/uninsured rate, as well as health care reform and its demands of electronic health record acquisition and practice transformation. There have been many pulls on pediatricians’ time and energy. Therefore, the chapter views this grant as a foundation laying for the good work to come that could not be fully realized in two years.

**FUTURE PLANS**

As a starting point, the chapter envisions this grant as the conduit for improved statewide immunization rates as well as the broad adoption and support of office-based quality improvement initiatives. As stated, there are plans for a follow-up discussion group in the fall. Yet, the larger overall goal of the quality improvement work is to produce a support network for each member in an attempt to demystify and to facilitate the American Board of Pediatrics Maintenance of Certification requirements.
WASHINGTON CHAPTER

Program Name: Vax Northwest

Primary Contact: Edgar K. Marcuse, MD, MPH, FAAP, Associate Medical Director (QI) Professor of Pediatrics, University of Washington School of Medicine edgar.marcuse@seattlechildrens.org

Project Director: Ginny Heller, Immunization Program Manager ginnyh@withinreachwa.org

PROGRAM DESCRIPTION

Washington State has one of the highest rates of parents requesting exemptions from immunizations in the United States. Clinicians across the state report that negotiating the infant’s immunization schedule is fast becoming normative behavior for young parents.

A targeted social marketing campaign to address vaccine hesitancy has been developed and focuses on resources and tools for primary care clinicians. The goal is to reinforce the primary care clinician as the principal immunization resource for parents and to facilitate a constructive dialogue within the time constraints of an office visit. In order to accomplish this, the campaign acknowledges parents’ concerns, encourages evidence-based vaccine decision-making by parents and facilitates an on-going dialogue between parents and clinicians.

The program addressed objectives 14-22 (increase vaccination coverage levels among children aged 19 to 35 months) and 14-23 (maintain vaccination coverage levels for children in day care and kindergarten) encompassed within Area 14: Immunizations and Infectious Disease of Healthy People 2010.

Following are the program goals:
• Create a provider immunization toolkit
• Disseminate the toolkit
• Provide outreach to providers about the toolkit
• Teach primary care clinicians to use the toolkit at appropriate patient encounters
• Form an alliance of organizations in Washington to support and endorse a toolkit

COLLABORATION

The chapter has worked to form a collaborative partnership - a unique public-private partnership formed as Vax Northwest. The partnership includes the following entities:
• Washington Chapter of the AAP
• Group Health Foundation
• Seattle Children’s Hospital
• Washington State Department of Health
• WithinReach (Immunization Action Coalition of Washington)

Each partner brought specific resources and expertise to the project. An Oversight Committee was formed with representatives from each of the partners. The committee is responsible for
reviewing project development, providing strategic input and addressing issues that arise. The committee meets regularly (every 6 weeks).

In addition, the following organizations were integral collaborating partners for the work specific to this grant by providing sites for the pilot project, evaluation expertise, and a Doctor of Nursing Practice student who conducted the feasibility assessment.

- Group Health Research Institute
- Group Health Cooperative
- University of Washington, School of Nursing

The overall vision for this campaign was to grow and expand the partners committed to the vision of Vax Northwest and to provide a trusted and unified voice behind timely immunization. The efforts to date have been devoted to partnership and fund development planning, including defining the role of partners and a prioritization strategy. Conversations and meetings have been convened with potential partners on federal, state, and local levels including the Centers for Disease Control and Prevention, Health and Human Services, Colorado, Oregon, and organizations in Washington interested in this work. Strategic partnerships and leveraging investments will be critical in becoming a self-sustaining campaign.

EVALUATION & MEASUREMENT

Once the Provider Immunization Toolkit was developed several evaluation measures were utilized to determine outcomes:

- Pre-testing: The Toolkit was pre-tested with eight pediatric care clinicians. Results from the pre-testing showed that the toolkit was useful for providers in working with vaccine hesitant parents. The communication guidelines were straightforward and easy to use, and most providers would give a parent one or more of the resources included.

- Feasibility Assessment: A feasibility study was completed at four Group Health pediatric clinic sites to assess implementation of the Toolkit.

- Pilot Test: The Provider Immunization Toolkit was pilot tested in four Group Health pediatric clinics in King County, Washington from May 2010-September 2010. Prior to pilot-testing, the Group Health Research Institute developed an evaluation plan including a logic model, evaluation questions, and indicators.

OUTCOMES

A successful pilot was conducted of a provider intervention on vaccine hesitancy at four pediatric clinics in King County, Washington.

The outcomes from the pilot testing suggest that before widespread dissemination of the Toolkit and training program, there needs to be greater certainty that this intervention will lead to improved physician self-efficacy, reduced parental hesitancy, and higher rates of timely immunizations.
BARRIERS & LESSONS LEARNED

The anticipated goals and outcomes for this grant were ambitious. Thoughtful consideration and debate occurred in the Oversight Committee with regards to broad dissemination of the toolkit. There was a compelling desire to release the toolkit for broad use because of the growing need and many requests from prominent providers and researchers across the US; however, it was critical to not lose sight of building a toolkit with proven efficacy in increasing timely immunizations. Ultimately, the decision was made to pursue further evaluation of the toolkit/intervention recognizing that this is an important factor for providers in the adoption of new patient interventions.

This learning was a critical factor in not fully meeting the objectives set out in the grant proposal. However, the chapter is confident that the shift in the campaign direction will ultimately provide a higher quality outcome and more effective provider intervention aimed at reducing vaccine hesitancy.

FUTURE PLANS

The work that was started and supported by this grant is part of a larger 5 year campaign to address vaccine hesitancy in the state. This includes further testing of the provider intervention through a randomized controlled trial of 50 primary care practices, and piloting a community intervention that takes a direct engagement approach to activate parents who support immunization as volunteer advocates.

The Group Health Foundation has provided grants to support the continuation of this work. Other funding and in-kind support has been provided by the Washington State Department of Health and Seattle Children's. In addition, a focused fund development effort is underway to secure additional funding needed to sustain this work.

The intention of this project was to create tools and messages that effectively address vaccine hesitancy, and to positively reinforce and normalize the behavior of full and timely immunizations in Washington State. Therefore, the pilot sites and evaluation methods for this work (in the community and provider clinics) is critical to both finding ways to refine and improve the tools and resources, as well as building an effective intervention that can be replicated in communities throughout the state and beyond.
AAP IMMUNIZATION INITIATIVES AND RESOURCES

CHILDHOOD IMMUNIZATION SUPPORT PROGRAM

The American Academy of Pediatrics (AAP) promotes a medical home for all children, in which care is coordinated, accessible, comprehensive, family-centered, and culturally effective. Recognizing the need for ongoing pediatric education and coordination of a national system to ensure that all children are appropriately vaccinated within a medical home, the AAP, in collaboration with the Centers for Disease Control and Prevention (CDC), developed the Childhood Immunization Support Program (CISP) in 1999. The mission of the CISP is to improve the immunization delivery system for children across the nation. Specific goals are to:

1. Promote quality improvement and best immunization practices in community- and office-based primary care settings and other identified medical homes.
2. Enable pediatricians and pediatric health care professionals to communicate effectively with parents about vaccine benefits.
3. Promote system-wide improvements in the national immunization delivery system.

The CISP provides resources and technical assistance on a variety of immunization and vaccine safety topics to help pediatricians and other pediatric healthcare professionals communicate with parents about vaccine safety issues and the importance of immunizing children within a medical home. More information can be found at www.aap.org/immunization.

RESOURCES

AAP Immunization Web Site
The AAP Immunization Web site has many resources for pediatricians. To find information on practice management, vaccine financing and delivery, policies and implementation guidance, etc., visit http://www.aap.org/immunization/pediatricians/pediatricians.html.

Two pages on the site address safety issues:
http://www.aap.org/immunization/families/safety.html and http://www.aap.org/immunization/pediatricians/communicating.html. Some handouts on the site include:

- A list of studies on thimerosal and autism:
  http://www.aap.org/immunization/families/faq/VaccineStudies.pdf
- Why certain ingredients are in vaccines:
  http://www.aap.org/immunization/families/faq/Vaccineingredients.pdf
- Why the schedule has so many vaccines:
  http://www.aap.org/immunization/families/faq/Vaccineschedule.pdf
**AAP Bookstore**
The AAP Bookstore also has a compilation of brochures, books for parents, Vaccine Information Statements, immunization records and more available at http://eweb.aap.org/Immunization.

**AAP POLICY**
- Recommendation for Mandatory Influenza Immunization of All Health Care Personnel: http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2010-2376
- Search for other vaccine-specific policies: http://aappolicy.aappublications.org/index.dtl
- Red Book Online: http://aapredbook.aappublications.org/

**AAP GROUPS**
- Committee on Infectious Diseases (COID): This group writes the recommendations for disease and vaccine-specific issues. They appoint liaisons to the CDC’s Advisory Committee on Immunization Practices, follow the science, and monitor adverse events.
- Committee on Practice and Ambulatory Medicine (COPAM): This group writes policy for practice implementation issues with immunization, for example increasing coverage or using immunization information systems. They take the lead on financing and delivery issues.
- CISP Project Advisory Committee (PAC): This group oversees grant activities related to the Childhood Immunization Support Program, including the Periodic Survey of Fellows, a training guide, risk communication video series, EQIPP module, and more.
- Section on Infectious Diseases: This group is open to general pediatricians or infectious disease specialists who have an interest in educating other members on infectious disease topics, including immunizations.

**AAP STAFF**
There are numerous staff across the AAP who help with immunization issues, all of whom participate in an Immunization Staff Workgroup. Below are a few staff who can provide technical assistance and find the right person to answer your questions.
- Elizabeth Sobczyk (esobczyk@aap.org) - Manager, Immunization Initiatives and COPAM- Department of Practice
- Katie Milewski (kmilewski@aap.org) - Program Manager, Immunization Initiatives and CISP PAC- Department of Practice
• Jennifer Frantz (jfrantz@aap.org)- Manager, COID- Department of Community and Specialty Pediatrics
• Suzanne Kirkwood (skirkwood@aap.org)- Manager, Section on Infectious Diseases- Department of Community and Specialty Pediatrics