

## Background

Although vaccination rates for U.S. children have increased dramatically over the last decade, substantial disparities in vaccination rates still exist. Failure of providers and parents to recognize that a child is due (or overdue) for vaccinations is a persistent problem and underlying cause of inadequate vaccination. Providers have long recognized the need for efficient and effective mechanisms to assess children's vaccination status so that they receive the recommended doses on time. Provider systems may use the mail, telephone or computer to encourage appointments for vaccinations that are overdue (recall). Despite evidence of its effectiveness, immunization recall is not widely used by private providers. The underlying barriers to recall use are not well understood; neither are the mechanisms that encourage sustained recall use.

## Research Objectives

The results of the proposed research will suggest means of increasing the use of recall systems by immunization providers in private health settings and will test whether sustained use of recall systems are associated with improved childhood immunization rates. The study will focus on the following research objectives:

1. Identify factors that facilitate or impede the use of a recall mechanism among private practitioners in a defined community;
2. Develop a community-based program to overcome such barriers and enhance recall practices throughout the entire geographic community; and
3. Test how effectively the program results in adoption of recall mechanisms by local private providers.

## Methods

This study will be conducted in three phases, consistent with the research objectives.

- Phase I will assess the factors that facilitate or impede childhood immunization recall use among providers in the participating practices;
- Phase II will consist of a trial of childhood immunization recall, with training and technical support provided by Michigan Care Improvement Registry(MCIR) regional staff;
- Phase III will test the effectiveness of the program in terms of sustained recall use, costs, and changes in vaccination rates.

In collaboration with immunization officials from the Michigan state government and the Alliance for Immunization in Michigan (AIM) coalition, the research team will identify one intervention and one control community in Southeast Michigan. These communities will be demographically similar and will encompass a diverse population of private providers of childhood immunizations. All private providers will be offered the intervention, which entails: (1) a comprehensive written training manual, (2) in-person recall training, individualized to address the specific barriers and issues at each provider site, (3) assistance with establishment of patient rosters for recall notices, and (4) post-recall follow up to assist with procedures to streamline data entry and to address any difficulties encountered during the recall process. In addition, the project will provide supplies (postage, envelopes) for recall mailings. Four recall cycles will be conducted at the intervention sites. Control sites will receive the intervention following the four recall cycles.

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