



A Coalition and University Partnership to Document Engagement and Conduct Assessments

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Background & Setting

Immunization coalitions engage communities to positively impact immunization rates. Secondary goals include identifying immunization rates and barriers for communities served. University partners may share these goals, and also seek service learning and scholarly activity opportunities. The Immunization Task Force - Metro Omaha (ITF-MO) collaborates with Creighton University School of Pharmacy and Health Professions Operation Immunization (CU-SPAHP-OI). Faculty and student volunteers participate in community engagement activities such as Health Fairs and immunization conferences. Over the past three years, the partners have developed a strategy to concurrently assess immunization status for engaged populations, provide immunization promotion, and document these activities. At Health Fairs, volunteers conduct screening and provide a simplified Immunization Schedule, marking immunizations to be considered by the patient and their care provider. The screening record documents contacts made.

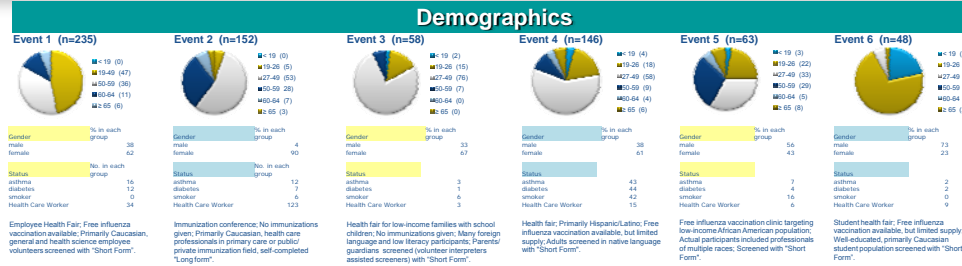
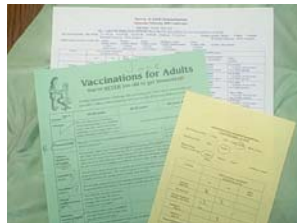
Project Description

In 2008, a screening form was developed to serve two goals at education and promotion events: 1) Document number of screening/promotion contacts made at the event; and 2) Gather "snap shot" survey data on immunization rates of the targeted populations.

Survey completion was accomplished in one of two ways: 1) At immunization conferences, attendees were asked to complete a "long form" version of the screening tool; and 2) At Health Fairs, volunteers interviewed attendees to ask screening questions relative to immunization status, using a "short form" version of the tool. A code sheet was developed for the screening tool, data was entered into Excel, and subsequently transferred into SPSS (PASW vs 17) for analysis. This project reports results of this screening/promotion/documentation strategy at six service events.

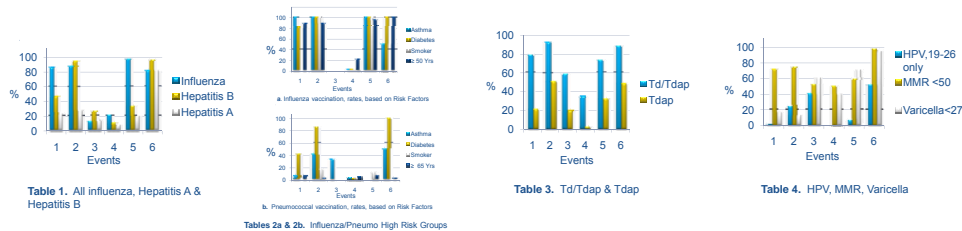
Populations

Adults surveyed at the six prototype events represented a broad range of socioeconomic, educational, and cultural backgrounds: immunization professionals, parents of school children receiving free school physicals and screenings, university employees and students. Events served Afro-American, Caucasian, and Latino populations. Language barriers were addressed for some populations. See Results Section Demographics for a detailed description of groups served at specific events.



Employee Health Fair: Free influenza vaccination available; Primarily Caucasian, health care professionals in primary care or public/private immunization field, self-completed "Long Form".
 Immunization conference: No immunizations given; Primarily Caucasian, health care professionals in primary care or public/private immunization field, self-completed "Long Form".
 Health fair for low-income families with school children: No immunizations given; Many foreign language and low literacy participants; Parents/guardians screened/volunteer interpreters assisted screeners with "Short Form".
 Health fair: Primarily Hispanic/Latino; Free influenza vaccination available, but limited supply; Adults screened in native language with "Short Form".
 Free influenza vaccination clinic targeting low-income African American population; Actual participants included professionals of multiple races; Screened with "Short Form".
 Student health fair: Free influenza vaccination available, but limited supply; Well-educated, primarily Caucasian student population screened with "Short Form".

Vaccination Results



Results Narrative

- Across 6 events, 702 individuals (mean:117; range:48 – 235) were screened/received education/promotion for CDC recommended vaccines.
- Influenza and pneumococcal immunization rates were low for high risk groups at some events.
- When Flu vaccine was available at events (#s 1, 5, 6), higher rates of vaccination were reported. Not all vaccinees were surveyed, nor were all surveyed vaccinated. Availability of vaccine at Event #4 was limited (~ 250 doses for ~ 700 attendees).
- Meningococcal and Zoster vaccination status questions were inadvertently omitted from three event screening forms (#s 3, 4, and 5).



Discussion

- The form evolved over time (modified vaccines and demographic questions)
- Forms of bias possible in screening survey were identified:
 - Response bias
 - Respondent gives perceived correct answer
 - Motivation/Interest in participating in survey
 - Recall bias – Ability of respondent to accurately recall information
 - Selection bias – Screener selection of respondents may not represent event population
 - Measurement bias - How the outcome of interest was measured
 - Reliability – Uniformity in questioning each respondent:
 - By the same screener, across different screeners
- Assessment of certain data required subgroup analysis, based on vaccine indications:
 - By Age group
 - Influenza/Pneumococcal, HPV and Zoster required new demographic age categories.
 - By Condition or Status (asthma, diabetes, smoker, health care worker)
 - Status conditions may change over time
- Health Literacy
 - On part of screeners; on part of respondents
- Language barriers
 - Screener – respondent
 - Communicating intended message
 - Hearing intended message
 - Interpreter problems
 - Confuse messages or own agenda about responses
 - Children as interpreters
 - Untrained interpreters
- Inadequate representation of subgroups for whom vaccination is indicated
 - Increased potential for error
 - Td/Tdap Survey/Result Interpretation
 - Correctly differentiating Td/Tdap
 - Screener, Respondent
 - Recall bias – In some cases Tdap date noted was prior to vaccine availability.

Conclusions

- Lessons Learned**
- Address identified problems – Limitations must be recognized.
 - Train Screeners
 - Adequate knowledge
 - Standardize training and interview technique
 - Careful/documenting process for change in survey instrument
 - Clarity of survey form
 - Clarify population description post-event, may be different than anticipated pre-event
 - Interpret survey findings post-event, within true context of demographics & circumstances
 - Evaluation of screening questions asked: appropriate / invasive / unwelcome
 - May vary if respondent is self-completing an anonymous survey
 - Ratio for number of screeners to number of attendees impacts results
- Benefits**
- Completed surveys document number of encounters
 - Results provide a rough "snapshot" of immunization rates for targeted population
 - Activities include education and vaccine promotion to targeted population
 - Results identify areas of need for increased future vaccine education and promotion
 - Perception of value - "screening" may persuade more event attendees to participate in the survey and vaccine education / promotion
 - Opportunity for "real life" experiential training for both faculty and students
 - Development of specific screening skills
 - Cultural milieu
 - Language(s) of target population
 - Health literacy of target population/screeners/interpreters
 - Experience in interpreting data, in light of limits and context of each event

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