

Reaching Families with Immunizations: Outreach Clinics and Reminder/Recall Activities for WIC Participants

Background

The mission of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is to be a partner with other services that are key to childhood and family well-being, such as immunization. When the immunization rate for Colorado's 2-year olds fell to 50th in the nation in 2002 and 2003, our agency sought funding to initiate outreach clinics and recall activities at the county WIC sites to provide vaccines in locations being routinely visited by women and their young children.

Setting and Population

Denver county WIC is administered at 3 Denver Health (DH) sites. Denver Health is an integrated safety net healthcare system with a 500-bed public hospital, county Public Health Department, and community health primary care clinics spanning 8 geographic locations, serving 112,000 patients.

The federal WIC program targets low-income, nutritionally at-risk pregnant and postpartum women, and infants and children until their 5th birthday. Denver county WIC serves a population >16,000 participants (on average, 25% are women, 25% infants, 50% children).

Project Description

Routine monthly outreaches are marketed and held at WIC sites, providing free vaccines on a walk-in basis. WIC educators staff as family liaisons to Immunization Program vaccinators and clerks.

WIC Immunization Outreaches 12/2004-12/2010

- 295 outreach clinics held
- 4,491 immunization encounters
- 424 additional encounters seen but not vaccinated
- 15,211 total vaccines administered, including:
 - Pneumococcal conjugate (PCV7 and PCV13) – 16% of vaccines
 - Influenza (TIV and LAIV) – 13%
 - Hepatitis A – 12%

Staffing

Outreach grant funding is utilized for an Immunization Program charge nurse, additional vaccinator, and clerk to staff WIC sites on outreach days. Funding also covers a WIC educator to staff each outreach to provide family liaison and translation services. Most families receiving WIC services qualify for VFC (Vaccines for Children Program) vaccines and are seen on a first-come, first-served walk-in basis with no fee for vaccines and their administration.

Schedule

The outreach calendar is planned on a quarterly basis with the number of clinics per site adapted to match patient caseload among the 3 Denver county WIC sites. A total of 4-6 WIC outreaches per month are generally held. Consistent day of the week and time of day for each site's clinic is important for planning purposes for clients and for WIC staff.

Marketing

We use posters at WIC outreaches to market the next available outreach date for each site. The date and time of the next clinic are listed and patient eligibility information is included.

Quarterly fliers with upcoming clinic dates are also produced and distributed by WIC educators to families, sent within recall letter envelopes, and distributed by nurses on the day of clinic for parent's future planning.

Recall Activities

Recall activities include letters and WIC database prompts to notify parents of children past due for DTaP vaccine. DTaP vaccine was selected due to lack of adequate coverage contributing to low 2-year old immunization rates in Colorado. We surveyed families from May 2007-July 2009 to determine how they learned of WIC immunization services.



Recall Letters

From 4/19/2007-3/13/2008 we assessed records for children age 12-29 months last vaccinated at a WIC outreach; 226 were sent recall letters for DTaP vaccine (range 1-4 letters sent) and 44 (19%) received a DTaP within 2 months. Recall letters ask the parent to contact their child's doctor or clinic to schedule an immunization appointment. If their child is without primary care and is still a WIC participant, letters encourage them to return to a WIC outreach. Of the 44 children who received a DTaP within 2 months of receiving a letter:

- 29 (66%) received DTaP at a subsequent WIC outreach
- 8 (18%) received DTaP at a primary care site
- 2 (5%) received DTaP at the local Public Health Department
- 5 (11%) received DTaP outside the Denver Health system of clinics

Recall Letters + WIC Database Prompts:

From 5/7/2008-7/2/2009, in addition to recall letters, WIC database prompts were also in use. We assessed records for children age 12-29 months last vaccinated at a WIC outreach; 223 were sent recall letters for DTaP vaccine (range 1-8 letters sent) and database prompts regarding need for DTaP vaccine were placed for WIC educator use during client recertification. 58 (26%) children received DTaP within 2 months from receipt of letter and WIC record flagged. Of the 58 children:

- 37 (64%) received DTaP at a subsequent WIC outreach
- 14 (24%) received DTaP at a primary care site
- 2 (3%) received DTaP at the local Public Health Department
- 1 (2%) received DTaP at the Pediatric Inpatient unit
- 4 (7%) received DTaP outside the Denver Health system of clinics

Parent Surveys

We distributed parent surveys at WIC outreaches from 5/2007-7/2009 to determine how they learned of the availability of WIC immunization services. Survey choices included seeing a flyer, receiving a letter at home that the child needs shots, being told about clinics by WIC educator, hearing about the clinic from a friend or family member, and 'other.'

- From 5/3/07-3/13/08 when recall letters were sent, of the 769 surveys completed on clinic day, 39 (5%) parents chose "I received a letter at home that my child needs shots."
- Additional important findings from the initial surveys include: 50% parents reporting learning about the WIC outreaches from their WIC counselor, 21% seeing a flyer, 14% hearing about clinics from a friend or family member.
- From 5/7/08-7/2/09 when recall letters were being sent and the WIC database prompt was in place, of the 990 surveys completed, 51 (5%) parents reported learning about the availability of this WIC outreach from letter received. In addition, a new option was added to the survey to capture the success of database prompts, and 83 (8%) parents chose "The WIC counselor reminded me that because now my child is over 1 year old, s/he needs more vaccines."

Summary of ■ Successes and ❖ Opportunities

- Outreach at WIC sites:
 - Families appreciate free vaccines on walk-in basis at WIC sites.
 - 2007-2008 Award of Excellence from Colorado Department of Public Health and Environment for creativity, motivation, community involvement and commitment.
 - Positive collaboration between Immunization Program and WIC teams.
 - WIC educator involvement was key to notifying families of clinics and staffing as liaison at clinics.
 - Development and use of medical home brochure to refer families for well-child care.
 - ❖ Clinic calendar can be determined only quarterly for necessary flexibility with WIC caseload.
 - ❖ Variance occurs in clinic utilization: increased participation in flu season, decreased attendance if bad weather, etc.
 - ❖ Primary care clinic concern that patients attending WIC outreach clinics are not keeping up with well-child visits.
- Reminder/Recall Activities:
 - WIC recall letters for DTaP and recall letters + database prompts were associated with 19%-26% of under-immunized children receiving vaccine.
 - 5% of parents who returned surveys reported attending WIC outreach for vaccines due to a recall letter received at home, and an additional 8% reported attending a WIC outreach due to notification from WIC educator at recertification.
 - ❖ WIC recall cards cannot be generated by the IIS reminder/recall function which is limited to one text option.
 - ❖ Survey limitation: did not capture numbers of those distributed, only those returned.
- Next steps – Explore vaccine uptake success utilizing only WIC database prompt (and discontinuing recall letters).