

# Using Evidence to Inform the Development of a Regional Early Childhood Immunization Program Plan

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4<sup>th</sup> National Community  
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# Learning Outcomes

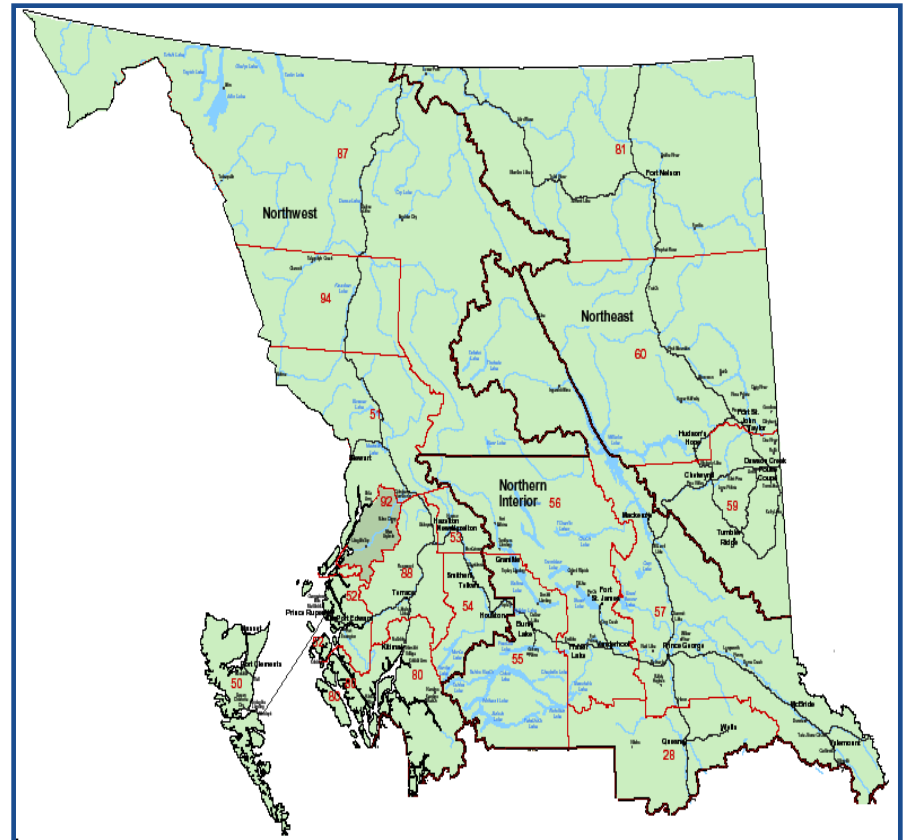
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- To understand a process used to involve Public Health Nurses (PHNs) in reviewing research findings & using evidence to determine changes in policy and practice.
- To consider ways in which this process could be applied in other programs and contexts.

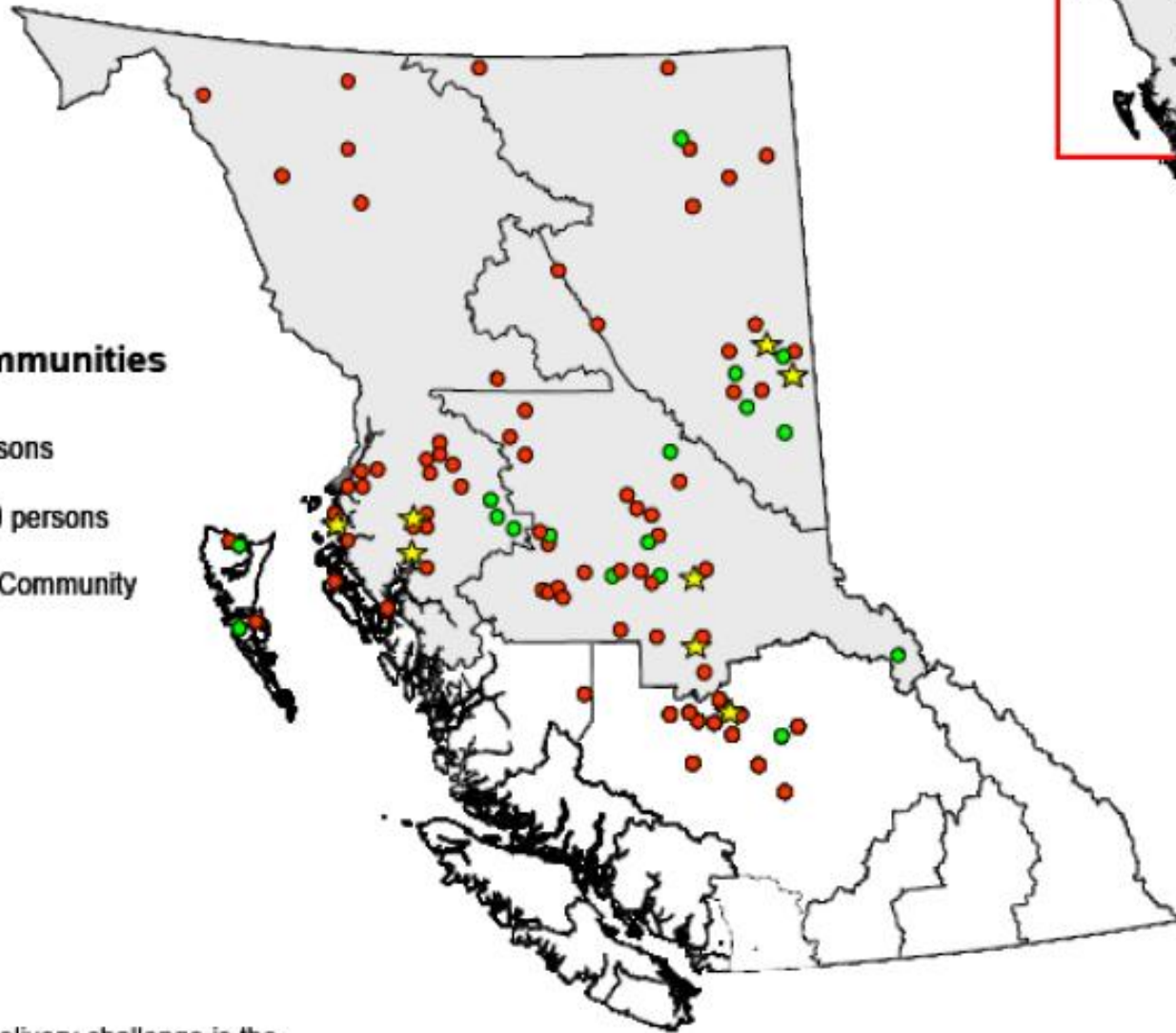
**France - 545,630 sq. km.  
60,876,136 persons**



**Northern Health - 598,000 sq. km.  
307,378 persons**



Source: France – obtained from the CIA World Fact book; Northern Health obtained from BC Stats.



### Northern Communities

- ★ 10,000 + persons
- 1000 - 10,000 persons
- First Nations Community

A key service delivery challenge is the small size of communities.

Many have only 50 - 200 persons.

# Immunization Review Background: 2007-2008

Concern about low 2 year old coverage rates prompted a major review of the early childhood immunization program.

We had 3 objectives:

1. To identify best practice in childhood immunization (rural regions).
2. To achieve an understanding of current practice throughout the Northern Health region with respect to infant-preschool immunization.
3. To use the findings of the review to develop a comprehensive plan that would be evidence-based and could be implemented consistently across the region. The desired outcome being an improvement in the immunization coverage rates in the infant-preschool population.

# Public Health Infant-Preschool Immunization Program review

## Best Practice Review

- **Literature Review:** factors affecting infant-preschool immunization rates
- **Document Review:** effective practices in immunization programs
- **Key Informant Interviews:** other Health Authorities within BC and in other provinces

## Current Practice Review

- ### PARENTS
- Survey that includes children who are fully, partially or have had no immunizations
  - Evaluation of current service in their community
  - Concerns/barriers with immunization
  - If behind, why?
  - Preference for CHC versus just immunization appointment

- ### PROVIDERS (PHN)
- Current service in their community
  - What works?
  - What does not work?
  - Perceived barriers to full immunization coverage

- ### PHYSICIANS
- Current service in their practice
  - Thoughts about promoting, administering immunizations
  - Do they connect patients with Public Health?
  - How could PHN better support them?
  - Evaluation of Chart Sticker Program

### OTHER PROFESSIONALS

**Not part of this review**

- ### DATA QUALITY
- Review of audit process:
    - When are they done?
    - Where are they done?
    - Who is doing them?
    - Who sees the audits? How are they being reviewed/analyzed?
  - What is done for follow-up with parents whose children are behind to encourage immunization?

# Program Review Report

- Completed in 2008.
- Contained broad recommendations to guide the program.
- Suggestions for specific improvements in access, promotion, communication & outreach.



## Improving Public Health Infant-Preschool Immunization Services in Northern Health

Process and Results of a Program Review

October 2008

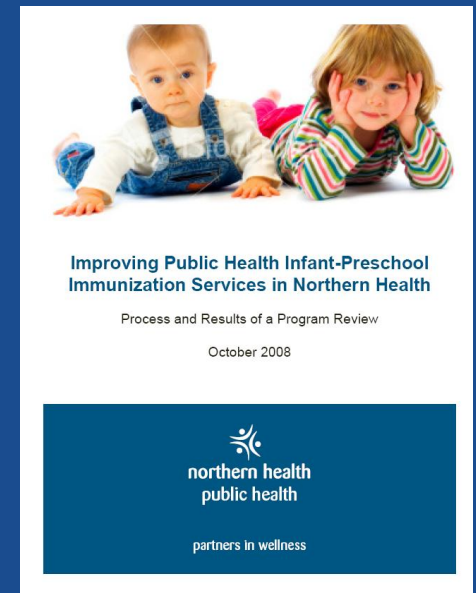


northern health  
public health

partners in wellness

# Knowledge Translation Process

- Dissemination activities in 2009 included distribution of report to funders, regional committees and all Public Health units in Northern Health.
- Prepared presentation materials for workshops to engage PHNs in selecting priorities for a new program plan.





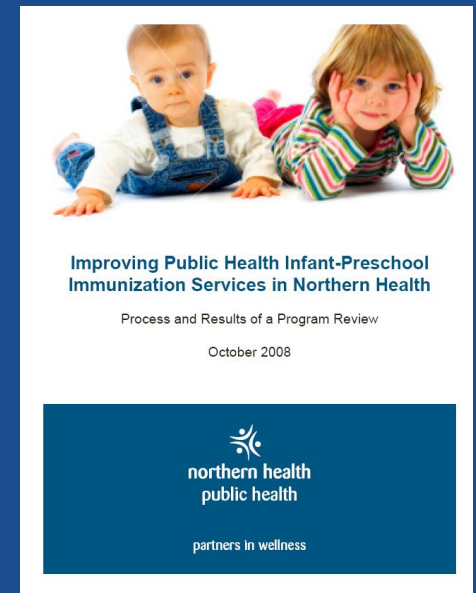
# Knowledge Translation Process

Held workshop sessions in 6 locations for PHNs, managers and clerical staff. Total of 78 participants.

Used videoconferencing

Sessions included:

- highlights of the Review
- key findings & recommendations
- group discussion time to consider findings
- feedback form to determine priorities



# Feedback

## Part A:

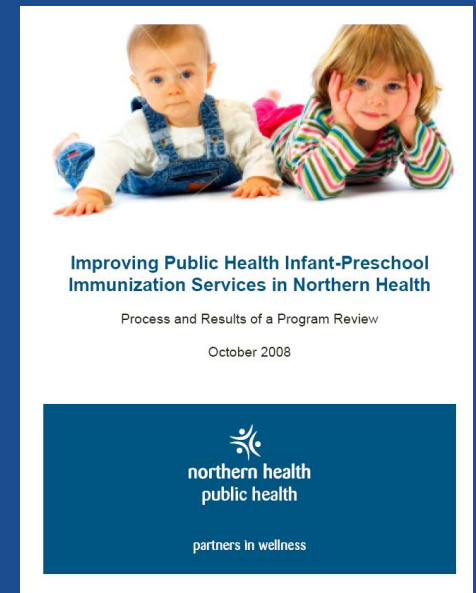
From a list of 16 broad recommendations participants ranked all items in order of priority, provided comments and posed questions in relation to these items.

### Examples:

*Offer families more options e.g., drop-ins.*

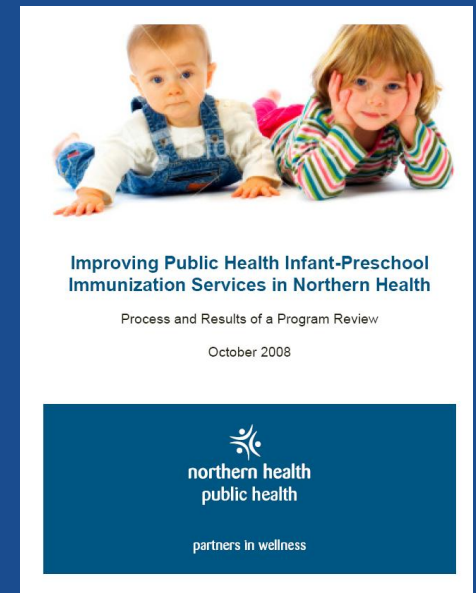
*Explore opportunities to collaborate with other providers and organizations.*

*Continue immunization promotion, education and communication initiatives.*



# Top 5 Broad Recommendations

1. Retain program within Public Health.
2. Pay special attention to improving access.
3. Ensure adequate staff resources to sustain program.
4. Continue comprehensive Child Health Clinic service as primary method of delivery.
5. Continue immunization promotion, education & communication.



# Feedback (cont.)

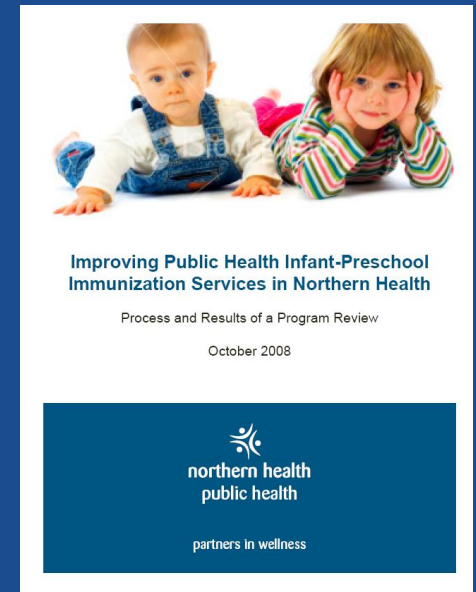
## Part B:

From a list of 6 specific program delivery changes participants ranked items in order of priority.

They discussed ideas for adopting these changes in their communities.

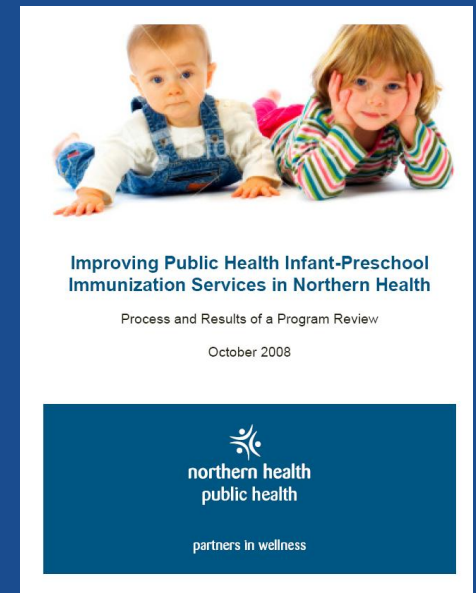
### Examples:

- *Establish systematic reminder & recall methods.*
- *Use more community locations.*
- *Improve access through extended hours and drop-in clinics.*



# Top 3 Specific Changes

1. Establish systematic reminder and recall methods and use consistently in all communities.
2. Examine and build upon existing supports and reduce barriers for greater outreach to local population.
3. Continue immunization promotion through development & distribution of quality resource materials.



# Outcomes

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**Feedback from Public Health Nurses was useful in:**

- Selecting priorities among all the recommendations.
- Recommending specific program delivery changes.
- Generating strong support for moving forward.

The Steering Committee then reviewed a summary of all feedback and planned next steps.

# Infant-Preschool Immunization Program Workplan

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The Steering Committee used the report and PHN feedback to develop a work plan for 2010-2012:

- Access to immunization services
- Immunization service delivery
- Promotion & education
- Surveillance
- Evaluation

# Learnings

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- Our process worked well in terms of PHN engagement and interest in research findings. They wanted to be involved and they enjoyed the process.
- Effective knowledge translation cannot be done in isolation. It needs to fit with and complement other initiatives and priorities of Public Health.
- Need both regional level support and local level logistical planning and relationships with managers when organizing workshops and when developing and implementing the plan.



# Learnings

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- It helped to have consistency in steering committee members.
- This process benefitted from having the involvement of both the region's Research & Evaluation Manager and the Project Coordinator.
- Need to maintain momentum following a major initiative:

*e.g., in the midst of competing priorities, who takes the lead to ensure plan is carried out and new strategies are evaluated?*

# Comments from PHNs on the process:

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- *“Good overview of report and exercise on recommendations.”*
- *“Really interesting—always good to look at how and why we practice the way we do.”*
- *“It helped me think more about supports and barriers to immunization.”*
- *“As a new PHN, I appreciated learning about the project, what it has done and where it is going.”*

# Acknowledgements

All Public Health Nurses, managers and support staff who participated in the workshops.

Public Health Infant-Preschool Immunization Program Review Steering Committee:

Kathy MacDonald

Debbi Banzer

Tanis Hampe

Stacey Joyce

Mary Margaret Proudfoot

Jennifer Stokes

Project Coordinator:

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